

## **Integration Joint Board**

**Thursday 17 August 2017 at 10.00 a.m.**

**Council Chambers,  
Cunninghame House Irvine**

**1. Apologies**

Invite intimation of apologies for absence.

**2. Declaration of Interest**

**3. Minutes / Action Note (Page 5)**

The accuracy of the Minutes of the meeting held on 20 July 2017 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

**3.1 Matters Arising**

Consider any matters arising from the minutes of the previous meeting.

**4. Presentation: What's Important to Me**

Receive a presentation from the Children & Families Service.

**5. Director's Report (Page 15)**

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

**Finance**

**6. 2017/18 Financial Performance Update (Page 25)**

Submit report by Eleanor Currie, Principle Manager – Finance, on the projected financial outturn for the financial year 2017/18 (copy enclosed).

**7. Health and Sport Committee Draft Budget: 2018/19 (Page 41)**

Submit report by Margaret Hogg, Chief Financial Officer, on the submission to Scottish Government following a call for views on the Health and Sport Committee Draft Budget 2018/19 (copy enclosed)

## **Strategy and Policy**

**8. Peer Support, Recovery And Employability Support Services For People With Mental Health Problems In North Ayrshire (Page 49)**

Submit report by Dale Meller, Senior Manager – Community Mental Health, on the proposed redesign and re-commission mental health peer support, recovery and employability support services in North Ayrshire (copy enclosed).

## **Tenders**

**9. Care at Home Outsourced Service Provision – Update (Page 57)**

Submit report by David Rowland, Head of Service (Health and Community Care), on the progression of the tender exercise to appoint suitable Service Providers to deliver care at home services to service users of North Ayrshire Health and Social Care Partnership (NAHSCP) (copy enclosed).

## **Minutes**

**10. Strategic Planning Group (Page 61)**

Submit the minutes of the meeting of the North Ayrshire Strategic Planning Group held on 23 March 2017 for information (copy enclosed).

# Integration Joint Board

## Sederunt

### Voting Members

Stephen McKenzie (Chair)	NHS Ayrshire & Arran
Councillor Robert Foster (Vice Chair)	North Ayrshire Council

Councillor Timothy Billings	North Ayrshire Council
Councillor Christina Larsen	North Ayrshire Council
Bob Martin	NHS Ayrshire and Arran
Dr. Janet McKay	NHS Ayrshire and Arran
Alistair McKie	NHS Ayrshire and Arran
Councillor John Sweeney	North Ayrshire Council

### Professional Advisors

Stephen Brown	Interim Director North Ayrshire Health and Social Care
Margaret Hogg	Section 95 Officer/Head of Finance
Dr. Paul Kerr	Clinical Director
David MacRitchie	Chief Social Work Officer – North Ayrshire
Dr. Mark McGregor	Acute Services Representative
Alistair Reid	Lead Allied Health Professional Adviser
David Thomson	Lead Nurse/Mental Health Advisor
Vacancy	GP Representative

### Stakeholder Representatives

David Donaghey	Staff Representative – NHS Ayrshire and Arran
Martin Hunter	Service User Representative
Louise McDaid	Staff Representative – North Ayrshire
Marie McWaters	Carers Representative
Sally Powell	Carers Representative
Fiona Thomson	Service User Representative
Nigel Wanless	Independent Sector Representative
Vicki Yuill	Third Sector Representative



## Agenda Item 3



**North Ayrshire Health and Social Care Partnership  
Minute of Integration Joint Board meeting held on  
Thursday 20 July 2017  
at 10.00 am, Council Chambers, Cunninghame House, Irvine**

### **Present**

Stephen McKenzie, NHS Ayrshire & Arran (Chair)  
Councillor Christina Larsen, North Ayrshire Council  
Bob Martin, NHS Ayrshire & Arran  
Dr Janet McKay, NHS Ayrshire & Arran  
Alastair McKie, NHS Ayrshire & Arran  
Councillor John Sweeney, North Ayrshire Council

Stephen Brown, Interim Director North Ayrshire Health and Social Care (NAHSCP)  
Margaret Hogg, Section 95 Officer/Head of Finance  
Dr Paul Kerr, Clinical Director  
David MacRitchie, Chief Social Work Officer – North Ayrshire  
Alistair Reid, Lead Allied Health Professional Adviser

David Donaghey, Staff Representative – NHS Ayrshire and Arran  
Marie McWaters, Carers Representative  
Sally Powell, Carers Representative  
Nigel Wanless, Independent Sector Representative  
Vicki Yuill, Third Sector Representatives

### **In Attendance**

David Rowlands, Head of Service (Health and Community Care)  
Jo Gibson, Principal Manager (Planning and Performance)  
Donna McKee, Head of Service (Children, Families and Criminal Justice)  
Peter McArthur, Senior Manager (Addictions)  
Julie Davis, Principal Manager (Business Support)  
Karen Andrews, Team Manager (Governance)  
Angela Little, Committee Services Officer

### **Also in Attendance**

Councillor Anthea Dickson.

### **Apologies for Absence**

Councillor Robert Foster, North Ayrshire Council (Vice Chair)  
Councillor Timothy Billings, North Ayrshire Council  
Dr Mark McGregor, Acute Services Representative  
David Thomson, Lead Nurse/Mental Health Advisor  
Louise McDaid, Staff Representative – North Ayrshire Council

<b>1.</b>	<b>Apologies</b>	
	Apologies were noted.	
<b>2.</b>	<b>Declarations of Interest</b>  In terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies the following Members declared an interest:-  Nigel Wanless – Item 5. Director’s Report (Care Home placements) on the basis that he is a care home provider.  Vicky Yuill – Item 10. Community Link Worker, on the basis that the Third Sector Interface may wish to be part of the tendering process.	
<b>3.</b>	<b>Minutes/Action Note –</b>  The accuracy of the Minutes of the meeting held on 22 June 2017 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.	
<b>3.1</b>	<b>Matters Arising from the Action Note</b>  Development and Implementation of a North Ayrshire Social Enterprise Strategy – clear timescales have been provided and a report will be brought to the IJB shortly.  Volunteering Strategy – awaiting the national report. V. Yuill will investigate and report to the next meeting.  Woodland View will be officially opened by the Maureen Watt, Minister for Mental Health on 5 September 2017 at 10am.  Public Partnership Forum – discussion across the 3 Ayrshire’s is still ongoing and a report will be brought to the August meeting.  Technology Enabled Care and Innovation – further work is required on the financial details and a report will be made to the IJB after August.  Integration Joint Board Appointments – Marie McWaters will be invited to join the Health and Care Governance Group as the carers’ representative.	V. Yuill          A. Little to update the Action Note

4.	<p><b>Presentation – Addiction Service Update</b></p> <p>The Board received as presentation from Peter McArthur, Senior Manager (Addictions) on the opiate replacement therapy (ORT) model in place in Ward 5 within Woodland View. The presentation provided information on:-</p> <ul style="list-style-type: none"> <li>• Prescribing background – pre 2014;</li> <li>• Mixed model of prescribing;</li> <li>• New model;</li> <li>• Outcomes from the new mixed model, that included information on the numbers of individuals prescribed Methadone, individuals successfully detoxed; total appointments offered and total appointments attended;</li> <li>• The North Ayrshire Drug and Alcohol Recovering Service (NADARS);</li> <li>• Achievements in the last year;</li> <li>• Integrated locality response; and</li> <li>• Service user feedback;</li> <li>• Addiction Services Ayrshire Achieves winners.</li> </ul> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> <li>• Peer support and volunteering opportunities for service users;</li> <li>• The involvement of community connectors in the new non-appointed drop in clinic.</li> </ul> <p>The Chair thanked the Senior Manager (Addictions) for his presentation and commended his team for the progress that has been made. He commented that it would be useful to get an insight into patient and users experiences, such as visits to services. Suggestions from Members on learning areas would be welcomed.</p> <p>Noted.</p>	IJB Members
5.	<p><b>Director’s Report</b></p> <p>Submitted report by Stephen Brown, Interim Director NAHSCP on developments within the North Ayrshire Health and Social Care Partnership.</p> <p>The report highlighted works underway in the following areas:-</p> <ul style="list-style-type: none"> <li>• A call for views on the draft budget for 2017/18 issued by the Scottish Parliament Health and Sport Committee;</li> <li>• Review of the Integration Scheme;</li> <li>• Learning Disability Strategy Launch Event;</li> <li>• Tarryholme Drive Project; and</li> <li>• Cumbrae Review of Services – staff event</li> </ul>	

	<p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> <li>• The response to the draft budget for 2017/18 that is required to be submitted to the Scottish Government by 26 July 2017 and will be reported to the next meeting for homologation.</li> <li>• The views of care home providers on the budget position and the impact of the interim slowdown of placements to care homes;</li> <li>• A review of North and East Integration Schemes that will be undertaken and that South Ayrshire Council had decided not to review their Integration Scheme; and</li> <li>• A session that will be arranged with Members to discuss the review of the Integration Schemes; and</li> <li>• Information that will be provided to the next meeting on the savings that will be achieved at the Tarryholme Drive Project</li> </ul> <p>Noted.</p>	
*	Alastair McKie left the meeting at this point.	
6.	<p><b>Challenge Fund Update</b></p> <p>Submitted report by Eleanor Currie, Principal Manager (Finance) which outlined the updated Challenge Fund projects, revised costings and phasing of the projects. Appendix 1 to the report detailed the projects utilising funds of £3.942m.</p> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> <li>• Estimated savings that had been presented to the Board in March and have now been quantified;</li> <li>• The development of a system to track savings and the impact on services;</li> <li>• Service improvements that will be achieved in a number of projects but will not return an immediate financial saving e.g. investment in aids and adaptations that will improve service provision, reduce accidents in the home and the need for hospitalisation; and</li> <li>• The development of Phase 2 projects.</li> </ul> <p>Noted.</p>	
7.	<b>Supporting General Medical Practices in North Ayrshire</b>	



	<p>Submitted report by David Rowland, Head of Service (Health and Community Care) which provided an assessment of the pressures on General Medical Practices within North Ayrshire. Annex A to the report outlined a criteria based tool to assess the extent to which a Practice may be in difficulty and the agreed delineation of responsibility between that team and NAHSCP.</p> <p>The Board agreed to the action being taken in response to the described pressures.</p>	
<b>8.</b>	<b>North Ayrshire Health and Social Care Partnership Draft Annual Performance Report</b>	
	<p>Submitted report by Eleanor McCallum, Partnership Engagement Officer on the Draft Annual Performance Report. The draft report had been circulated prior to the meeting and provided information on:-</p> <ul style="list-style-type: none"> <li>• Our performance in relation to national health and wellbeing outcomes;</li> <li>• Our performance in relation to the three children's outcomes and three criminal justice outcomes;</li> <li>• Reporting on localities;</li> <li>• Change Programme;</li> <li>• Reporting on Lead Partnership responsibility;</li> <li>• Inspection of Services;</li> <li>• Financial Performance and Best Value.</li> </ul> <p>Section 6 – Inspection of Services of the report had been amended and was circulated at the meeting.</p> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> <li>• linking the report to the Strategic Plan and cross referencing to national outcomes;</li> <li>• Work that is being done by the Partnership Senior Management Team (PSMT) to identify ways to involve the public; and</li> <li>• Comments on the draft Plan that are required to be submitted as soon as possible.</li> </ul> <p>Members provided the following comments on the draft Plan:-</p> <ul style="list-style-type: none"> <li>• Information on the timescales for the trend chart column (Page 64) that would be useful; and</li> <li>• Reporting of locality spending.</li> </ul> <p>The Board agreed to approve the draft NAHSCP Annual Performance for publication on 31 July 2017.</p>	
<b>9.</b>	<b>Development of HSCP Strategic Plan 2018/21</b>	

	<p>Submitted report by Scott Bryan, Team Manager (Planning) on the current proposals to develop the partnership's new three year strategic plan for the period April 2018 – March 2021. The report gave details of the three key phases of the process:-</p> <ul style="list-style-type: none"> <li>• engagement and information gathering;</li> <li>• public consultation and action plan development; and</li> <li>• final scrutiny and presentation of the Plan to the Board in March 2018.</li> </ul> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> <li>• work that is being done to analyse the 2,500 responses that had been received to the 'What Matters to You' initiative and the use of the information gathered to assist in identifying how health and care services should look in the future.</li> </ul> <p>The Board agreed to support the development of the new Strategic Plan as set out in the report.</p>	
<b>10.</b>	<b>Community Link Worker</b>	
	<p>Submitted report by Jo Gibson, Principal Manager (Planning and Performance) on the current Community Connector Programme and proposals to expand this through the new Scottish Government funded Community Link Workers (CLWs) Programme.</p> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> <li>• the commitment of funding from the 2018/19 ICF budget to fund the proposals;</li> <li>• the provision of funding for CLWs by the Scottish Government till 2020; and</li> <li>• support from HR in evaluating role outlines and identifying those staff who require support and training to move to the CLW role.</li> </ul> <p>The Board agreed to (a) the overall strategy of enhancing our Community Link Worker capacity in line with the refreshed Strategic Plan; (b) re-evaluate the current Community Connector role to align with the CWL national role specification; (c) make current CC posts permanent to avoid destabilising the service, meeting the potential costs through mainstreamed ICF funding; and (d) undertake a tendering exercise for the CLW Programme to be delivered by a Third Sector organisation, including the need to transfer existing CC staff, commensurate to Scottish Government funding commitment to 2020.</p>	Jo Gibson
<b>11.</b>	<b>Public Records (Scotland) Act 2011 – Records Management Plan</b>	

	<p>Submitted report by Julie Davis, Principal Manager (Business Support) on the duties placed on the Board under the Public Records (Scotland) Act 2011 and the requirement for a Senior Responsible Officer for Records Management and an Operational Records Manager.</p> <p>The Board agreed to (a) designate the Chief Officer as the Senior Responsible Officer for Records Management; (b) designate the Principal Manager (Business Support) as the Operational Records Manager; and (c) otherwise note the report.</p>	
<b>12.</b>	<p><b>Chairs of Locality Forums</b></p> <p>Submitted report by Jo Gibson, Principal Manager (Planning and Performance) which provided details of the Chairs of the Locality Forums, the vacancy on the Kilwinning Locality Partnership Forum and the proposal to invite Kilwinning LPF to nominate a lead member to act as Chair and sit on the IJB in that role.</p> <p>The Board was advised that following the retirement of Jim Nicols, a vacancy also arose on the Arran Locality Partnership Forum.</p> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> <li>• The nomination of Vicky Yuill as the Chair of the Arran Locality Partnership Forum; and</li> <li>• the Locality Partnership Forum Terms of Reference which will be reviewed and amended where appropriate, particularly in relation to the length of term of office bearers.</li> </ul> <p>The Board agreed to (a) request the Kilwinning Locality Partnership Forum to nominate a Chair, who will attend future IJB meetings; (b) to approve the appointment of Vicky Yuill as Chair of the Arran Locality Partnership Forum; and (b) note (i) the Chairs of the four other Locality Partnership Forums; and (ii) the precedent set by approving the invitation to the Kilwinning LPF to nominate a non-IJB member to act as Chair and sit on the IJB in that role.</p>	Jo Gibson
	The meeting ended at 12 noon.	

Signed in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2015

Signed by

Date



## North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 20 July 2017

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Development and Implementation of a North Ayrshire Social Enterprise Strategy	4/6/15	Draft Social Enterprise Strategy to be submitted to the IJB, NACMT and NAC Cabinet Meeting.  Economic Development	Clear timescales have been set. A report will be brought to a future meeting	John Godwin
2.	Volunteering Strategy	11/2/16	Agenda – prior to end 2016	National report awaited. Vicky will provide an update at the next meeting	V. Yuill
3.	Public Partnership Forum	15/12/16	Director to liaise with Service User Representative to investigate matter	Discussions have taken place with East Ayrshire – update will be provided to the next meeting	S. Brown
4.	Technology Enabled Care (TEC) and Innovation	22/6/17	A report on the financial plan will be presented to the August meeting	Report to the September meeting	Kathleen McGuire
5.	Integration Joint Board Appointments	22/6/17	Invite Marie McWaters to join the Health and Care Governance Group as the carers representative		S. Brown
6.	Presentation – Addiction Service Update	20/7/17	IJB Members to forward suggestions for learning areas		IJB Members

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7.	Chairs of Locality Forums	20/7/17	(a) request the Kilwinning Locality Partnership forum to nominate a Chair, who will attend future IJB meetings	Jo Gibson
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**Integration Joint Board**  
**17 August 2017**  
**Agenda Item 5**

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**Subject:** **Director's Report**

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

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

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<b>Glossary of Terms</b>	
IJB	Integration Joint Board
PSMT	Partnership Senior Management Team
HSCP	Health and Social Care Partnership
CAMHS	Child and Adolescent Mental Health Services
IAAH	International Adolescent Associate for Adolescent Health
MHAIST	Mental Health Access and Improvement Support Team
NADARS	North Ayrshire Drug and Alcohol Recovery Service
SMART	Self Management and Recovery Training
V1P	Veterans 1 <sup>st</sup> Point
HMICS	Her Majesty's Inspectorate of Constabulary in Scotland
HIS	Health Improvement Scotland
CBT	Cognitive Behavioural Therapy
PPF	Public Partnership Forum
FCAMHS	Forensic Child and Adolescent Mental Health Service

## **1. EXECUTIVE SUMMARY**

- 1.1 This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.

## 2. CURRENT POSITION

### 2.1 Ayrshire Developments

#### 2.1.1 Child and Adolescent Mental Health Service (CAMHS)

The Pan Ayrshire Neuro-developmental Pathway Launch event was held with representatives from across the 3 partnerships, education, social care, 3rd sector and service users. The value of this work has been recognised to support children with autism and ADHD with a poster, **Creating a Wellness Service for Children and Young People in Ayrshire and Arran: Cluster modelling in Schools and Communities** presented at NHS conference and abstract accepted for the 11<sup>th</sup> International Adolescent Association for Adolescent Health (IAAH) Conference in India.

The team have also been asked to present at the National Improvement and Networking Day for Child & Adolescent Mental Health Services Delivering and Developing Neuro-developmental Pathway **by MHAIST (Mental Health Access and Improvement Support Team) on the 25<sup>th</sup> August 2017** and have been asked to present the whole system working day (integrating services) Marr College work **by MHAIST (Mental Health Access and Improvement Support Team) on the 31st October 2017.**

#### 2.1.2 Forensic Child and Adolescent Mental Health Unit (FCAMH)

In October 2016 Ayrshire & Arran NHS Board approved and endorsed the business case following successful application to host the national secure forensic mental health inpatient service for young people.

The service is a first in the Scottish healthcare system and will provide assessment, treatment and care for young people whose complexity of presentation and severity of risk is set within a context of challenging legislative frameworks and systems. The challenges and complexities of working with these young people require a level of expertise that is, unfortunately, not widely available in the UK. The aim is to treat these young people within Scotland and return them to their own community services following therapeutic intervention.

A capital business case is being developed and, subject to approval, plan to start construction in 2019 / 2020.

#### 2.1.3 Ayrshire Achieves

This year, NAHSCP received recognition in the annual Ayrshire Achieves awards. The NAHSCP award winners were:

*North Ayrshire Drug and Alcohol Service (NADARS) and Ward 5, Woodland View staff won the Chairman's award – which recognises an individual or team or service worthy of special recognition for their work over the last year. This is a recognition of all the staff involved in their continued support in delivering exemplary health and social care support to individuals with alcohol and drug issues, in North Ayrshire and across Ayrshire.*



*Recovery at Work (RaW) group won Volunteer of the year* – which recognises an individual or team or charity that works in partnership, gives unpaid time and brings benefits to people who use health and social care services, carers and staff. The RaW group, supported by North Ayrshire Alcohol and Drug Partnership, provides long-term support for people in recovery who want to play a vital role in helping other overcome addiction problems. They manage and run the hugely successful Café Solace in three North Ayrshire localities; Three Towns (Ardrossan), Irvine and Garnock Valley (Kilbirnie), Happy Feet Jogging Group, Self Management and Recovery Training (SMART) peer support groups and Funky Films.

Stephen Russell, Day Centre Officer at the Dirrans Centre Kilwinning, won the Ayrshire Achieves People's Choice Award. He was nominated by a service user for his work in developing the football team " Dynamo Dirrans" The football team is for people with a wide variety of disabilities and offers fun, friendship and fitness.

## **2.2 North Ayrshire Developments**

### **2.2.1 Social Enterprise Network**

Following the development and launch of North Ayrshire's Social Enterprise Strategy, an active Social Enterprise Network has been established. A Social Enterprise Manager and Social Enterprise Officer will soon be in post and their support will be available to all new and existing social enterprises across North Ayrshire's Health and Social Care sector. If you have an idea that you would like to pursue, the support will be there to make it a reality.

If you'd like more information before the new team members are in place, please contact John Godwin, Service Development Officer (01294 317780 or [JohnGodwin@north-ayrshire.gov.uk](mailto:JohnGodwin@north-ayrshire.gov.uk)).

### **2.2.2 Woodland View – Official Opening**

Maureen Watt, MSP, Minister for Mental Health will officially open Woodland View on Tuesday 5<sup>th</sup> September 2017. IJB members will receive an invitation to attend the opening in due course.

### **2.2.3 Veterans 1<sup>st</sup> Point**

Veterans 1<sup>st</sup> Point (V1P) Scotland opened its doors in North Ayrshire on the 17th of February 2017 and celebrated their official launch on the 9th of March 2017. The team includes staff with personal experience of military life, and professionals with extensive knowledge of psychological issues often encountered by veterans.

V1P offers any Veteran and/or their family support with any difficulties they may have, including issues with housing, addictions, careers, family matters, relationship difficulties, mental health, physical health, finances and social support. It acts as a signposting service help veterans access appropriate mainstream services and/or to point them in the right direction specialist organisations. There is also a small in-house provision to see veterans for Psychological assessment and evidence based psychological treatments.

Since the service opened, it has received 151 referrals (from 17.02.17 – 25.07.17) with 63% being received via the self referral route. The team are receiving on average around 25 referrals per month. Around 44% of the self referrals have been received through veterans “dropping in” to register within the centre, highlighting the success of being so centrally located.

#### 2.2.4 Joint Thematic Inspection of Adult Support and Protection in the North Ayrshire Partnership Area

The Care Inspectorate have written to the Chief Executives of North Ayrshire Council and NHS Ayrshire & Arran advising them that a joint thematic inspection of adult support and protection arrangements in the North Ayrshire partnership area will commence on Monday 30<sup>th</sup> October 2017. Her Majesty’s Inspectorate of Constabulary in Scotland (HMICS) and Health Improvement Scotland (HIS) will assist the Care Inspectorate in the inspection.

The thematic inspection will be the **first ever independent scrutiny of adult support and protection in Scotland**. It will take place in six partnership areas, including North Ayrshire, to provide :-

- Independent scrutiny and assurance of how partnerships ensure that adults at risk of harm are kept safe, protected and supported.
- Assurance to Scottish Ministers on how partnerships have implemented the Adult Support and Protection (Scotland) Act 2007.
- An opportunity to provide good practice and support improvement more broadly across Scotland.
- Information and insight about the “lived experience” of adults at risk of harm.

The inspection will focus on three quality indicators :-

- Outcomes for adults at risk of harm and their unpaid carers;
- Key adult support and protection processes;
- Leadership for adult support and protection.

The Care Inspectorate will present their findings from the inspection in January 2018.

#### 2.2.5 Change Programme Update

The Change Programme continues across all areas of the partnership and this work has been enhanced by the Challenge Fund to enable delivery of the financial savings required to sustain the organisation as it moves forward. The first monitoring meeting of Phase 1 of the Challenge fund took place with senior managers on the 27 July 2017.

##### (a) Vision for Community Mental Health

A number of partnership events have been arranged to allow staff to contribute to a new vision for an integrated community mental health service in North Ayrshire (part of the Change Programme) for adult community mental health services. There are a number of ways to contribute, e.g.,

- participating in a health and social care staff locality event
- completing an online survey  
<https://www.surveymonkey.co.uk/r/CMHNAYourVision>
- completing a paper questionnaire

To attend one of the Partnership staff events, please call Caley Court Resource Centre (01294 476007) and request a place on the event of your choice – in the area that is most relevant to your service or that is most convenient for you to get to.  
**Booking is essential.**

- Irvine locality: Thursday 10 August 10am–12noon (Fullarton Connexions, Irvine) book by **2 August**
- North Coast locality: Wednesday 16 August 2–4pm (Largs Halkhill Bowling Club, Largs) book by **8 August**
- Three Towns locality: Thursday 17 August 1–3pm (Saltcoats Town Hall) book by **9 August**
- Kilwinning locality: Monday 21 August 2.30–4.30pm (Nethermain Community Centre, Kilwinning) book by **11 August**
- Garnock Valley locality: Friday 25 August 10am–12noon (Montgomery Court Hub, Kilbirnie) book by **17 August**

The Arran Locality Forum was consulted on the best way forward within their locality. The coordinator of the locality planning forum advised that staff should have the option to contribute via online survey or paper questionnaire and has assisted with ensuring information about this has been made available.

While the events are held within particular locality areas, they are open to people from any area in North Ayrshire. Therefore, if someone from Arran did wish to attend one of the events that have been arranged they are welcome to do so.

This will be an opportunity to network with colleagues as well as participate in the discussion about a vision for community mental health services. Booking is essential. If you are unable to attend one of the locality events, and haven't already contributed to the vision, you can participate by completing an online survey at <https://www.surveymonkey.co.uk/r/CMHNAYourVision>. The survey will be open until the end of August.

If you prefer to complete a paper version of the survey, you can print off the attached and return to Caley Court Resource Centre.



ACMHSVisionQuest  
ionnaire14July2017.]

Further work will be taking place to gather the views of people who use our services and carers to contribute to the vision and there will also be a period of public consultation later in the year. The findings of the consultation will be made available in December 2017.

(b) Learning Disability Service

Work has also commenced within Learning Disability Service to bring services together. A joint session with quality improvement staff was held to map out the 'current' and 'future' state of Learning Disability Service processes from referral through to discharge. An action plan is being developed to take this forward.

The sharing of information process between health and social care is also underway and is now at Caldicott approval stage for read only access to IT systems. Shadowing for team members within both health and social care is complete and as a result social work team members now attend the allocation meeting at the Community Learning Disabilities Team meeting.

The Day service design is now complete and a subgroup has been created with health, social services and day service to look at current model and new model being based on outcomes.

- (c) A Pan Ayrshire computerised Cognitive Behavioural Therapy (CBT) approach has now been launched, attended by Primary Care and 27 GP Practices. The service has received 8 referrals so far, and 7 GP practices have requested information packs to allow them to refer.
- (d) North Ayrshire Drug and Alcohol Recovery Service have a new joint and integrated 'Duty and Triage' App being piloted. This is being evaluated to identify changes/improvements by end of August 2017. Practical arrangements for the rollout of 'Drop in' sessions across locality areas has been completed e.g. accommodation, H&S, phones and additional support now available for prescribing clinics (in line for roll out of Opiate Replacement Therapy).

2.2.6 Challenge Fund

The Change Programme has been enhanced by the creation of a one year, £4m Challenge Fund to enable the partnership to pump prime some projects to change the way we work, improve outcomes for people and reduce some of the higher cost crisis interventions. A Challenge Fund Monitoring Group has been established which will meet on a monthly basis to track and review progress of all projects within Phase 1. The first meeting of this group took place with senior managers on the 27 July 2017. A list of all Phase 1 projects are attached at Appendix 1.

2.2.7 Public Partnership Forum

At a meeting with Andrew Moore on 24th July, he stated that the PPFs belong to the HSCP's and not to Acute Services. This is a welcome change in perspective and we are keen that we hold a meeting with our PPF very quickly, jointly hosted by NAHSCP and Acute Services to discuss the PPFs role moving forward. This meeting may also include a discussion on the review of the Integration Scheme.

### 3. IMPLICATIONS

<b>Financial :</b>	None
<b>Human Resources :</b>	None
<b>Legal :</b>	None
<b>Equality :</b>	None
<b>Environmental &amp; Sustainability :</b>	None
<b>Key Priorities :</b>	N/A
<b>Risk Implications :</b>	N/A
<b>Community Benefits :</b>	N/A

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

### 4. CONSULTATION

- 4.1 No specific consultation was required for this post. 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 North Ayrshire Health & Social Care Partnership.

For more information please contact **Stephen Brown**, Interim Director, NAHSCP on (01294) 317725 or [sbrown@north-ayrshire.gcsx.gov.uk](mailto:sbrown@north-ayrshire.gcsx.gov.uk)



**Challenge Fund Projects – Phase 1**

<b>Ref No.</b>	<b>Project Title</b>
CF6	Review Physical Disabilities Caseload
CF7	Investment in Universal Early Years
CF8	School-based approach to Looked After/Looked After & Accommodated Children
CF9	Reduction in need for Residential School Placements
CF10	Equipment and Adaptations
CF11	Pilot Step Up/Step Down Beds
CF12	Develop Reablement and Assessment Capacity
CF13	Sickness Absence Taskforce within HSCP
CF16	Pilot – Sleepover Provision within Learning Disabilities.
CF17	Expansion of Multi Agency Assessment and Screening Hub (MAASH)
CF18	Leadership Secondment to Implement Learning Disability Strategy
CF22	HR and Support – All Projects





**Integration Joint Board**  
**17 August 2017**  
**Agenda Item 6**

**Subject:** 2017/18 Financial Performance Update

**Purpose:** To provide an update on the projected financial outturn for the financial year 2017/18.

**Recommendation:** It is recommended that the IJB:

- (a) Notes the projected financial outturn for the year;
- (b) Approves the action being proposed to mitigate the overspend; and;
- (c) Notes the savings gap in relation to Health budgets and plans to further develop proposals.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
CAMHS	Child & Adolescent Mental Health Services
BRAG	Blue, Red, Amber, Green

## 1. EXECUTIVE SUMMARY

- 1.1 This report provides an overview of the 2017/18 financial position of the North Ayrshire Health and Social Care Partnership. It outlines the mitigating action required to bring the budget online including an update on the unidentified savings of £1.684m.

The projected outturn is £4.865m overspent for 2017/18 if not mitigated. Added to the £3.245m deficit brought forward from 2016/17 this could result in a projected closing deficit of £8.110m.

It is essential that the IJB operated within the budgets delegated and does not commission services which are higher than their delegated budgets. A partial mitigation plan has been developed and is recommended for approval. This will reduce the projected overspend to £3.873m. Further mitigating action will be developed and brought to the next IJB to reduce the projected overspend to £1.684m which is linked to the identification of savings which have still to be completed for some services. The decisions around the further mitigation will be challenging. The management team continues to work in partnership with NHS Ayrshire & Arran to identify savings options and this will be the subject of a separate report to the IJB in the near future.

## **2. BACKGROUND**

- 2.1 An initial review of the 2017/18 financial position has been undertaken prior to the scheduled report to the IJB in September. This has indicated that the partnership has a projected overspend of £4.865m. This report provides a high level update on projections, to enable the IJB to consider the implications for services in 2017/18.
- 2.2 This report outlines the main reasons for this overspend as well as any action being proposed to mitigate the overspend. The mitigating action is shown in appendix C.

## **3. FINANCIAL PERFORMANCE**

- 3.1 Against the full-year budget of £221.750m there is an overspend of £4.865m (2.2%). The following sections outline the significant variances in service expenditure compared to the approved budgets. Appendix A provides the detailed position.

### **3.2 COMMUNITY CARE AND HEALTH SERVICES**

Against the full-year budget of £62.181m there is a projected overspend of £1.422m (2.3%). The main reasons for the projected overspend are:

- **Locality Services – projected overspend of £1.065m**  
This relates to care home placements. In 2016/17 there were 869 placements by the end of the financial year plus 22 clients on the waiting list. The 2017/18 budget was for 849 placements but in 2017/18 the actual placements at period 2 is higher at 898 and is reflective of demand. This is also the forecasted number of placements at the year end. To mitigate this overspend and bring the budget on-line by the year end a waiting list is being operated which has resulted in 71 people in the community on the waiting list for care home placements and 9 hospital based delayed discharges. This is a temporary measure until IJB has the opportunity to approve a full mitigation plan.
- **Rehab and Reablement – projected overspend of £0.308m**  
This is due to the cost of sickness and absence cover. Action has been taken to reduce ward capacity to 20 beds and staff have been offered fixed term contracts at the normal pay rate which should reduce the requirement for more costly agency staff.
- **Community Care – projected overspend of £0.057m**  
This relates to unachieved savings within day care for older people of £0.029m as the day care review will not be undertaken until 2018/19. To mitigate this vacancies will be held where possible across day care. There is also an overspend of £0.032m in employee costs at Montrose House mainly due to additional bank staff and mainland staff incurring overtime to cover vacancies. Following investment in the 2017/18 budget the care at home service are projected to be on-line which is an improved position from 2016/17.

### 3.3 MENTAL HEALTH SERVICES

Against the full-year budget of £70.940m there is a projected overspend of £0.385m (0.5%). The main reasons for the projected overspend are:

- **Learning Disability – projected overspend of £0.456m**

This consists of a projected overspend in community packages of £0.482m and direct payments of £0.206m. This is offset by a projected underspend in residential packages of £0.205m.

At the end of 2016/17 there were 295 community packages at a cost of £11.128m and the targeted saving of £0.100m was not achieved. This has increased in 2017/18 to 299 packages in period 2 at a cost of £11.722m which is reflective of needs for those eligible for services. The forecast number of placements by the year end is 320. The 2017/18 budget included £0.311m of additional funding for demographic pressures but this has not been enough to cope with the current demand within the current model of delivery. The interim service manager is currently reviewing current packages and scrutinising new packages and a care at home manager is now in post with the team to assess where benefits can be made through use of SMART technology.

- **Community Mental Health – projected overspend of £0.186m**

This relates to community packages with four new high cost packages included in the forecast. The service are reviewing all packages over £40k but at present an estimate cannot be provided of potential savings.

At the end of 2016/17 there were 128 packages at a cost of £1.255m. In 2017/18 there are 127 packages at period 2 at a cost of £1.472m. The forecast number of placements by the year end is 132. The increase in costs relates to the full year effect of a net of 44 new placements during 2016/17 and the four new high cost care packages. The 2017/18 budget included £0.037m of additional funding for demographic pressures but this has not been enough to cope with the current demand.

- **Lead Partnership –projected underspend of £0.276m**

a) Adult inpatients has a projected overspend of £0.456m which relates to the phasing of the delivery of optimising bed capacity and income generation from other health board areas. This was part of the agreed mitigation plan for the Lead Partnership. Other actions in the mitigation plan included improving the sickness rate and at period 2 it is 7.9% which is below the quarter 1 target of 8.5%.

b) There is a projected non achieved saving of £0.275m in relation to the whole system review of MH services. This is due to the available staffing resources to implement the plan.

c) These overspends are offset by underspends in:

- : MH funding allocations £0.216m
- : Addictions £0.208m – reduced expenditure in substitute prescribing
- : CAMHS £0.262m – due to vacant posts
- : Resource transfer £0.186m – funding set aside for the closure of the Lochranza ward will not be required in 2017/18.

### 3.4 CHILDREN'S SERVICES AND CRIMINAL JUSTICE SERVICES

Against the full-year budget of £34.424m there is a projected overspend of £0.925m (2.7%). The main reasons for the projected overspend are:

- **Looked After and Accommodated Children – projected overspend of £0.901m**

*Fostering* – projected overspend of £0.398m due to the number of forecast placements (141) being higher than the budgeted provision (122). In 2016/17 there were 132 placements at the year end. The increased use of fostering reflects the best option for the child and is the most economic route for meeting the demand to accommodate children.

*Residential Schools* – projected overspend of £0.372m. This relates to increased costs for existing placements of £0.177m due to discharges being later than planned and £0.187m of additional costs for new placements. Some of the projected discharge arrangements have not progressed as planned due to mitigating factors such as changes in family/child situation, complexities and risks as well as external decisions such as Children Hearing System.

*Employee Costs* – projected overspend of £0.113m due to staff cover costs and non achievement of payroll turnover.

- **Fieldwork – projected overspend of £0.214m**

This is mainly due to payroll turnover target not being achieved.

### 3.5 PRIMARY CARE - PRESCRIBING

Against a full year budget of £47.575m primary care prescribing is projected to overspend by £0.389m (0.8%). There were £2.046m of prescribing savings agreed as part of the 2017/18 budget and it is projected that £1.657m will be achieved and £0.389m not achieved. The partnership is continuing to work with primary care colleagues to identify options for bridging this gap.

### 3.6 MANAGEMENT AND SUPPORT COSTS

Against the full-year budget of £4.032m there is a projected overspend of £1.822m. This mainly relates to the NHS savings target of £1.684m which has still to be agreed and is coded to management and support costs pending allocation. There is also an unfunded post and a shortfall in the payroll turnover achieved.

The management team continue to work in partnership with NHS Ayrshire & Arran to identify savings options and this will be the subject of a separate report to the IJB in the near future.

### 3.7 CHANGE PROGRAMME

Against the full-year budget of £2.598m there is a projected underspend of £0.175m. This is mainly due to the start dates of some projects.

### 3.8 SAVINGS UPDATE

The 2017/18 budget included £6.226m of savings.

<b>BRAG Status</b>	<b>2017/18 Projected Position</b>
Red	1.974
Amber	2.119
Green	1.774
Blue	0.359
<b>TOTAL</b>	<b>6.226</b>

Some savings are at risk from delivery and this is reflected in the update provided within Appendix B. This includes the £1.684m of NHS savings shortfall still to be agreed.

There are £0.678m of amber savings and £0.230m of red savings which are assumed to be achieved in the projected outturn. If they are not achieved this will increase the projected overspend further.

The projection also includes £0.995m of amber and red savings (mainly care homes and prescribing saving) as part of the overspend. If they were delivered this would improve the outturn position.

### 3.9 MITIGATION PLAN

Appendix C includes full detail of the Challenge Fund projects which will deliver savings in 2017/18 and are proposed as mitigation for consideration by the IJB to reduce the current forecast overspend by £0.992m. This leaves a balance of £3.873m and further mitigating action will be developed and brought to the next IJB to reduce the projected overspend to £1.684m which relates to the health savings. These have still to be finalised and will also be the subject of a separate report to a future IJB.

The IJB is asked to approve the proposed mitigation plan to ensure spend is contained within the budgeted resources delegated for the commissioning of services.

The mitigation plan assumes the use of savings generated in 2017/18 from Challenge Fund proposals. This has been required to mitigate the impact on services during 2017/18. This impacts on the IJBs ability to reduce the deficit brought forward from 2016/17. This will be required to be remedied in future years through the approval of savings for 2018/19 which are £1.1m higher to enable repayment of the brought forward deficit of £3.245m to North Ayrshire Council over a three year period.

## 4. Anticipated Outcomes

- 4.1 Approval of the mitigating action will assist in ensuring spend is contained within the budgeted resources delegated for the commissioning of services, with the exception of the £3.873m of expenditure reduction and savings still to be identified. A decision on the balance of the mitigating action will require to be made at the next IJB.

## 5. Measuring Impact

5.1 Regular updates will be presented to the IJB throughout 2017/18.

## 6. IMPLICATIONS

<b>Financial :</b>	<p>The projected outturn is £4.865m overspent for 2017/18 if not mitigated. Added to the £3.245m deficit brought forward from 2016/17 this could result in a projected closing deficit of £8.110m.</p> <p>It is essential that the IJB operated within the budgets delegated and does not commission services which are higher than their delegated budgets. A partial mitigation plan has been developed and is recommended for approval. This will reduce the projected overspend to £3.873m. Further mitigating action will be developed and brought to the next IJB to reduce the projected overspend to £1.684m which is linked to the identification of savings which have still to be completed for some services. The management team continues to work in partnership with NHS Ayrshire &amp; Arran to identify savings options and this will be the subject of a separate report to the IJB in the near future.</p> <p>The management team continue to work in partnership with NHS Ayrshire &amp; Arran to identify savings options and this will be the subject of a separate report to the IJB in the near future.</p> <p>It should be noted that a failure to deliver these savings will increase the overall deficit to £4.926m assuming all mitigation is delivered.</p> <p>Application of the Integration Scheme to the projected £4.865m deficit would share the overspend as £2.499m for North Ayrshire Council and £2.366m for NHS Ayrshire &amp; Arran.</p>
<b>Human Resources :</b>	There are no Human Resource implications
<b>Legal :</b>	There are no Legal implications
<b>Equality :</b>	There are no Equality implications
<b>Environmental &amp; Sustainability :</b>	There are no Environmental & Sustainability implications
<b>Key Priorities :</b>	There is no impact on Key Priorities
<b>Risk Implications :</b>	<p>The Impact of Budgetary Pressures on Service Users and associated control measures are recognised in the Strategic Risk Register.</p> <p>The partial mitigation plan in Appendix C fully details the risk associated with each proposal.</p>
<b>Community Benefits :</b>	There are no Community Benefits

<b>Direction Required to Council, Health Board or Both</b>	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	x

## **7. CONSULTATION**

- 7.1 This report has been produced in consultation with relevant budget holders, the Partnership Senior Management Team and the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.

## **8. CONCLUSION**

- 8.1 It is recommended that the IJB:
- (a) Notes the projected financial outturn for the year;
  - (b) Approves the action being proposed to mitigate the overspend; and;
  - (c) Notes the savings gap in relation to Health budgets and plans to further develop proposals.

**For more information please contact Eleanor Currie, Principal Manager – Finance on 01294-317814 or Margaret Hogg, Chief Finance Officer on 01294 314560.**





Partnership Budget - Objective Summary	2017/18 Budget								
	Council			Health			TOTAL		
	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	51,657	52,713	1,056	10,524	10,890	366	62,181	62,626	1,422
MENTAL HEALTH SERVICES	21,435	22,188	753	49,505	49,137	(368)	70,940	71,325	385
CHILDREN'S SERVICES AND CRIMINAL JUSTICE	29,966	30,865	899	4,458	4,484	26	34,424	35,349	925
PRIMARY CARE	0	0	0	47,575	47,964	389	47,575	47,964	389
MANAGEMENT AND SUPPORT COSTS	4,591	4,661	70	(559)	1,193	1,752	4,032	5,854	1,822
CHANGE PROGRAMME		0	0	2,598	2,423	(175)	2,598	2,423	(175)
LEAD PARTNERSHIP AND SET ASIDE	0	0	0	0	97	97	0	97	97
TOTAL	107,649	110,427	2,778	114,101	116,188	2,087	221,750	225,638	4,865



## 2017/18 Savings Tracker

## Appendix B

Service	Description	B / R / A / G	Budget Savings 2017/18	Saving assumed to be fully achieved in the projected outturn?	Update on progress to date <u>and</u> proposed action moving forward
Teams Around the Child	Children's unit - Service Redesign	Amber	(327,000)	Yes	Residential Review underway with staff, to date 17 expressions of interest in VER with 6 applications received (4 VERS agreed and progressed June) one to one interviews underway with restructure models being devised
	Full Year Impact of Contract Savings	Amber	(76,000)	Yes	£50k delivered. £26K alternative saving to be made - funding to be released from Intervention Services where SACRO contract previous sat
	Roll out of SDS in children Services	Green	(17,000)	Yes	Not yet commenced but planned for later in 2017/18
Care for Older People & those with complex needs	Whole system review of NHS provided beds in care of elderly/elderly Mental Health and purchased nursing care beds. This will be predicated on the development of a tiered model of care that offers the opportunity to continue living for longer within a community setting, with support appropriate to individual needs. This represents a 7.9% saving	Amber	(496,000)	Assumed that this will not be achieved but is included in the projected overspend.	The mitigation plan assumes that admissions to care homes are being made on a three discharges for 1 admission basis for 2017/18 to secure savings.
	Review and redesign day care for older people with a view to securing a more flexible, person centred approach that is aligned with other services to deliver greater efficiency in service provision.	Amber	(50,000)	Assumed that this will not be achieved but is included in the projected overspend.	The necessary changes to Day Services are being progressed including reducing capacity and staffing to deliver this saving.
Delivery of the Mental Health Strategy	Mental Health Care Packages baseline budget adjustment based on historic underspends	Red	(60,000)	Assumed that this will not be achieved but is included in the projected overspend.	This saving will not be achieved as the historic underspends have been subsumed by additional demand.
	Integration of Teams Management and Support	Amber	(50,000)	Yes	Integration of CMHT/PCMHT dependent on release of accommodation.. Review of LD structures in the last quarter of 2017/18 may bring further savings. MH teams integration options appraisal being considered by PSMT/accommodation group.

Service	Description	B / R / A / G Status	Budget Savings 2017/18		Update on progress to date <u>and</u> proposed action moving forward
Delivery of the Learning Disabilities Strategy	Learning disabilities - develop employability skills with a wide group of service users	Green	(60,000)	Yes	Review of workforce and employability schemes underway.
	Review of sleepover provision in LD	Green	(151,000)	Yes	Sleep over pilots implemented and Canary assessment tool purchased. Next steps to extend canary roll out and develop outline business case for development of a responder service. plan to look at Parkview ( Key Housing to see if there is any scope to share staff and sleepovers). We have liaised with Moorpark and following an update from CLDT and Care Managers (after meeting with families) we plan to put assistive technology in place for three service users for a 6 week period. Current mapping of LD sleepovers, costings and areas and have identified 9 people who could transition to non sleepover provision but will require a bespoke response service and another 7 who with preparation over next year could transition from sleepover support with responder service in place.
	Introduction to SDS in LD	Amber	(100,000)	Yes	LD strategy launched on 28.06.17 and implementation phase of SDS development. Leadership capacity to accelerate change programme agreed with challenge fund.
	Savings in LD Community Packages	Amber	(50,000)	Yes	Review of packages underway and ARG processes. Also commence initial work to implement CM2000 later in the year.
Management and Support Services	Review of Partnership business support functions	Amber	(75,000)	Yes	A full review of business support will be undertaken during 2017/18 with a view to achieving these savings.
	Review of Charging Policy	Blue	(100,000)	Yes	Complete but continue to monitor
	Review of Management and Support Across the Partnership	Red	(80,000)	Yes	Posts to be identified
	New ways of Working Across the Partnership	Red	(50,000)	Yes	Posts to be identified
	Review of Fleet Management and Catering Budgets across the Partnership	Blue	(22,000)	Yes	Complete but continue to monitor
	Workforce Modelling	Red	(100,000)	Yes	Posts to be identified
Teams Around the Child	Transfer of 12 external foster care placements to in-house carer provision, and a reduction of a further 4 external long term foster placements.	Blue	(91,520)	Yes	Complete
	Alignment and Rationalisation of Learning Development functions in Children Services	Blue	(50,000)	Yes	Complete
	A Review of Management and Support in Children Services	Blue	(65,000)	Yes	Complete
<b>GRAND TOTAL</b>			<b>(2,070,520)</b>		

NHS Savings 2017/18

Service	Description	B / R / A / G	Budget Savings 2017/18	Saving assumed to be fully achieved in the projected outturn?	Update on progress to date and proposed action moving forward
Mental Health	<b>Review of Psychology Services</b>	Green	(200,000)	Yes	Psychology service review complete. Recommendations being developed. Reporting to a future IJB. Release of HR capacity to support re-design of workforce has delayed progress.
Primary Care - Prescribing	<b>Prescribing Annual Review</b>	Green	(1,346,000)	Yes	Continue to monitor
Primary Care - Prescribing	<b>Prescribing Incentive Scheme</b>	Amber	(770,000)	Assumed that this will not be achieved but is included in the projected overspend.	Continue to engage with GPs including raising this at meetings that have with arranged with GPs.
Mental Health	<b>Phased Closure of House 4 at Arrol Park</b>	Amber	(125,000)	Yes	Refurb of unit to enable segregation of unit and transfer of workforce across the unit underway/reduction of beds. This will also enable the transition of an out of area patient pending a tier 4 supported accommodation solution being identified via capital bid. Business case developed.
Mental Health	<b>Substitute Prescribing</b> This proposal will result in a 1% reduction in substitute prescribing.	Blue	(30,000)	Yes	Complete
<b>STILL TO BE IDENTIFIED</b>			(1,684,000)		
<b>Total</b>			(4,155,000)		



## Mitigation Actions

## Appendix C

North Ayrshire Health & Social Care Partnership		£000's
Proposed Mitigation Plan to Recover Current Year Overspend		
Forecasted Overspend Position at Period 2		4,865
<b>Projected Impact of Challenge Fund Projects</b>		
Phase 1	Challenge Fund - Review Physical Disabilities Caseload	117
	Challenge Fund - Pilot Step Up/Step Down Beds	100
	Challenge Fund - Develop Reablement and Assessment Capacity Within Care at Home	95
	Challenge Fund - Pilot a New Approach Sleepover Provision within Learning Disability	150
	Challenge Fund - Investment in Universal Early Years, School Based Approach and Reduction in Need for Residential School Placement	200
	Challenge Fund - Expansion of MAASH	30
	Challenge Fund - Pilot Sickness Absence Taskforce	50
	Sub Total	742
Phase 2	Challenge Fund - Right Intervention at the Right Time - Review of Threshold/Criteria	100
	Challenge Fund - Review and Development of Charging Policy	25
	Challenge Fund - Roll Out of Self Directed Support	75
	Challenge Fund - Pilot a See and Treat Service	50
	Sub Total	250
<b>Total</b>		<b>992</b>
<b>Balance</b>		<b>3,873</b>





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**Integration Joint Board**  
**17 August 2017**  
**Agenda Item 7**

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**Subject:** **Health and Sport Committee Draft Budget : 2018/19**

**Purpose:** To advise the IJB of the submission to Scottish Government following a call for views on the Health and Sport Committee Draft Budget 2018/19

**Recommendation:** The IJB is asked to homologate the response submitted to Scottish Government.

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<b>Glossary of Terms</b>	
NAHSCP	North Ayrshire Health and Social Care Partnership
IJB	Integrated Joint Board

**1. EXECUTIVE SUMMARY**

- 1.1 The Scottish Government is seeking views on the Health and Sports Committee Draft Budget for 2018-19. This report contains the response from the IJB for homologation.

**2. BACKGROUND**

- 2.1 The Scottish Government has issued a call for views in relation to the Health and Sports Committee Draft Budget for 2018/19. The deadline for submission was 26 July 2017.
- 2.2 The Committee is seeking views on four main areas : -
- whether the 2017-18 budget reflects the Scottish Government stated priorities in relation to Health and Sport?
  - suggestions for where additional resources could be most effectively deployed and where further savings could be found
  - whether sufficient information is available to support scrutiny and what additional information could be made available?
  - the impact that integration has had on ensuring resources are targeted a achieving the Scottish Government's desired outcomes

**3. PROPOSALS**

- 3.1 A response was submitted on 26 July 2017 to meet timescales and is now submitted to the IJB for homologation at Appendix 1.

- 3.2 The response reflected on the 2017-18 Health and Sports Committee budget and the limited links to the budget set and the outcomes it is trying to achieve. The response recognised that this is not easy to do and recommended that the focus of reporting should be on the outcomes the funding achieves or is intended to achieve. The Annual Performance Reports produced by Health and Social Care Partnerships are referenced as a good example of how this can be delivered offering tangible examples which support budget allocations and could also be used to support the scrutiny process.
- 3.3 The response recommended that additional resources would be most effectively deployed to community based, preventative services and transformational investment to support the national commitment of shifting the balance of care and delivering person centred care in a community setting. Health and Social Care Partnerships are in a strong position to deliver on these outcomes with clear responsibility for the strategic commissioning of services which will deliver the national outcomes as well as meet the needs of the local community. Additional information on the financial pressures facing NAHSCP was also included to enable the Committee to understand the financial landscape and the challenges this presents. The response also highlighted some of the early successes which have been secured as a result of integration.

The outcome of the Health and Sport Committee will be reported back to the IJB in due course.

#### 3.4 **Anticipated Outcomes**

Participating in the Scottish Government Call for Views enables the IJB to participate in the national debate about future budget allocations, ensuring our views are recorded and taken into account when national budgets are set. The purpose of this Call for View is to improve the way in which budgets are allocated to deliver on national outcomes.

#### 3.5 **Measuring Impact**

This will be undertaken at a national level and will be based on the delivery of outcomes.

### 4. **IMPLICATIONS**

<b>Financial :</b>	None
<b>Human Resources :</b>	None
<b>Legal :</b>	None
<b>Equality :</b>	None
<b>Environmental &amp; Sustainability :</b>	None
<b>Key Priorities :</b>	This call for view support the delivery of all of the national outcomes.
<b>Risk Implications :</b>	None
<b>Community Benefits :</b>	None

<b>Direction Required to Council, Health Board or Both</b>	Direction to :-	
	1. No Direction Required	<input checked="" type="checkbox"/>
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

## **5. CONSULTATION**

- 5.1 Consultation has been undertaken with the Chief Officer, the Chair and Vice Chair of the IJB prior to submission.

## **6. CONCLUSION**

- 6.1 This report recommends the homologation of the response attached at Appendix 1. The outcome of the Health and Sport Committee will be reported back to the IJB in due course.

**For more information please contact Margaret Hogg on 01294 324560 or [MargaretHogg@north-ayrshire.gcsx.gov.uk](mailto:MargaretHogg@north-ayrshire.gcsx.gov.uk)**



## HEALTH AND SPORTS COMMITTEE – DRAFT BUDGET 2018-19

### CALL FOR VIEWS

#### SUBMISSION FROM NORTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

- 1. Do you consider that the Scottish Government’s health and sport budget for 2017-18 reflects its stated priorities (as set out in the [National Performance Framework](#), the [LDP standards](#) and the [National health and wellbeing outcomes](#))? If not, how could the budget be adjusted to better reflect priorities?**

The budget for 2017-18 provides an overview of how funding has been allocated to Boards, Services and Departmental Allocations. This is supplemented with specific statements on priority areas and areas where additional funding is being allocated in support of this. However the budget does not present how the totality of these budgets support the delivery of the priorities outlined above.

This reflects the funding arrangements in place and recognises that it is for Boards, Services and Departments to decide how they will deliver on outcomes, enabling local flexibility to deliver in the best way for their local communities.

It is not easy to link budgets to specific priorities and outcomes and attempts to do this can result in arbitrary allocations especially where funds deliver on a number of key priorities. It is recommended that the focus of reporting should be on the outcomes the funding achieves or is intended to achieve. The Annual Performance Reports produced by Health and Social Care Partnerships are a good example of how this can be delivered offering tangible examples which support budget allocations.

- 2. For the health and sport budget for 2018-19 where do you suggest any additional resources could be most effectively deployed and where could any further savings be found? What evidence supports your views?**

Additional resources would be most effectively deployed to community based, preventative services and transformational investment to support the national commitment of shifting the balance of care and delivering person centred care in a community setting.

Health and Social Care Partnerships are in a strong position to deliver on these outcomes with clear responsibility for the strategic commissioning of services which will deliver the national outcomes as well as meet the needs of the local community.

Although additional funding has been directed to Health and Social Care Partnerships, to date, this has been linked to new strategic priorities with associated additional cost pressures such as living wage. As a result there has been limited funds available to support increases in community based, preventative services or support the transformation required to deliver a shift in the balance of care.

Health and Social Care Partnerships are also facing unprecedented increased demands in services linked to demographics, economy and health factors. Within North Ayrshire it is estimated that the Health and Social Care Partnership would need an additional £30m (14%) over the next two financial years to meet current cost and demand pressures. The

Partnership has developed a medium term financial plan with a transformation programme to support this. However with the financial resources at our disposal it is unlikely that transformation alone will bridge the gap, and service reductions within community based, preventative services will be required, which is in direct opposition to what it is the Partnership is seeking to achieve.

Additional funding to support the transformation of services to deliver the shift in the balance of care, is essential if the Scottish Government is to secure its national commitment to deliver the majority of the health budget being spent in the community by 2021.

North Ayrshire Health and Social Care Partnership, working in partnership with North Ayrshire Council has established a Challenge Fund which can be accessed by the Partnership to undertake transformation projects. It is being used to pilot new models for delivery which will seek to deliver innovative services for the local community, within a community setting, whilst delivering a service which is financially sustainable moving forward.

This Challenge Fund has the potential to secure funding in the longer term for these new models of delivery and also deliver a net saving of £2.5m back to the Partnership. Without the availability of the fund to support this transformation, none of these projects would have been able to be moved forward. The targeting of additional resources from Scottish Government in this type of activity within a community setting could be a catalyst for service redesign which will reshape services for the future whilst delivering on the targeted priorities.

**3. Is sufficient information available to support scrutiny of the Scottish Government's health and sport budget? If not, what additional information would help support budget scrutiny?**

Information linked to performance and how the budget is used to deliver the stated priorities is key to ensuring budgeted resources are targeted at the priorities of the Scottish Government. This would give assurance that budgeted resources are being directed as intended.

The Annual Performance Reports produced by Health and Social Care Partnerships would provide the Committee with a good source of information to support this scrutiny process. Care should be however be taken in respect of comparisons of information, either over time, or between different bodies due to the different remits of individual Health and Social Care Partnerships and the different needs of local communities.

**4. What impact has the integration of health and social care budgets had on ensuring resources are directed at achieving the Scottish Government's desired outcomes?**

North Ayrshire Health and Social Care Partnership is ambitious about what it wants to achieve for the residents of North Ayrshire and there is already evidence of how an integrated system can work for the benefit of the local community whilst achieving the Scottish Governments desired outcomes.

There are many examples of success which can be seen in the Annual Performance Report due to be published at the end of July. Some examples of our early success include:-

- Care Home Reablement Service which provides people with intensive support from occupational therapists and reablement care at home assistants for up to 12 weeks. This intensive support helps people to regain skills and independence after an illness or spell in hospital. Reablement is not suitable for everyone but for those that did receive this service, 45.5% either needed no further support or had a greatly reduced care package. In 2016-17, 80% of the people who received the reablement service rated it as “excellent”.
- A pilot project has operated in Irvine in an effort to assist people to remain in their own homes for as long as possible. The pilot involved our Community Alarm Team working alongside the Scottish Ambulance Service in responding to 999 calls. From December 2015 to December 2016, 74.56% of people who called an ambulance via telecare remained in their own home with the support of Community Alarm Carers and saved 7,670 bed days in acute hospitals.
- A Multi Agency Assessment and Screening Hub was created in August 2016. Before this team was established too many children were being reported to the Children’s Reporter. This pilot has been successful in delivering a 46% reduction in referrals to the Reporter.

The financial landscape for 2018-19 and 2019-20 is challenging for Health and Social Care Partnerships with significant reductions in funding expected from partner bodies. This will impact on the Partnerships ability to support the transformation required to deliver a shift in the balance of care but is also likely to see significant reductions in services commissioned by the Partnership which will directly impact on the health and wellbeing of our local communities.





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**Integration Joint Board**  
**17<sup>th</sup> August 2017**  
**Agenda Item 8**

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<b>Subject:</b>	<b>Peer support, recovery and employability support services for people with mental health problems in North Ayrshire</b>
<b>Purpose:</b>	To seek IJB approval to redesign and re-commission mental health peer support, recovery and employability support services in North Ayrshire
<b>Recommendation:</b>	That IJB approves the development of an integrated support service with 3 key elements

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<b>Glossary of Terms</b>	
IJB	Integration Joint Board
PSMT	Partnership Senior Management Team
HSCP	Health and Social Care Partnership

## **1. INTRODUCTION**

- 1.1 North Ayrshire Council at the direction of the NAHSCP has to date commissioned a mental health support service called *Positive Steps* (provided by Scottish Association for Mental Health) via a 'block funding' contract. The value of this contract is £279k and the contract will end 30 June 2018. The service now requires to be re-commissioned.
- 1.2 Based on a full service consultation and review carried out in 2014 (involving staff, service users and referrers), the key outcomes for a future peer support and employability service were established.
- 1.3 The statutory community mental health service is under review and in the process of integrating its local authority and NHS functions. This review includes the range of commissioned mental health services to ensure a comprehensive 'network' of support for people with mental health problems. The new service will be an integral part of this network.
- 1.4 Emerging evidence about recovery and the contribution of *Recovery Colleges* towards people's recovery from mental health problems has been considered by the service. Utilising short term funding from the NAC Challenge Fund, a pilot will be undertaken to develop a Recovery College in North Ayrshire. This will commence in January 2017 for 6 months. The findings will be used to inform the recovery college element of this service.

## **2. CURRENT POSITION**

2.1 Positive Steps is currently commissioned to deliver a range of mental health supports to people in North Ayrshire via 1:1 support and group activities:

- Information and signposting
- Peer support
- Employability support
- Volunteering
- Social Connections
- Individualised Placement Support (IPS – see below)

2.2 Peer support in a mental health context starts with informal and naturally occurring support, which is also usually the bedrock of service user groups. In essence, service users use their own knowledge and expertise to help both themselves and others. Peer support is the support that peer workers offer to others who have shared experiences in common and:

- Share their personal experiences of recovery in a way that inspires hope
- Have a way of being in a relationship that shows people that they have the power to recover
- Offer help and support as an equal

2.3 Following the review of Positive Steps in 2014 and in response to feedback from people with lived experience, a peer development role was introduced, with the aim of setting up and running peer support activity groups. Unfortunately this aspect of the service has proved difficult to sustain, largely due to challenges with recruitment and retention of peer workers in the role. There is therefore currently no peer support in place within the service. This proposal to commission a specific peer support service will resolve the issue of sustainability because it will be integrated within a larger service including a Recovery College.

2.4 Individualised Placement Support (IPS) is a specialised intervention model which supports people with mental health problems gain paid work. It forms a highly evidence based intervention which is manualised and has a fidelity scale. The fidelity scale is a tool used to determine the extent to which any existing employment service meets the standards for an IPS service (Centre for Mental Health 2015). The key goal is competitive mainstream employment. This model is now recognised as the most effective and efficient way of supporting people who experience moderate to severe mental health issues into competitive employment.

2.5 Following the review of Positive Steps in 2014, employability and employment for people with mental health problems were identified as key service outcomes. SAMH recruited an employability worker in 2016 and then an IPS worker in March 2017. Additionally, SAMH delivered a successful 18 month IPS pilot in North Ayrshire concluding in 2015. Continuity of the IPS role is a key element of the service moving forward given the evidence of successful employment outcomes.

- 2.6 Recovery colleges provide “empowering and transformative recovery-based education to anyone with an interest in mental health recovery. Taking a co-production approach, the work of the recovery college is informed by a combination of recovery, adult education and community education principles” (Dublin Recovery College). The learning environment within a recovery college is intended to be a creative and safe space where students can improve their knowledge of mental health, learn self-management techniques, and receive and provide peer support. The approach promotes recovery in a range of ways, including improving self-esteem as people identify as students rather than patients, enabling people to actively learn about and manage their own health rather than being passive recipients, and having a focus on strengths and abilities rather than deficits.
- 2.7 A scoping exercise into Recovery Colleges was undertaken in North Ayrshire in June 2017. The scoping exercise found that the development of a recovery college would encompass peer support and co-production as well as promoting recovery and providing an alternative to traditional, medical-model approaches to mental health. Direct access to a recovery college for people with mental health problems would also provide a way of reducing the pressure on GP and mental health services that are already under significant strain. As the potential benefits of a recovery college are significant and relevant to the current challenges faced by mental health services in North Ayrshire, the scoping exercise recommended that a recovery college pilot was set up to enable evaluation of the impact on a local level to take place.
- 2.8 The existing contract with Positive Steps will end in June 2018. It is anticipated that the impact on individuals using the service will be minimal because Positive Steps work on a short term basis with people and the new peer support and employability service will be in place by that time. However, individual transitional support plans may be required for any existing service users still accessing the service towards the end of the contract – these will be undertaken jointly by the Positive Steps service and mental health services to ensure a smooth transition and support as required.

### 3. PROPOSALS

- 3.1 That IJB approves the development of an integrated peer support, recovery and employability service with the 3 key elements described above:
- A commissioned peer support service
  - An IPS and employability service
  - A commissioned Recovery College
- 3.2 That IJB approves the phased commissioning of the integrated service as follows:

Activity	Timescale	Start Date
Commission Peer Support Service	Week commencing 3 October 2017	1 July 2018
Scope IPS and employability service commissioning route	Week commencing 31 September 2017	1 July 2018
Recovery College Pilot (funded through Challenge Fund)	Week commencing 3 January 2018	3 January 2018
Commission Recovery College based on pilot	Week commencing 1 April 2018	1 October 2018

### 3.3 **Anticipated Outcomes**

People with mental health problems in North Ayrshire are supported through this service to:

1. Experience recovery in terms of improved mental health and wellbeing
2. Access and sustain paid work
3. Access and contribute to a recovery based education programme
4. Be involved with the future development of mental health services

### 3.4 **Measuring Impact**

The peer support, employability and recovery service will measure impact in a variety of specific ways based on which part of the service the individual is engaged with. Measures will include:

1. Increase in numbers of people accessing and sustaining paid work
2. Increase in number of peer support opportunities for people with mental health problems
3. Increase in access to mental health related education programmes
4. Increase in levels of self-reported recovery
5. Reduction in the use of statutory mental health services over time
6. Increase in levels of co-production between mental health services and people who use mental health services

## 4. **IMPLICATIONS**

<b>Financial :</b>	There are no financial implications to the Partnership at this stage as funding for the proposed service is part of the core NAC Mental Health Service budget.
<b>Human Resources :</b>	There are potential HR implications for the Council in relation to the IPS aspect of this proposal if, for example, the IPS post were to be brought in house rather than commissioned. An impact assessment will be undertaken involving Legal and HR colleagues following the scoping exercise to determine the best commissioning route for this aspect of the service.
<b>Legal :</b>	The Procurement will be carried out in line with the Public Contracts (Scotland) Regulations 2015 and North Ayrshire Council's Standing Orders.
<b>Equality :</b>	There are positive equality impacts in this proposal as the service is targeted at individuals with mental health problems and will support recovery and employment prospects.
<b>Environmental &amp; Sustainability :</b>	There are no environmental implications in connection with this proposal.
<b>Key Priorities :</b>	Improving mental health and wellbeing Prevention and early intervention
<b>Risk Implications :</b>	There is a potential risk to the level of funding allocation for this service in that it is being considered as part of the overall HSCP savings exercise. This risk is being impact assessed alongside the risks to community mental health services in the separate HSCP savings exercise currently underway.
<b>Community Benefits :</b>	

<b>Direction Required to Council, Health Board or Both</b> <i>(where Directions are required please complete Directions Template)</i>	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	√
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

## 5. CONSULTATIONS

- 5.1 Consultation took place with service users carers and staff in 2014 to re-design the Positive Steps service – the results of this consultation have formed the basis of the integrated service model.
- 5.2 A scoping exercise into Recovery Colleges took place in June 2017 involving key stakeholders. A steering group is now in place to oversee the Recovery College pilot.
- 5.3 Consultation has taken place with a range of stakeholders through an Advisory Group for the service commissioning process including colleagues from North Ayrshire Health and Social Care Partnership and ‘critical friends’ from other services in Scotland.

## 6. CONCLUSION

- 6.1 NAHSCP requires to commission a peer support, recovery and employability support service to meet the needs of people with mental health problems in North Ayrshire.
- 6.2 Therefore, it is recommended that IJB:
- 1) Note the requirement to re-commission this service;
  - 2) Approves the development of an integrated peer support, recovery and employability service with 3 key elements:
    - A commissioned peer support service
    - An IPS and employability service
    - A commissioned Recovery College

**For more information please contact Dale Meller, Senior Manager Community Mental Health on 01294 317790.**



## DIRECTION

From North Ayrshire Integration Joint Board

1.	Reference Number	17082017-07	
2.	Date Direction Issued by IJB	17 August 2017	
3.	Date Direction takes effect	17 August 2017	
4.	Direction to	North Ayrshire Council	Yes
		NHS Ayrshire & Arran	
		Both	
5.	Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)	Yes	
		No	No
6.	Functions covered by the direction	Peer support, employability and recovery services to people with mental health problems in North Ayrshire as outlined in the report.	
7.	Full text of direction	North Ayrshire Council is directed to re-commission the peer support, employability and recovery service to the value of £279,887 per annum for 2 + 1 years as outlined in the report.	
8.	Budget allocated by Integration Joint Board to carry out direction	£279,887 per annum	
9.	Performance Monitoring Arrangements	The contracts forming part of this service will be managed in line with the Performance Management Framework for North Ayrshire HSCP and a monitoring officer will be appointed from the HSCP.	
10.	Date of Review of Direction (if applicable)	August 2018	





**Integration Joint Board**  
**17 August 2017**  
**Agenda Item 9**

**Subject: Care at Home Outsourced Service Provision - Update**

**Purpose:** To provide the Integration Joint Board (IJB) with an update on the progression of the tender exercise to appoint suitable Service Providers to deliver care at home services to service users of North Ayrshire Health and Social Care Partnership (NAHSCP).

**Recommendation:** That the IJB acknowledges and supports the progression of the tender exercise to appoint suitable Service Providers to deliver flexible care and support services to individuals who require care at home services.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NAC	North Ayrshire Council
TUPE	Transfer of Undertaking (Protection of Employment) Regulations
EU	European Union

## **1 INTRODUCTION**

- 1.1 Care at Home Services are currently delivered by in-house provision across the six localities of North Ayrshire and partially outsourced across five of those localities – Arran is completely inhouse.
- 1.2 In order to comply with the Council's Standing Orders and The Public Contracts (Scotland) Regulations 2015 and Procurement Reform (Scotland) Act 2014, a formal tendering exercise should be undertaken.
- 1.3 In 2010 the position of care at home delivery was 70% inhouse and 30% outsourced and at that time it was agreed to move from that position to a 50%-50% split. This decision was taken as it was viewed, at that time, that increasing the outsourced provision would achieve savings. Subsequently there was a tender exercise undertaken which resulted in five Framework Contracts being awarded. The five framework contracts were split into geographical lots – (i) Irvine and Kilwinning; (ii) Ardrossan, Saltcoats and Stevenston (3Towns); (iii) Largs, Fairlie, West Kilbride and Skelmorlie, (North Coast); (iv) Kilbirnie, Dalry and Beith, (Garnock Valley); (v) Island of Arran. The five Framework Service Providers agreed to use the Council's selected electronic call monitoring system, called CM2000, from 1 February 2014.

- 1.4 The Framework contract award was effective from 1 May 2011 for a four year period to 31 March 2015 with an extension option of two twelve month periods taking this to 31 March 2017. Initially at the stage of the Framework Award in 2011 it was envisaged that the incoming Framework Providers would deliver all the care at home provision for their allocated areas and that the non Framework Providers who were delivering services via call off would no longer be utilised. However this did not happen due to some difficulties with the Framework Providers thus the non Framework providers have continued to deliver services via call off contracts.
- 1.5 Due to some of the ongoing difficulties with service providers; the fragility of the service provision; business mergers and take over; by 2015 there were only two Framework Providers remaining delivering services within Irvine and Kilwinning, Three Towns and Garnock Valley. A further fragility around the market and limited availability resulted in the call off contracts being extended till 31 March 2017. Following a separate paper that was presented to Cabinet in March 2017 in connection with procurement a request for a variety of contracts to be extended for a further period without an immediate tendering exercise was approved. The existing care at home contracts both Framework and call off, were included in the Cabinet paper that was authorised.

## **2 CURRENT POSITION**

- 2.1 At the IJB of 9 March 2017 approval was given for the following:
- (i) To proceed to undertake a tender exercise for a two year multi-lot Framework Agreement with an option to extend the Framework Agreement by two twelve month periods.
  - (ii) That the Framework shall be an agreement between North Ayrshire Council (NAC) and Service Providers with established terms, split by four geographical locations – Irvine and Kilwinning; Ardrossan, Saltcoats and Stevenston making up the Three Towns area; Largs, Fairlie, West Kilbride, Skelmorlie and Cumbrae making up the North Coast area; Kilbirnie, Dalry and Beith making up the Garnock Valley area. The island of Arran will continue to receive services purely from in-house provision.
  - (iii) To safeguard positive outcomes for service users, the Framework shall include quality measures ensuring that the service providers adhere and evidence adherence to National Care Standards, National Health and Wellbeing Outcomes and the Partnership's Strategic Plan. This will be managed by way of the Partnership's Contract Management Framework.
  - (iv) That the percentage split of inhouse/outsourced provision moves from 61% (inhouse) – 39% (outsourced) to a maximum of 70% (inhouse) to 30% (outsourced), as determined by the market.
  - (v) That the IJB are directing North Ayrshire Council to commission these services on behalf of North Ayrshire Health and Social Care Partnership.
- 2.2 The Provision of Care at Home Services Specification has been compiled and is attached for perusal and information as at appendix 1.

## **3 PROPOSAL**

- 3.1 The timetable and projected dates for the Tender Process culminating in the Tender Award are outlined below.

Open Procedure Advert on Public Contracts Scotland.	Week Commencing 21 August 2017
Closing Date for Submissions to Service Design and Procurement.	Friday 22 September 2017
Service Design and Procurement – Initial checks to ensure all minimum service requirements are met.	Week Commencing 25 September 2017
Evaluation of relevant submissions.	Week Commencing 2 October 2017
Interview Panel with relevant Providers (if required).	Week Commencing 23 October 2017
Consensus and Ranking Meeting.	Week Commencing 30 October 2017
Report to Cabinet regarding Proposed Awards.	January 2018
Contract Awards.	February 2018
Operational Transition Implementation Work.	February 2018 to 30 June 2018
Framework Contract Start Date.	1 July 2018

### 3.2 **Anticipated Outcomes**

That service users continue to have choice and control over their lives and to be supported to achieve positive outcomes. That the service they receive continues to be innovative and flexible and promotes their continued independence to allow them to remain at home through focused care planning.

That North Ayrshire Council continues to deliver services in line with Procurement legislation and meets the Procurement Reform (Scotland) Act 2014 for sustainable public procurement that supports economic growth through improved procurement practice.

### 3.3 **Measuring Impact**

The award of a Contract or Framework agreement is not the end of the process, but the beginning of ensuring that effective services are delivered to support service users and carers. The Council needs to make arrangements for:

- Managing the contract.
- Managing the relationship between the Council and providers.
- Managing systemic care deficiencies; and
- Reviewing the service as required.

Therefore to ensure that services being delivered are in line with the Framework Agreement the impact will be measured using North Ayrshire Council's robust Contract Management Framework.

## 4. **Implications**

<b>Financial :</b>	There will be financial implications related to the 9% service delivery returning to inhouse provision. In cognisance of this financial management arrangements have been put in place to align resources accordingly.
<b>Human Resources :</b>	Transfer of Undertaking (Protection of Employment) Regulations (TUPE) implications for external service providers could apply dependent on the Contract Award. Once the Contract Award has taken place then potential incoming and outgoing providers will require to work together as per TUPE regulations.

<b>Legal :</b>	The procurement is above EU Public Procurement thresholds for services classified within the light touch regime of The Public Contracts (Scotland) Regulations 2015. The NAHSCP Service Design and Procurement Team as well as NAC Legal Services have been fully involved in the procurement process.
<b>Equality :</b>	<p>The equality credentials of the Service Providers who submit tender applications will be scrutinised as part of the procurement process.</p> <p>The provision of the service will offer appropriate support to service users of NAHSCP requiring care in their own home. Those service users are not anticipated as being disadvantaged by the provision of the service.</p>
<b>Environmental &amp; Sustainability :</b>	There are no environmental implications in connection with the tender.
<b>Key Priorities :</b>	<p>The provision of this service fits with the NAHSCP's Strategic Priorities:</p> <p>Priority 1 - Tackling Inequalities</p> <p>Priority 4 - Prevention and Early Intervention</p> <p>Priority 5 - Improving Mental Health and Well-being</p>
<b>Risk Implications :</b>	The risks implications are associated with the fragility of the Care at Home market within North Ayrshire Council and the quantity and quality of providers that enter a tender submission.
<b>Community Benefits :</b>	N/A

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

## 5 CONSULTATIONS

- 5.1 Consultation has taken place with the NAHSCP Service Design and Procurement Team and with NAC Legal Services.
- 5.2 Consultation with service users and carers has taken place. Service users and carers will be invited to participate in the evaluation panel and part of the interview process.

## 6 CONCLUSION

- 6.1 This report and the attached appendix of the Provision of Care at Home Services Specification is to update the IJB on the work undertaken following IJB approval in March 2017 to proceed to tender.
- 6.2 The timescale for completion of the tender exercise and the Tender Award are detailed and are on track for completion by February 2018 allowing suitable time, should it be required, for TUPE arrangements and other operational matters to be concluded by the Contract start date of 1 July 2018.

**For more information please contact:** David Rowland, Head of Service or Helen McArthur, Senior Manager (Community Care Services) on 01294 317783.



**Minutes of North Ayrshire Strategic Planning Group Meeting**  
**Held on Thursday 23<sup>rd</sup> March 2017, 10.00am**  
**Fullarton Connexions, Irvine**

**Present:**

Stephen McKenzie, Chair, Strategic Planning Group  
Robert Steel, Councillor,  
Jo Gibson, Principal Manager, Planning & Performance, NAHSCP  
Simon Morrow, Dental Representative  
Margaret Hogg, Chief Financial Officer, NAHSCP  
Clive Shephard, NA Federation of Community Associations  
David Bonellie, AOPC Representative  
Norma Bell, Independent Living Manager, NAHSCP  
Elaine Young, Assistant Director of Public Health, NHS  
Brenda Knox, Health Improvement Lead, NHS, A&A  
Jim Nichols, Third Sector Representative  
Heather Molloy, Independent Sector Development Officer  
Louise McDaid, Staff Representative  
Dr Janet A McKay, Chair of Garnock Valley Locality Forum  
Dale Meller, Senior Manager, Community Mental Health  
Annie Weir, Programme Manager, Integration of Health & Social Care, HSCP  
Freddie Crawford Grundy, Mental Health, Public Reference Group  
Eunice Johnstone, Planning Manager, HSCP  
David Rowland, Head of Service, Health & Community Care, HSCP  
Alistair Reid, Allied Health Professions Lead, NAHSCP  
Mark Gallagher, Alcohol & Drugs Partnership Representative  
Fiona Thomson, PPF Representative  
Marion Gilchrist, Team Leader LD Community Team, NHS (Co-ordinator of Kilwinning Locality Forum)

**In Attendance:**

Scott Bryan, Team Manager – Planning, NAHSCP  
Debbie Campbell, Team Manager, Performance, NAHSCP  
Sharna Lynn, Planning & Performance Assistant, NAHSCP  
Trudi Fitzsimmons, Senior Manager, Strategic Housing & Business Planning  
Gavin Paterson, Engagement Officer, NAHSCP  
Eleanor McCallum, Partnership Engagement Officer  
Lawrence McMahon, Clerical Officer (minutes)

**Apologies Received:**

Stephen Brown, Interim Corporate Director, NAHSCP  
David MacRitchie, Senior Manager, Criminal Justice Services  
Geoff Coleman, Public Support Manager, NHS  
Thelma Bowers, Head of Mental Health Services, NAHSCP  
Dr Chris Black, GP Bourtreehill Medical Practice, (GP Lead Irvine Locality Forum)  
David Donaghey, Partnership Representative, NAHSCP  
Dr John Taylor, Associate Medical Director, Mental Health, NAHSCP  
Dr Paul Kerr, Clinical Director, NAHSCP

Lynn McNiven, Consultant in Public Health, NHS  
Nigel Wanless, Scottish Care, Abbotsford Nursing Home

<b>1.</b>	<b>WELCOME &amp; APOLOGIES</b>	
1.1	Stephen McKenzie welcomed everyone to the meeting.  Apologies were noted and accepted.	
<b>2.</b>	<b>MINUTES/ACTION NOTE OF PREVIOUS MEETING (26.01.17)</b>	
2.1	Minute was agreed as accurate with no amendments.	
2.2	<u>Action 1 – Item 2.7</u> It was identified that Locality Planning Forums should include representation from housing. <b>Housing representative attending today's meeting.</b>	
2.3	<u>Action 2 – Item 6.5</u> It was agreed that a copy of the Public Health Annual Report presentation would be distributed to the SPG. <b>Complete</b>	
2.4	<u>Action 3 – Item 9.10</u> It was agreed that Scott Bryan would circulate feedback to the group from the locality events once all events have taken place. <b>Scott Bryan advised that all locality events have taken place. Feedback is being pulled into a report. Report will be distributed when complete.</b>	
2.5	<u>Action 4 – Item 10.1</u> Further discussion to take place at SPG meeting in March with regards to raising the locality agenda. <b>Will be taken forward at today's meeting.</b>	
2.6	<u>Action 5- Item 5.3</u> Suggested that a Sub-Group could be appointed to forward the development of the Annual Performance Report.  (1) <b>Group agreed that a Sub Group be established to forward development of the Annual Performance Report. Anyone who wishes to express interest in being part of the group and the Strategic Plan Writing Group to email Jo Gibson (Principal Manager).</b> (2) <b>Progress on development of the annual performance reports to be fed into the SPG meetings.</b>	
<b>3.</b>	<b>MATTERS ARISING</b>	
3.1	There were no matters arising to be discussed.	
<b>4.</b>	<b>Update from Locality Planning Forums</b>	
4.1	<u>North Coast</u> Louise McDaid informed the group that Locality Planning meetings will continue every month. Louise stated that she is hopeful for Cumbrae to establish a credit union. Louise advised that she will be continuing to	



	attend Community Planning meetings in the future.	Delivering care together
4.2	Louise advised that the plan is to next next have an event open to all in the North Coast locality and is hoping to have a representative from each year at Largs academy.	
4.3	Stephen Mckenzie spoke of the current mapping exercise Annie Weir is in the process of carrying out. Annie explained that the exercise involves gathering a list of organisations that are actively involved in the community, delivering services.	
4.4	Louise gave an update on the closure of local swing parks. Advising that at a recent Locality Planning meeting young children from the area gave a fantastic presentation in relation to an upgraded skatepark and also spoke of health and mental health issues etc. This resulted in the local swing parks remaining open.	
4.6	<b><u>Garnock Valley</u></b> Janet McKay stated that both priorities have been adopted by the CPP Locality Partnership. She advised that there are ongoing discussions with CPP around changing practice.	
4.7	Janet advised that dates for the Locality Planning meetings have been set up for the year. Each meeting will have a prioritised topic. The last meetings prioritised topic was Mental Health with the next focussing on young people and education.	
4.8	<b><u>Kilwinning</u></b> Marion Gilchrist conveyed that Dr Louise Wilson presented the ongoing activity to the Kilwinning CPP locality partnership. Marion stated that discussions regarding Mental Health, Care at Home and the Crisis Team took place. Marion advised the group that the next meeting will be held on the 28 <sup>th</sup> April 2017 regarding multi-disciplinary teams.	
4.9	Noting Councillor Steele's decision to stand down from the Council and as Chair of the Kilwinning LPF, Marion thanked him on behalf of the Kilwinning Locality for his involvement in the Locality Planning Meetings.	
4.10	Councillor Steele informed the group that the next stage for the Kilwinning Locality is a Public Event, the date is still to be set. Councillor Steele stated that the Kilwinning group is making good progress and working well together following guidelines.	
4.11	<b><u>Irvine</u></b> Fiona Thomson spoke of an arranged away day for the Irvine locality. Priorities remain as Mental Health and Social Isolation. Fiona stated that she has been invited as part of NAHSCP.	
4.12	Jo Gibson took the opportunity to introduce Gavin Patterson, new	



	Engagement Officer within the Change Team.	<i>Delivering care together</i>
4.13	Jo made it clear that we need to ensure our dialogue with the public is more efficient. Jo stated that her team will focus on this using social media etc and also said that now is the time to put together the steps to link with the public.	
4.14	Stephen suggested that we develop a strategy and bring it here to the SPG.	
4.15	<b>Arran</b> Jim Nichols reiterated the 3 priorities of the Arran Locality. Transport, Social Isolation and also focussing on people with complex care needs.	
4.16	Jim informed the group that there will be reports produced by the Scottish Health Council regarding social isolation. Stephen McKenzie stated that there is a need for a specific set of observations which should be analysed to give us an insight on social isolation on the island. Jim to feed this into the SPG.	J Nichols
<b>5.</b>	<b>Budget Overview and 2017-18 proposals</b>	
5.1	Margaret Hogg spoke of the budget and challenge presentation giving an in depth update on the set partnership budget and the Challenge Fund for 2017-18.  It was agreed that the presentation will be distributed to all members of the SPG to review and discuss the content with those they represent. It was suggested that further discussion around the information presented is held at the next locality forum meetings. It is requested that any considerations, opinions or questions are to be forwarded to Scott Bryan to help inform discussions at the next SPG.	S Bryan
<b>6.</b>	<b>Developing the 2018-2021 Strategic Plan</b>	
6.1	Jo Gibson stated that in April 2018, a new 3 year plan will be launched. A first draft is required by July 2017 and a second draft by November. These will be submitted to the IJB for approval. Drafts will be brought to the SPG for discussion.  Jo Gibson informed the group that a Writing Group must be established to form the proposals. Any members wanting to express interest in being part of the writing group to email Jo Gibson.	
<b>7</b>	<b>Local Housing Strategy</b>	
7.1	Trudi Fitzsimmons, Senior Manager, Strategic Housing & Business Planning, provided a presentation on the North Ayrshire Local Housing Strategy 2017-2022. Trudi advised that the document is currently out for Consultation until April 18 <sup>th</sup> 2017. Scott Bryan to distribute document to all SPG members. Trudi advised that any feedback would be appreciated.	





		<i>Delivering care together</i>
<b>8.</b>	<b>Update on NAHSCP performance 31<sup>st</sup> December 2016</b>	
	Due to time constraints it was agreed that the presentation would be circulated to all members of the SPG. Stephen asked that the group to read over the presentation prior to the next meeting in May.	
<b>9.</b>	<b>AOCB</b>	
9.1	Jo Gibson thanked Stephen Mackenzie for his role as chair of the SPG over the last two years.  There was no other business to be discussed; therefore the meeting was brought to a close.	
<b>10.</b>	<b>DATES/VENUES FOR 2017</b>	
10.1	Thursday, 7 <sup>th</sup> September 2017 at 10.00am Greenwood Conference Centre, Dreghorn Thursday, 2 <sup>nd</sup> November 2017 at 10.00am within Fullarton Connexions, Irvine Thursday, 11 <sup>th</sup> January 2018 at 10.00am within Greenwood Conference Centre, Dreghorn	