Cunninghame House
Irvine

Thursday 4th June 2015

Integration Joint Board

You are requested to attend a meeting of the Integration Joint Board to be held on **Thursday 4th June 2015 at 10.00 a.m.,** in the **Council Chambers, Cunninghame House, Irvine**, to consider the following business.

Business

1. Apologies
Invite intimation of apologies for absence.

2. Declaration of Interest

3. Minutes / Action Note

Submit the minutes and action note of the meeting of the Integration Joint Board held on 16th April 2015 (copy enclosed).

4. Matters Arising

Reports for Approval

5. Development and Implementation of a North Ayrshire Social Enterprise Strategy
Submit report by John Godwin, Service Development Officer on the proposals to develop and implement a Social Enterprise Strategy for North Ayrshire (copy enclosed).

6. Investment proposals for the additional funding available to North Ayrshire Health and Social Care Partnership to support local residents at home.
Submit report by David Rowland, Head of Health & Community Care on the progress of the Care at Home Review (copy enclosed).

7. IJB Governance Framework
Submit report by Janine Hunt, Principal Manager (Business Support) on the governance arrangements for the IJB (copy enclosed).

8. Audit and Performance Committee
Submit report by Lesley Aird, Head of Finance on the proposals to establish an Audit and Performance Committee (copy enclosed).

9. Format of IJB Meetings and Organisational Development Proposals
Submit report by Janine Hunt, Principal Manager (Business Support) on the above (copy enclosed).

10. Healthcare Improvement Scotland (HIS) : Unannounced Inspection of Arran War Memorial Hospital (AWMH)
Submit report by Derek Barron, Lead Nurse on the actions arising from the unannounced inspection of Arran War Memorial Hospital (copy enclosed).

Reports to Note

11. Recommendations for the Future Leadership and Management Arrangements for Allied Health Professions.
Submit report by Billy McClean on the AHP arrangements for the NAHSCP (copy enclosed).

12. Director's Report
Submit report by Iona Colvin, Director, NAHSCP on developments within the NAHSCP (copy enclosed).

13. Big Lottery Fund ESF Financial Inclusion
Submit report by David Rowland, Head of Health & Community Care in relation to the above (copy enclosed).

14. Strategic Planning Group held on 26th March 2015
Submit minutes of the Strategic Planning Group meeting held on 26th March 2015 for information (copy enclosed).

EXEMPT INFORMATION

15. Exclusion from Public and Press

Resolve, in terms of Section 50(A)4 of the Local Government (Scotland) Act 1973, to exclude from the meeting, the press and the public for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph(s) 9 and 10 of Part 1 of Schedule 7A of the Act.

15.1 Request to Extend Contract for Alcohol Support Service
Submit report by Tim Ross, Chair, NA Alcohol and Drug Partnership to extend the contract for the Alcohol Support Service (copy enclosed).

16. Any Other Competent Business

17. Date of Next Meeting

The next meeting will be held on **Thursday 2nd July 2015 at 10.00 a.m., Greenwood Resource Centre, Dreghorn.** This meeting will be a private briefing session.

Integration Joint Board

Sederunt

Voting Members

Councillor Anthea Dickson (Chair)	North Ayrshire Council
Mr Stephen McKenzie (Vice Chair)	NHS Ayrshire & Arran
Dr Carol Davidson	NHS Ayrshire & Arran
Mr Bob Martin	NHS Ayrshire & Arran
Dr Janet McKay	NHS Ayrshire & Arran
Councillor Peter McNamara	North Ayrshire Council
Councillor Robert Steel	North Ayrshire Council
Councillor Ruth Maguire	North Ayrshire Council

Professional Advisors

Mr Derek Barron	Lead Nurse/Mental Health Advisor
Ms Iona Colvin	Director North Ayrshire Health & Social Care Partnership
Vacancy	GP Representative
Ms Lesley Aird	Section 95 Officer/Head of Finance - NAC
Mr Stephen Brown	Chief Social Work Officer- North Ayrshire Council
Ms Kerry Gilligan	Lead Allied Health Professional Advisor
Dr Paul Kerr	Clinical Director

Stakeholder Representatives

Mr Nigel Wanless	Independent Sector Representative
Mr David Donaghey	Staff Representative - NHS Ayrshire and Arran
Ms Louise McDaid	Staff Representative - North Ayrshire Council
Mr Martin Hunter	Service User Representative
Ms Fiona Thomson	Service User Representative
Ms Marie McWaters	Carers Representative
Ms Sally Powell	Carers Representative
Mr Jim Nichols	Third Sector Representative

North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on Thursday 16th April 2015 at 10.00 a.m., Council Chambers, Cunninghame House, Irvine

Present :
Councillor Anthea Dickson (Chair)
Derek Barron, Lead Nurse
Thelma Bowers, Mental Health Adviser, NAHSCP
Stephen Brown, Chief Social Work Officers, NAHSCP
Iona Colvin, Director, NAHSCP
Carol Davidson, NHS Ayrshire & Arran
David Donaghey, Staff Side Representative, NHS Ayrshire & Arran
Councillor Alex Gallagher
Kerry Gilligan, Lead AHP
Dr Paul Kerr, Clinical Director
Louise McDaid, Staff Representative, NAC
Stephen McKenzie, NHS Ayrshire & Arran (Vice Chair)
Marie McWaters, Carers Representative
Jim Nichols, Third Sector Representative
Sally Powell, Carers Representative
Councillor Robert Steel, North Ayrshire Council
Fiona Thomson, Service User Representative
Nigel Wanless, Independent Sector Representative

In Attendance :
Karen Andrews, Business Support Officer, NAHSCP
Paul Craig, Audit Scotland
Andrew Fraser, Head of Democratic Services, NAC
Jo Gibson, Principal Manager (Planning & Performance), NAHSCP
Janine Hunt, Principal Manager (Business Support), NAHSCP
John McCaig, Senior Manager (Mental Health & Learning Disability), NAHSCP
Fiona Neilson, Senior Manager, Finance, NHS Ayrshire & Arran
David Rowland, Head of Health & Community Care

1.	**APOLOGIES**	
	Apologies were received from Lesley Aird, Chief Finance Officer; Martin Hunter, Service User Representative; Councillor Ruth Maguire, NAC; Bob Martin, NHSAA; Dr Janet McKay, NHSAA; Councillor Peter McNamara, NAC	
2.	**DECLARATION OF INTEREST**	
	No declarations of interest.	

3.	**MINUTE OF MEETING – 12TH MARCH 2015**	
	Include Kerry Gilligan in list of apologies. Minute then approved.	**Karen Andrews**
	MINUTE OF MEETING – 2ND APRIL 2015	
	Include Kerry Gilligan in list of attendees. Minute then approved.	**Karen Andrews**
4.	**CHANGE PROGRAMME UPDATE**	
	Submitted report by Jo Gibson to request that the IJB approve the commencement of the Change Programme for the NAHSCP.	
	Members asked questions and received clarification in relation to :-	
	• It was agreed that a carer representative be included in the membership of the Change Programme Steering Group.	**Jo Gibson**
	• Jo Gibson confirmed scheduled projects will commence prior to the establishment of the Change Programme Steering Group. It is hoped that this group will be in place by the beginning of June 2015. Projects will be monitored in the interim period.	
	• A service level agreement is being finalised for the Ideas and Innovation fund. This has delayed some third sector projects that were due to commence on 1st April 2015.	
	• The community connectors will be used to develop better links with local GP practices and Care at Home services. The community connector roles will be clarified and redefined to ensure this does not conflict with the work of the third sector.	

	The IJB agreed to :-	
	1. Formally approve the creation of the Change Programme Steering Group.	
	2. Amend membership list to include a carer representative.	
	3. Agree the proposed one year priorities. 4. Agree the components of the Change Team.	
5.	**APPOINTMENT OF CHIEF INTERNAL AUDITOR**	
	Submitted report by Fiona Neilson, Senior Finance Manager (NHS) on the appointment of the Chief Internal Auditor of the Integrated Joint Board.	
	NHS and NAC have agreed that the Internal Audit service for the IJB be provided by North Ayrshire Council. It is proposed that Paul Doak, Senior Manager (Internal Audit and Risk Management), North Ayrshire Council be appointed as the Chief Internal Auditor of the IJB.	
	Fiona Neilson confirmed that the NHS are satisfied that these arrangements will meet the NHS Financial Regulations.	
	The IJB endorsed the proposals within the report.	
6.	**STANDING ORDERS**	
	Submitted report by Andrew Fraser, Head of Democratic Services on the proposed changes to Standing Orders 14 to 16 which deal with the procedures for dealing with items of business.	
	The IJB approved the changes to the Standing Orders.	
7.	**PROPOSALS FOR PARTNERSHIP MANAGEMENT STRUCTURES AND ARRANGEMENTS**	
	Submitted report by Iona Colvin, Director NAHSCP on the proposed management structures for the NAHSCP. Iona Colvin apologised for the late submission of the report. This was due to ongoing consultation with staff side representatives, trade unions and staff involved.	

	Iona Colvin went through the proposals for the management structures in detail. Members asked questions and received clarification in relation to :-	
	• The AHP proposals are still being finalised and will be reported to the IJB on 4th June 2015.	
	• Louise McDaid and David Donaghey confirmed that they have been involved in every stage of the consultation process.	
	• A meeting with affected staff within NHS has been arranged for 24th April 2015. Job Descriptions for these posts will be circulated to all staff, trade unions and staff side representatives in advance of this meeting.	
	The IJB endorsed the proposals within the report.	
8.	**DIRECTOR'S REPORT**	
	Submitted report by Iona Colvin, Director NAHSCP on the recent developments within the NAHSCP.	
	The report was noted.	
9.	**EXEMPT INFORMATION**	
9.1	**EXCLUSION FROM PUBLIC AND PRESS** The Board resolved, in terms of Section 50(A)4 of the Local Government (Scotland) Act 1973, to exclude from the meeting, the press and the public for the following item(s) of business on the grounds that it involved the likely disclosure of exempt information as defined in Paragraph 9 of Part 1 of the Schedule 7A of the Act.	
	Carers and Young Carers Support Service	
	Submitted report by John McCaig, Senior Manager (Mental Health/Learning Disability) to advised the IJB of the outcome of the tender exercise for the Carers and Young Carers Support Service. The proposals in the report were agreed.	

12.	**DATE OF NEXT MEETING**	
	The next meeting will be held on **Thursday 4th June 2015 at 10.00 a.m., Council Chambers, Cunninghame House, Irvine.**	

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NORTH AYRSHIRE INTEGRATION JOINT BOARD – ACTION NOTE

Thursday 16th April 2015 at 10.00 a.m, Council Chambers, Cunninghame House, Irvine

Present :	Anthea Dickson (Chair), Derek Barron, Thelma Bowers, Stephen Brown, Iona Colvin, Carol Davidson, David Donaghey, Alex Gallagher, Kerry Gilligan, Paul Kerr, Louise McDaid, Stephen McKenzie, Marie McWaters, Jim Nichols, Sally Powell, Robert Steel, Fiona Thomson, Nigel Wanless
In Attendance :	Karen Andrews, Paul Craig (Audit Scotland), Andrew Fraser, Jo Gibson, Janine Hunt, John McCaig, Fiona Neilson, David Rowland
Apologies :	Lesley Aird, Martin Hunter, Ruth Maguire, Bob Martin, Janet McKay, Peter McNamara,

No.	Agenda Item / Summary of Discussion	Date of Meeting	Action	Status	Officer
1.	**Violence Against Women Strategy**	22-1-15	Agreed that the Violence Against Women Strategy be discussed at a future meeting of the SIB/IJB	Agenda – tba	**Stephen Brown**
2	**Strategic Planning Group Membership – Neighbourhood Representatives**	22-1-15	Jim Nichols and Jo Gibson to submit a report to the IJB on neighbourhood representatives.	Agenda – IJB – 17-9-15	**Jim Nichols/Jo Gibson**
3.	**Criminal Justice Arrangements**	22-1-15	A report on CJS to be submitted to a future IJB meeting for consideration.	Agenda – IJB – 17-9-15	**Jim McCrae/ Stephen Brown**
4.	**Director's Report**	12-2-15	Iona to liaise with Liz Moore in relation to Acute Services representation on the IJB.		**Iona Colvin**

No.	Agenda Item / Summary of Discussion	Date of Meeting	Action	Status	Officer
5.	**Concerns Hub**	12-3-15	Report on the Concerns Hub to be submitted to IJB early Summer.	Agenda – IJB – 13-8-15	**Stephen Brown**
6.	**Remodelling Rehabilitation Services on Arran**	12-3-15	An interim report on the Remodelling of Service to be submitted to IJB on 13th August 2015 and the final report submitted on 8th October 2015.	Agenda – IJB – 13-8-15 Agenda – IJB – 5-11-15	**David Rowland**
7.	**Date of Next Meeting**				
	The next meeting will be held on **Thursday 4th June 2015, at 10.00 a.m, Council Chambers, Cunninghame House, Irvine.**				

Integration Joint Board
4 June 2015

Agenda Item No. 5

Subject:	**Development and Implementation of a North Ayrshire Social Enterprise Strategy**
Purpose:	To seek IJB agreement to support the development of a comprehensive and robust partnership based strategy to maximise the social and economic impact of social enterprises in North Ayrshire. It will clarify the relationship between the IJB and the North Ayrshire Social Enterprise Strategy in order to maximise benefits and impacts.
Recommendation:	1. The IJB agrees to support the development of a North Ayrshire Social Enterprise Strategy utilising the methodology outlined. 2. The finalised strategy and proposed actions will be presented to the IJB prior to implementation. 3. The IJB agrees that the North Ayrshire Health and Social Care Partnership is a major partner in the development of the Social Enterprise Strategy.

1. INTRODUCTION

1.1 Social enterprises are businesses that trade for social purpose. They focus on social objectives with any surpluses reinvested back into the business or the community. The potential advantages of social enterprise relate to their community links and responsiveness to local need, with a reputation for being open and accountable through social or community ownership and the potential to reach groups where other mainstream approaches have failed. Employability and employment opportunities can be generated, especially for those furthest from the labour market.

1.2 The term social enterprise is an all encompassing one that covers a range of business models with social purpose and includes:

- Community Interest Company;
- Cooperative;
- Company Limited by Guarantee with Charitable Status;
- Partnership;
- Public Social Partnership;
- Social Firm;
- Trust.

See Appendix 1 for further details.

1.3 The Scottish Government's support for social enterprise is aimed at ensuring that they contribute to achieving sustainable economic growth whilst having a greater involvement in the design and delivery of public services. Building a New Economy: Scotland's Vision for Social Enterprise 2025 was published in January 2015 by organisations including Social Enterprise Scotland, Senscot, InspirAlba and Hisez. It states that the social enterprise sector needs to build a movement, capability and markets, and build on the potential of existing human and physical assets.

2. CURRENT POSITION

2.1 Research conducted in 2011 as part of the North Ayrshire Social Economy Growth Programme indicated that the social enterprise sector in North Ayrshire is underdeveloped.

It found:

- A low overall number of enterprising third sector organisations of local origin;
- A concentration of social enterprise activity in Irvine, Kilwinning, and the 'Three Towns' area;
- Relatively modest levels of staffing and turnover;
- High levels of dependence on grant funding;
- A range of development needs that focused largely on securing a stable and sustainable funding base.

2.2 North Ayrshire Social Economy Support Programmes have been delivered by CEiS, Cunninghame Housing Association and more recently by the Third Sector Interface. This has assisted over 50 enterprising third sector organisations to realise their social enterprise potential. A recent evaluation shows that this relatively small scale programme has performed well given the shallow pool of established social enterprises activity in the area. Research by CEiS has highlighted significant opportunities to develop new social enterprise activity in a range of business, consumer and public markets.

2.3 Partners for Change is a Scottish Government programme led locally by Economic Growth and designed to bring Public and Third Sector partners together at a local level. The specific aim is to work together to realise an increased share of Public Sector expenditure for the Third Sector through engagement in service design, commissioning and procurement activities. This provides a solid foundation to build on.

2.4 Social enterprises and community based organisations are now playing an increasingly important role in delivering social care and support services across North Ayrshire. They now represent 25% of total spend of contracted Health and Social Care services (see Appendix 2). North Ayrshire Health and Social Care Partnership is well placed to use its expenditure creatively and is committed to supporting the development of enterprising activities and social enterprises working with or aspiring to work with the Partnership. The key focus is:

- Providing access for service users and patients to meaningful experience to achieve their full potential and enhance their quality of life;
- Rehabilitation after chronic illness through positive support to individuals to remain with an existing employer;
- Developing supported and intermediate opportunities for service users and patients in the social economy;
- Providing a pipeline into work by supporting service users and patients who are able to move into the labour market and secure and sustain employment;
- Developing innovative and integrated models of service development including the pursuit of new funding and locally inspired opportunities created by Self-Directed Support.

3. PROPOSALS

3.1 The intention is to develop a comprehensive and robust partnership based strategy to maximise the social and economic impact of social enterprises in North Ayrshire. The strategy will complement and add value to the North Ayrshire Economic Development and Regeneration Strategy. The Social Enterprise Strategy will be segmented and provide strategic direction focused on the following:

- North Ayrshire Social Economy;
- North Ayrshire Council;
- North Ayrshire Health and Social Care Partnership.

3.2 The strategy development process will consider:

- Awareness and encouragement for social entrepreneurs;
- Growth opportunities and sustainability;
- Procurement opportunities;
- Innovative forms of investment;
- Development of innovative funding programmes;
- Development of an implementation framework for a £800k business rates incentivisation scheme;
- Intervention and support mechanisms;
- Key influencers and levers;
- Networking and learning from good practice;
- Raising the profile of the social enterprise sector;
- Maximising impact and social value.

3.3 It is proposed that the potential of community enterprise will also be investigated. Community enterprise is a significant sub-sector within the wider social enterprise sector. However, a community enterprise is more specific in that it is based in, and provides benefits to a particular local neighbourhood or community. A community enterprise is owned and managed by members of a community for that community.

3.4 The development of supported businesses will also be considered. Supported businesses are enterprises where over 50% of their workforce has a disability. Article 19 of the EU public procurement directive allows public bodies to make the decision to reserve public contracts for supported businesses. This is enacted in Scotland by Regulation 7 of the Public Contracts (Scotland) Regulation 2012 and as a public body, North Ayrshire Council can make use of these regulations to restrict the tendering process for goods or services to supported businesses only.

3.5 The potential of social entrepreneurship amongst the young particularly in disadvantaged areas will be investigated. This could bring new thinking, solutions and direction and allow young social entrepreneurs to utilise their interests and creativity to address community problems which directly affect their own lives, whilst gaining transferable skills which place them in a positive position in relation to future employment and business opportunities.

3.6 It is proposed that effective linkages and support mechanisms are considered with the Social Enterprise Network coordinated by the Third Sector Interface (TSI). A cross-service Social Enterprise Forum will be considered at a Corporate level within North Ayrshire Council to support developments and the exchange of knowledge and best practice. Connections will be made with Scottish and UK wide social enterprise support organisations to maximise benefits and impacts locally.

3.7 The methodology proposed incorporates the guidance provided by HM Treasury and builds on experience in undertaking strategy development, multi-disciplinary analysis, option appraisals and consultation exercises.

3.8 The process proposed is based on:

- An open and managed process with clarity of key milestones;
- Engagement with and ownership by, the key stakeholders at all stages of the process;
- An analysis of national and local strategic context and objectives for social enterprise;
- A logical approach which examines all available options;
- An evidence based strategy developed through weighted criteria, strategic analysis and professional input.

3.9 Six basic research questions will underpin the strategy development process:

- Where are we now? (achievements & baseline);
- What are the key challenges and barriers? (constraints);
- What has been successful? (performance);
- What will success look like? (vision & aspiration);
- What are the key lessons? (learning & best practice);
- What are the priorities and actions? (strategy & action).

3.10 <u>Steering Group</u>

The Steering Group will be a crucial element of the success of this process to confer ownership and commitment of key stakeholders to the strategy. It will provide strategic direction, specialist input and test developments and ideas throughout the lifetime of the process. It is anticipated that there will be three meetings of the Steering Group during the lifetime of this process to coincide with key milestones.

The Steering Group will be chaired by Barbara Hastings, Chief Executive of the Ayrshire Community Trust. The Steering Group will include the North Ayrshire Council Cabinet Member for Economy and Employment, senior representatives including a Director/Senior Management from North Ayrshire Health and Social Care Partnership and North Ayrshire Council Economic Growth, Member of the Economic Development and Regeneration Board, Head of Procurement, Chief Executive (or nominee) of the Third Sector Interface, Social Entrepreneurs, representatives from Scottish and UK wide social enterprise focused organisations and an Academic.

3.11 Strategic and Economic Context

A desk review of strategy and policy will be undertaken to ensure that identified priorities are aligned to strategy and action at a local and national level. This will provide an understanding of what other initiatives are in place to maximise linkages, partnership working, benefits and impacts.

The current baseline position will be confirmed including details of the size, scale and density of social enterprise activity. The research, evidence and strategic direction of the Strategic Plan 2015-2018 will provide a key input to the baseline and context for this strategy development process.

3.12 Identification of Best Practice

A review of social enterprise activity in selected, comparable local authority areas will be undertaken. Potential case studies that demonstrate elements of good or best practice in relation to strategy and action would be used as a source of learning and influence.

3.13 Consultation and Engagement

An early stakeholder and partner consultation event is proposed that would involve up to 30 participants to brief them on the purpose, progress and emerging priorities of the strategy development process. This would secure early buy-in and enable work in progress to be tested, challenged and most importantly enhanced by stakeholders, partners and staff.

Face-to-face interviews with key stakeholders and partners would be undertaken to assist the movement towards a set of shared priorities and potential actions. Focus group(s) can be run to test and verify the emerging strategy.

3.14 Reporting

There will be a formal reporting mechanism established with the Integration Joint Board and North Ayrshire Council Cabinet. A draft strategy will be presented to the Steering Group by 31 August 2015. A final strategy will be presented to the next possible Integration Joint Board and North Ayrshire Council CMT and Cabinet for approval following any final changes to content.

4. IMPLICATIONS

4.1 Financial Implications

It is proposed that the strategy development process will be led by an officer from the North Ayrshire Health and Social Care Partnership and developed by designated staff of North Ayrshire Council and its partners. No finance will be required from North Ayrshire Health and Social Care Partnership during the development of the North Ayrshire Social Enterprise Strategy.

4.2 Human Resource Implications

A Working Group will utilise existing and expert technical skills including project management that are available from within North Ayrshire Health and Social Care Partnership, North Ayrshire Council's Economic Growth team and its partners.

4.3 Legal Implications

There will be no legal implications as a result of the strategy development process proposed.

4.4 Equality Implications

The results of an initial equality impact review are clear that this approach will make a contribution to North Ayrshire Health and Social Care Partnership commitment to promote equality. The philosophy and principles of social enterprises is based on inclusion and equality and this will be practiced at all stages of the development and implementation of the strategy. This strategy will form a key component of North Ayrshire's Inequalities Strategy, which is currently being developed on behalf of the Community Planning Partnership.

4.5 Environmental Implications

There will be no environmental implications as a result of the strategy development process proposed.

4.6 Implications for Key Priorities

Key Priority Implications

The implementation of the Strategy has the potential to contribute to all five strategic priorities of the Strategic Plan 2015-2018:

- Tackling Inequalities
- Engaging Communities
- Integrated Services
- Prevention & Early Intervention
- Improved Mental Health and Well-being

Furthermore, the implementation of the Strategy will contribute to the achievement of the North Ayrshire Single Outcome Agreement 2013-2017 and NHS Ayrshire & Arran Local Delivery Plan 2014-2015, specifically:

- Impact on Worklessness, Employment and Economy;
- Enterprise Start-Up and Enterprise Development;
- Reducing Local Inequalities;
- Prevention & Early Intervention;
- Building Community Capacity and Community Engagement.

4.7 **Community Benefit Implications**

Social enterprise by their very nature will create employment and employability opportunities for local people as they develop. The creation of high quality services responsive to local need will also have an impact on local communities. This approach will establish community assets that will create both sustainable economic and social impact.

5. CONSULTATIONS

5.1 Internal consultation and engagement has been extensive involving key representatives from North Ayrshire Council Enterprise Growth, Social Services and Health and Procurement. External engagement has involved the Third Sector Interface, the Social Enterprise Network and Scottish Enterprise.

6. CONCLUSION

6.1 There are major opportunities for social enterprises in North Ayrshire. The fast moving and ever changing environment demands a high quality response. Social enterprises can play a key role in generating local economic and employability impacts. However, this will not happen without a cohesive approach to intervention and support. Opening up procurement opportunities, establishing innovative forms of funding and investment including a framework for a business rates incentivisation scheme, consistently high quality enterprise development mechanisms and effective networking and learning from the good practice that exists can maximise economic and social impact.

For more information please contact John Godwin, Service Development Officer, North Ayrshire Health & Social Care Partnership on (01294) 317780 or johngodwin@north-ayrshire.gov.uk

Social Enterprise Models

The term social enterprise is an all encompassing one that covers a range of business models with social purpose including:

Community Interest Company (CIC)

Description: A legal form created specifically for social enterprises. It has a social objective that is regulated ensuring that the organisation cannot deviate from its social mission and that its assets are protected.

Implications/Risks: This model is relatively easy to set up but cannot have charitable status. The model would need to satisfy the regulator that the purpose could be regarded as being in the community or wider public interest. It also needs to confirm that access to the benefits it provides will not be confined to a restricted group.

Cooperative (Co-op)

Description: A business organisation owned and operated by a group of individual members for their mutual benefit. It can be defined as a business owned and controlled equally by the people who use its services and/or by the people who work for it.

Implications/Risks: Success is based on the existence of a long term regulated competitive environment that created the space and margins which allowed them to adopt welfare objectives different from mainstream business. Competition and increasing financial pressures can erode the distinctiveness and challenge the social objectives of this model.

Company Limited by Guarantee

Description: A company limited by guarantee can be registered for non-profit making functions. The company has no share capital. A company limited by guarantee has members, rather than shareholders, the members of the company guarantee to contribute a predetermined sum to the liabilities of the company. It cannot distribute its profits to its members and is therefore eligible to apply for charitable status if necessary.

Implications/Risks: This model does foster a focused, independent legal entity with more efficient decision-making and an entrepreneurial culture with community engagement. It can take time to establish such a structure and get it to an effective functional state. Independence demands self-sustainability, which in turn raises the level of risks involved, in terms of survival and economic viability in the long term.

Partnership

Description: Partnerships are quick and easy to form costing much less than any other forms to establish and operate with extensive partner engagement. They can generally capitalise on existing networks and offer good potential to ‘kick-start’ delivery.

Implications/Risks: Partnerships tend to lack focus and commitment from partners to deliver in the long-term and lack independence, implying slow decision making and lack of innovation. They also have a more limited ability to attract funds from outside the partner network.

Public Social Partnership

Description: Public Social Partnerships (PSP's) bring together local authorities and social enterprises to create well-designed services and to break down the barriers to commissioning services from the social enterprise sector. PSP's are based on the Italian 'co-planning' model that has been extremely effective in helping social enterprises to tender for and win contracts with the public sector in Italy.

Implications/Risks: Partners need to have strong working relationships to tackle the challenges and secure the opportunities that they will face. Services may be transferred from traditional public sector delivery which may have detrimental effect on individuals who face job disruption. Once a design and pilot phase is complete there is a requirement for competitive tendering.

Social Firm

Description: A unique form of social enterprise. It is a commercial business driven by the social purpose of creating employment opportunities within a supportive working environment for people who are severely disadvantaged in the labour market. Any profits are reinvested back into the company to further its social goals and objectives.

Implications/Risks: Identifying business opportunities that have a sufficient profit margin to fulfil social objectives is an issue. Often this model requires a level of subsidy or charitable contribution. A more commercial approach to contractual relationships does help to overcome this but can often create a tension with social objectives particularly in the transition from benefits to paid employment.

Trust

Description: A widely acceptable model is an independent charitable trust and an associated not-for-profit limited company as its operating arm. As an independent legal entity the trust has powers to make decisions. A trust model will include independent trustees and management board, with wider tie-ins with partner agencies.

Implications/Risks: This model does foster a focused, independent legal entity with more efficient decision-making and an entrepreneurial culture with community engagement. It is useful for non-profit organisations that require corporate status (banking benefits), marketing and fund raising capabilities with associated tax benefits.

Appendix 2

Contracted Services Third Sector/Social Enterprises		**Total Spend: £11,906,891.64**
Provider	**Service**	**Service Type and client group**
ABBEYFIELD HOUSE	Community Care	Residential Care Adults/Older People
ALZHEIMER SCOTLAND	Community Care	Alzheimers
AYRSHIRE CHILDRENS SERVICES	Children, Families & CJS	Community Support Children
BARNARDO'S SCOTLAND	Children, Families & CJS	Fostering Adoption
BRITISH RED CROSS SOCIETY	Community Care Children, Families & CJS	Community Support Adults/Older People Daycare Adults/Older People Residential Care Adults/Older People
CORNERSTONE	Community Care Children, Families & CJS	Residential Care Adults/Older People Community Support Children
CROSSREACH	Community Care Children, Families & CJS	Residential Care Adults/Older People Residential Care Children
HANSEL ALLIANCE	Community Care Children, Families & CJS	Respite Care Adults/Older People Community Support Adults/Older People Residential Care Adults/Older People
QUARRIERS	Community Care Children, Families & CJS	Community Support Adults/Older People Residential Care Adults/Older People Community Support Children Respite Care Children
QUARRIERS HOMES	Children, Families & CJS	Community Support Children
RICHMOND FELLOWSHIP SCOTLAND	Community Care Children, Families & CJS	Community Support Adults/Older People Residential Care Children
SALVATION ARMY	Community Care Children, Families & CJS	Daycare Adults/Older People Community Support Adults/Older People Community Support Children
SENSE SCOTLAND	Community Care	Daycare Adults/Older People Community Support Adults/Older People
THE MUNGO FOUNDATION	Children, Families & CJS	Residential Care Children
TODHILL FARM TRAINING HOME LTD	Community Care	Daycare Adults/Older People Community Support Adults/Older People Residential Care Adults/Older People
TRUST HOUSING ASSOCIATION LTD	Community Care	Other

Integration Joint Board
4th June 2015

Agenda Item No. 6

Subject:	**Investment proposals for the additional funding available to North Ayrshire Health and Social Care Partnership to support local residents at home.**
Purpose:	To outline how the additional resource available to North Ayrshire Health and Social Care Partnership will be invested to better care for people at home and to support individuals to return home after their acute care needs have been met.
Recommendation:	The Integration Joint Board (IJB) is asked to agree proposals to extend Care at Home as outlined in Section 3 of the report.

1.	**INTRODUCTION**
1.1	There is an increasingly frail and elderly population in North Ayrshire who are experiencing multiple and complex co-morbidities. In seeking to meet the needs of these individuals, and to support them in community settings in line with the Scottish Government 2020 Vision, the capacity available within community-based support services is being deployed in as flexibly and creatively as possible.
1.2	The rate of emergency admission of North Ayrshire residents to acute care remains high, with significant difficulties being experienced in terms of patient flow as individuals are assessed as needing new or more complex care packages to support their safe discharge.
1.3	Recognising the link between an acute hospital stay exceeding 72 hours and increasing levels of dependency, there is a need to: • Ensure sufficient capacity exists to support and reassure those who may otherwise attend the Emergency Department; • Link with the Emergency Department team to ensure individuals can be safely supported home when they do attend but are assessed as not requiring an acute hospital stay; and • Engage with the wider Hospital team to ensure individuals can be supported to return home as soon as they are fit to do so.

2.	**CURRENT POSITION**
2.1	Pressure on Care at Home Services The combined impact of demographic change and levels of long term condition prevalence, which are significantly higher than the Scottish average, is leading to increasing ill health and frailty within the local population, with a resulting increase in demand for Care at Home services.
2.2	Specifically, following a spike in increased demand for Care at Home support of 15% in 2010, there have been year on year increases of 2% in terms of the number of individuals accessing these services and year on year increases of, on average, 5% in terms of the amount of service being delivered to each individual.
2.3	The result of this increasing demand is that there are currently almost 1,800 people receiving a Care at Home service within North Ayrshire. Most of these individuals receive 4 visits x 7 days, equating to almost 7,200 visits per day or a little under 50,500 visits per week. In addition to this, the Community Alarms team provide additional visits when requested by individuals living at home or in a homely setting, with 3457 individuals supported by this service. Two thirds of these people have enhanced telecare equipment which assists them to remain at home or in a homely setting.
2.4	In 2014/15 the service overspent by £1.168m across directly provided and purchased Care at Home services against a budget of £12.196m. It is necessary to address this overspend while ensuring sufficient capacity is available to meet local demand.
2.5	Pressure on Acute Care The performance against the four-hour wait Emergency Department target for the reporting period ending 29 April 2015 for Ayrshire and Arran is 83.4% compliance against a Scottish average of 92.7%. It is therefore proposed to augment community-based support that could offer a viable alternative to some Emergency Department attendances and develop links with the Emergency Department Team to ensure those who do not need an acute hospital stay are supported home safely and as quickly as possible.
2.6	Increasingly, colleagues from Acute Care are looking to North Ayrshire Health and Social Care Partnership to provide the support required to safely discharge individuals back into a community setting. This now accounts for almost 60% of new referrals, with historic levels of capacity being insufficient to meet this growing demand. In meeting the resulting increasing demand, the local team have focused on supporting the discharge of patients from Acute settings, resulting in a growing waiting list for new and increased support within community settings.
2.7	Pressures on Discharge Planning One of the objectives of this proposal is to improve integrated discharge planning. One of the challenges to planned discharge include changes to the Estimated Date of Discharge (EDD) for individual hospital patients where Care at Home packages have been established to meet their needs can result in wasted hours of care. During the first four months of 2015, the total number of Care at Home hours lost as a result of this was:

	• January 2015 – 781 Hours • February 2015 – 988 Hours • March 2015 – 744 Hours • April 2015 – 540 Hours Since 1st April 2015 the Care at Home Team have established a protocol to reduce this impact. We still need closer liaison, joint discharge planning and a new model to support individual home is required to minimise the number of hours lost.
2.8	Finally, in recognition that not everyone can be supported home directly from an acute ward environment, there is a need to establish a new, person-centred model of care to offer the support, rehabilitation and reablement necessary to help individuals optimise their independence before agreeing their long-term care needs.
2.9	<u>Additional Available Resources</u> Recognising the need for change and to increase capacity, North Ayrshire Council, as part of the 2015 – 18 Budget Setting process, agreed to increase the base budget to cover 2014/15 overspends and further additional demographic pressure uplift to address further anticipated growth in service demand within the Care at Home budget. An additional £1.929m for Care at Home was agreed on a recurring basis.
2.10	Notification has also been received from Scottish Government that North Ayrshire Health and Social Care Partnership will receive additional Delayed Discharge funding over the next three years, starting with an allocation of approximately £897k in 2015/16.
2.11	It is proposed that these additional resources are allocated to the growth and development of those community services required to better meet the needs of local people at home; create viable alternatives to Emergency Department attendance and acute hospital admission; and support those who do require acute care to return home safely and as quickly as possible.
2.12	By adopting this approach the Integration Joint Board can be assured that immediate steps are being taken to improve the responsiveness of Care at Home services in North Ayrshire in a manner that will complement and lay the solid foundations for the delivery of the findings from the wider Care at Home Review.
2.13	On that basis, proposals for the allocation of the available resource are set out below.
3.	**PROPOSALS**
3.1	<u>North Ayrshire Council Care at Home Funding Uplift</u> At the heart of the proposals to ensure the core Care at Home service is equipped to meet the needs of local people going forward are the principles of safe, person-centred and seamless from the point of view of the service user and safe, supporting and caring from the point of view of staff.
3.2	With that in mind, some of the foundations for high quality service provision that have either not been funded or have been historically underfunded will be supported by a significant portion of the additional budget made available by North Ayrshire Council being allocated to existing budgetary pressures and ‘must dos’.

3.3	Specifically, this will see investment totalling almost £1.331m to address previous overspends and underfunding with specific focus on: • Mandatory and SVQ Level 2 Training to ensure service provision is safe and in line with the specified standards for care provision and address the previous shortfalls in this budget. • Care at Home team management structures • Additional staffing to support additional provision previously purchased and to reduce overtime costs • Supporting improved joint working between the Care at Home Team and Community Health Teams, with a focus in the first instance on the development of Carer skills to administer eye drops for service users, thereby releasing District Nursing capacity to undertake more complex roles and making better use of overall resources. • Additional funding for Purchased Care at Home services to align with current service demands • Impact of salary appeals • Non recurring costs relating to service model changes
3.4	The additional demand growth funding will be allocated to the areas of highest demand. Based on an assessment of the recent waiting list in both community and hospital settings, the Care at Home Management Team have concluded that the appointment of 40 additional staff, each on 20 hour per week contracts, will ensure demand levels can be met. The estimated cost of this is £500k which will be allocated to the staffing budget for the Care at Home service to support the required recruitment programme.
3.5	Recognising the benefits to be gained from closer working between the core service and the Acute Hospital, there is a desire to make the current pilot liaison post a substantive position, as well as introduce a further pilot liaison post within another Acute Hospital. The funding allocated to support these posts is approximately £63k.
3.6	The remaining funding of approximately £21k will be used for further anticipated in year demand growth to support reablement and the redirection of older people from potential Care Home admission to Care at Home support.
3.7	<u>Delayed Discharge Funding</u> Turning to the additional funding to support continued reduction in Delayed Discharges in North Ayrshire, the investment plan is underpinned by a desire to develop a more responsive service to support individuals better at home; enhance the responsiveness of the service offered to individuals in Acute Hospitals by supporting safe discharge as quickly as possible; and by creating the facilities and integrated teams necessary to support individuals attain optimum levels of independence.
3.8	It is recognised that those who respond to unscheduled calls from our most vulnerable and frail service users may not be fully aware of the level of support available to the individual and how resilient and independent they are living in the home environment.

3.9	There is therefore a desire to establish an immediate response service that would see a member of staff deployed to a service user's home when a 999 Ambulance is called or an NHS ADOC visit is requested. The member of staff would work with the attending clinician to jointly assess the needs of the service user and agree how these should best be met. It is anticipated that such an approach is highly likely to reduce Emergency Department attendances and unnecessary emergency admissions.
3.10	To secure this service, initially on a pilot basis, 8 staff would need to be recruited, each of them on 30 hour contracts, at a cost of approximately £154k. This pilot would focus initially on geographical areas of high demand for 999 Ambulance and NHS ADOC services and, subject to successful evaluation, options would be explored to spread and mainstream this service.
3.11	In addition to supporting individuals to safely stay at home, there is a need to ensure services are configured to be more responsive to the needs of those in hospital who, having had an acute episode, can wait for longer than is desirable for a Care at Home package.
3.12	The Care at Home Team propose to try and meet all service requests from hospitals within four hours to ensure individuals are supported home as safely and quickly as possible. This will use a reablement approach that would see a continued assessment of their care needs and tailoring of their care package before establishing a core-service package where required.
3.13	To move towards this aspiration approximately £450k will be allocated to supplement the existing Care at Home Reablement Team creating an additional 35 posts, each of which will have an allocated 20 hour contract. This model will be evaluated throughout the year to ensure it is further developed, refined and where necessary developed to deliver the four hour target for provision of service in line with the recommendations from the Care at Home Review.
3.14	Linked to this, it is acknowledged that access to equipment can also lead to a longer than necessary stay in hospital for some individuals and can result in admission to hospital for others. It is proposed to trial a seven-day-per-week Equipment Store service, with the store open from 10.00am – 4.00pm on a Saturday and Sunday.
3.15	The overall management responsibility for the service during this time would fall to the on-call Care at Home Manager, with a small investment of approximately £19k, full year effect, being made to support the additional technician time required. This approach would be subject to a trial of three to six months to assess the effectiveness and impact of the service before recommendations are brought forward on a long-term model.
3.16	Finally, investment is required in order to support the development of the new integrated team that will be developed in Pavilion 3 and wider community settings to deliver the Rehabilitation and Reablement service required for those with more complex care needs.

3.17	To support the seamless transition into this facility from both community and acute settings and the resulting transition back home, it is recognised that General Practitioner involvement in the team will be key to the successful delivery of tailored care for individuals who will benefit from this facility. Acting as a conduit with General Practice and liaising closely with the Care of the Elderly Physicians where medical input or opinion is required, the General Practitioner role will be a key resource for the wider team to draw on.
3.18	On that basis a little under £190k will be allocated to securing General Practitioner involvement within this new service model.
3.19	An operational general manager at Team Manager / Team Leader level will be necessary to help form the new integrated team and co-ordinate their activity within the unit and at the outreach facilities. Further, they will be key to designing, implementing, reviewing and refining the systems and processes at the interface between the service and acute care and with Primary Care and wider community services.
3.20	Further investment of approximately £48k will therefore be allocated to support this role.
3.21	The investment plan for the Delayed Discharge Funding would therefore see the allocation of approximately £858k across these developments, leaving a contingency of approximately £39k to meet additional in-year costs.
3.22	A detailed financial schedule is presented at Appendix 1.
4.	**IMPLICATIONS**
4.1	**Financial Implications** In terms of financial implications, the proposed budget realignment will ensure the service is fully funded moving forward and the additional investment will help support additional service demand costs and deliver service change to support the Partnership Change Programme and deliver agreed savings in future years.
4.2	**HR Implications** The proposals contained herein require the appointment of significant numbers of additional Care at Home staff. Should IJB members support this, the resulting recruitment programme will be developed and delivered jointly with the North Ayrshire Employability Service, with progress reported jointly through the Change Steering Group to IJB and the Local Employability Partnership.
4.3	**Legal Implications** There will be no legal implications as a result of these proposals.
4.4	**Equality Implications** These proposals are designed to meet the needs of some of our most vulnerable service users and their implementation is anticipated to have a positive impact on equalities. Specifically, the delivery of this programme of investment and change will improve the responsiveness and quality of the Care at Home service delivered in North Ayrshire, laying solid foundations for the new service model and method of procurement resulting from the ongoing Review of Care at Home services.
4.5	**Environmental Implications** There will be no environmental implications as a result of these proposals.

4.6	**Implications for Key Priorities** These proposals are specifically designed to have a positive impact on Tackling Inequalities; Bringing Services Together; Prevention and Early Intervention; and Improved Mental Health and Wellbeing.
4.7	**Community Benefit Implications** The creation of sustainable, high quality employment opportunities will offer significant benefits in terms of the local economy.
5.	**CONSULTATIONS**
5.1	The recommendations contained within this paper have been developed through extensive discussions and engagement with Acute Care, Primary Care and Service Providers, as well as through reflection on feedback from service users and carers.
6.	**CONCLUSION**
6.1	The Care at Home Team believe that the proposals set out within this document for developing the quality, capacity and responsiveness will ensure the service is in a stronger position to meet demand in 2015/16 and beyond, while ensuring preparations are made for the delivery of the recommendations from the wider Care at Home Review.

For more information please contact David Rowland, Head of Service Health & Community Care on 01294 317797 or davidrowland@north-ayrshire.gcsx.gov.uk

Investment Plan for Additional Care at Home Budget

Additional North Ayrshire Funding from 2015/16		
	£000s	£000s
Funding to address underlying 2014/15 budget pressures		
Purchased Care at Home Services	606	
Mandatory Training	152	
SVQ Level 2 Training	64	
Training to Support Integrated Working	152	
Fund Management Establishment	97	
Meet cost of salary appeal	162	
		1,233
Funding to address new demand and cost pressures for 2015/16		
Additional Staffing to meet care at home service demands (40 x 20 hour posts)	536	
Additional Transport Costs	30	
Non-Recurring Costs associated with Termination of Monday - Friday roles	67	
Liaison Service to Crosshouse (1.0 WTE)	63	
		696
TOTAL ADDITIONAL COUNCIL FUNDING FOR CARE AT HOME FROM 2015/16		**1,929**

Spending Plan for Delayed Discharge Funding

	£000s	£000s
Total Available Funding		**897**
Rehab and Reablement Investment Proposal		
Medical Input (1.5 WTE)	187	
Service Manager (1.0 WTE)	49	
		236
Aids and Adaptations Investment Proposal		
Additional Staffing (2 x 12 hour posts)		19
Care at Home Capacity Proposal		
Immediate Response Team [to attend 999 calls] (8 x 30 hour posts)	154	
Rapid Response Team [to support discharge] (35 x 20 hour posts)	449	
		603
Total Planned Spend		**858**
Contingency		**39**

Integration Joint Board
4th June 2015

Agenda Item No. 7

Subject:	**IJB Governance Framework**
Purpose:	To detail the framework for the delivery of the work of the IJB that enables: • Strategic policy oversight • Accountability for the Health and Social Care Partnership (HSCP) • Ensures effective scrutiny of the systems and processes of the HSCP • Examines the impact of delivery of the strategic plan.
Recommendations:	1. That the IJB notes the development of the Governance Structure Map (Appendix 1). 2. Notes and supports the ongoing work of the Strategic Planning Group. 3. Supports the development of Public Engagement, Providers and Staff / Trade Union Partnership Groups for its review at a later date.

1. INTRODUCTION

1.1 The role of the Integration Board is a complex one and can be considered to hold the responsibility for Health and Social Care Partnership in trust, on behalf of North Ayrshire Residents. The Board's role will be to 'hover above' the working of the executive and ensure timely intervention where appropriate. The purpose of this paper is to tease out the need for structures to support these interventions.

2. CURRENT POSITION

2.1 The Integration Scheme which was approved on 1st April 2015 by Scottish Government and allows for the following structures:

- Health and Care Governance Group (5.1.11)
- Strategic Planning Group (9.1)

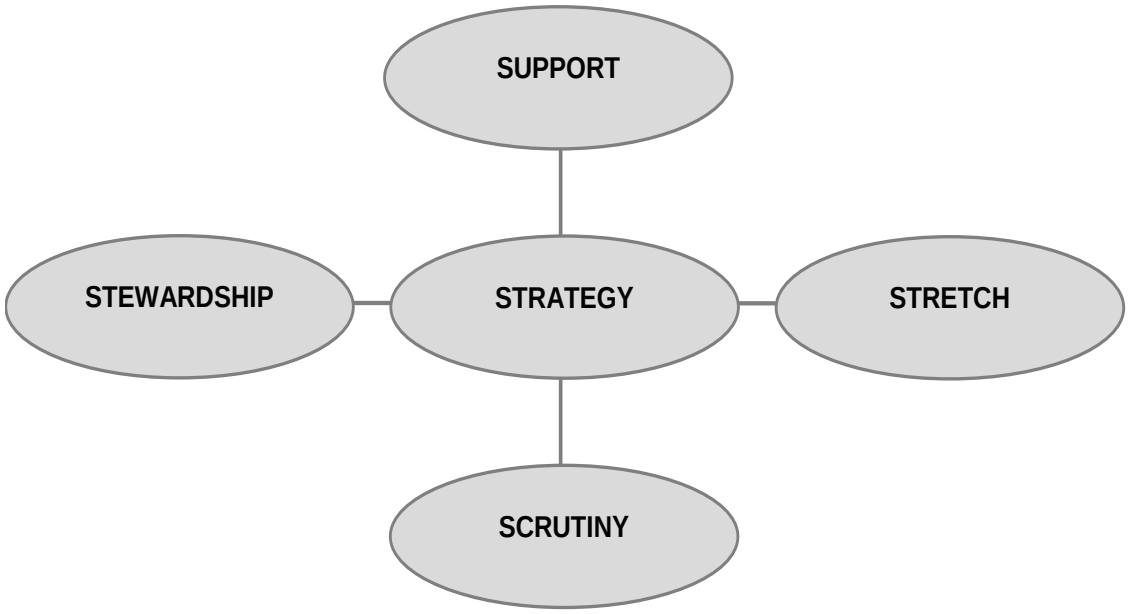
2.2 In addition the framework for the accountability of the Executive was established at the inaugural meeting of the IJB on 2nd April, by the formal appointment of the Chief Officer & Chief Finance Officer and then subsequently by the appointment of the Chief Internal Auditor on 16th April. As part of this framework, these roles have clear delegated authority as part of the Integration Scheme.

2.3 Following on from these important milestones the IJB now needs to ensure that the mechanisms for monitoring performance, compliance with legal duties, reviewing the effectiveness of the strategic plan and taking care to scrutinise the resources, both human and financial, of the Partnership are stewarded to the highest possible standard.

3. PROPOSALS

3.1 As part of the development of the governance framework, it may be helpful to ensure that the Board considers their roles in relation to the model developed by the Joseph Rowntree Foundation's Julia Unwin which covers the elements below:

©Julia Unwin 5 S Model



3.2 Different functions of the Partnership may require different elements of governance. It is proposed that a progressive approach is adopted to the delivery of a governance framework, as we gradually develop the building blocks or structures to oversee this work. The varying functions of the organisation may require varying elements of the model above.

3.3 The following groups or committees have been constituted (Appendix 1)

- Performance and Audit Committee
- Health and Care Governance Group
- Strategic Planning Group
- Public engagement Group
- Staff/trade Union Partnership Group
- Change Steering Group
- Providers Group.

3.5 Health and Care Governance Group (see Appendix 2)

The integration Scheme requires the NHS Board and Council to create this Group to provide the NHS Board, Council and IJB with the following assurance:-

- Provides assurance to the IJB, the Council and NHS, via the Chief Officer, that the Professional standards of staff working in Integrated Services are maintained and that appropriate professional leadership is in place.
- Reviews significant and adverse events and ensures learning is applied.
- Supports staff in continuously improving the quality and safety of care.
- Ensures that service user/patient views on their health and care experiences are actively sought and listened to by services.

3.6 Further assurance for Health and care governance is provided through the Chief Social Work Officer's responsibility to report directly to the Council and the responsibility of the Health Leads to report directly to the Medical Director and Nurse Director who in turn report to the NHS Board on professional matters.

3.7 Public Engagement (in progress)

A number of structures and processes exist across North Ayrshire, which facilitate the involvement of service users, carers and the public in planning, reviewing and improving our services and our plans. Over recent months, work has been underway to map the current processes and from this we will develop a series of recommendations for consideration by the IJB, on how we can build on what's already there, and on the engagement that took place during the consultation on the Strategic Plan. This group will need to take time and space to evolve its objectives and terms of reference and will feed back at a later date to the IJB. It is likely to feed the IJB through stretch, strategy and scrutiny.

3.8 Staff/Trade Union Partnership Group (in progress)

- To ensure an open channel of communication between staff partnership representatives and the IJB
- Staff influence strategic decision making.
- Collaborates on workforce development issues.
- Allows for early involvement in organisational change.
- Overview of health and safety services.

This group will need to work collaboratively in developing and feeding back on new initiatives and comment on the impact of matters on staff across both employing authorities. By its very nature it will involve support and stretch.

3.9 Over recent months, work has been underway to map the current processes and from this we will develop a series of recommendations on how this group will relate to the IJB. There have been a series of core group meetings and an initial Staff Partnership Workshop on 20th April – work is underway to formulate proposals from this. This group will need to take time and space to evolve its objectives and terms of reference and will feed back at a later date to the IJB.

3.10 Change Steering Group (approved by IJB 16th April 2015)

As previously agreed at the last IJB meeting the function of this group is to oversee the delivery of the Change Programme, the Funding of Ideas and Innovation and to ensure a lasting legacy for the Reshaping Care of Older People (completed March 2014).

3.11 Providers Group

North Ayrshire Social Services currently hosts a forum for contracted service providers of social care. It is proposed that work is undertaken to develop this forum to include providers of health care. In undertaking this work we would want to explore an extended role for the Forum. This work would be undertaken with colleagues from the Third and Independent Sectors.

3.12 Strategic Planning Group

Each Health and Social Care Partnership is required to have a Strategic Planning Group and our SPG has been established since August 2014. The group has been pivotal in the development, refinement and consultation on the Strategic Plan as directed by the Shadow Integration Board.

At a recent session, the SPG considered its ongoing work programme for 2015/16 and agreed the following objectives:

- To oversee the impact of the Strategic Plan through a focus on each of the 5 strategic priorities
- To advise and support on the development of locality planning structures and 6 Locality Plans
- To ensure alignment between the Strategic Plan and the plans of each of the partner organisations represented on the SPG
- To oversee the refresh of the Strategic Pan for 2016/17.

4. IMPLICATIONS

4.1 Human Resource Implications

There will be no requirement for additional human resources to service these proposed structures but consideration will be given as to the most effective way to support meetings.

4.2 Legal Implications

It is noted that the Integration Scheme which was approved on 1st April 2015 by Scottish Government requires the structures below:

- Health and Care Governance Group (5.1.11)
- Strategic Planning Group (9.1)

4.3 Equality Implications

As part of the strategic planning group users and carers have a specific reference which is consistent with the principles of the Equality Act 2010.

5. CONSULTATIONS

5.1 There is ongoing consultation as part of the development of both the Public Engagement and Staff/Trade Union Partnership Group.

6. CONCLUSION

6.1 We therefore request that the IJB affirms its support to this approach in developing the governance structures to support its work.

For further information please contact Janine Hunt, Principal Business Manager on (01294) 317787 or janinehunt@north-ayrshire.gcsx.gov.uk

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NORTH AYRSHIRE RESIDENTS

North Ayrshire Council

SCOTTISH GOVERNMENT

NHS Ayrshire & Arran

Integration Joint Board

Public Engagement

- To ensure an open channel of communication between front line users and carers and the IJB
- To support a move to a collaborative model of engagement
- To hold the IJB to account for the quality of services.
- To contribute to service redesign and improvement.

Staff/Trade Union Partnership Group

- To ensure an open channel of communication between staff partnership representatives and the IJB.
- Staff influence strategic decision making.
- Collaborates on workforce development issues.
- Allows for early involvement in organisational change.
- Overview of health and safety services.

Providers Group

- To ensure an open channel of communication between third and independent sector health and social care providers.

Partnership Senior Management team

Children's Services Strategic partnership

Alcohol and Drugs Partnership

Change Steering Group

To oversee the delivery of:
- RCOP legacy scheme
- Ideas & Innovations Fund
- Change Programme

Performance & Audit Committee

- To ensure effective performance management systems are in place to evidence delivery of the organisation's key objectives, including the Strategic Plan.
- To act as a focus for best value and continuous improvement.
- To establish and review risk management arrangements, including receiving regular risk and health and safety reports.
- To review the annual work programme of internal and external audit.
- To ensure appropriate action is taken in response to audit findings.

Performance Review Meetings

Health and Care Governance Group

- Provides assurance to NHS Healthcare Governance Committee by a creation of annual reports.
- Reviews significant and adverse events and ensures learning is applied.
- Supports staff in continuously improving the quality and safety of care.
- Reviews quarterly report from Health & Care Governance Group.

NAC Scrutiny Committee

NHS Health Care Governance Committee

Health & Care Governance Group

Adult Protection Committee

Child Protection Committee

Multi-Agency Public Protection Arrangements

Strategic Planning Group

- To support the development of the Strategic Plan.
- To ensure wide communication & engagement in developing the Strategic Plan.
- To ensure the contribution of a wide group of stakeholders, to the delivery of the Strategic Plan.
- To support the development of locality planning structures.

IJB Accountable to | IJB Sub-Group | Key Partnership Fora | Line of accountability | Two-way Interaction

IJB GOVERNANCE MAP (Draft)

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Appendix 2

NORTH AYRSHIRE INTEGRATION JOINT BOARD

Health and Care Governance Group

Draft Terms of Reference

1.	**Introduction**
1.1	The Health and Care Governance Group is a sub-group of the Integration Joint Board (IJB), it brings together the professional leads across the Partnership to support health and care governance, thus providing assurance:
	a. On the quality and safety of health and social care Partnership services. b. That staff across the Partnership are supported to provide quality services and are both appropriately skilled and registered to discharge their professional responsibilities. c. That proposed changes in practice, within one professional group, does not adversely impact upon another profession, and that there is a whole system approach to improvement. d. That services are able to learn and develop from service user experience and that effective mechanisms are in place to do so. e. That self-evaluation and quality assurance mechanisms are in place to inform improvement. f. That a systematic and proportionate approach to the review of critical incidents, significant incidents and near misses is embedded in the Partnership; and pan-Ayrshire where this relates to mental health services. g. That findings of critical incidents, significant events and near misses, locally and nationally, are considered and used to review and improve practice. h. That services commissioned through registered, third and independent sector have appropriate contract monitoring arrangements in place and that those services are delivered to a high standard. i. That medical devices (and where required - devices to support care), that are used, are sourced and maintained appropriately. j. That appropriate links to Infection Control structures are in place. k. That a learning culture is encouraged and that good practice and success is shared widely. l. That current Partnership governance structures report into and through the Health & Care Governance Group. m. That practice improvement plans are delivered, as appropriate. n. That all Health and Care arrangements are developed with service users at the centre
2.	**Constitution**
2.1	The Health and Care Governance Group will be chaired by the Clinical Director, on behalf of the Chief Officer.
2.2	The Group will report to the Chief Officer and through the Chief Officer to the Integration Joint Board.

2.3	The Committee will consist of the professional advisers, namely:- • Clinical Director • Lead Nurse • Lead Allied Health Professional • Chief Social Work Officer (Head of Children, Families & Criminal Justice) • Associate Medical Director, Mental Health Services • Director of Public Health or representative • Head of Health and Community Care • Head of Mental Health
2.4	Service Users and Carers, Third and Independent sector representation will be sought via the IJB.
3.	**Frequency**
	The Group will meet six times per year initially.
4.	**Background**
4.1	The main purpose of integration is to improve the wellbeing of people who use our health and social care services, of families, our communities and, in particular, those whose needs are complex and involve support from across health and social care at the same time.
4.2	The North Ayrshire Health & Social Care Partnership (NAHSCP) Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 (hereinafter referred to as "the Act").
4.3	In Annex C of 'Clinical and Care Governance of Integrated Health and Social Care Services' (A Scottish Government publication) it contains the following description of clinical and care governance. 1. Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation - built upon partnership and collaboration within teams and between health and social care professionals and managers.
	2. It is the way by which structures and processes assure Integration Joint Boards, Health Boards and Local Authorities that this is happening - whilst at the same time empowering clinical and care staff to contribute to the improvement of quality - making sure that there is a strong voice of the people and communities who use services.
	3. Clinical and care governance should have a high profile, to ensure that quality of care is given the highest priority at every level within integrated services. Effective clinical and care governance will provide assurance to patients, service users, clinical and care staff and managers, Directors alike that:

	a. Quality of care, effectiveness and efficiency drives decision-making about the planning, provision, organisation and management of services; b. Unacceptable clinical and care practice will be detected and addressed
	4. Effective clinical and care governance is not the sum of all these activities; rather it is the means by which these activities are brought together into this structured framework and linked to the corporate agenda of Integration Authorities, NHS Boards and Local Authorities.
	5. A key purpose of clinical and care governance is to support staff in continuously improving the quality and safety of care. However, it will also ensure that wherever possible poor performance is identified and addressed. All health and social care professionals will remain accountable for their individual clinical and care decisions.
	6. Many clinical and care governance issues will relate to the organisation and management of services rather than to individual clinical decisions. All aspects of the work of Integration Authorities, Health Boards and local authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care. Clinical and care governance, however, is principally concerned with those activities which directly affect the care, treatment and support people receive.

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Integration Joint Board
4th June 2015

Agenda Item No. 8

Subject:	**Performance and Audit Committee**
Purpose:	To create a Performance and Committee of the Integration Joint Board (IJB) and agree its remit and powers
Recommendations:	That the IJB agrees to (1) the creation of a Performance and Audit Committee, the remit and powers of which are set out in Appendix 1; and (2) appoint members to serve on the Committee

1. INTRODUCTION

1.1 On 2 April 2015 the IJB considered a report regarding delegation of its functions and powers to officers and committees. The Board noted that a key consideration was to ensure that there was a committee which was able to exercise scrutiny, audit and performance review functions. Such a committee was necessary to provide assurance to the Board that governance, including financial performance was sound. Scottish Government Guidance from the Integrated Resources Advisory Group also requires the creation of an Audit Committee.

1.2 The IJB agreed that a further report detailing the remit of an Audit Committee be submitted to the IJB at a future date. On 16 April the IJB agreed to appoint a Chief Internal Auditor.

2. CURRENT POSITION

2.1 Appendix 1 details the proposed remit and powers of the Performance and Audit Committee. The key functions of the Committee are:-

- To ensure effective performance management systems are in place to evidence delivery of the organisation's key objectives, including the Strategic Plan.
- To act as a focus for best value and service improvement.
- To establish and review information governance & risk management arrangements, including receiving regular risk and health & safety reports.
- To review the annual work programme of internal and external audit.
- To ensure appropriate action is taken in response to audit findings.

3. PROPOSALS

3.1 It is proposed that the IJB create a Performance and Audit Committee, the remit and powers of which are set out in Appendix 1. The IJB is also recommended to appoint Members of the Committee.

4.1 **Human Resource Implications**

There are no human resource implications.

4.2 **Legal Implications**

There are no legal implications

4.3 **Equality Implications**

There are no equalities implications

5. CONSULTATIONS

5.1 The remit of the Committee has been prepared in consultation with the IJB's Chief Finance Officer

6. CONCLUSION

6.1 This report seeks approval to the creation of Performance and Audit Committee, the remit and powers of which are set out in Appendix 1.

For further information please contact Lesley Aird, Head of Finance or Andrew Fraser, Head of Democratic Services, North Ayrshire Council.

Appendix 1

NORTH AYRSHIRE INTEGRATION JOINT BOARD
PERFORMANCE & AUDIT COMMITTEE
DRAFT TERMS OF REFERENCE

1	**Introduction**
1.1	The Performance & Audit Committee is identified as a Committee of the Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders.
1.2	The Committee will be known as the Performance & Audit Committee (PAC) of the IJB and will be a Standing Committee of the Board,
2	**Constitution**
2.1	The IJB shall appoint the Committee. The Committee will consist of not less than six members of the IJB, excluding Professional Advisors.
3	**Chair**
3.1	The Chair of the Committee will be a voting Member nominated by the IJB, noting that the Chair of the IJB cannot also chair the PAC.
4	**Quorum**
4.1	Three Members of the Committee will constitute a quorum.
5	**Attendance at meetings**
5.1	The Board Chair, Chief Officer, Chief Finance Officer Chief Internal Auditor and other Professional Advisors and senior officers as required as a matter of course, external audit or other persons shall attend meetings at the invitation of the Committee.
5.2	The Chief Internal Auditor should normally attend meetings and the external auditor will attend at least one meeting per annum.
5.3	The Committee may co-opt additional advisors as required.
6	**Meeting Frequency**
6.1	The Committee will meet at least three times each financial year. There should be at least one meeting a year, or part therefore, where the Committee meets the external and Chief Internal Auditor without other seniors officers present.

7	**Authority**
7.1	The Committee is authorised to instruct further investigation on any matters which fall within its Terms of Reference.
8	**Duties**
8.1	The Committee will review the overall Internal Control arrangements of the Board and make recommendations to the Board regarding signing of the Governance Statement, having received assurance from all relevant Committees.
	Specifically it will be responsible for the following duties:
	1. The preparation and implementation of the strategy for Performance Review and monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB;
	2. Ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set objectives, levels and standards of service and the performance indicators and to receive regular reports on these and to review the outcomes;
	3. Acting as a focus for value for money and service quality initiatives;
	4. To review and approve the annual audit plan on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and reporting to the Board;
	5. Monitoring the annual work programme of Internal Audit;
	6. To consider matters arising from Internal and External Audit reports;
	7. Review on a regular basis action planned by management to remedy weaknesses or other criticisms made by Internal or External Audit
	8. Review risk management arrangements, receive annual Risk Management updates and reports.
	9. Ensure existence of and compliance with an appropriate Risk Management Strategy.
	10. Reporting to the IJB on the resources required to carry out Performance Reviews and related processes;
	11. To consider annual financial accounts and related matters before submission to and approval by the IJB;
	12. Ensuring that the Senior Management Team, including Heads of Service, Professional Leads and Principal Managers maintain effective controls within their services which comply with financial procedures and regulations;

	13.	Reviewing the implementation of the Strategic Plan;
	14.	To be responsible for setting its own work programme which will include the right to undertake reviews following input from the IJB and any other IJB Committees;
	15.	The Committee may at its discretion set up short term working groups for review work. Membership of the working group will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit Committee;
	16.	Promoting the highest standards of conduct by Board Members; and
	17.	Monitoring and keeping under review the Codes of Conduct maintained by the IJB.
	18.	Will have oversight of Information Governance arrangements as part of the Performance and Audit process (to be confirmed).

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Integration Joint Board
4th June 2015

Agenda Item No. 9

Subject:	**Format of IJB Meetings and Organisational Development Proposals**
Purpose:	To advise the Integration Joint Board (IJB) of the process and format future IJB meetings and the proposals for the ongoing development plan for IJB members.
Recommendation:	That the IJB members agree the proposals for pre-agenda governance and the organisational development of IJB members.

1. INTRODUCTION

1.1 At the Integration Joint Board meeting on 16th April 2015, the IJB agreed to establish a process to give members of the Board the opportunity to submit items for the agenda and also have advance notice of reports being presented to IJB.

1.2 The format and content of the meetings was discussed and proposals for the IJB going forward are detailed within this report.

1.3 An update on the Organisational Development Programme for IJB members is also included within this report.

2. CURRENT POSITION

2.1 At present IJB meetings are held on a four weekly basis. Pre-agenda meetings are held with the Chair, Vice Chair, Director of the HSCP and relevant senior officers. These meetings are held two weeks prior to the IJB to allow the Chair and Vice Chair to go through the proposed agenda and reports for the meeting. After the pre-agenda meeting the reports are finalised, circulated and published.

3. PROPOSALS

3.1 <u>Pre-Agenda Arrangements</u>

To allow IJB members to be kept informed of future agenda items for the IJB, it is proposed that one week prior to the pre-agenda meeting, a pack will be issued to IJB members. This pack will include :-

- Draft IJB agenda.

- A timetable of Pre-Agenda and IJB meeting dates and their respective deadlines. (A copy of the timetable is attached at Appendix 1).
- A forward planner of reports detailing scheduled reports. (A copy of the forward planner is attached at Appendix 2).

3.2 After receiving their pack, IJB members will notify the Chief Officer, NAHSCP of any reports they also wish discussed at the IJB. These requests will be discussed with the Chair and Vice Chair, IJB at the Pre-Agenda meeting and a final decision taken by the Chief Officer on whether these should be placed on the IJB agenda.

3.3 Private Sessions

IJB members previously requested private briefing sessions to focus on particular topics of interest to the members. These briefing sessions will be held at regular intervals throughout the year. The proposed dates and topics for the first sessions are :-

Date	**Topic**	**Time**
Thursday 2nd July 2015	Children's Services	10.00 a.m. to 12 noon
Thursday 8th October 2015	Addictions/Mental Health	10.00 a.m. to 4.00 p.m.
Thursday 14th January 2016	Development Session	10.00 a.m. to 4.00 p.m.
Thursday 11th February 2016	Budget	10.00 a.m. to 1.00 p.m.

3.4 Future topics for discussion will focus on the five priorities within the Strategic Plan as well as key service developments. Members of the IJB will have the opportunity to suggest topics of interest through the IJB pre-agenda arrangements and the Organisational Development programme.

Organisational Development Programme

3.5 Members of the IJB who attended the development day for the Board on 13th March, articulated a series of both individual and collective learning needs to be addressed, in order to ensure that they are supported to undertake the important task of governance.

3.6 The principles that need to be followed to succeed in the task of Board membership were considered to be the same as those for the Strategic Plan.

3.7 Members initially requested formal induction process that would assist them in the understanding the framework to which they make Board decisions and therefore a workshop has been arranged to enable a shared understanding of the following:

- How we work within the North as part of a Pan Ayrshire Approach?
- The financial aspects of Board Governance
- The legal aspects of Board Governance
- What needs to come next for Board support?

3.8 This workshop took place on 20th May for the majority of Board and deputy members. It provided the building blocks for looking at the key information needs to be a successful Board member in ensuring the delivery of:

- Strategic oversight of the Health and Social Care Partnership (HSCP)
- Accountability as a member
- Providing support to the Executive
- Ensuring scrutiny of how the HSCP performs.

3.9 The above will be supported by developments of the governance structures to support the stewardship of the IJB (see later papers).

3.10 As outlined at 3.3, the private development sessions have been built into the programme of IJB events. These sessions were identified from the feedback we received on the 13th March as to the areas that Board members felt need more in depth exploration than can be undertaken in a general IJB meeting.

3.11 They are :

1. Children and Family Services / Dartington Research update - 2nd July 2015
2. Mental Health and Addiction Services - 8th October 2015
3. Budget development session - 11th February 2016.

A further Board development session will be on 14th January 2016. The objective of this session will be to ensure and afford opportunities to discuss the Strategic Plan and the organisational development needs for the Board as a collective are being met. The session will be formulated based on feedback provided from the 13th March 2015.

3.12 There are a number of individual development needs that Board members have articulated which can be met outside of the above structures and these will be explored in more detail at the session on 20th May which will result in a programme of experiential, more individual learning. We will follow this up with telephone calls to individual IJB members.

3.13 In addition we hope to examine the appetite for further development discussions for the Board as opportunities to input to key strategic policy areas related to the Strategic Plan. By the nature of the busy programme of work documented in Appendix 1 these will need to be outside of the IJB formal meeting cycle.

3.14 We welcome Board comments and feedback from these sessions in order to ensure that the IJB a is supported in its stewardship of the Health and Social Care Partnership.

4. IMPLICATIONS

4.1 Financial Implications

There are no financial implications.

4.2 Human Resource Implications

The Board's organisational development needs are included within this report for consideration.

4.3 **Legal Implications**

There are no legal implications.

4.4 **Equality Implications**

The equality implications of board governance arrangements will be included in the Board's Development Day on 14th January 2016.

4.5 **Environmental Implications**

There are no environmental implications.

4.6 **Implications for Key Priorities**

Through the implementation of discussion sessions on the five strategic priorities it is anticipated strategic policy developments will be enacted.

5. CONSULTATIONS

5.1 Consultation on this paper include: Shadow Integration Board Development afternoon on 13th March 2015 and induction on 20th May 2015.

6. CONCLUSION

6.1 Members of the IJB are asked to endorse the proposals within the report.

For further information please contact Janine Hunt, Principal Manager (Business Support) on (01294 317787 or janinehunt@north-ayrshire.gcsx.gov.uk.

Appendix 1

IJB	Date of Pre-Agenda	Draft Agenda to IJB	Report Deadline	Agenda Issue
2015				
4th June	21st May	14th May	19th May	29th May
2nd July	**Private Briefing Session**			
13th August	30th July	23rd July	28th July	7th August
17th September	3rd September	27th August	1st September	11th September
8th October	**Private Briefing Session**			
5th November	22nd October	15th October	20th October	30th October
10th December	25th November	18th November	23rd November	4th December
2016				
14th January	**Private Briefing Session**			
11th February	28th January	21st January	20th January	5th February
10th March	25th February	18th February	17th February	4th March
14th April	31st March	24th March	17th March	8th April
12th May	28th April	21st April	21st April	6th May
16th June	2nd June	10th June	26th May	10th June
14th July	30th June	23rd June	23rd June	8th July
11th Aug	28th July	21st July	21st July	5th August
8th September	25th August	18th August	18th August	2nd September
6th October	22nd September	5th September	22nd September	30th September
3rd November	20th October	13th October	20th October	28th October
1st December	17th November	10th November	10th November	25th November

North Ayrshire Council's Committee Services will assume responsibility for clerking of the IJB from August 2015. The 2016 dates may therefore be subject to change

SAMPLE REPORT SCHEDULE 2015/16

Date	Report Title	Officer
02-Jul-15	**Development Session – Children's Services**	**Stephen Brown**
13-Aug-15	Strategic Planning Group - Minutes	Karen Andrews
	Concerns Hub Report	Stephen Brown
	Change Programme Update	Jo Gibson
	Director's Report (inc. Risk)	Karen Andrews
	Remodelling Rehab Services on Arran	David Rowland
17-Sep-15	Strategic Planning Group - Minutes	Karen Andrews
	Director's Report	Karen Andrews
	Finance Report - Period to 31 July 2015	Lesley Aird
08-Oct-15	**Development Session – Addictions/Mental Health**	**Thelma Bowers**
05-Nov-15	Strategic Planning Group - Minutes	Karen Andrews
	Remodelling Rehab Services on Arran	David Rowland
	Director's Report (inc. Risk)	Karen Andrews
	Change Programme Update	Jo Gibson
	Finance Report - Period to 30th Sept 2015	Lesley Aird
10-Dec-15	Strategic Planning Group - Minutes	
	Director's Report	Karen Andrews
	Business Support Review	Janine Hunt
14-Jan-16	**Development Session**	
11 Feb 16	Budget Development Session	Lesley Aird
11-Feb-16	Strategic Plan Update	Jo Gibson
10-Mar-16	Finance Report - Period to 31 January 2016	Lesley Aird
08-Sep-16	Finance Report - Period to 31 July 2016	Lesley Aird
03-Nov-16	Finance Report - Period to 30 September 2016	Lesley Aird

* Regular updates from the Performance and Audit Committee and Health and Care Governance Group will also be scheduled on a quarterly basis.

Integration Joint Board
4th June 2015

Agenda Item No. 10

Subject:	**Healthcare Improvement Scotland (HIS) unannounced Inspection of Arran War Memorial Hospital (AWMH).**
Purpose:	To report on the recent Inspection on Arran War Memorial Hospital and present an action plan detailing the improvements identified by the inspection team.
Recommendation:	The Integrated Joint Board is asked to endorse the actions contained within the improvement plan (appendix 1) and note the progress in implementing the improvements identified.

1. INTRODUCTION

1.1 HIS made an unannounced visit to AWMH on 3rd & 4th February 2015. The purpose of the inspection was to review the care being received by older people. A letter detailing the particulars of the inspection has been published on the HIS website and an action plan has been created to address the improvements identified.

2. BACKGROUND

2.1 In June 2011, the Scottish Government announced that HIS would be charged with carrying out a new programme of inspections. These inspections would focus on the care of older people in acute hospitals (OPAH) and provide assurance that the standard of care being delivered is high.

2.2 HIS measure NHS Boards against a range of standards and other national documents including the Clinical Standards Board for Scotland (CSBS) Clinical Standards for Older People in Acute Care (October 2002) (A new, revised Standard is due to be published shortly). OPAH inspections began in February 2012.

2.3 This visit marks the third time a hospital within NHS Ayrshire & Arran's geographical boundaries has received an OPAH inspection, and the first time a hospital managed by a Health and Social Care Partnership has been inspected.

2.4 It is standard practice for HIS to publish a full inspection report following a visit, however in this case, due to the number of patients within the hospital at the time of inspection, HIS had concerns over patient confidentiality. In acknowledging that the two patients may be able to be identified in their community, HIS published a letter in place of their usual report and action plan.

2.5 Despite the unusual public reporting circumstances, HIS have still produced a full

inspection report and action plan which the Health and Social Care Partnership is expected to review and action.

3. ASSESSMENT

3.1 The inspection team observed areas of good practice and noted that NHS Ayrshire & Arran was performing well in relation to the care provided to older people including:

- Video conferencing clinics to enable patients to be involved in consultations whilst limiting the travel required to attend.
- Use of recognised guidance as alternative measurements for identifying patients at risk of malnutrition, and
- A range of training, education methods and opportunities are used to provide staff with the knowledge and skills required to care for the range of patients within their care.

3.2 The inspection team's observations also resulted in areas for improvement being identified including:

- Ensuring that guidelines on the management of delirium are available to all staff that care for acutely unwell people.
- Ensuring that personalised care plans outlining the individual needs of older people are used. This care plan should identify the specific needs of the patient and how staff will meet these needs.

A detailed analysis of the areas of good practice and improvement as identified by the inspectors are as follows:

3.3 <u>Screening and initial assessment</u>

Areas of good practice:

- Video conferencing clinics to enable patients to be involved in consultations whilst limiting the travel required to attend.
- Use of recognised guidance as alternative measurements for indentifying patients at risk of malnutrition.
- Comprehensive MEWS chart and guidance for staff.

Areas of improvement:

- NHS Ayrshire & Arran must ensure that medicine reconciliation is fully completed within 24 hours of admission.

3.4 <u>Person-centred care planning</u>

Areas of improvement:

- NHS Ayrshire & Arran must ensure that patients have person centred care plans in place for all identified care needs. These should be regularly evaluated and updated to reflect changes in the patient's condition or needs.

3.5 <u>Safe and effective care</u>

Areas of good practice:

- Effective communication of individual patient needs which links directly to the delivery of appropriate care.
- Staff have access to a range of aids including high/low beds for patients to minimise the risk of falls.
- Use of video conferencing which enables consultation between the tissue viability specialist and patients in Arran War Memorial Hospital.

Areas of improvement:

- NHS Ayrshire & Arran must ensure guidelines on the management of delirium are available to all staff that care for acutely unwell people.
- NHS Ayrshire & Arran must ensure that fluid balance charts are started and accurately completed for patients who require them and appropriate action taken in relation to intake or output as required.
- NHS Ayrshire & Arran should ensure that where a falls risk has been identified, the patient should be offered a multi-factorial assessment and intervention. They should ensure that:

    - Any intervention addresses the patients identified individual risk factors for falling in hospital and takes into account whether risk factors can be treated, improved, or managed during the patients expected stay, and
    - Provide relevant information and support for patients that take into account the patient's ability to understand and retain the information.

NHS Ayrshire & Arran should ensure that when a SSKIN (**S**urface, **S**kin inspection, **K**eep Moving, **I**ncontinence/moisture, **N**utrition) bundle is implemented, it should contain the frequency of planned intervention. The information gained from each element of the bundle should be used to inform other assessments to ensure appropriate care planning and delivery.

3.6 Managing the return home

Areas of good practice:

- Arran War Memorial Hospital provides a multidisciplinary approach to continuously reviewing patients and supporting effective discharge.
- A range of training, education methods and opportunities are used to provide staff with the knowledge and skills required to care for the range of patients within their care.

4. IMPLICATIONS

4.1 HIS has identified a number of improvements which the NHS Board / Partnership is expected to address. The loss of reputation as a provider of high quality healthcare and an increase in scrutiny could result if these actions are not addressed fully.

5. CONCLUSION

5.1 The Integration Joint Board is requested to endorse the actions contained within the improvement plan (Appendix 1) and the timescales in which these improvements will be implemented.

For further information please contact Derek Barron, Lead Nurse on (01294) 317806 or derek.barron@aapct.scot.nhs.uk.

Improvement Action Plan

Appendix 1

NHS Ayrshire & Arran
Arran War Memorial Hospital

Care for older people in acute hospitals inspection

Inspection Date: 3 and 4 February 2015

Improvement Action Plan Declaration

It is essential that the NHS Board's improvement action plan submission is signed off by the NHS Board Chair and NHS Board Chief Executive. It is the responsibility of the NHS Board Chief Executive and NHS Board Chair to ensure the improvement action plan is accurate and complete and that a representative from Patient/Public Involvement within the NHS Board has been involved in developing the improvement action plan. By signing this document, the NHS Board Chief Executive and NHS Board Chair are agreeing to the points above.

NHS Board Chair

Signature: _____

Full Name: _____

Date: _____

NHS Board Chief Executive

Signature: _____

Full Name: _____

Date: _____

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1.	**Action Required: NHS Ayrshire & Arran must ensure that medicine reconciliation is fully completed within 24 hours of admission.** Action Planned: Arran War Memorial Hospital (AWMH) will replicate the pharmacy system that exists on the mainland with GP input. This will be tabled at the Island's Clinical Governance Group on 2nd April 2015. A multidisciplinary team will begin this process by testing the new process, make any local amendments required and then fully embed the new system. A quarterly audit will ensure the system works effectively and that medicine reconciliation occurs within the required timescales – these audits will commence in May 2015.	31/05/2015	Clinical Manager, Remote & Rural Communities Clinical Lead Arran Medical Group	Documentation in use across NHS Ayrshire & Arran has been sourced – this was discussed at the Clinical Governance meeting on 2nd April. Re-emphasised and agreed the need for reconciliation documentation, which is already in place, (2nd page of admission documentation) to be completed by the medical team. Access to the Emergency Care Summary has been enabled for both Band 7 staff and GPs to allow reconciliation to take place. Currently there is no pharmacy service on Arran to replicate mainland pharmacy systems – discussions have taken place between Head of Service, Head of Pharmacy and Clinical Manager, Remote & Rural Communities on options to resolve this. A resolution is expected by the end of May 2015.	
2.	**Action Required: NHS Ayrshire & Arran must ensure that patients have person centred care plans in place for all identified care needs. These should be regularly evaluated and updated to reflect changes in the patient's condition or needs.** Action Planned: Senior Clinical Staff will hold staff awareness training	30/06/2015	Senior Charge Nurse, AWMH	Senior Staff have held awareness sessions related to personalised care planning and record keeping. Further sessions are planned for April 2015 to ensure all staff have been included. New NHS Ayrshire & Arran documentation will be	

	events to reinforce the importance of record keeping to all staff. AWMH will roll out the new Patient Profile currently being tested on the mainland supported by additional training as necessary. Regular audits will be conducted to show both compliance with the process and changes in patient care, initially these will be three monthly – commencing in April 2015, this will continue once new documentation is in place.			implemented once further testing/adaptation is complete within Acute Directorate.	
3.	**Action Required: NHS Ayrshire & Arran must ensure guidelines on the management of delirium are available to all staff that care for acutely unwell people.** Action Planned: Pathways already developed for other hospital sites will be assessed for local needs and following a period of testing, will be rolled out for general use. Training sessions will accompany the roll out of the new paperwork effectiveness of this will be monitored by local managers to ensure compliance. Documentation audit will be undertaken monthly then adjusted to demonstrate compliance**,** this will commence in May 2015.	30/05/2015	Clinical Manager, Remote & Rural Communities	Contact has been made with the Clinical Leads for Delirium and Frailty, both of whom have visited the island and met with clinical staff. The delirium pathway will be assessed for local applicability and implementation. Training on the current NHS Ayrshire & Arran Delirium pathway has been arranged for mid April 2015.	
4.	**Action Required: NHS Ayrshire & Arran must ensure that fluid balance charts are started and accurately completed for patients who require them and appropriate action taken in relation to intake or output as required.**	30/05/2015	Senior Charge Nurse, AWMH	Senior Staff have held awareness sessions related to personalised care planning, fluid balance and record keeping. Further sessions are planned for April 2015 to	

	Action Planned: Senior Clinical Staff will hold staff awareness training events to reinforce the importance of accurate clinical records, specifically in relation to fluid balance, as well as personalised plans of care as noted previously. AWMH will roll out the new Patient Profile currently being tested on the mainland supported by additional training as necessary. Regular audits, initially monthly, will be conducted to show both compliance with the process and changes in patient care. These will commence in May 2015.			ensure all staff have been included.	
5.	**Action Required: NHS Ayrshire & Arran should ensure that where a falls risk has been identified, the patient should be offered a multi-factorial assessment and intervention. They should ensure that:** • **Any intervention address the patients indentified individual risk factors for falling in hospital and takes into account whether risk factors can be treated, improved, or managed during the patients expected stay, and** • **Provide relevant information and support for patients that take into account the patient's ability to understand and retain the information.** Action Planned: The NHS Ayrshire & Arran Falls Bundle will be implemented and where required adjusted for local use. Contact will be made during April 2015 with the Board's Falls Lead.	30/04/2015	Senior Charge Nurse AWMH		

6.	**Action Required: NHS Ayrshire & Arran should ensure that when a SSKIN bundle is implemented, it should contain the frequency of planned intervention. The information gained from each element of the bundle should be used to inform other assessments to ensure appropriate care planning and delivery.** Action Planned: Senior Clinical Staff will hold staff awareness training events to reinforce the importance of record keeping to all staff and in particular the requirement to ensure the SSKIN bundle will be completed. Monthly audits will be commenced with results entered on the Clinical Portal. Adjustment to the audit cycle will be made once improvement noted – this will commence May 2015.	30/05/2015	Senior Charge Nurse, AWMH	Senior Staff have held awareness sessions related to personalised care planning, the SSKIN bundle and record keeping. Further sessions are planned for April 2015 to ensure all staff have been included.	

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Integration Joint Board
4th June 2015

Agenda Item No. 11

Subject:	**Recommendations for the Future Leadership and Management Arrangements for Allied Health Professions.**
Purpose:	The purpose of this report is to present the recommendations for the future leadership and management arrangements for Allied Health Professions (AHP) across Ayrshire and Arran. The report summarises the engagement and decision making process, some of the key considerations and sets out the high level recommendations.
Recommendation:	It is recommended that the North Ayrshire Integration Joint Board endorse the proposed AHP senior management structure contained within the report.

1. INTRODUCTION

1.1 It was previously agreed that South Ayrshire HSCP take a lead partnership role in relation to the management and governance of AHP services. The Associate Director for AHP services is now line managed by the Director of South HSCP with Heads of Profession reporting to the Associate Director for AHPs and managing uni-professional services across Ayrshire. Each Head of Service also takes a lead advisory role within each of the partnerships and acute. These arrangements were agreed in September 2013 and widely supported after extensive engagement with the professions, their representative bodies and external stakeholders.

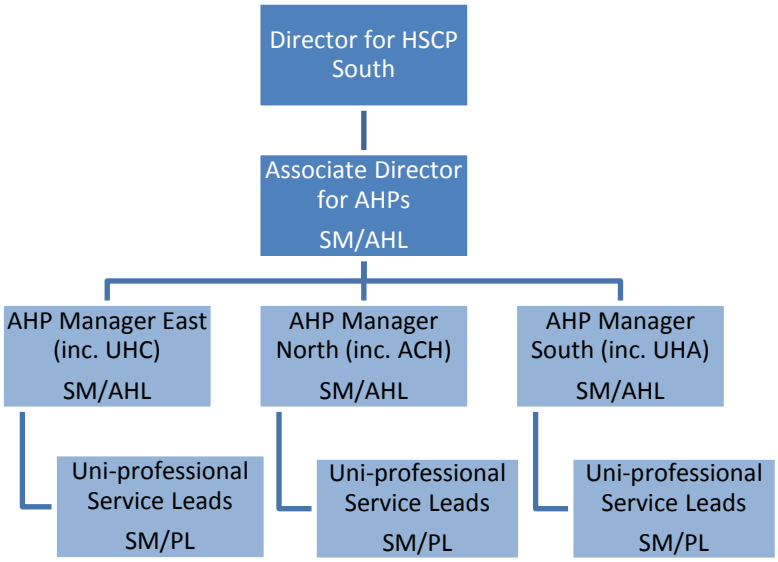
In August 2014 the Health Integration Steering Group asked the Associate Director for AHPs to undertake a review of the current service management and clinical leadership arrangements for AHP services. The aim being to develop proposals to develop management arrangements for the service which responded to the emerging partnership arrangements.

2. CURRENT POSITION AND PROPOSAL

2.1 An option appraisal process was used as a vehicle to identify potential alternative organisational and leadership structures for AHP services. The paper at Appendix 1 details the process which was undertaken and its outcomes.

2.2 At the end of the option appraisal process it became apparent that there was a divergence of views across stakeholders about the preferred future model. In summary senior managers tended to favour a full devolution to the three partners (option 4) while professional and staff side representatives tended to favour the status quo (option 1).

2.3 Given this divergence of view further consultation was undertaken in an effort to arrive at a consensus model. Option 2 which is illustrated below is felt to best represent the consensus for the future.



Key: SM = Service Manager
AHL = AHP Leadership
PL = Professional Leadership

2.4 The model was judged to provide a greater degree of devolution of decision making and integration at a partnership level as sought by Senior Managers/Directors in Option 4. It was also judged to retain the strengths of flexibility and sustainability of workforce, and professional management and governance valued by staff side in Option 1.

3. IMPLICATIONS

3.1 **Financial Implications**
The proposed model will be resourced within current budgets. The reduction in senior posts is likely to reduce costs over time.

3.2 **Human Resource Implications**
The impact on individual employees will be managed through the NHS Managing Change Policy.

3.3 **Legal Implications**
None.

3.4 **Equality Implications**
None.

3.5 **Environmental Implications**
None.

4. CONSULTATIONS

4.1 The recommendations have been worked up in partnership. AHP Staff Side and Professional Committee colleagues have been involved throughout the process having been core members of the Steering Group, Stakeholder Group and uni-professional working groups. Additional engagement with the Professional Committee and uni-professional Staff Side colleagues has taken place at key points throughout the process. Rigorous engagement and communication has ensured that AHP staff have been kept informed and have had the chance to contribute to the proposal throughout each stage of development.

This paper has been discussed and agreed in principle by each of the Directors of Health and Social Care and Acute, and has been endorsed by the Strategic Alliance.

5. CONCLUSION

5.1 There has been a thorough process of stakeholder engagement to inform the recommendations presented in this paper. The outcome of the option appraisal illustrated a strong polarity of opinion between stakeholder groups and so a reasonable compromise has been sought under the model of option 2 (AHP management through South HSCP as lead partnership and aligned to each partnership). All reasonable attempts have been made to address the needs and concerns of key stakeholders and it is now recommended that the model is adopted and implemented**.**

For further information please contact Billy McClean, Associate AHP Director on (01563) 826737 or billy.mcclean@nhs.net

Appendix 1

Recommendations for The Future Leadership and Management Arrangements for Allied Health Professions.
4th June 2015

1.0 Introduction

In August 2014 the Associate Director for AHPs was asked by the Health Integration Steering Group to undertake an option appraisal in order to determine the future management, leadership and governance arrangements of Allied Health (AHP) Services with a view to maximizing devolution to the Health and Social Care Partnerships where clinically appropriate. The outcome of this process was to be agreed by the end of March 2015 and recommendations taken to the South Integrated Joint Board for sign off. This paper summarises the process, the analysis and makes a recommendation about the high level outcome. It also begins to explore arrangements for individual services and teams in more detail and makes recommendations regarding the next steps.

2.0 Background

It was previously agreed that South Ayrshire HSCP take a lead partnership role in relation to the management and governance of AHP services. The Associate Director for AHP services is now line managed by the Director of South HSCP with Heads of Profession reporting to the Associate Director for AHPs and managing uni-professional services across Ayrshire. Each Head of Service also takes a lead advisory role within each of the partnerships and acute. These arrangements were agreed in September 2013 and widely supported after extensive engagement with the professions, their representative bodies and external stakeholders.

However, as the partnerships have evolved it has been suggested that these arrangements may no longer deliver the aspiration to maximise devolution of staff and budgets to the partnerships, nor enable AHPs to boost their impact within each of the partnerships.

Consequently the Associate Director for AHPs was asked to undertake a review of the current service management and clinical leadership arrangements with the aim of developing proposals which seek to engage with the AHP services to maximise devolution to individual partnerships where there is a valid clinical argument to support this.

In reviewing the services and developing proposals a number of issues have been taken into account alongside the maximising of devolution. These include:

- Size and scope of the particular AHP service: Where there are few staff a continued hosting arrangement may be appropriate.
- Location of the service: Where it is not felt appropriate to split a service, the management arrangements may well depend on the location of that service.
- Not creating additional cost pressures associated with additional management requirements.
- Ensuring appropriate clinical and staff governance alongside line management arrangements
-

2.1 Description of the current AHP Service

Specialist AHP services are provided to the whole population of Ayrshire and Arran. They are a distinct group of specialist and subspecialist practitioners who apply their expertise to diagnose, treat and rehabilitate people of all ages within both mental and physical health, education and social care and across acute and community settings. They work with a range of technical and support staff to deliver direct care

and provide rehabilitation, self-management, "enabling" and health improvement interventions. AHPs are the only professions expert in rehabilitation and enablement at the point of registration

AHP Services within the clinical directorate employ over 500 staff (521.19 WTE) across 6 profession specific services (Dietetics, Orthotics, Occupational Therapy, Physiotherapy, Podiatry, Speech and Language Therapy) and 49 specialist teams.

The Associate Director for AHPs provides professional and strategic leadership and operationally manages six Heads of Service and provides professional leadership for the other AHP services (Radiography, Orthoptics, Arts Therapy, Music Therapy).

The Heads of Service provide professional and strategic leadership and operationally manage single system, uni-professional services across the whole of Ayrshire and Arran and also work as AHP advisors and key contacts within each of the Health and Social Care Partnership and Acute Management teams.

2.1.1 Head of Dietetics (AHP Lead East HSCP)

The Nutrition and Dietetic service (73.77 WTE) is primarily managed across three locality based teams (acute and community), north, south and east. Acute specialties are spread between Crosshouse and Ayr, depending on where these services are based e.g. Bariatric (Ayr), Renal (Crosshouse). Dietitians work flexibly across acute and community boundaries.

Dietitians working within mental health, paediatrics, community food work team and specialist projects provide an Ayrshire and Arran wide service. Mental health dietitians are integrated within multidisciplinary teams and are operationally managed from the North. Paediatric Dietitians are managed as an area wide service from the east. The community food work team is based in the east and is operationally managed by the head of profession. Special projects are specifically Macmillan Cancer and 'weigh to go', these are currently funded on fixed term funding and are managed from the East.

Dietetic professional governance and practice development structures and processes currently exist in the form of

- A pan Ayrshire and Arran clinical staff governance group (meets monthly)
- A pan Ayrshire and Arran practice development/ clinical governance work plan (links to national dietetic work where appropriate and AHP local delivery plan (reports via clinical governance group)
- A weekly dietetic senior leadership team meeting (business meeting)
- A monthly team lead and senior leadership operational meeting
- Professional development meeting (every 2 months)
- Locality Meeting (North, South and East) (every 2 months alternates with professional development meeting)
- Student training is coordinated in a pan Ayrshire approach (approximately 12 students annually B and C placements)
- The consultant die titian for public health has professional leadership from the Head of Profession for Dietetics.

2.1.2 Head of Occupational Therapy (AHP Lead North HSCP)

Occupational Therapy staff (115.96 WTE) work across three locality areas within twelve teams. They operate as part of multidisciplinary/agency teams in the following specialties: adult mental health, elderly mental health, learning disabilities, addictions, acute hospitals, community hospitals, forensic, child health,

ICES, CAMHS; and within local authority social work teams. A band 5 rotation operates across most of the teams, and on an area wide basis.

Whilst Occupational Therapy (OT) staff are functionally integrated on a day to day basis within multidisciplinary teams, they are managed and led through the profession in three teams which align to the three Ayrshire partnership areas. The exception to this are the four small area wide OT services, and these are Vascular, & Forensic (South team), Hand Therapy (East team); and Neurorehabilitation (North team). OT staff work flexibly across hospital and community boundaries, and Acute services are considered part of the pathway for the locality they are located within. One of the key priorities for the profession is integrating Health and Social Care OT staff, and this management and leadership model supports this. OT Professional governance structures and processes currently exist in the form of:

- Clinical/Staff Governance Group (pan Ayrshire)
- Clinical Practice Development Groups (pan Ayrshire, with links at national level)
- Integration Practitioners Groups (one in each partnership area)
- Business meeting - corporate governance group (pan Ayrshire)
- Professional and line management supervision (jointly with other stakeholders)

2.1.3 Head of Orthotics (Shared with NHS D&G)

Orthotics staff (3.1 WTE) are contracted in from an external agency through a West of Scotland Procurement project and provide services across a wide range of specialties throughout Ayrshire. The staff is HCPC registered and come under the day to day management of the Head of Service and are required to abide by governance processes and policies in place within NHSA&A.

Areas of specialist practice are divided across this small staff group so each individual is required to provide their knowledge and skills pan Ayrshire. Areas of specialist treatment are diabetic foot, MSK, stroke/neuromuscular conditions, paediatric conditions such as C.P., learning disabilities, care of older people and provision and fitting of breast prostheses. The clinical service also provides inpatient care across the Ayrshire acute sites.

2.1.4 Head of Physiotherapy (AHP Lead Acute)

Physiotherapy staff (189.2 WTE) work across three broad integrated care pathways within 18 specialty teams. Physiotherapy skills and knowledge varies between specialties significantly which means that although large staff group the number of staff in different specialist teams are relatively small. Specialist pathway approach pan Ayrshire; Musculoskeletal, Rheumatology, Orthopaedics, Women's Health, Continence, Surgical &Vascular rehabilitation, Medical &Pulmonary Rehabilitation, Cardiac Rehabilitation , Stroke, Care of Older people, Neurological Rehabilitation, Mental health, Learning Disabilities, Paediatrics ,Community Physiotherapy and Wheelchair services. This is supported by an Ayrshire wide rotational pool of physiotherapists. Physiotherapy also provides a 24/7 emergency respiratory on-call services to both acute sites and a weekend working rota for orthopaedics.

2.1.5 Head of Podiatry (AHP Lead South HSCP)

Podiatry staff (63.1 WTE) deliver complex and specialist services on a hub and outreach model. This model has 3 over-arching care pathways; Musculo-Skeletal (MSK), High Risk, and Enablement. Within each pathway clinical and medical risk is assessed and stratified and care is provided though a number (21) of sub specialties, for example, short term interventions, minor surgery, high risk wound management, podopeadiatrics, rheumatology, laboratory support, maximizing mobility of the frail elderly and vulnerable

patients including mental health, addictions and prison service. The average wte resource of these sub specialties is 3.0 wte

2.1.6 Head of Speech and Language Therapy

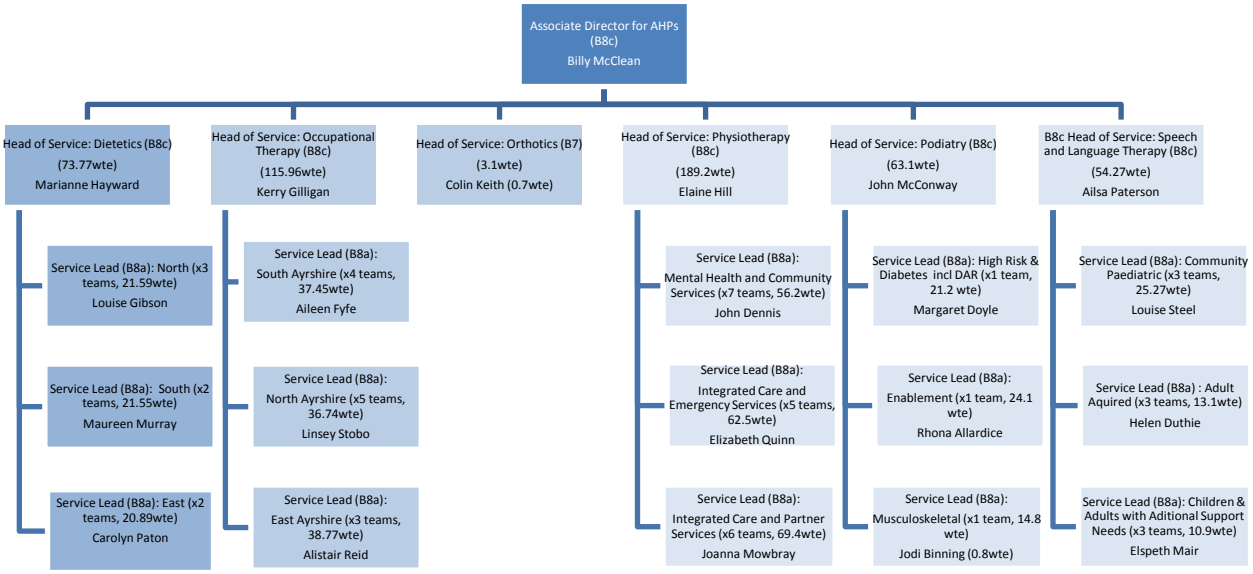
Speech and Language Therapy staff (52.27 WTE) work across three broad integrated care pathways within specialist teams as follows – Community Paediatrics, Children and Adults with Complex Additional Needs including Adults with Learning Disability, Adult Acquired, Voice /Head and Neck Cancer and Augmentative and Alternative Communication (AAC).Services are delivered on a PAN Ayrshire basis. The number of staff working in each specialist team is relatively small and the essential skills and knowledge required to work effectively and safely are varied and different e.g. between children and adults .Approximately 2/3 of our work is with children, therefore strong links with Education are essential. The service has currently service level agreements with both East and South Ayrshire Education Departments to deliver input to children with additional support needs. The service level agreement with North Ayrshire Education was terminated in April 2014.

The following two pages show the current management and governance reporting structures respectively.

2.2 Management Structures

The chart below (Figure 1) shows the high level structure, including the number of teams and whole time equivalents (WTE) associated with each.

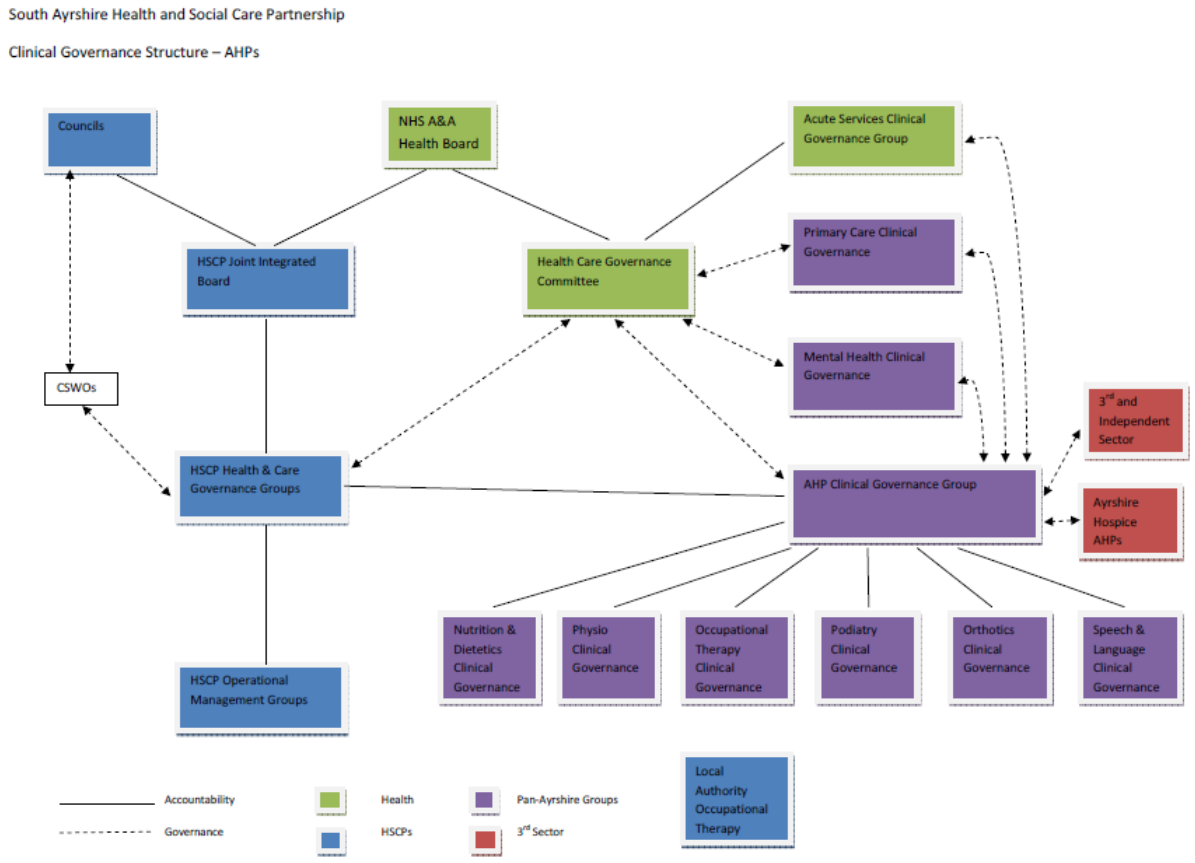
Figure 1: Existing AHP Management Structure



2.3 Governance Arrangements

The chart below (Figure 2) shows the current governance arrangements for AHPs taking account of the new Health and Social Care Partnership arrangements.

Figure 2: Existing Governance Arrangements



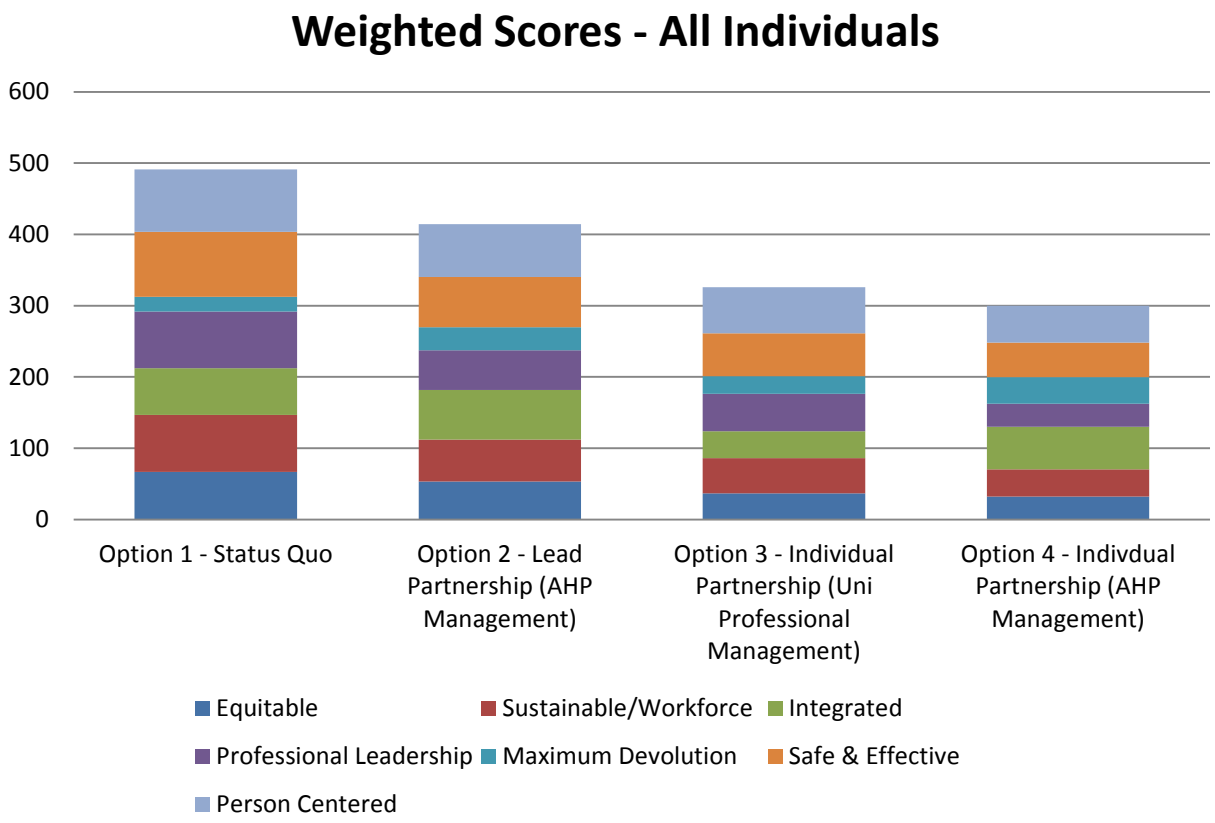
3.0 Option Appraisal Process

Option appraisal is a well established, practical technique employed in the public sector to set objectives and create and review options. The technique analyses the various options under consideration by assessing their relative benefits and costs. It is also a form of multi-criteria analysis as, when an option is appraised and reviewed, it is done so against a set of criteria as opposed to making a one-off judgement. Once an option appraisal is completed a preferred option or "direction of travel" is identified and this information can be used to support decision making. The technique is particularly useful in addressing projects that have multiple and loosely defined objectives. The full process is set out in the Option Appraisal report.

3.1 Analysis

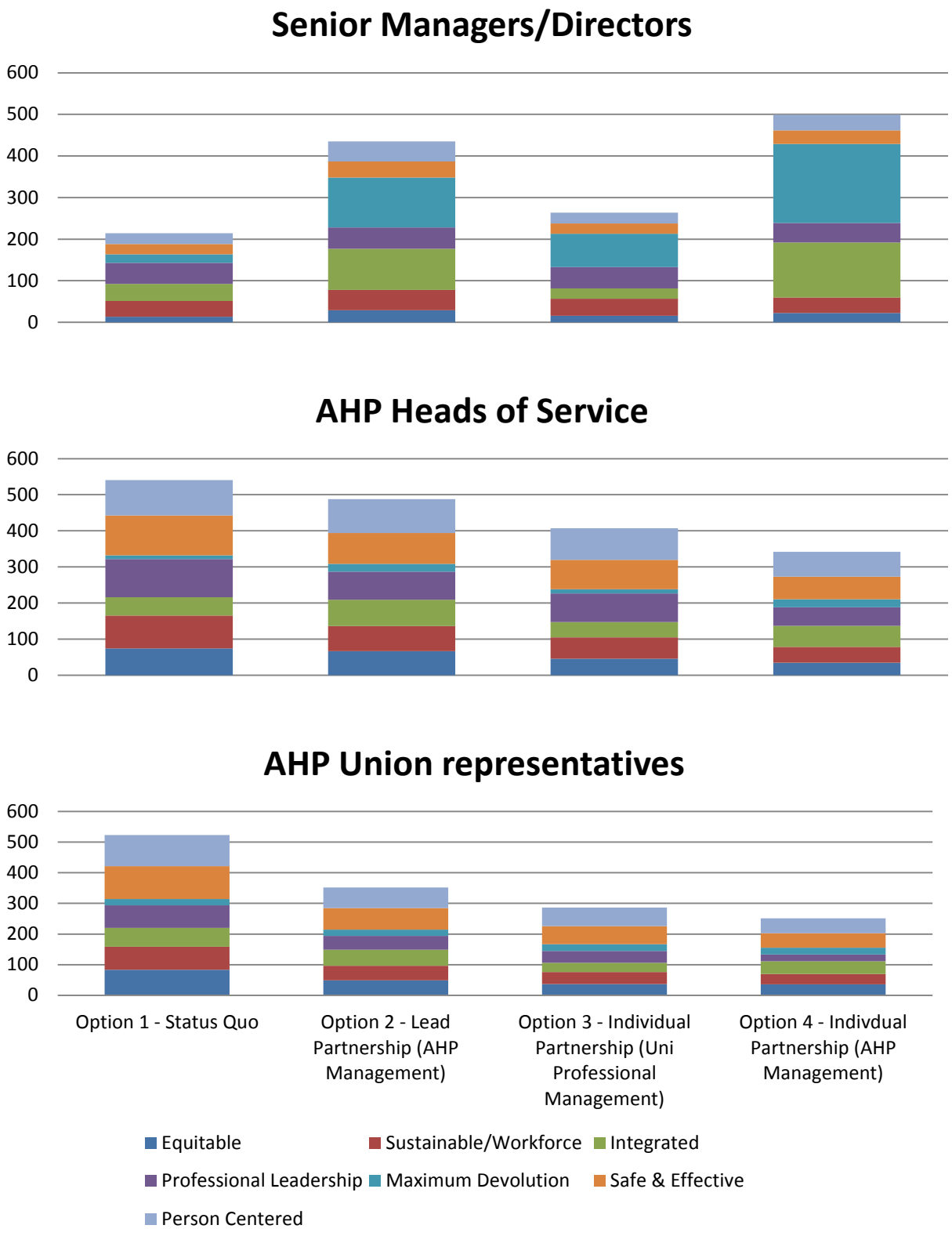
Although the report concludes that there is a robust preference for Option 1 (Figure 3) it also acknowledged that there had been a high degree of strategic scoring.

Figure 3: Weighted Scores Inclusive of All Stakeholders



In addition there was a polarisation of opinion between groups of stakeholders (Figure 4)

Figure 4: Weighted Scores by Stakeholder Groups



Senior Managers/Directors had a strong preference for Option 4 with a strong preference against Option 1.

Union Representatives had a strong preference for Option 1 with a strong preference against Option 4.

Heads of Service had a preference for Option 1 closely followed by option 2 and demonstrated less polarity of opinion than the other two groups.

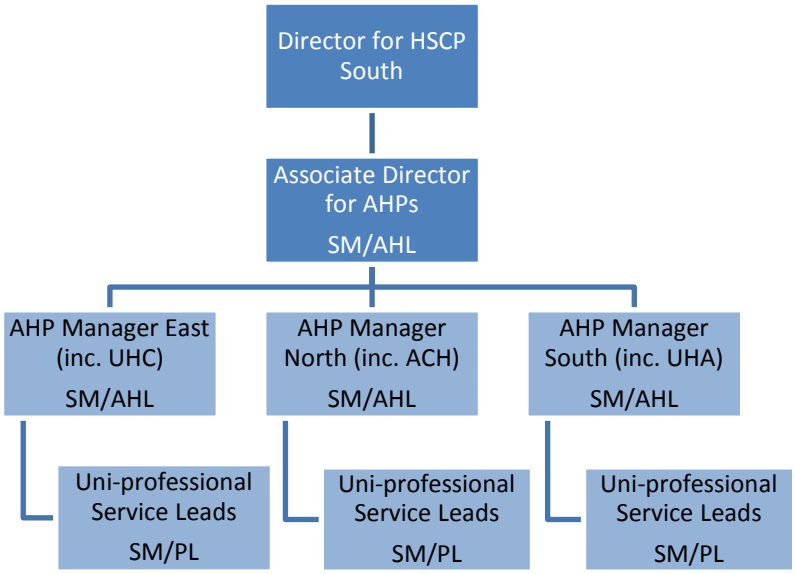
However, there was clear consensus across all stakeholder groups that Option 2 was the second most favoured option.

4.0 Proposed Model

Due to the polarity of opinion between Option 1 and Option 4 and the consensus around Option 2 (Figure 5) it was proposed at the Steering Group meeting 16th February 2015 that AHP Heads of Service explore Option 2 (Lead Partnership, AHP Management structure) as the overarching, high level management and leadership structure. This model was judged to provide a greater degree of devolution of decision making and integration at a partnership level as sought by Senior Managers/Directors in Option 4 (Lead Partnership, AHP Management). It was also judged to retain the strengths of flexibility of sustainability of workforce and professional management and governance valued by trade unions in Option 1 (Status Quo). Option 2 will provide high level leadership and management across acute and community as illustrated below.

The model meets the requirements of being cost neutral and in time will be cost saving reducing the number of Band 8c posts from 6 to 4. The number of 8a posts remains unchanged with existing posts being realigned and refocused.

Figure 5: Overarching Management Structure for Option 2



Key: SM = Service Manager AHL = AHP Leadership PL = Professional Leadership

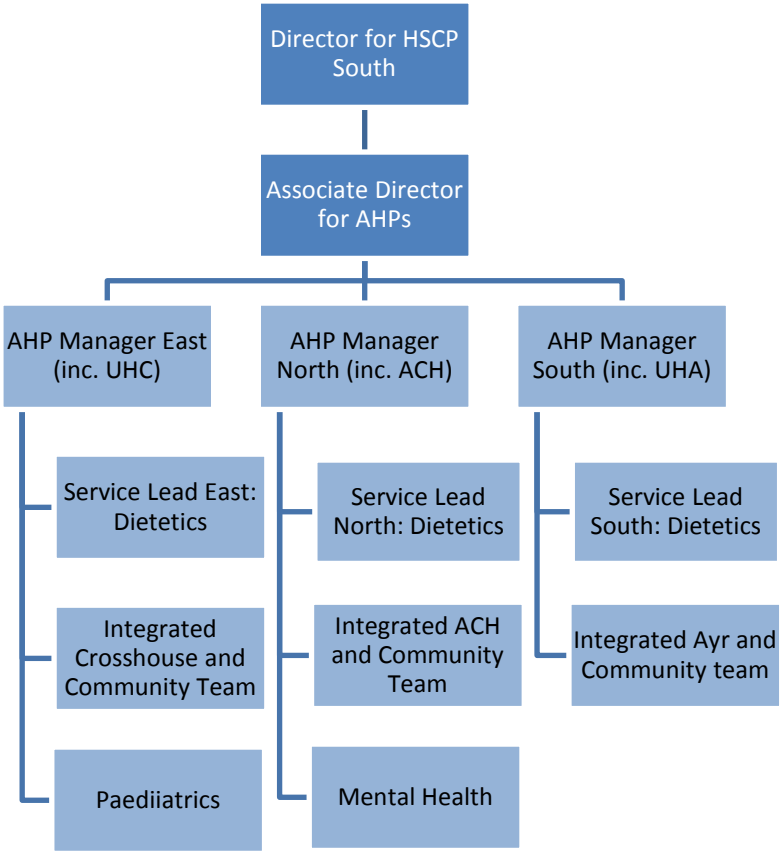
4.1 Alignment of Services

Heads of Service were asked to work with the Director for South HSCP and Associate Director for AHPs to consider the implications for each service of adopting Option 2 as the overarching structure. They have explored and made recommendations about how each service and team will align to the model. The following descriptions and management charts provide a summary of those recommendations.

4.1.1 Dietetics

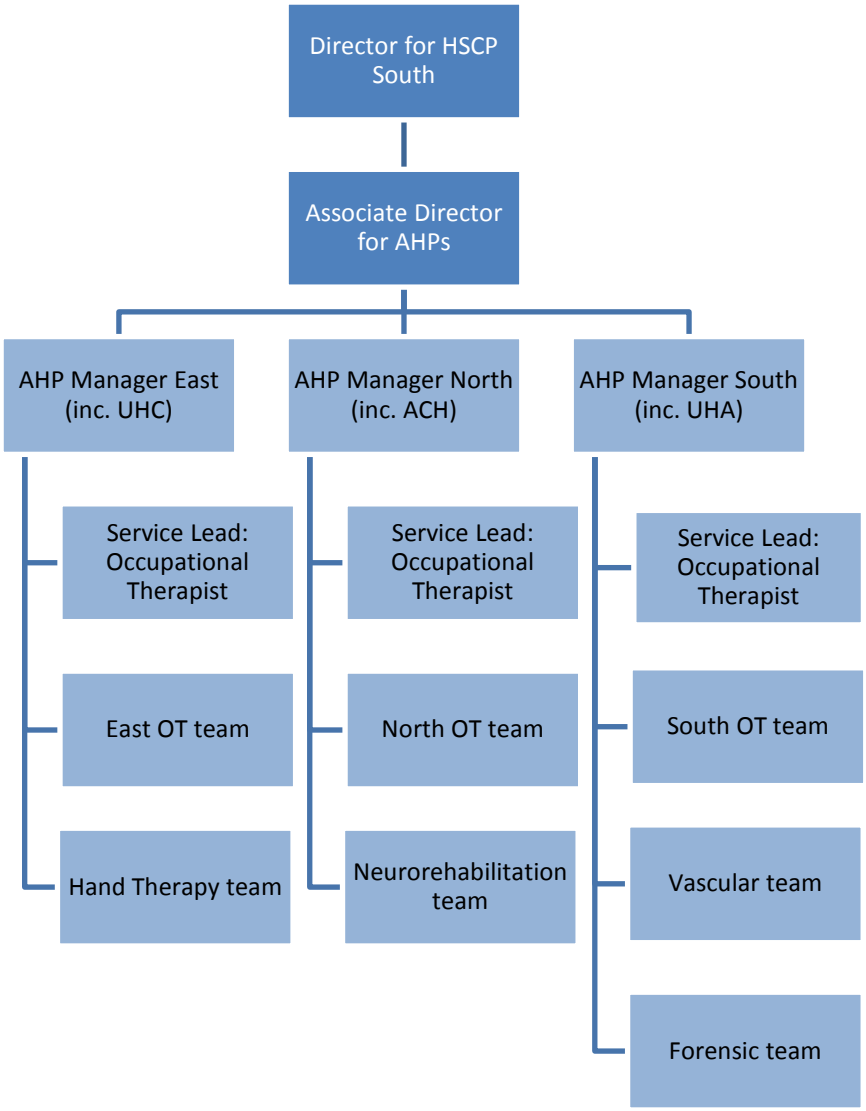
It is proposed that the current model, including the professional governance structures and processes would be fit for purpose during the short to medium term, and should be transferred into the new AHP structure with the exception of the line management of the three dietetic service leads. This would be realigned to report to the relevant AHP Manager. The pan Ayrshire services mental health and paediatrics have been shown below as they are currently managed. The future management of the community food work team and the special project dietitians has yet to be established. As the partnerships develop, the

structure should be regularly reviewed to ensure that it is able to contribute to future service plans as they emerge.



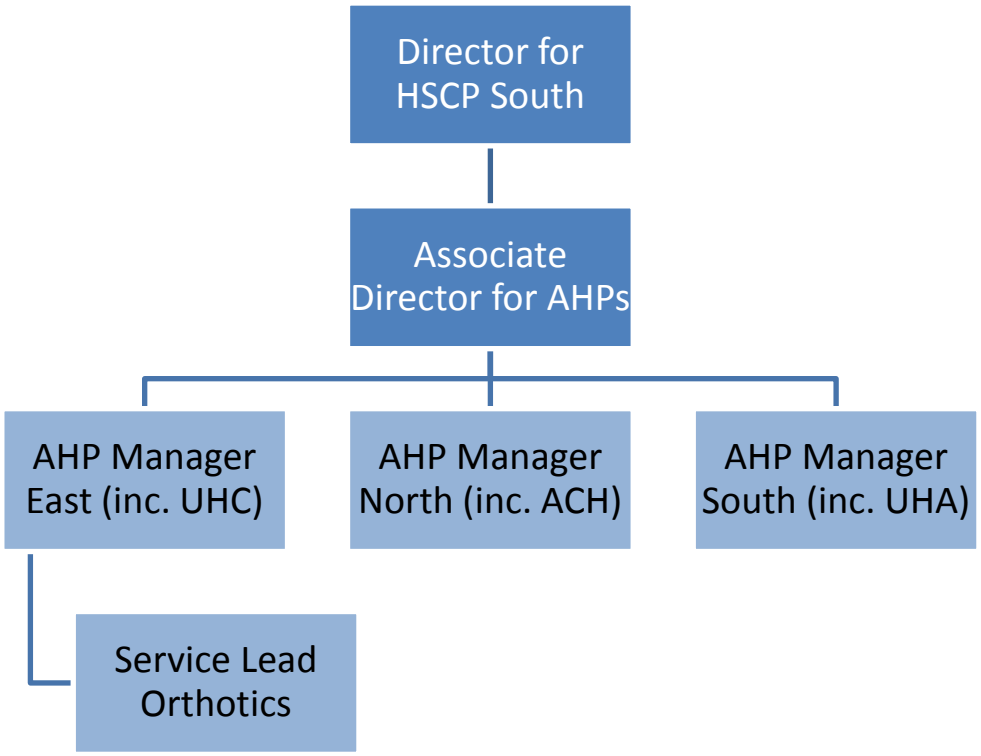
4.1.2 Occupational Therapy

It is proposed that the current model, including the professional governance structures and processes would be fit for purpose during the short to medium term, and should be transferred into the new AHP structure with the exception of the line management of the three Principal (Service Lead) OT's. This would be realigned to report to the relevant AHP Manager. As the partnerships develop, the structure should be regularly reviewed to ensure that teams are able to contribute to future service plans as they emerge.



4.1.3 Orthotics

Orthotics is the smallest of the AHP Services comprising a Head of Profession and 3.1 wte. Orthotists. For this reason it is proposed that under the overarching model that the service remains together, hosted with the East AHP Manager along with the Musculoskeletal Physiotherapy Service.



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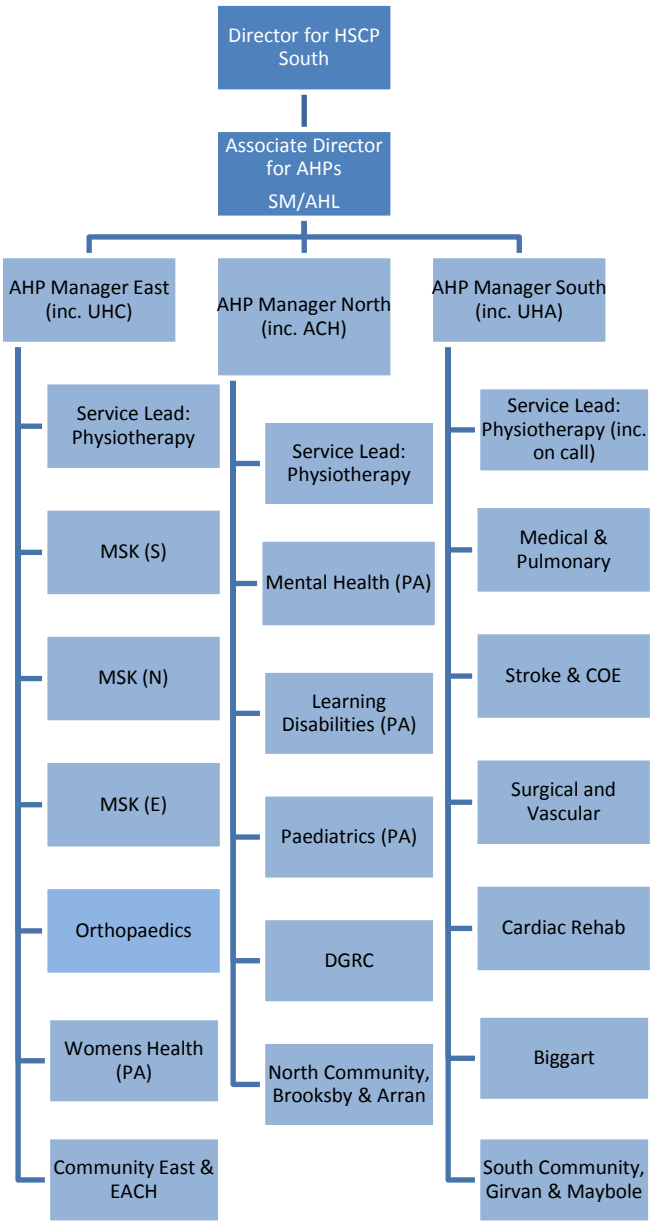
4.1.4 Physiotherapy

The Physiotherapy management structure is currently aligned to care pathways. There are some teams that can immediately move to a locality model (community teams) and some that will continue to deliver across Ayrshire in the long term.

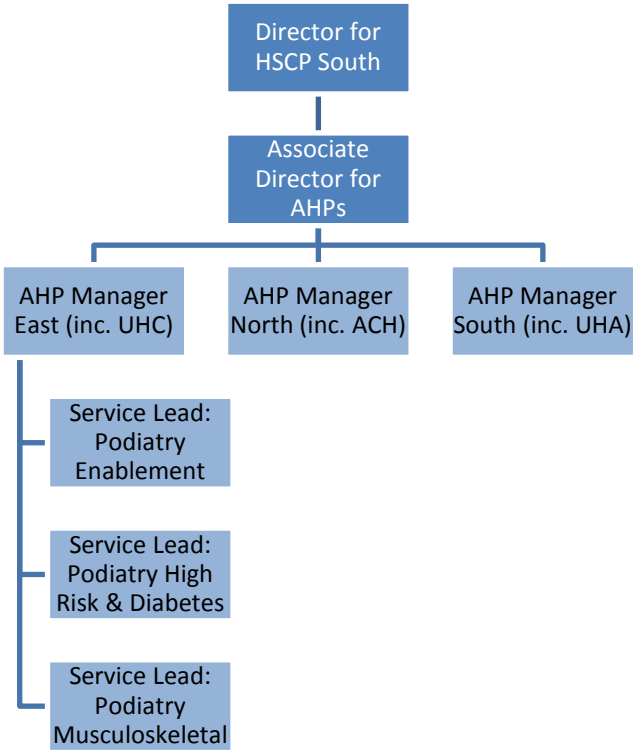
There are a number of others that may align better in the future as partnerships develop, following a programme of redesign, such as MSK and some acute specialties.

Current arrangements for Pan Ayrshire workforce planning, clinical governance and professional practice development will require some reconfiguration to support this new model



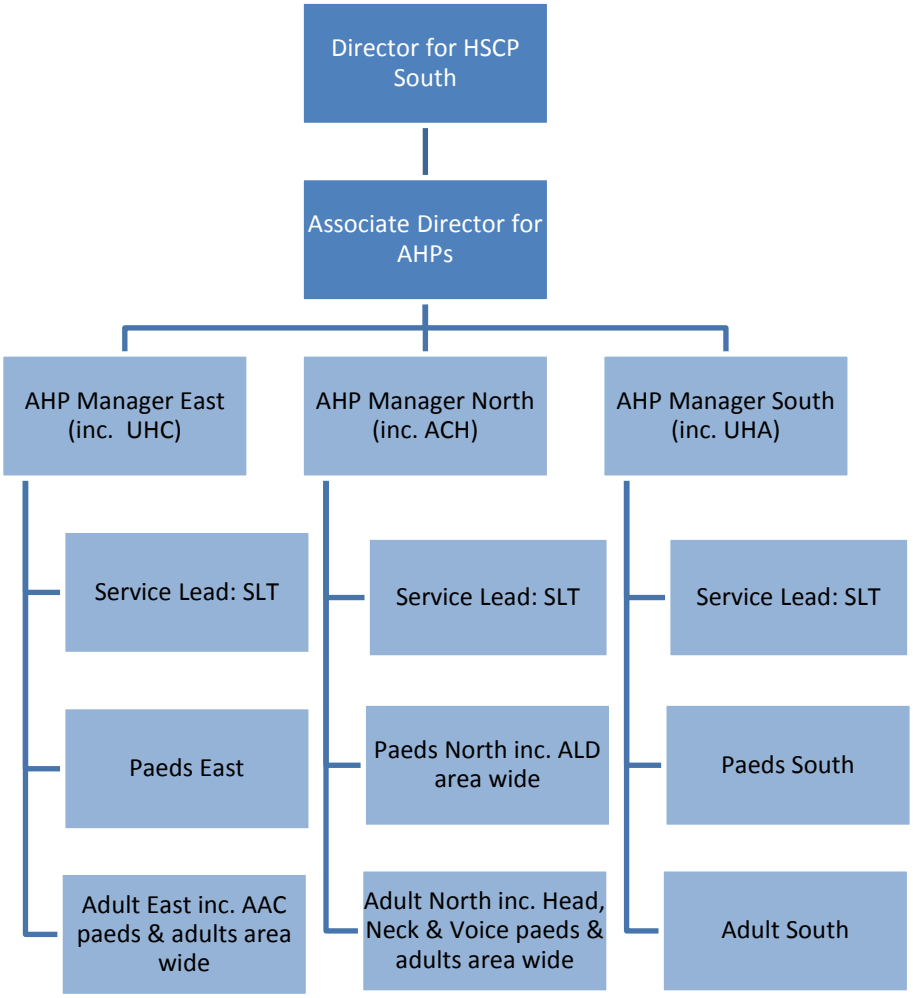
4.1.5 Podiatry

Following a significant process of redesign and workforce planning, the Podiatry Service is in the process of moving from a locality based management model to one based around care pathways. For this reason it is proposed that the podiatry service remains together, hosted under the East AHP Manager where they will continue to work closely with MSK Physiotherapy and Orthotics.



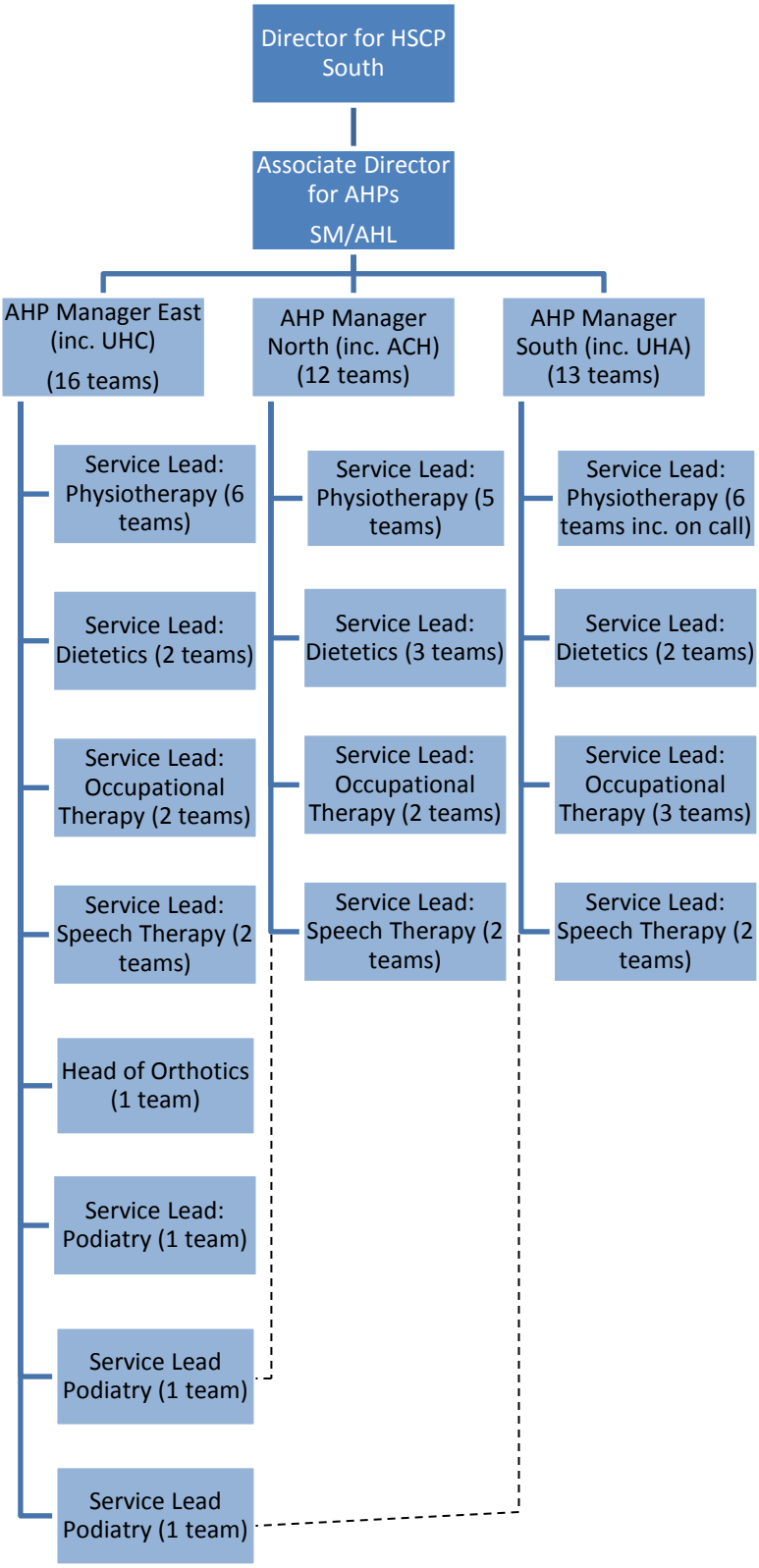
4.1.6 Speech and Language Therapy

The Speech and Language Therapy Service currently has a management structure aligned to care pathways, but the paediatric team work closely with education colleagues in Local Authority and welcome the opportunity to explore a locality based model. There are some teams that will need to continue to deliver across Ayrshire in the long term. The service will need to engage and consult staff before implementing any proposed restructure.



4.1.7 Overview

The diagram below shows the overview taking account of the detail set out above.



5.0 Links with Acute

70% of AHPs are based in and deliver services in the community. The ambition is to continue to shift the balance of care to the community with AHPs eventually providing an in-reach model of care to acute from the community. However, currently a significant proportion of AHPs continue to work in an acute setting.

Models with an acute manager/lead were considered in the early stages of the option appraisal process but were dismissed because they were judged to be both unaffordable and limiting to our ambitions to further

shift the balance of care. In order that AHPs remain connected at a strategic level within acute, it is proposed that the AHP Manager for the South and East link with the management teams of University Hospitals Ayr and Crosshouse. The Associate Director for AHPs will continue to link with the acute management team and contribute to the acute duty manager rota. This will involve attending and contributing to key meetings such as operational and governance, taking on and contributing to key pieces of improvement work and ensuring that AHP service delivery and service improvement activities remain joined up and fit for purpose. It is important to note that AHP service delivery will remain unchanged in the first instance and will evolve over time through a process of service improvement activity taken forwards by AHP and multidisciplinary teams.

6.0 Uni-professional Leadership and Governance

Each profession (except for Podiatry and Orthotics) will have a uni-professional Service Lead managed through each partnership. They will report directly to the AHP manager for that HSCP and manage uni-professional teams within the partnership. Podiatry Service Leads will remain in a single team aligned to the East HSCP, though they will nominate a single Service Lead to link with the North and the South. The Head of Orthotics will also be aligned to the East HSCP but will provide Services and advice across all three partnerships.

Uni-professional Service Leads will nominate one of their peers as chair of the uni-professional Clinical Governance Group for a fixed term of 2yrs i.e. The three Dietetic Service Leads will nominate one of the trio as the Chair of the Ayrshire wide Dietetic Clinical Governance Group. The Chair will be responsible for:

- Ensuring robust uni-professional clinical and corporate governance pan Ayrshire;
- Providing expert advice, support, direction and leadership in relation to their profession's clinical practice and professional development.
- Maintaining strong professional links strategically both within Ayrshire and Arran and nationally.

Each uni-professional Service Lead will act as the professional lead within each partnership. In addition they will work together to provide professional leadership and management to support the delivery of the following across Ayrshire:

- Area wide pathways and special projects
- Clinical and Corporate Governance including performance reporting
- Professional practice development
- Professional leadership
- Student training
- Workforce planning and cross boundary workforce allocation to support safe service delivery and sustainability
- Management of rotational staff
- eHealth
- on call and out of hours

Individual uni-professional Service Leads will each hold a portfolio and take the lead role for identified pan Ayrshire uni-professional workstreams such as:

- Emergency on-call and 7 day working
- Rotations
- Health and Safety
- Person centred
- Training and development

- E health
- Student training

Consultant AHPs will contribute on a pan Ayrshire basis to clinical governance, and where appropriate will lead specific pieces of work linking closely with uni-professional Service Leads and AHP Managers. There will be further, detailed consideration of where Consultants report and are line managed during the preparatory phase of the realignment.

Existing operational workforce and clinical governance meeting structures and processes will need to be reviewed to ensure that professional issues are fully supported within the new arrangements.

The proposed governance arrangements take account of wide ranging concerns regarding the dilution and demotion of the professional voice. Uni-professional governance will remain at the existing level within the organisation. Uni-professional Governance Group membership will include as a minimum:

- Nominated uni-professional lead (Chair)
- Uni-professional Service Leads (x2)
- Uni-professional AHP Consultants
- Staff Side Representative

Uni-professional Clinical Governance and Professional Development Groups will report into the AHP Clinical Governance Group.

The AHP Clinical Governance Group membership will include:

- Associate Director for AHPs (Chair)
- AHP Managers (x3)
- Nominated Professional Leads (x6)

In addition the proposal builds on links with the professional committee in order to further strengthen uni-professional leadership and governance. Nominated uni-professional leads will be co-opted onto the Committee. The Associate Director for AHPs and AHP Managers will continue to attend the Committee on a rotational basis.

7.0 Engagement

The recommendations have been worked up in partnership. AHP Staff Side and Professional Committee colleagues have been involved throughout the process having been core members of the Steering Group, Stakeholder Group and uni-professional working groups. Additional engagement with the Professional Committee and uni-professional Staff Side colleagues has taken place at key points throughout the process. Rigorous engagement and communication has ensured that all AHP staff have been kept informed and have had the chance to contribute to the proposal throughout each stage of development.

This paper has been discussed and agreed in principle by each of the Directors of Health and Social Care and Acute, and has been endorsed by the Strategic Alliance.

8.0 Summary

There has been a thorough process of stakeholder engagement to inform the recommendations presented in this paper. The outcome of the option appraisal illustrated a strong polarity of opinion between

stakeholder groups and so a reasonable compromise has been sought under the model of option 2 (AHP management through South HSCP as lead partnership and aligned to each partnership). It should be recognised that the options appraisal steering group agreed the proposals but only by a consensus. Staff side and professional committee staff still have some concerns including the loss of some, but not all AHP heads of service, and the resulting potential loss of uni-professional leadership and governance both locally and nationally.. All reasonable attempts have been made to address the needs and concerns of key stakeholders and it is now recommended that the model is adopted and implemented.

9.0 Recommendations

The South Integrated Joint Board, as lead partnership for AHPs, recommends the proposals to the other North and East Integrated Joint Boards for endorsement. Specifically the Board is asked to endorse the adoption of:

a) Option 2 as the overarching leadership and management model for AHPs as illustrated in section 4.0.
b) The draft service level management arrangements illustrated in section 4.1. There will be further engagement with teams to ensure that the best fit is achieved for each team.

The professional leadership and governance arrangements outlined in section 5.

Integration Joint Board
4th June 2015

Agenda Item No. 12

Subject:	**Director's Report**
Purpose:	To advise members of the North Ayrshire Integration Joint Board of development within the North Ayrshire Health and Social Care Partnership.
Recommendation:	Member of the IJB are asked to note progress made to date.

1. INTRODUCTION

1.1 This report presents a high level overview for members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership, nationally, locally and with the other Ayrshire partnerships.

2. CURRENT POSITION

2.1 The Strategic Planning and Operational Group consisting of three Partnership Directors, Director of Acute and Director of Planning, now meet on a weekly basis to consider and action a number of key strategic areas across the three partnerships and NHS Ayrshire and Arran. Key areas for discussion include, ICT issues and Complaints across the three HSCPs and NHS Ayrshire and Arran.

National Developments

2.2 North Ayrshire Council has reached the final of the Municipal Journal Achievement Awards for 2015. The Council has been nominated for three categories, including the "Senior Management Team of the Year" category. The formation of the NAHSCP is included in the Council's submission within this category. Iona Colvin, Director, NAHSCP, Kerry Gilligan, Lead AHP and Annie Weir, Programme Manager will attend the Awards Ceremony on 18th June 2015 in London.

2.3 The Community Justice (Scotland) Bill was published on 8th May 2015. The Bill will take forward the legislative change necessary to establish a new model for community justice. In particular, the Bill will :-

- Place responsibility for the local planning and delivery of improved outcomes for community justice with a defined set of community justice partners (these partners include local authorities, NHS boards, Police Scotland, Scottish Fire and Rescue Service, Health & Social Care Integration joint boards, Skills Development Scotland, the Scottish Courts and Tribunals Service and Scottish Ministers in their role as the Scottish Prison Service);
- Place duties on these community justice partners to engage in local strategic planning and be accountable for this;
- Require the development of a national strategy and a performance framework in relation to community justice;
- Create a national body to provide leadership, promote innovation, learning and development; provide assurance to Scottish Ministers on the delivery of outcomes; and to provide improvement support where it is required;
- Promote a focus on collaboration – including the opportunity to commission, manage or deliver services nationally where appropriate.

You can view the Bill and accompanying documents at the following link : http://www.scottish.parliament.uk/parliamentarybusiness/Bills/88702.aspx

2.4 North Ayrshire HSCP will consult with key stakeholders and prepare a response to the Bill. Proposals are also being developed for the future management of criminal justice services, will be submitted to the IJB for approval.

Ayrshire Developments

2.5 On 21st April 2015 a pan-Ayrshire workshop took place to consider the use of a consistent approach and process for staff engagement and what a pan-Ayrshire Staff Partnership Agreement might look like and how this could be achieved.

2.6 There was an excellent turnout at the session with representatives from NHS and local authority staff, trade union and staff side representatives and HR leads and managers across the three HSCPs and NHS Ayrshire and Arran.

2.7 An action plan will be prepared from this workshop and the Staff Partnership Working Group will take this forward. A report on the final position will be presented to the IJB late Summer.

2.8 On 23rd April 2015 the Director attended a Mental Health Clinical Governance Symposium entitled “To Integration and Beyond”. The Keynote Speaker at this event was Jamie Hepburn MSP, Minister for Sport, Health Improvement and Mental Health. The symposium focussed on a range of topics including tackling inequalities, stigma, isolation and mental wellbeing.

North Ayrshire Partnership Developments

2.9 The Change Programme Steering Group has now been formed and will meet for the first time on 4th June 2015.

2.10 The Steering Group will monitor, on behalf of the Integrated Joint Board, the programme progress, Integrated Care Fund, risks and communication required to achieved the priorities of the Strategic Plan and the nationally agreed performance outcomes. The Steering group will report to the IJB on a quarterly basis.

2.11 All of the projects in Phase 1 have now commenced and Project Initiation Documents (PIDs) have been prepared as follows :-

Health & Community Care

- Rehabilitation and Enablement Hub – Pavilion 3, Ayrshire Central Hospital.
- Care at Home Redesign
- GP Practice HSCP Services – 6 GP Practice Pilot.

Addictions

- Integrated processes and Single Team.

2.12 The Phase 1 projects are being supported by the Programme Manager, Michelle Sutherland. A range of staff from NAC, NHS Ayrshire & Arran and National Services Scotland will meet on 20th May to allocate support for these projects and Phase 2 as it begins.

2.13 Arran CVS have signed up to a Service Level Agreement to take forward the Ideas and Innovation Fund work with the Third and Independent Sector, on behalf of the Partnership.

2.14 As part of the Rehabilitation and Enablement Hub, an Appreciative Enquiry Event was held on 24th April 2015 at the Volunteer Rooms, Irvine. This event focussed on Rehabilitation and Enablement Care, bringing key stakeholders together to have a dialogue about how these services for older people might be transformed. The Appreciative Enquiry approach encourages positivity and focuses on achievements, talents and unexplored possibilities. The event was very positive and was well attended by a wide range of stakeholders.

2.15 Bookings for the Marketplace Event "Making Connections (and having a blether…) on 8th June 2015 at the Magnum Irvine, are going well with 63 HSCP services booked so far. This event will continue to be promoted widely across all stakeholders and staff.

2.16 On 21st April 2015 Stephen Brown attended the Scottish Parliament to give evidence to the Welfare Reform Committee on the Impact of Welfare Reform on Children's Services. Stephen attended along with colleagues from Highland and Glasgow City Councils, Alastair Gaw, Vice President of Social Work Scotland. The papers presented to the Committee can be viewed via the attached link :

http://www.scottish.parliament.uk/S4_Welfare_Reform_Committee/Meeting%20Papers/Papers_20150421.pdf

2.17 The Scottish Government (SG) Mental Health Team visited us on 11th May – this is a twice yearly review approach related to the Mental Health Strategy. Highlights of the review included our continued progress with our CAMHS waiting times. They noted we have been making good progress with our psychological therapies targets, although progress had stalled recently.

2.18 Under the heading 'person-centred care' we discussed our approach to people experiencing distress as well as how we are embedding improving the physical health of people with mental illness. The discussion covered both community and in-patient elements of our services.

2.19 Our discussion with Scottish Government colleagues moved on to look at excellent progress with the Scottish Patient Safety Programme (SPSP). Of note at this point is the two day visit from Healthcare Improvement Scotland to NHS Ayrshire & Arran reviewing all programmes – feedback in relation to the Mental Health Programme highly commended our progress and our national influence/leadership. This followed a review of our data and site visits to speak with staff and service users.

2.20 Discussion with Scottish Government closed with an exploration of our approach to First Episode Psychosis, followed by consideration around our thoughts related to the Mental Health Innovation Fund.

2.21 The Scottish Government has invited bids from Health Boards for the Mental Health Innovation Fund. The allocation for Ayrshire and Arran is £311k per annum to be split between Child and Adolescent Mental Health (CAMHS) and Community Mental Health Services. Bids must be developed with partners. As the lead partnership for mental health, we were asked to lead this process. Staff and partners from across Ayrshire have met and agreed the following pan-Ayrshire priorities.

CAMHS – children who are a risk of hospitalisation or Secure Care.
Community Mental Health – services for people in distress.

2.22 Outline bids have been developed and submitted to the Scottish Government. Following feedback from the Government we will complete our proposals and submit them to a future IJB. As these are Ayrshire wide proposals they will also be considered by East and South IJBs.

2.23 The SIB agreed that we would work to develop an Engagement Strategy over 2015/16 on how we will engage with service users, carers and the public. As part of this process, a company called Community Renewals have been commissioned to undertake some detailed conversations with many of our stakeholders with regard to mapping what engagement structures are already in existence, and collating views on how effective these structures are perceived to be.

2.24 Community Renewals presented a first draft of their findings to Partnership Senior Management Team in early May. They have been asked to carry out a small number of additional conversations, and refine the data into a more useful format which will form the basis of their final report. From this report, we will develop a set of recommendations for consideration by the IJB in August. This will form the outline of our Strategy.

3. IMPLICATIONS

3.1 Financial Implications

There are no financial implications arising directly from this report.

3.2 **Human Resource Implications**

There are no human resource implications arising directly from this report. The human resource implications for each proposal for the Partnership will be considered as they are developed.

3.3 **Legal Implications**

There are no legal implications arising directly from this report.

3.4 **Equality Implications**

There are no equality implications.

3.5 **Environmental Implications**

There are no environmental implications.

3.6 **Implications for Key Priorities**

The NAHSCP will continue to the delivery of the five objectives within the Strategic Plan.

4. CONSULTATIONS

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 the IJB are asked to note the ongoing developments within the partnership.

For more information please contact Iona Colvin, Director, North Ayrshire Health and Social Care Partnership on (10294) 317723 or icolvin@north-ayrshire.gcsx.gov.uk

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Integration Joint Board

Agenda Item No. 13

Subject:	**Big Lottery Fund ESF Financial Inclusion**
Purpose:	To inform the Integration Joint Board of the discussions taking place with Big Lottery Fund to secure funding for Financial Inclusion work in North Ayrshire.
Recommendation:	It is recommended that the IJB note the approach being taken and provide feedback on the proposed approach outlined.

1.	**INTRODUCTION**
1.1	Big Lottery Fund Scotland (BLS) is preparing a Strategic Intervention (SI) EU funding bid as part of the 'Poverty & Social Inclusion' strand of the European Social Fund Programme 2014-20. The proposal is for BLS to apply to be a lead partner for the delivery of £8m European Social Funds, alongside £10m Lottery resources, making a combined pot of up to £18m to fund the strategic intervention.
2.	**CURRENT POSITION**
2.1	North Ayrshire has been selected as one of the five areas to benefit from the funds should the Big Lottery Funds application be successful.
2.2	These five areas were chosen by the Big Lottery Fund after analysing both national and local data of poverty/social inclusion such as low incomes, debt levels and deprivation.
2.3	North Ayrshire may therefore receive £1m-£2m, with the possibility of further funding to follow, to deliver an integrated programme covering financial capability, money management and debt reduction in the period 2016-2018. The level of funding would depend on factors such as population size, the level of need and the availability of existing services.
2.4	The project is still to be approved by the Big Lottery Board with confirmation expected from ESF/Scottish Government around the end of May.
2.5	<u>Current Service Provision and Interventions Envisaged</u> Financial inclusion describes an individual's ability to access appropriate financial products and services. Financial exclusion refers to the difficulty that many people have in accessing or using mainstream financial services. Individuals become vulnerable financially as they have limited or no access to:

	• Bank Accounts • Identification requirements. • Personal Credit • Insurance • Savings • Financial Advice
2.6	North Ayrshire Council and third sector partners currently deliver a range of services including:- • NAC Housing Advice and Tenancy Support- addressing rent arrears and Housing benefit claims • NAC Scottish Welfare Fund- Providing grants and goods to those in crisis. • Social Services Money Matters team- providing intensive support to social services clients • Citrus Energy advice- addressing Fuel poverty • 1st Alliance Credit Union- Access to bank accounts, savings and loan products • North Ayrshire Citizens Advice – Debt advice • CHAPs - Housing advice service including rent deposit scheme and advice on mortgage repossessions • Better off in work calculations for Employability & Skills clients
	North Ayrshire Financial Inclusion Map
2.7	The link to welfare reform is particularly important at the moment as North Ayrshire claimants move onto Universal credit in the next few months. This will see claimants move onto monthly payments with the added responsibility for paying their rent directly to their landlord. This will prove challenging for many in budgeting and coping with moving into and out of work.
2.8	In work calculations are a key part of supporting unemployed people into work and providing information to support people make the right choices.
2.9	The programme would seek to intervene to support financial capability by providing a range of addition services including the training of young people in money management skills, the training of community animators in debt advice and providing crisis intervention support to those in financial difficulty. There is also an opportunity to support Modern Apprenticeship development within the sector. Big Lottery also indicated that they are keen to support services for those people who are in work but continue to depend on benefits.
2.10	The Big Lottery Fund have indicated that they would like to see a North Ayrshire bid for these funds and that they expect that a significant proportion of the activity should be delivered by the Third sector.
2.11	It is proposed that a consortium approach with the Council leading the bidding process is the most appropriate arrangement. The Big Lottery Fund have also advised that they expect that a tendering process will be followed as opposed to a challenge fund bid process.

	Next Steps
2.13	In order to secure the funding available and to ensure there is a strategic approach to prepare for a North Ayrshire Bid the following actions have been identified. ▪ Establish a short term task group to be led by the Council's Employability and Skills Manager when in post (8 June) ▪ Identify key North Ayrshire stakeholders ▪ Map out current service provision and identify delivery gaps and where expertise is needed. ▪ Commissioning consultancy support to map out current provision, provide gap analysis and identify opportunities for alignment with appropriate services including this established to mitigate impact of welfare reform and our employability services ▪ Review links with other EU funding bids, ▪ Agree a North Ayrshire Financial Inclusion Delivery Plan and identified actions. ▪ Representation from Money Matters (Isobel Kelly) and Housing (Marianne McManus) to meet with the Third Sector Interface (Barbara Hastings) and agree an approach to coordinating third sector input to the bid process.
2.14	Big Lottery anticipates receipt of a stage 1 tender from a local partnership consortium comprising North Ayrshire Council and other relevant stakeholders, with strong third sector involvement required.
2.15	Projected timeframe: • Lottery to submit SI application to Scottish Government, end April 2015 (this will include reference to the key target areas) • Lottery to meet with relevant North Ayrshire's potential partners, end May 2015 • Delivery Agents to be invited to submit Stage 1 tender, July 2015 • Further tender work in Autumn 2015 • Decision by end December 2015 • Activity starts in early 2016.
3.	**PROPOSALS**
3.1	The IJB note the approach being taken and give feedback on the proposed approach outlined above.
4.	**IMPLICATIONS**
4.1	**Financial Implications**
	There is no match funding requirement.
4.2	**Human Resource Implications**
	There are no human resource implications at this stage.

4.3	**Legal Implications**
	There are no legal implications at this stage.
4.4	**Equality Implications**
	There are no equality implications.
4.5	**Environmental and Sustainability Implications**
	There are no environmental and sustainability implications.
5.	**CONSULTATIONS**
5.1	Consultation will be carried out with Third Sector organisations in North Ayrshire going forward. A number of meetings have been held across North Ayrshire Council services.
6.	**CONCLUSION**
6.1	This approach by Big Lottery Fund will enable North Ayrshire to secure additional finance to deliver a range of further services to address financial inclusion that will add to our existing programme.

For more information please contact David Rowland, Head of Health & Community Care on (01294) 317797 or davidrowland@north-ayrshire.gcsx.gov.uk

Draft

Minutes of North Ayrshire Strategic Planning Group (NA SPG)

held on Thursday, 26 March 2015 at 9.30am, Volunteer Rooms, High Street, Irvine, KA12 0AL

Present	Councillor Anthea Dickson, North Ayrshire Council (NAC) (Chair) Mr Derek Barron, NHS Mental Health Representative Mr David Bonellie, NHS Optometry Representative Ms Linda Brough, Community Planning, NAC Mr Stephen Brown, Children and Families, Criminal Justice, NAC Mr Lorne Campbell, KA Leisure Ms Val Fitzpatrick, Service Access, NAC Mr Mark Gallagher, Alcohol and Drugs Partnership (ADP) Ms Louise Gibson, Allied Health Professions (AHP) Representative Ms Elaine Hill, Allied Health Professions (AHP) Representative Mr Martin Hunter, Public Partnership Forum Representative Ms Heather McCubbin, Learning Disabilities/Mental Health, NAC Mr Jim Nichols, Third Sector Representative Mr Paul Ryan, NHS Pharmacy Representative Mr Clive Shephard, Federation of Community Associations Dr John Taylor, NHS Mental Health Representative Ms Fiona Thomson, Public Partnership Forum Representative Mr Nigel Wanless, Independent Sector Representative
In Attendance	Ms Norma Bell, Manager, Planning and Performance, NAC Ms Sharon Bleakley, Scottish Health Council Ms Iona Colvin, Director, NA Health and Social Care Partnership Ms Jo Gibson, Planning and Performance, NAC Mr Jim McHarg, Community Engagement Manager, NAC Mr Stephen McKenzie, Chair, NA Shadow Integration Board (SIB) Ms Annie Weir, Programme Manager, Integration of Health and Social Care, NAC Mrs Angela O'Mahony, Committee Secretary (minutes)

1. Welcome/Apologies

1.1 Councillor Dickson welcomed everyone to the meeting.

1.2 Apologies for absence were noted from Marjorie Adams, Lesley Aird, David Allan, Joanne Anderson, Linda Boyd, Geoff Coleman, Ken Ferguson, Carol Fisher, Barbara Hastings, Morag Henderson, Lynda Johnston, Liz Moore, Simon Morrow, Jim McCrae, Gordon McKay, Marion McKinna, Fiona Neilson, John O'Dowd, Ken O'Neill, Morna Rae, Tim Ross, David Rowland, Stephen Sheach and Christine Speedwell.

2. Draft minutes of the meeting on 23 February 2015

The SPG approved the minutes of the meeting held on 23 February 2015 as an accurate record.

3. Matters Arising

3.1 All matters arising were either on the agenda or complete.

4. Presentation – Role of Optometrists

4.1 David Bonellie provided a presentation on the role of Optometry in tackling inequalities in eye care, highlighting the following areas:

- Current General Ophthalmic Services (GOS) provision – recognised as the best universal eye care system in Europe.
- Five Locally Enhanced Services being provided by some practices in addition to GOS provision.
- Some practices also provide domiciliary visits to patients unable to attend optometry practice.
- Future plans to tackle inequalities in eye care.

4.2 The SPG noted and discussed the importance of good eye sight to promote learning in schools and to prevent falls in the elderly. Elaine Hill advised that a national framework on falls prevention was published in October 2014 and this would be extended to care homes, hospitals and those providing care at home. Care homes had also received falls prevention training through the Change Fund.

4.3 Councillor Dickson thanks Mr Bonellie for this informative update and asked SPG members to consider how they could publicise optometry services more widely. Mr Bonellie was invited to attend the Care Home Forum and PPF to provide an update. **NW/ FT/DB**

5. Strategic Plan

5.1 Jo Gibson noted that development of the Strategic Plan had been the SPGs major work over the past year and a milestone in developing the

Partnership. Ms Gibson detailed the feedback received from staff and the public during the Strategic Plan consultation process. Three versions of the Plan were consulted on. The consultation period for the detailed plan ran from 18 December 2014 to 28 February 2015. There was general support for the Plan's five priority areas and a number of themes had been identified which would be considered further. The final plan was discussed at the Shadow Integration Board on 12 March 2015. The Integration Joint Board would meet for the first time on 2 April to endorse the Plan.

5.2 Councillor Dickson welcomed this update and thanked the writing group for their hard work in developing the Plan within the short timescale. It was noted that this was the starting point and the Plan would continue to develop as the Partnership moves forward. The SPG noted the report.

6. North Ayrshire Health and Social Care Partnership

6.1 Iona Colvin provided an overview of the Partnership's work over the coming months, highlighting the following in particular:

- Scottish Government (SG) to hold Partnership event on 30 March. Iona Colvin and Eddie Fraser (East Partnership) to make contributions.
- Ms Colvin recognised the roles played by Local Authority and NHS, staff, service users, carers and the public in developing the Partnership.
- The NHS Board would meet on 30 March to agree the budget to be devolved to the Integration Joint Board (IJB).
- The IJB would meet for the first time on 2 April to endorse the Strategic Plan.
- North Ayrshire Community Hospital (NACH) – there would be a visit by the press on 1 April.
- Cabinet Secretary would be invited to open the Dirrans Centre and Montrose House and SPG would be invited to attend.
- IJB would meet again in April to consider Plan, change programme, ideas and innovation fund and senior management structure. Further detailed work would be presented to the IJB in May.
- Work taking place to set up Partnership audit, staff partnership and clinical care governance groups.
- Dr Paul Kerr appointed as Clinical Director and to take up post in near future.
- Engagement – need to ensure service users/public views are effectively represented.
- Focus on children's services over the summer period (including Rainbow House). A presentation would be provided at a future SPG on research undertaken recently with children and their families. **JG/ AW**

6.2 The SPG noted and thanked Ms Colvin for this informative update.

7. Straight Talking – Neighbourhood Approach

7.1 Jim McHarg provided an update on community pre-engagement work that was taking place with local people, community organisations and groups in North Ayrshire, prior to undertaking a formal consultation process within neighbourhoods. As part of this work, straight talking workshops have been held to discuss national and local work taking place. Feedback has been generally positive and communities want to be involved. Younger people had suggested that IT could be used to increase engagement. Comments had been received questioning the language used to describe neighbourhoods/localities. Once feedback had been analysed, this would be reported back to the communities and work would begin to model options.

7.2 SPG members welcomed this feedback and it was noted that each area's needs would differ and this would affect the way in which services are delivered.

8. Mental Wellbeing Strategy

8.1 Councillor Dickson requested that as, unfortunately, the speaker was unable to attend the meeting due to ill-health, this item be carried forward to the next meeting. **JG/ AW**

9. Your Role in Supporting the Strategic Plan

9.1 Councillor Dickson noted that she would now step down as SPG Chair and Stephen McKenzie would take on this role. Councillor Dickson thanked SPG members for their attendance and input and Michelle Sutherland, Jo Gibson, Annie Weir, Angela O'Mahony and Karen Broadfoot for their support.

9.2 Stephen McKenzie underlined the SPG's important role in moving the Partnership forward. Consideration would be given to the group's role in relation to engagement and monitoring/auditing the Strategic Plan. **ALL**
Mr McKenzie asked members to reflect on this for discussion at the next meeting.

9.3 Martin Gallagher would circulate the ADP's strategy to members for comments. **MG**

10 Any Other Business

10.1 There was no other business.

11. Date and Time of the Next Meeting
Thursday, 14 May 2015 at 9.30am, Greenwood Conference Centre, Dreghorn – please note the change of venue

12. Additional dates and venues for 2015:

25 June 2015 at 9.30am, Greenwood Conference Centre, Dreghorn
6 August 2015 at 9.30am, Greenwood Conference Centre, Dreghorn
17 September 2015 at 2pm, Volunteer Rooms, High Street, Irvine
29 October 2015 at 9.30am, Volunteer Rooms, High Street, Irvine
10 December 2015 at 2pm, Greenwood Conference Centre, Dreghorn

Signed (Chair) …… Date……