

Integration Joint Board

Agenda

**Thursday 10 December 2015
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 5 November 2015 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).
- 4. Matters Arising**

Reports for Approval
- 5. Standing Orders – Admission of Press and Public to Committee Meetings. (Page 15)**
Submit report by Andrew Fraser, Head of Service (Democratic and Administration) on the proposed amendments to the standing orders (copy enclosed).
- 6. Process for Refresh of the Strategic Plan (Page 19)**
Submit report by Jo Gibson, Principal Manager (Planning and Performance) on the process to support discussions and decisions leading to a refresh of the Strategic Plan (copy enclosed).
- 7. Review of Services for Older People and Those with Complex Care Needs (Page 25)**
Submit report by Annie Weir, Senior Engagement and Project Manager on work undertaken to meet the future needs of Older People and those with Complex Care Needs (copy enclosed).

8. Arran Services Review Update (Page 33)

Submit report by David Rowland, Head of Service (Health and Community Care) on progress made in relation to the Arran Services Review (copy enclosed).

9. Developing Partnership Forums within Health and Social Care Partnerships (Page 49)

Submit report by David Donaghey, NHS Staff representative and Louise McDaid, NAC staff representative on proposals to develop Partnership Forums within each Health and Social Care Partnership (copy enclosed).

Reports to Note

10. Director's Report (Page 59)

Submit report by Iona Colvin, Director on progress made to date (copy enclosed).

11. Performance Review: Quarter 2 (Page 67)

Submit report by Jo Gibson, Principal Manager (Planning and Performance) on performance and progress against the five strategic priorities (copy enclosed).

Consultations

12. Draft Order to Review Procedures for Social Work Complaints (Page 109)

Submit report by Lynne Ferguson on the Partnership's proposed response to a Scottish Government consultation in relation to a draft Order to revise the procedures for complaints about social work (copy enclosed).

Tenders and Contracts

13. Tender: Taigh Mor (Page 135)

Submit report by John McCaig, Senior Manager (Learning Disabilities) on a proposal to re-tender for a provider to operate the Taigh Mor Respite Centre (copy enclosed).

Minutes

14. Minutes of North Ayrshire Strategic Planning Group (Page 139)

Submit the minutes of the North Ayrshire Strategic Planning Group held on 29 October 2015 (copy enclosed).

15. Date of Next Meeting

The next meeting will be held on **11 February 2016 at 10.00 a.m., Council Chambers, Cunninghame House, Irvine**

16. Urgent Items

Any other items which the Chair considers to be urgent.

Integration Joint Board

Sederunt

Voting Members

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

Professional Advisors

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

Stakeholder Representatives

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

**North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 5 November 2015
at 10.00 a.m., Council Chambers, Cunninghame House, Irvine**

Present

Councillor Anthea Dickson, (Chair)
Stephen McKenzie, NHS Ayrshire & Arran (Vice Chair)
Bob Martin, NHS Ayrshire & Arran
Janet McKay, NHS Ayrshire & Arran
Councillor Robert Steel, NAC

Iona Colvin, Director North Ayrshire Health and Social Care
Lesley Aird, Chief Finance Officer
Derek Barron, Lead Nurse/Mental Health Advisor
Kerry Gilligan, Lead AHP
Thelma Bowers, Head of Mental Health

Nigel Wanless, Independent Sector Representative
David Donaghy, Staff Representative – NHS Ayrshire and Arran
Louise McDaid, Staff Representative – North Ayrshire Council
Martin Hunter, Service User Representative
Fiona Thomson, Service User Representative
Marie McWaters, Carers Representative
Sally Powell, Carers Representative
Jim Nichols, Third Sector Representative
Morven Ross-Bain, Third Sector Representative

In Attendance

Jo Gibson, Principal Manager (Planning & Performance)
David Rowland, Head of Health & Community Care
Fiona Neilson, Senior Manager Finance (NHSAA)
Paul Doak, Senior Manager (Internal Audit and Risk Management)
David MacRitchie, Senior Manager (Criminal Justice Services)
Mark Inglis, Senior Manager (Intervention Services)
Elizabeth Stewart, Senior Manager (Fieldwork)
Angela Little, Committee Services Officer

Apologies for Absence

Carol Davidson, NHS Ayrshire & Arran
Councillor Ruth Maguire, NAC
Councillor Peter McNamara, NAC

1. Apologies

Apologies were noted.

2. **Declarations of Interest**

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

3. **Minutes/Action Note – 17 September 2015**

The accuracy of the Minutes of the meeting held on 17 September 2015 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973, subject to the following two typographical errors:-

Page 5 – Stewart Donnelly, Staff Representative – NSH NHS
Ayrshire and Arran

Page 9 - Action by J D Rowlands Angela Little

4. **Matters Arising**

Development and Implementation of a North Ayrshire Social Enterprise Strategy - this report will be presented to the IJB C. McAuley meeting in December 2015.

GP Strategy - a further event is planned for December 2015. Dr Kerr

Noted.

5. **Financial Management Report as at 31 July 2015**

Submitted report by Lesley Aird, Head of Finance (North Ayrshire Council) and Fiona Neilson, Senior Finance Manager (NSH) on the current financial position of the North Ayrshire Health and Social Care Partnership as at the period 6 to 30 September 2015.

The projected overspend for 2015/16 is £2.523m, which is a decreased overspend of £0.082m. The main areas of overspend are Children's Services, Lead Mental Health services and Learnings Disabilities, partially offset by anticipated underspends on Older People's Services.

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

- The achievement of savings by a variety of methods, without impacting on the provision of care packages;

- The recruitment of Care at Home staff;
- A review of care packages that will take place and will include consultation with carers and service users
- Self-directed support that will be reviewed where all the funding has not be utilised;
- An underspend in the delayed discharge allocation for Care at Home as a result of not being able to recruit staff quickly and that this underspend will be held and used to offset against overspends in the core budget;
- A Charging Review that is being undertaken by the Council to identify new income streams and maximise the revenue from existing streams and how charges benchmark against others; and
- A delay in Health Visitor trainees completing their qualification as a result of illness.

The Board (a) noted the content of the report; and (b) approved the actions being taken, as outlined in paragraph 2.4, to bring the budget back into line.

6. Additional Settlement Funds for Looked After Children 2015-2018

Submitted report by Stephen Brown, Head of Children, Families & Criminal Justice, on the allocation of additional funds in relation to the 2014 Children and Young People (Scotland) Act, presented by Mark Inglis, Senior Manager (Intervention Services).

The Act extended existing local authority duties and powers in relation to guiding, advising and supporting previously looked after children until they reach 21 years of age or beyond in certain circumstances. The report provided information on the consultations that had taken place on how to utilise the funds and spending proposals.

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

- A session that will be held in January 2016 in respect of Kinship Care and the associated budget pressures;
- Work that will be done by Mental Health Services to look at the transition of young people between child and adult services; and
- Care plans that are formed in conjunction with young people.

The Board was advised that the Scottish rates for a Band 6 Charge Nurse were different to that outlined in the report.

The Board agreed to (a) the allocation of the settlement funds as detailed in the report; and (b) to receive a report to a future meeting providing an update on the projects outlined in the report. S. Brown

7. Mental Health Innovation Fund

Submitted report by Tommy Stevenson, Senior Manager (CAMHS), on North Ayrshire's two Mental Health Innovation Fund proposals (the pan Ayrshire Children and Adolescent Mental Health Services (CAMHS) the pan Ayrshire People in Distress Project), the proposed establishment of a Programme Board to oversee the development and delivery of the work, presented by Thelma Bowers, Head of Mental Health.

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

- A review of services that will be undertaken and will take into account the 3 year funding availability;
- The use of funding to backfill vacancies as a result of the release of existing staff to pilot the new People in Distress Project; and
- Recruitment of temporary staff that is currently underway.

The Board agreed to (a) progress and implement the two pan Ayrshire Mental Health Innovation Fund proposals, namely the Children and Adolescent Mental Health Services (CAMHS) and People in Distress project; (b) the establishment of a Programme Board to oversee the development and delivery of the work; and (c) congratulate the teams involved in submitting successful bids to the Fund.

T. Bowers

8. Integrated Care Fund Contingencies

Submitted report by Jo Gibson, Principal Planning & Performance Manager, on the proposed allocation of Integrated Care Fund (ICF) contingency monies to support the addition of the Learning Disabilities Sleep Over Review Project (£39,291) and a part time project manager to develop a new Arran Model of Care to the Change Programme Projects (£12,000).

The Board agreed to approve the allocation of ICF contingency monies to support the areas of work as outlined in the report.

9. Director's Report

Submitted report by Iona Colvin, Director, on developments within the North Ayrshire Health and Social Care Partnership.

The Board was provided with information in relation to the recent unannounced inspection of Ayrshire Central Hospital by Healthcare Improvement Scotland. The report and Action Plan is available on the Healthcare Improvement Scotland website.

The report highlighted a number of areas for improvement that related to cleanliness and infection control precautions. An Action Plan has been agreed in order to ensure the improvements are undertaken within the required timescale.

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

- An Action Plan that has been put in place by the management team to ensure appropriate standards are put in place and that systematic improvements remove areas of historic practice;
- Clarification of staff roles and responsibilities to ensure full implementation of the Action Plan; and
- A report that will be brought to a future meeting of the IJB on the progress of implementation of the Action Plan

Noted.

10. Pan Ayrshire Concerns Hub within Kilmarnock Police Office

Submitted report by Elizabeth Stewart, Senior Manager (Field Work), on developments in relation to the formation of a Pan Ayrshire Concerns Hub to respond to adult concern referrals generated by Police Scotland. The Concerns Hub comprising Social Workers, Police Officers, a Housing Officer and administration support would provide timely, appropriate and effective support to those affected by the issues bringing them to the attention of Police Scotland

Appendix 1 to the report provided information on (i) the increased number of adult support and protection referrals made to Social Services by Police Scotland; (ii) the number of referrals to East, South and North Ayrshire in 2013 and 2014; and (iii) a breakdown of referral type. The report proposed the creation of a pan Ayrshire Concerns Hub to respond to any type of referral generated by Police Scotland.

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

- Staffing of the Concerns Hub and access to the officers in the Public Protection Unit within the Kilmarnock office; and
- Awareness raising of adult protection issues that has attributed to the increase in adult support and protection referrals by the Police to Social Services.

The Board noted (a) the details of the report; and (b) that a further report on the model of delivery for the Concerns Hub would be reported to the Board in February 2016.

S. Brown

11. Minutes of North Ayrshire Strategic Planning Group

Submitted the Minutes of the North Ayrshire Strategic Planning Group held on 17 September 2015.

Noted.

12. Date of Next Meeting

The next meeting will be held on Thursday 10 December 2015 at 10.00 a.m. in the Council Chambers, Cunninghame House, Irvine.

13. Confidential Item

In terms of Standing Order 11.2 (Admission of Press and Public) the information contained within the following report is confidential and if disclosed would be in breach of an obligation of confidence.

13.1 Community Payback Order Annual Report

Submitted report by David MacRitchie, Senior Manager (Criminal Justice Services), on the Community Payback Order Annual Report 2014/15.

The report provided details of the range of work and projects undertaken through the Community Payback Orders (CPOs) imposed in 2014/15.

The Board was provided with graphic illustrations in respect of the recorded crimes in local authority areas for a one year period and over a 10 year period which highlighted the positive percentage change for North Ayrshire during this time.

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

- Work to develop positive pathways for those completing their CPOs; and
- The education of employers in the recruitment of these individuals.

The Board agreed to note the work undertaken in North Ayrshire by offenders placed on Community Payback Order - Unpaid Work Requirements.

The meeting ended at 12.00 p.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 5 November 2015

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Violence Against Women Strategy	22-1-15	Agreed that the Violence Against Women Strategy be discussed at a future meeting of the SIB/IJB	Agenda – future meeting	Stephen Brown
2.	Remodelling Rehabilitation Services on Arran	12-3-15	An interim report on the Remodelling of Service submitted to IJB on 13 th August 2015 and the final report submitted on 8 th October 2015.	Agenda – IJB – 10/12/15	David Rowland
3.	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.	Agenda – IJB – 5/11/15 Agenda – IJB – 10/12/15	John Godwin
4.	Model Publication Scheme	13/8/15	Report on progress including the outcome of the options appraisal	Agenda – early 2016	J. Hunt

5.	GP Strategy	13/8/15	Progress report	Agenda – February 2016	Dr P Kerr
6.	Additional Settlement Funds for Looked After Children	5/11/15	Provide an update on the projects outlined in the report	Agenda – future meeting	S. Brown
7.	Pan Ayrshire Concerns Hub within Kilmarnock Police Office	5/11/15	Report on the model of delivery for the Concerns Hub	Agenda – February 2016	T. Bowers

**Integration Joint Board
10 December 2015**

Agenda Item 5

Subject:	Standing Orders – Admission of Press and Public to Committee Meetings.
Purpose:	To amend Standing Order 11 which provides for public access to papers and meetings of Committees of the Integration Joint Board.
Recommendation:	That the Integration Joint Board agrees an additional Standing Order 11.4.

1. Introduction

- 1.1 The Standing Orders approved on 2 and 16 April 2015 provide for public access to papers and meetings of the Board and its Committees. As a result of concerns as to the extent of Health information which could be placed before the Performance and Audit Committee it is recommended that changes are made to Standing Orders.

2. Current Position

- 2.1 On 2 and 16 April 2015 the Board agreed to adopt Standing Orders for Board and Committee Meetings. Standing Order 11 provides that meetings of the Board shall be open to the public. The public can only be excluded if exempt information as defined in schedule 7(A) of the Local Government (Scotland) Act 1973 is to be considered, or it is likely that confidential information would be disclosed in breach of an obligation of confidence. Standing Order 1.1 applies this provision to Committees.
- 2.2 It is intended that the Performance and Audit Committee will consider the most up-to-date performance information and trends in relation to Services. This will include the consideration of draft Health performance information which has not been subject to full audit. Such information would not be made public until it had been fully audited, nor would NHS Committees who consider this information be open to the public. It is understood that if Performance and Audit Committee Meetings remained public this information would not be submitted. This would result in the most up-to-date information not being available to the Committee.

3. Proposals

3.1 To allow such information to be submitted to the Performance and Audit Committee it is proposed to amend Standing Orders to provide that meetings of this Committee are not open to press and public. It is also proposed to amend Standing Orders to provide that the Integration Joint Board, when setting up further Committees will decide whether such Committees are open to the public. In other words, future Committee meetings will not automatically be open to the public. Meetings of the Integration Joint Board will remain open to the public except in relation to exempt items as defined in Standing Order 11.2.

3.2 It is therefore proposed to add to Standing Orders: -

11.4-Clauses 11.1 and 11.2 shall not apply to Committees of the Integration Joint Board. Meetings of the Performance and Audit Committee shall not be open to the public, nor is public notice of the time and place of each meeting required. In relation to any other Committees or Sub-committee of the Integration Joint Board, the Board will determine when creating such Committees or Sub-committees whether there shall be public access to meetings of those Committees or Sub-committees.

4. Implications

Financial Implications

4.1 There are no financial implications arising from this report.

Human Resource Implications

4.2 There are no human resource implications arising from this report.

Legal Implications

4.3 There are no legal implications arising from this report.

Equality Implications

4.4 There are no equality implications arising from this report.

Environmental Implications

4.5 There are no environmental implications arising from this report.

Implications for Key Priorities

4.6 There are no implications for key priorities arising from this report

Community Benefit Implications

4.7 There are no community benefit implications arising from this report.

5. **Consultations**

The Chief Officer has been consulted.

6. **Conclusion**

- 6.1 This report recommends the addition of a new Standing Order 11.4 relating to public access to Committee meetings.

**For more information please contact Andrew Fraser, Head of Democratic Services
on: 01294 324125 or andrewfraser@north-ayrshire.gov.uk**

Integration Joint Board
10th December 2015

Agenda Item No 6

Subject: **Process for Refresh of the Strategic Plan**

Purpose: To advise members of the North Ayrshire Integration Joint Board of the process established to support discussions and decisions leading to a refresh of our Strategic Plan.

Recommendation: That members of the IJB advise on the proposed process, identify any omissions and engage with the various stages.

1.	INTRODUCTION
1.1	We agreed at our meeting in September 2015 that we would carry out a refresh of our 3 year Strategic Plan at its mid-point, with the refresh having been completed by August 2016.
1.2	<p>This paper sets out the proposed steps we will take to achieve this, including :-</p> <ul style="list-style-type: none"> • Review of progress against current plan • Evaluation of the projects funded through Integrated Care Fund • Development of Equality Outcomes • Views for Locality Forums • Emerging areas for investment • Allocation of ICF (2016/17) • Consultation • Timetable <p>This process will assist us in the allocation of resources next year</p>
1.3	Whilst guidance has not yet been received from Scottish Government on the allocation and use of ICF monies for next year, our expectation is that a similar allocation will be made available.
2.	CURRENT POSITION
	<u>Review of progress against current plan</u>
2.1	We are in the process of carrying out a review of progress against the Strategic Plan. This involves drawing on various sources of information, including;

	<ul style="list-style-type: none"> • Locality profiles – providing more in-depth data on the health, economic and social issues within each of our 6 localities • Integrated Joint Board and Strategic Planning Group discussions over the last year • Progress against the actions in the strategic plan, • key information from the HSCP performance review process (ASPIRE), including key performance indicators • Concerns, compliments and complaints • Learning from the Change Programme • Other major commitments, i.e. the Integrated Children's Services Plan, the Winter Plan etc.
	<u>Strategic Planning Group (SPG)</u>
2.2	Over the course of the last year, the SPG has used each of its meetings to consider in detail, the progress made against each of our strategic priorities. These have been rich discussions, with much data captured about the work that is already going on, across the statutory, third and independent sectors, but has also highlighted areas where further development or improvement is required. This, together with the various discussion held by the IJB will be an important source of data in this review process.
	<u>Integrated Care Fund (ICF)</u>
2.3	A review of the ICF, its use and its impact on the Strategic Priorities requires to be completed for the beginning of 2016. Scottish Government Guidance remains outstanding and this may have an impact on recommendations as the process moves forward.
2.4	In the same way as last year, Lead Officers from the partnership representing health, social care, Independent Sector and the Third Sector will form an evaluation panel to make recommendations to the Integration Joint Board (IJB) for 2016/17, on what projects, if any, should be funded again in 2016/17.
2.5	The Principal Manager Planning and Performance will chair the evaluation panel as responsible officer for the strategic plan. The Lead Officers will be responsible for reviewing all current work and making recommendations to Integrated Joint Board (IJB) on behalf of the HSCP.
2.6	Each project will be scored, based on its performance against its objectives, using a set of agreed criteria and scoring method. If the panel have any potential links to any of the projects, they must make a declaration of interest. Their score for this project will be taken as an average of the other leads score.
2.7	Rab Murray from the Joint Improvement Team will be invited to act as an independent advisor and critical friend. It is anticipated that the evaluation will be complete by end of December, allowing clarity about what proportion of the ICF for next year, will be available for re-investment.

	<u>IJB Discussions</u>
2.8	At various meetings and development sessions of the Integrated Joint Board since April, commitments have been made on a number of issues. These will be reviewed and brought to the fore as part of this process. Some examples include the development of Locality Forums, support in primary care for low level mental health issues, consideration of Participatory Budgeting and joint training programmes for staff from all sectors.
	<u>ASPIRE (All Service Performance Information Review and Evaluation)</u>
2.9	Our process of performance review, with each of the 3 Care Groups, takes place quarterly and is supported by a performance report covering the breadth of activity underway. These conversations have resulted in the identification of successes and areas where further development is required.
	<u>Concerns, complaints and compliments</u>
2.10	The complaints, concerns and compliments, where available, will be reviewed to identify any recurring themes that will need to be addressed as we move forward.
	<u>Learning from the Change Programme</u>
2.11	The progress of the Change Programme has been significant, but through this work, a number of issues have been experienced which may require further support over the coming year. Some examples which require consideration include IT hardware and information governance processes. In addition several additional change projects have been identified.
	<u>Other Major Commitments</u>
2.12	As a key player in a number of strategic partnership, developments and plans have been agreed throughout the year which may require support in the next financial year. Some of these include the Community Planning Partnership's Inequalities Strategy, the Integrated Children's Plan and the Ayrshire-wide Winter Plan.
3	EMERGING THEMES AND PRIORITIES
3.1	It is proposed that the outcome of the review described above, which is in essence a desk-top exercise, is presented to the Strategic Planning Group at its extended session on 10 th December. Please note all IJB members are welcome to attend.
3.2	The SPG will then undertake some group work to begin to identify the emerging themes and priorities for next year.
3.3	The culmination of this work will be a joint session of the Integrated Joint Board and the SPG on the afternoon of 14 th January. The aim of this event will be to gain agreement on the following:

	<ul style="list-style-type: none"> • The amount of ICF available for reinvestment next year • The broad themes and priorities for this investment • Any 'givens' that must be funded • The process by which any remaining funding could be allocated 																								
4.	VIEWS FROM HSCP LOCALITY PLANNING FORUMS																								
4.1	Our embryonic forums will begin meeting in December, and data on the health and well being of that locality will be shared. It is anticipated that by February, localities will be in a position to provide a view on the priorities for investment in their area.																								
5.	EQUALITY OUTCOMES																								
5.1	Recent guidance received from the Equality and Human Rights Commission (EHRC) sets a requirement on IJBs to create, consult on and publish a set of Equality Outcomes by April 2016. These outcomes should demonstrate the IJBs response to the duties on public bodies enshrined in the Equality Act 2010.																								
5.2	It is anticipated that the refreshed Strategic Plan will include our Equality Outcomes, thus ensuring our responsibilities around equalities are integrated in our core business.																								
PROPOSED TIMETABLE																									
<table border="1"> <tr> <td>Desk top review completed</td><td>01 December</td></tr> <tr> <td>Refresh process agreed</td><td>10 December</td></tr> <tr> <td>SPG carry out review of progress and begin to identify emerging themes</td><td>10 December</td></tr> <tr> <td>ICF Evaluation complete</td><td>20 December</td></tr> <tr> <td>Embryonic Locality Forums established</td><td>December</td></tr> <tr> <td>Joint session IJB / SPG to agree: <ul style="list-style-type: none"> • Emerging themes • Any 'givens' • Process of allocation of any available funds </td><td>14 Jan</td></tr> <tr> <td>Early views from Locality Forums on priorities</td><td>Feb</td></tr> <tr> <td>First draft of plan circulated to IJB and SPG</td><td>10 March</td></tr> <tr> <td>Budgets agreed</td><td>March</td></tr> <tr> <td>More detailed priorities from Localities</td><td>April</td></tr> <tr> <td>Final draft circulated to wider stakeholders outlined in Section 7 below</td><td>01 May</td></tr> <tr> <td>Agreed Refreshed Plan</td><td>End May</td></tr> </table>		Desk top review completed	01 December	Refresh process agreed	10 December	SPG carry out review of progress and begin to identify emerging themes	10 December	ICF Evaluation complete	20 December	Embryonic Locality Forums established	December	Joint session IJB / SPG to agree: <ul style="list-style-type: none"> • Emerging themes • Any 'givens' • Process of allocation of any available funds 	14 Jan	Early views from Locality Forums on priorities	Feb	First draft of plan circulated to IJB and SPG	10 March	Budgets agreed	March	More detailed priorities from Localities	April	Final draft circulated to wider stakeholders outlined in Section 7 below	01 May	Agreed Refreshed Plan	End May
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6.	CONSULTATION																								
	As this is a refresh of our current plan, it is not envisaged that a major consultation exercise will be required, however engagement with our key stakeholders will be crucial. In addition to the IJB and SPG, is proposed that the draft plan refresh be circulated to the following for comment:																								

	<ul style="list-style-type: none"> • North Ayrshire Council • NHS Ayrshire and Arran • Community Planning Partnership and Locality Partnerships • HSCP Locality Forums • Our Velcro Partnerships • Public Participation Forum and Participation Network • Equalities Groups • Mental Health Reference Group and other MH forums • Carers Groups
7.	IMPLICATIONS
	Financial Implications
7.1	The refresh of the Strategic Plan will include the allocation of available resource.
	Human Resource Implications
7.2	The human resource implications will be considered within each proposed service development and in partnership with staff side and Union representatives.
	Legal Implications
7.3	There are no legal implications.
	Equality Implications
7.4	The IJB are required to produce and publish a set of Equality Outcomes, in line with the Equality Act 2010, by April 2016. This process will enable that requirement to be met.
	Environmental Implications
7.5	There are no environmental implications.
	Implications for Key Priorities
7.6	The refresh of the Strategic Plan offers us the opportunity to ensure greater focus on our strategic priorities.
8.	CONCLUSION
8.1	The IJB are asked to consider the proposed process and key components in the refresh of our Strategic Plan, and offer advice on any areas of omission.

For more information please contact Jo Gibson, Principal Manager – Planning & Performance on 01294 317807 or jogibson@north-ayrshire.gcsx.gov.uk.

Integration Joint Board
10th December 2015

Agenda Item No. 7

Subject: **Review of Services for Older People and Those with Complex Care Needs**

Purpose: To provide an overview of the work being undertaken to meet the future needs of Older People and Those with Complex Care Needs.

Recommendation: The Integrated Joint Board is asked to support the further development of the project and receive regular updates of progress.

1. Introduction

- 1.1 It has been widely reported that people are living longer than ever before but with multiple and often complex conditions. In addition, improvements in medicines, treatments and technologies mean an increasing number of younger adults will require support with complex health and social care needs. This means, now more than ever before, we need to review our services and systems in order to be able to respond to these future needs.

2. Current Position

- 2.1 Within Ayrshire the integration of health and social care and the formation of East, North and South Ayrshire Health and Social Care Partnerships in April 2015, have provided a catalyst to review a number of opportunities from review of the wider systems and structures within the NHS Ayrshire and Arran area.
- 2.2 These new bodies offer the opportunity to explore issues and develop solutions across health and social care. Each Partnership is leading on a number of pan-Ayrshire projects and the Review of Services for Older People and Those with Complex Care Needs sits with North Ayrshire Health and Social Care Partnership.
- 2.3 An initial discussion paper for the Review of Services for Older People And Those with Complex Care Needs was developed in conjunction with the SPOG (see appendix one) to identify the vision, mission and principles of the project.

- 2.4 It was agreed a Services for Older People And Those with Complex Care Needs Steering Group should be developed with involvement of partners in Acute Services, Primary Care, Health and Social Care Partnerships, service users and carers and the Third and Independent Sectors. This paper was initially shared at the first meeting of the steering group on the 22 September 2015.
- 2.5 The steering group agreed that it would not rewrite the Reshaping Care for Older People - Ten Year Vision for Joint Services which set out a high level vision and future direction of travel for services but the project would help to develop the necessary commissioning plan for the next 5-10 years, taking us up to the 2020 Vision.
- 2.6 The steering group agreed the project would be developed to provide the three Ayrshire Partnerships and Acute the chance to develop a framework to ensure consistency of approach but would enable local application in order to reflect the needs and ambitions of the different partners accordingly.
- 2.7 In addition to broadly agreeing the discussion paper the group proposed the following workstreams:
- Pathways
 - Future service models
 - Finance
 - Workforce

The steering group have been asked to further consider who should be involved in the workstreams and the steering group in order to ensure that the frameworks developed will reflect the needs of all partners. The next meeting of the Steering Group will take place on 2 December 2015 and will look to cascade the delivery of the first three year business plan by May 2016.

- 2.8 The Strategic Alliance will maintain an oversight of this work, with the overall direction being co-ordinated through the Strategic Planning and Operational Group on a monthly basis. Regular progress reports will be provided to the IJB.

3. Proposals

- 3.1 It is proposed that the integrated Joint Board support the development of this project in order to meet the future needs of Older People and Those with Complex Care Needs
- 3.2 It is proposed that a project plan be developed and progress from the project be reported back on a monthly basis to Strategic Planning Operations Group (SPOG) who will co-ordinate and monitor progress and manage risks and dependencies. In addition, reporting will be undertaken through CMT and the Integrated Joint Boards, as appropriate.

4. IMPLICATIONS

4.1 Financial Implications

The partnerships must develop future models of care that will ensure the future needs of local people can be met. This will require significant investment into new systems and structures.

4.2 Human Resource Implications

The workforce may have to undertake elements of retraining and operate new roles in order to meet future models of care.

4.3 Legal Implications

There are no legal implications.

4.4 Equality Implications

There are no equality implications.

4.5 Environmental Implications

There are no environmental implications.

4.6 Implications for Key Priorities

Planning for future models of care for Older People and Those with Complex Care Needs meets our strategic vision and strategic priorities.

5. Consultations

- 5.1 The Strategic Planning Operations Group and the Older People and Those with Complex Care Needs Steering Group were consulted on the initial discussion paper (see appendix one).

6. Conclusion

- 6.1 It is anticipated that the outcomes from the Review of Services for Older People and Those with Complex Care Needs will provide the opportunities to meet the future needs of local people in innovative, safe and creative manner through effective partnership working.

For more information please contact Annie Weir, Senior Engagement and Project Manager on 01294 317818 or annieweir@north-ayrshire.gov.uk

Review of Services for Older People And Those with Complex Care Needs An Initial Paper for Discussion

Background

With an increasingly elderly population, rising levels of frailty and prevalence of dementia it is evident that the needs of our older people will become ever more complex. At the same time, an increasing number of younger adults with complex care needs are being supported to live as independently as possible at home or in a homely setting.

In this context, it is evident that the current models of care will not meet the needs of local people over the next decade. The time is therefore right for a paradigm shift to a values-based model that recognises older people and those with complex care needs as assets within local communities and places individuals in control over how services are designed and delivered to best meet their needs and desired outcomes.

This was in line with the Reshaping Care for Older People - Ten Year Vision for Joint Services which set out a high level vision, future direction of travel, as well as specific areas for action, to show how the Ayrshire Health and Social Care Partnerships will work to develop new models of care and support to reshape services and improve outcomes for older people, their families and carers.

Critical to the successful transformation of local services will be the initial agreement of the high level vision of the future; the mission for those involved in the planning and delivery of service that must underpin that vision; the principles upon which the new model of care should be formed; and overarching model of care itself. These are set out below.

Vision

Older people and those with complex care needs will be supported to proactively access and direct the high quality care and services they require to live a long, safe, active and healthy life at home or in a homely setting, drawing on support from informal networks and services available in their local community such as:

- AHP's
- Care at home
- Community Nursing
- Housing
- Independent Sector
- Primary care
- Social Work
- Specialists in Care of the Elderly Medicine
- Specialists in Elderly Mental Health
- Third Sector

Mission

The organisations, people and services responsible for supporting the attainment of that vision will ensure:

- Older people and those with complex care needs receive assessment, care and treatment within their local communities
- These teams will adopt a consistent, holistic and person centred approach to support individuals to live at home or in a homely setting.
- When the needs of an older person or those requiring complex care become acute, these teams will continue to support them within an acute hospital setting supporting them to return home as soon as they are able.

Principles

The future model of care will be designed to:

- Place the older person and those with complex care needs at the heart of decision-making about their assessment, treatment, care and support, with a focus on maximising independence;
- Create a fully integrated, community-based physical health, mental health and social care team within each Partnership;
- Focus on preventative care and early intervention to support the effective management of long-term conditions;
- Establish home or homely setting as the norm for the delivery of specialist health and social care service delivery;
- Offer consistency and continuity of care for individuals at home, in a homely setting and in hospital; and
- Make use of technological advances to support the older person and those with complex care needs in managing their long-term condition(s) with rapid support when required from the integrated team.
- Support the individual receiving care and their family in planning, securing and delivering the highest quality of person-centred end of life care.
- Connect people to a local community based support network

Model of Care

In delivering the future vision and mission for these services and in embedding the principles on which these are based, there will be a requirement to transform how care is delivered, how those from the statutory, third and independent sectors work better together; and the relationships with older people and their families.

Transforming How Care Is Delivered

Working from the principle of all care, as a norm, being delivered to older people within local communities, new fully integrated Older People's Teams will be formed. Based within local communities, these teams will comprise Medical, Nursing and AHP staff from Physical and Mental Health Services; Social Work staff; and staff from the Third Sector. Offering care to individuals at home and in-reach to Care Homes, these Teams will also work closely with General Practice and Community Pharmacy to ensure the individual with the right skills, experience and expertise is in place to support each older person based on a thorough knowledge of their needs at any given time.

Recognising the changes in an individual's needs over time, these teams will work with Care at Home Services, Housing Services and Care Home providers to ensure the older person continues to benefit from the right level of support within their home or a homely environment in line with their needs. This will include providing highly specialist end of life care and support to the older person and their family, drawing on the skills and experience of the Older People's Team and the enhanced support offered by the Ayrshire Hospice and MacMillan Nursing.

While through proactive, preventative support every attempt will be made to avoid the older person's health rapidly deteriorating, there will be occasions when their needs become so acute, access to 24 hour nursing and a full suite of diagnostic tests will be required. In such circumstances, consistency and continuity of care is vital, as is a thorough and in-depth knowledge of the older person, their condition and their capabilities. The Older People's Team will therefore be best suited to continue to meet their needs in such circumstances and will therefore continue to offer assessment, treatment, care and support within the Combined Assessment Unit at the Acute Hospital site.

During such a stay every effort will be made to safely return the older person home within 72 hours.

Where circumstances dictate this will not be possible, appropriate alternatives will be secured:

- For an individual who remains acutely unwell, the Older People's Team will work with the Acute Team to stabilise, diagnose, treat and plan the person's discharge.

- For an individual who would benefit from a period of rehabilitation, the Medical and AHP staff from the Older People's Team would work with the team within the locality based Intermediate Care and Reablement Facilities to plan and deliver a package of care aimed at achieving the outcomes set by the older person.
- For an individual who may need more time to recover and have their long-term care needs fully assessed, the Social Work and AHP staff from the Older People's Team would work with the team within the locality based Intermediate Care and Reablement Facilities to maximise the older person's independence.
- For an individual who requires a short period of more intensive support for an associated mental health condition, the Medical, Nursing and AHP staff from the Older People's Team would work with local care homes, specialist respite facilities or specialist inpatient wards, depending on the individual's needs, to support their recovery and return home.

Transforming Hospital Services

With the transformation of care of the elderly services and service structures moving towards the predominance of service delivery within local communities, there will be a need to ensure the traditional hospital based services are reconfigured ensure they reflect the resulting changes in need.

With the focus on assessment, diagnosis, care planning and discharge within the assessment units, complemented by access to acute medicine for the acutely unwell older person who requires a slightly longer stay in hospital, the new model of care will require a review of the current acute care of the elderly capacity to create a small, highly specialist Frailty Unit with each District General Hospital. These units will provide short-term access to specialist care, support and interventions for the most frail older people who can no longer be supported at home and require intensive services until a long-term care environment appropriate to their needs can be secured.

At the same time, facilities such as the current rehabilitation and continuing care wards at Ayrshire Central Hospital, Biggart Hospital, East Ayrshire Community Hospital and Kirklandside Hospital will need to be reconfigured to reflect the increased need for rehabilitation and intermediate care and the reducing need for NHS continuing care, thereby ensuring fit with new models of specialist Care Home provision and supported housing developments.

Finally, the future capacity and range of services offered from community hospitals, such as those in Girvan and on Arran and Cumbrae will need to be determined to ensure they are configured to support and complement the specialist community-based model of care.

Transforming Joint Working across the Independent, Third and Statutory Sectors

Recognising the unique and vital role each sector has to offer in supporting older people and those with complex care needs live long, safe, active and health lives, the new model of care will ensure services are complementary and supportive, with improved information sharing across agencies and sectors to ensure a holistic and consistent approach.

At the heart of this, the Older People's Team will maintain an overview of changing needs at individual, locality and Local Authority population levels. This information will be used by the team to:

- Identify gaps in service provision and / or community support that could best be filled by the Third Sector, engaging with colleagues to design these and ensuring they are procured and commissioned through the most appropriate mechanisms.
- Jointly design with Care Home providers new models of provision including options for shared care, that are required to fully meet increasingly complex and specialist needs, ensuring these are procured through the established Local Authority mechanisms.
- Continuously review the capacity, capability and nature of the Care at Home services with the respective teams within each Partnership to ensure they continue to support older people in their

homes either through the redesign of directly managed services and / or the commissioning of independently provided care.

- Work with Local Authority Housing colleagues, Housing Associations and Registered Social Landlords to jointly design and secure innovative housing developments specifically designed to meet the needs and preferences of older people.

Transforming Relationships with Older People or Those with Complex Care Needs and Their Carers

Finally, under this model of care the relationship between the Older People's Team, the older people they serve and their carers will be transformed.

In doing so – we will ensure:

- Individuals determine how their needs can be best met with professional support and advice
- The value of carers is recognised by health, social care and local communities.
- Carers' needs are identified and proactive help is given to support their caring role.

In transforming relationships in this way, the Older People's Teams will be supporting older people to determine how they want the services offered by the team to be delivered to best meet their own needs, as well as the needs of those who care for them.

Version 6

David Rowland

November 2015

Integration Joint Board 10th December 2015

Agenda Item No. 8

Subject: Arran Services Review Update

Purpose: To provide the Integration Joint Board (IJB) with an update on the progress made in relation to the Arran Services Review and outline the key next steps.

Recommendation: The IJB is asked to note the current position and approve the proposed timescale for the final report.

1.	BACKGROUND
1.1	In November 2014 work began on the development of proposals for new models of rehabilitation on Arran aligned with the proposed step-up step-down facility at Montrose House.
1.2	It was quickly recognised that greater benefit would be derived from considering the future of these services as part of a wider review of health and care provision on Arran.
1.3	This review was endorsed by IJB for inclusion in the Partnership Change Programme for 2015/16 and work commenced on the development of a formal Project Initiation Document (PID) and formation of the Project Team.
1.4	Recognising the need to maintain momentum it was agreed that a further report would be submitted to the IJB in November 2015 demonstrating progress made.
2.	CURRENT POSITION
2.1	In September 2015 the Arran Services Review Steering Group was formed to co-ordinate the review of service provision on the island. Configured to ensure wide ranging representation across island-based services, the Steering Group has drawn its membership from Health, Social Care and the Third Sector. Full details of the membership are presented at Appendix 1.

2.2	<p>In devising the work programme for the Steering Group, a six-step process was agreed. This process is designed to ensure the Steering Group meetings focus on each of the following steps in turn:</p> <ul style="list-style-type: none"> • Quantify local health and social care needs; • Map current service provision; • Establish current service pressures and opportunities for development; • Define new model of care; • Determine the workforce required to deliver the new model of care; and • Determine the infrastructure required to deliver the new models of care. <p>Following this process will lead to the specification of a new model of integrated care for Arran and the infrastructure and workforce requirements associated with this, all of which will be presented to the Integration Joint Board in March 2016.</p>
2.3	<p>The first meeting of the Steering Group reviewed a variety of health and social care data relating to local needs. These data were subsequently shared with wider stakeholder groups for identification of any gaps or errors, with the resulting feedback being shared at the October 2015 Steering Group meeting. At that time, the overview of local need to inform the development of the model of care was agreed and this is set out at Appendix 2.</p>
2.4	<p>In addition to this, the October 2015 Steering Group meeting reviewed an initial map of service provision on Arran and offered feedback to ensure this was comprehensive. The draft map was also shared with wider stakeholder groups and further feedback is being incorporated. The latest draft of the service map is presented at Appendix 3.</p>
2.5	<p>Work is now underway to conduct process mapping to understand how individuals currently access services on the island, any gaps or duplication they encounter and opportunities for improved joint working between teams. This work will be reported back to the Steering Group in December 2015 and form the basis for the session in January 2016 when the group will define an initial model of care for further discussion and development with local stakeholders.</p>
2.6	<p>Thereafter, the workforce and infrastructure requirements will be defined in February 2016 with a full report due to be submitted to the Integrated Joint Board in March 2016 for review and approval to proceed to implementation.</p>
3.	PROPOSALS
3.1	<p>It is proposed that the Integrated Joint Board notes the progress made to date, considers the initial outputs from the group and provides any advice or guidance for the group to incorporate going forward.</p>
3.2	<p>Further, it is proposed that the Integrated Joint Board agrees the remaining steps in the process for the Arran Services Review and the associated timescales for delivery.</p>

4.	IMPLICATIONS
4.1	Financial Implications There are no financial implications from the content of this update report.
4.2	HR Implications There are no HR implications from the content of this update report.
4.3	Legal Implications There are no legal implications from the content of this update report.
4.4	Equality Implications There are no equality implications from the content of this update report.
4.5	Environmental Implications There are no environmental implications from the content of this update report.
4.6	Implications for Key Priorities There are no implications for key priorities from the content of this update report.
4.7	Community Benefit Implications There are no community benefit implications from the content of this update report.
5.	CONCLUSION
5.1	The Integration Joint Board is asked to note the progress of the work to date and agree timescale for delivery of final recommendations in March 2016.

For more information please contact either David Rowland, Head of Service Health & Community Care on 01294 317797 or davidrowland@north-ayrshire.gcsx.gov.uk or Alan Stout, Senior Manager, Island Services on 01770 601030 or A.Stout@aapct.scot.nhs.uk

Steering Group Members

Name	Designation
David Rowland	Head of Service, Health & Community Care (Chair)
Alan Stout	Senior Manager, Island Services
Helen McArthur	Senior Manager, Community Care Services
Michelle Sutherland	Partnership Facilitator
Steven Fowler	Data Analyst/Waiting Times Co-ordinator
Julie Davis	Manager, Business Support
Craig McCartney	Operations Manager
Ailsa Weir	Senior Charge Nurse
Jim Nichols	Third Sector Representative
Vicki Yuill	Community Connector
Ruth Betley	Practice Manager
Christine Stewart	Clinical Nurse Team Leader
Heather Allison	Health Visitor
Greg Hamill	GP
Morven Ross-Bain	Third Sector Representative
Mary Francey	Senior Manager, Locality Services

INTEGRATED ISLAND SERVICES

Island descriptor

The Isle of Arran is located in the Firth of Clyde off the coast of Ayrshire. At 432km², it is the seventh largest Island in Scotland. At the 2009 VPS population survey the population was 5205 people located across the Island).The key settlements within Arran are:-

Lamlash	1186
Brodick	882
Whiting Bay	874

Other settlements with a population of fewer than 500 include: Shiskine, Blackwaterfoot, Corrie, Kildonan and Lochranza.

The resident population of Arran currently sits at approximately 5000.

A marked increase in the population is identified between April and October with an influx of visitors and temporary residents to the island. This has been estimated at 20000. (ref)
Figures for ferry travel obtained from Caledonian MacBrayne (ref) illustrate an increase of xx% in ferry traffic during this period.

The introduction of Road Equivalent Tariff (RET) in (?) 2014 is expected to see an increase in visitors to the island however it is too early to provide accurate evidence to corroborate this.

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Local Demographics

The resident population of Arran currently sits at approximately 5000. The population figure had been increasing for Arran until fairly recently, the population trend since 2001 confirms a decrease in the total population of Arran (8.4%).¹

A marked increase in the population is identified between April and October with an influx of visitors and temporary residents to the island.

This has been estimated at 20000. (ref)² Figures for ferry travel obtained from Caledonian MacBrayne (ref)³ illustrate an increase of xx% in ferry traffic during this period.

The proportion of Arran's total population aged 65 years and over has increased dramatically in recent years, rising from 23% in 2001 to 35 % in 2013, compared to a 32.0% fall in the child population (under 16s). This has coincided with a decline in the overall population on the island

Based on the 2013 mid-year estimates Arran has a greater proportion of older residents than either NHS Ayrshire and Arran or Scotland as a whole, particularly among the older (75+) population. In contrast the child and adult populations are significantly smaller than NHS Ayrshire and Arran and Scotland wide.

The adult population (16-64) has also decreased by 16.0%. However, the data indicates that the numbers of people in their twenties have remained stable; there has been a reduction of people in their 30s and an increase in people over 60. It is therefore predicted based on extrapolating the existing data that there will continue to be an increase in the older population in the short term but this will level off in the longer term.

However the increased demand for NHS services will last for a number of years as it is the population over 75 who are more likely to require services.

The population is not distributed evenly throughout the island with the larger population areas being Lamlash (957), Brodick (848) and Whiting Bay (626), with Kildonan, Blackwaterfoot, Lochranza and Kilmory sitting at approx 110 each and Corrie at approximately 50.

All villages (except Corrie) have populations whose highest proportion of residents are in the 16 – 64 age grouping while the highest resident population in Corrie is 65+.

Identification of Need

Based on extrapolations from the existing data, it is predicted that there will continue to be an increase in the older population in the short term but this will level off in the longer term. However the increased demand for NHS and Social Care services will last for a number of years as the 60+ population become the 75+ year old population and it is the population over 75 who are more likely to require services.

¹ Scottish Census and SIMD mid-year estimates

² Ref

³ Ref

INTEGRATED ISLAND SERVICES

Health of the population

There is a higher life expectancy on Arran for both men and women and of the practice registered patients there are higher ratios of men and women in the 65-74, 75-84 and 85+ age categories.

There is a greater disease prevalence on Arran for patients with Atrial Fibrillation, COPD, Depression, Epilepsy and Heart Failure. The prevalence for Cancer, CKD, Diabetes, Hypertension, Obesity, Palliative Care, Rheumatoid Arthritis, Stroke and Thyroid disease is the same as the rest of Ayrshire.

This means that there are significant numbers of frail elderly patients with multi-morbidity. See Appendix 1.

Admissions to hospital **560**

Routine vs. emergency **4** (0.7%) v **533** (95%) (other categories transfer & maternity)

In hours v out of hours 265 (46%) vs. 304 (54%)

Top diagnosis;

Other Chest Pain

Dyspnoea

Upper Abdominal pain

Urinary tract infection

nausea and Vomiting

Readmissions

Readmission definition from ISD

"A readmission occurs when a patient is admitted as an inpatient to any specialty in any hospital within a specified time period following discharge from a continuous inpatient stay. For statistical purposes, the time period conventionally adopted for the calculation of readmission rates is 28 days."⁴

For Arran War Memorial Hospital the figures for 2014/2015 are;

Number of readmissions 68 (12%)

Top diagnosis

Urinary Tract Infection

Asthma

Dyspnoea

Other Chest Pain

Precordial Pain

Day Case

To assist with the delivery of care locally, AWMH provides a range of day services.

In 2014/2015 these amounted to over **260** patients.

Care provision was mainly related to High Risk Blood transfusion and IV drug therapies and application and monitoring of 24 hour ECG tapes.

All admissions locally have prevented patients from travelling to the mainland for treatment.

⁴ <http://www.ndc.scot.nhs.uk/Dictionary-A-Z/Definitions/index.asp?Search=R&ID=427&Title=Readmission>

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Outpatient services

In 2014/2014 over 2100 patients were seen locally.

There are currently 23 different outpatient clinics provided from AWMH ranging from Podiatry to surgery to paediatric to videoconferencing cardiology clinics. Clinics are provided by Consultant clinicians, nursing staff, Allied health professionals and Mental Health staff.

Further nurse led clinics are held within Arran Medical Group (GP surgeries) including Asthma & COPD, chronic Kidney disease, diabetes, hypertension, pre operative assessments, dressings and sexual health.

Midwifery service activity (2014/2015)

- 6 local deliveries
- 44 ladies on caseload
- Home visits 41
- A&E/Holiday maker care 29
- Classes 48
- Non routine appointments 106

Post natal visits 159

The highest proportion of births over the past 5 years has been to mothers in the 30 - 34 age brackets.

Attendance at GP surgery (6 month period April - October 2015)

- (Annual appointments estimated at 8500)
- **4087** attendees in the 6 month period
- **1594** (39%) of attendees were 65+ years

Top diagnosis

Atrial Fibrillation, COPD, Depression, Epilepsy

Unscheduled care

This is currently provided from a number of different resources and locations

- A&E
 - Annual attendances have averaged **2583** over the past 5 years and year on year, the same pattern of summer peaks and winter troughs is evident.
 - The need to provide Accident and Emergency services will not diminish and with the introduction of RET may see an increase.
People <65 years (largest population group) make up the largest proportion of attendees
With the majority of A&E attendances (52%) occurring *outwith* normal working hours (Mon-Fri, 8am-6pm)

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<p>Transfers from AWMH to mainland destination for further treatment/care</p> <ul style="list-style-type: none"> ○ Total; 252 <ul style="list-style-type: none"> ○ Transfers from inpatient settings 175 ○ Transfers from A&E 77 <ul style="list-style-type: none"> ▪ SAS Helicopter 40 (52% transfers) ▪ Ferry 29 (38 % transfers) <p>‘Sea King’ 8 (10% transfers)</p>	<ul style="list-style-type: none"> • General Medical Services <p>This is currently provided from 3 main sites and 3 branch sites. With an average of 330 GP appointment per week.</p> <p>There are a range of Chronic Disease monitoring and review clinics for newly diagnosed and ongoing treatment of Chronic Disease along with specialist clinics for; Gynaecology, Dermatology, Minor Surgery, Travel clinics and pre –operative checks. These are provided by GPs, Nurses and Health care assistants.</p> <p>Top diagnosis – as per prevalence data;</p> <p>Atrial Fibrillation, Asthma, COPD, Depression, Epilepsy, Heart Failure, Cancer, CKD, Diabetes, Hypertension, Obesity, Palliative Care, Rheumatoid Arthritis, Stroke and Thyroid disease are more prevalent on Arran and there are significant numbers with multi-morbidity. Appendix 2 illustrates the number of patients currently registered on the disease specific registers.</p>
<ul style="list-style-type: none"> • Community Nursing <ul style="list-style-type: none"> ○ Caseload for 2014/2015 1428 ○ 27% of total current caseload (386 patients) is as a result of patients with complex needs; Category 4 Workload Tool. (Complex, deteriorating patient and co-ordination with multiple agencies / other health care professionals.) • Community Nursing services currently provide an Out of Hours emergency service. <ul style="list-style-type: none"> ○ Of the 137 out of hours calls, 83% (114) resulted in a nurse attending the patients home a high proportion of call outs (36.94%) occur in the early evening with a further 11.71% occurring in the later evening between 2100 and 0000. ○ Of the overall call outs 32 would have an adverse affect on the staffing resource for the on coming work force. ○ Of the 83% of call outs that resulted in a home visit 44.6% (51 patients) have been identified for palliation or palliation associated issues while 55.4% (63 patients) are non palliation. This is further broken down in Appendix 3. 	<ul style="list-style-type: none"> • Palliation <ul style="list-style-type: none"> ○ Is provided mainly in patients homes by community nursing and GP teams. ○ Arran Medical Group currently has 18 patients on their palliative care register (in need of support for end of life care). ○ There are currently xxx patients classified with a ‘palliative’ diagnosis ○ In 2014/2015 there were 61 ‘Out of Hours’ callouts to palliative patients (Appendix 3)

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<ul style="list-style-type: none"> • Response Team <p>TBA</p>
<ul style="list-style-type: none"> • Social service support <p>TBA</p>
<ul style="list-style-type: none"> • Residential care <p>TBA</p>
<ul style="list-style-type: none"> • Day Care <ul style="list-style-type: none"> ○ An average of 8 service users attends day care on a daily basis, Monday to Friday. <p>Service can accommodate 16 service users</p>
<ul style="list-style-type: none"> • Care at Home
<p>Mental Health- Adult</p> <ul style="list-style-type: none"> ○ Current caseload- 47 ○ The referral rate to mental health services has been gradually increasing over the past number of years. ○ CPNs provide clinics weekly from Arran WMH, Brodick HC, Shiskine Surgery, Lochranza Surgery and on an ad hoc basis from Whiting Bay. <u>Totalling 16 patients per week.</u> ○ Approximately 15 domiciliary visits carried out weekly ○ A greater proportion of Arran referrals were allocated to Counselling than was the case for the rest of North Ayrshire. ○ ‘Depression’, ‘low mood’ and ‘general anxiety’ were the most common presenting complaints <p>Mental Health – Older People</p> <ul style="list-style-type: none"> ○ Provide a comprehensive mental health nursing service to the over 65,s population on Arran. This includes liaison to the two care homes, Stronach Day care Centre and the in-patient department at AWMH • Case Load; 78 Patients. <ul style="list-style-type: none"> ○ Breakdown: Organic disorder 70 ○ Functional disorder 4 ○ Psychosis 4 <p>CAMHS.</p> <ul style="list-style-type: none"> ○ Between Apr 2014 and Mar 2015, there were <u>9</u> referrals made to CAMHS. Reasons for referrals are shown below, with Low Mood being the most common. <p>Addictions</p> <p>29 referrals were made to the Addiction/CPN services</p>
<p>Dementia</p> <p>35 patients registered on the NHS A&A Dementia Register</p>
<p>Deprivation</p> <p>There are lower levels of deprivation but pockets can be identified in Kilmory, Lamblash and Brodick.</p>

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Appendix 1

Multi Morbidity

Disease Count	Patients	Practice rate	AA rate	Ratio
0	2979	60.95%	62.79%	0.97
1	964	19.72%	20.72%	0.95
2	507	10.37%	8.93%	1.16
3	253	5.18%	4.3%	1.20
4	116	2.37%	1.99%	1.19
5+	69	1.41%	1.27%	1.11

Appendix 2

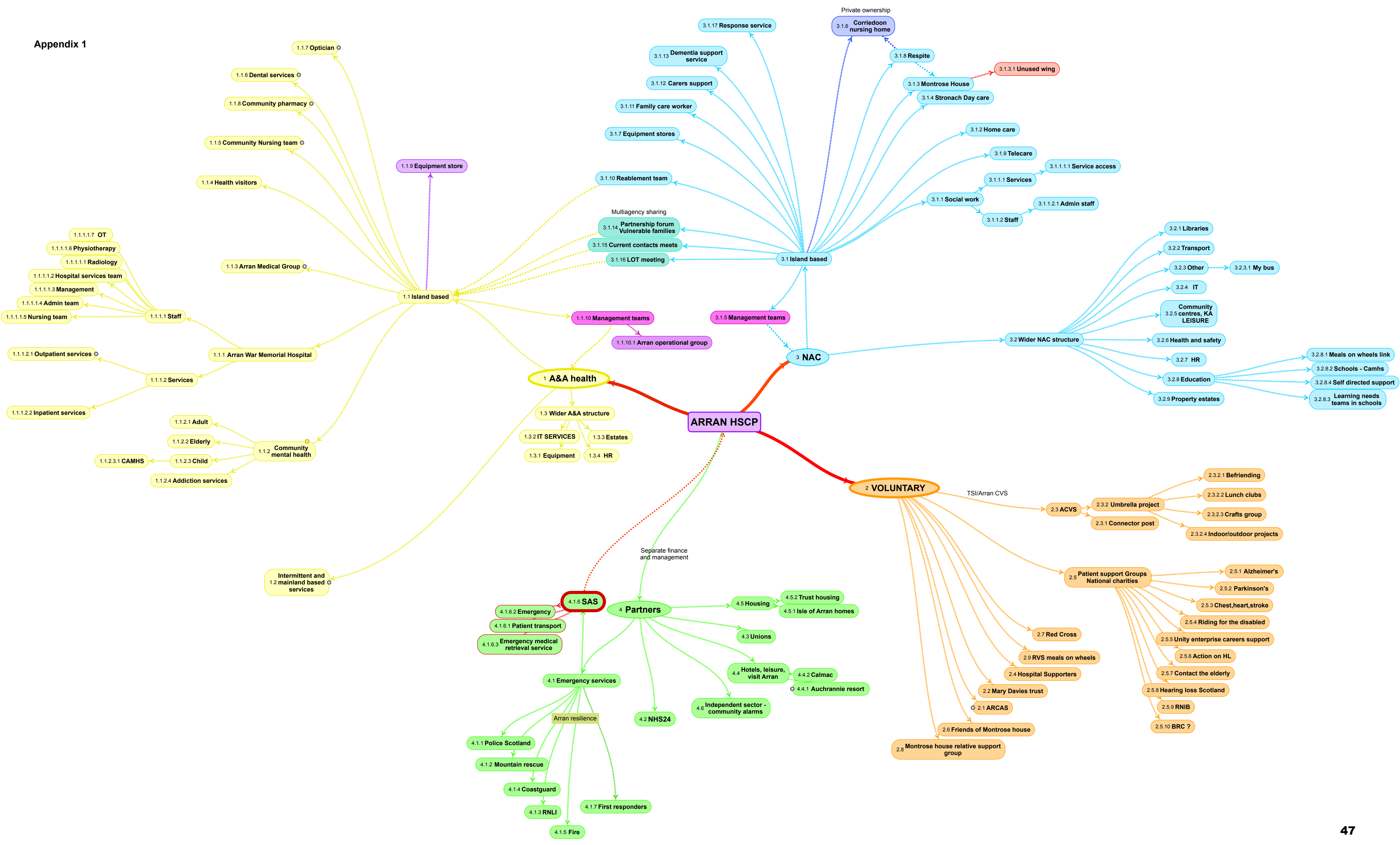
Primary Care Registers – 2013-2014

Disease Area	No on Register
Hypertension	943
Asthma	337
AF	157
Diabetes	272
Hypothyroidism	215
CKD	308
Cancer	203
Heart Failure	58
Epilepsy	33
Mental Health	36
Dementia	36
Palliative Care	18

Appendix 3

Data relating to 137 callouts by Community Nursing team (2014/15)

Palliation	61	Non-Palliation	76
Anticipatory/personal care	25 41%	Urology	32 42%
Symptom Control	24 39%	Wound	11 14.5%
Pain Control	9 15%	Medications	7 9.2%
Death	3 5%	Bowel Mgt	7 9.2%
		Support	4 5.3%
		Equipment	4 5.3%
		Trauma	3 4%
		Falls	1 1%
		Other	7 9.2%



Integration Joint Board 10th December 2015

Agenda Item No. 9

Subject:	Developing Partnership Forums within Health and Social Care Partnerships
Purpose:	To advise IJB members of the proposals to develop Partnership Forums within each Health and Social Care Partnership.
Recommendation:	That IJB members approval the proposals and Terms of Reference for the Forum.

1.	INTRODUCTION
1.1	Currently local authorities and NHS Ayrshire and Arran have different processes for engaging with Trade Unions/Professional organisations. The creation of the Health and Social Care Partnerships meant there was no agreed mechanism to jointly engage with Trade Unions and professional organisations.
1.2	It was agreed at the NHS Area Partnership Forum that Iona Colvin, Director NAHSCP would establish a Partnership Working Group consisting of the three Directors of Health & Social Care, three NHS Staff Side representatives and three local authority Staff Side representatives to agree proposals for staff partnership arrangements within Health and Social Care partnerships.
2.	CURRENT POSITION
2.1	The first meeting of the joint working group met on 16 th February 2015 and 13 th April 2015. At these meetings it was agreed to broaden the conversations and engage key stakeholders. To facilitate this, a joint NHS and local authority partnership agreement development workshop was held on 21 st April 2015. The working group met again on 31 st July to review and discuss the summary report.
2.2	At the meeting on 31 st July 2015 it was agreed that a small sub group be established to agree the priority recommendations, develop staff partnership arrangements, to include remit, Terms of Reference, membership, one over-arching structure and sub-structures, and produce one single framework.
2.3	The group have produced Terms of Reference for a Health and Social Care Forum and this is attached at Appendix 1.

3.	PROPOSALS
3.1	The Integration Joint Board is asked to agree the Terms of Reference and endorse the proposal to establish Health and Social Care Forum by 1 st April 2016.
4.	IMPLICATIONS
4.1	Financial Implications
	There are no financial implications arising directly from this report.
4.2	Human Resource Implications
	There are no human resource implications arising directly from this report.
4.3	Legal Implications
	There are no legal implications arising directly from this report.
4.4	Equality Implications
	There are no equality implications.
4.5	Environmental Implications
	There are no environmental implications.
4.6	Implications for Key Priorities
5.	CONSULTATIONS
5.1	All key partners have been consulted with in relation to the Terms of Reference.
6.	CONCLUSION
6.1	Members of the IJB are asked to endorse the Terms of Reference.

For more information please contact David Donaghey, NHS Staff Side Representative and Louise McDaid, NAC Staff Side Representative.

Health and Social Care Partnership Forum

Terms of Reference

1 Introduction

Engaging positively and constructively and working in partnership between the Trade Unions and Health and Social Care Partnerships is vital to delivering high quality value for money services for the residents of Ayrshire. This is only possible if we have a committed, flexible, engaged, valued and appropriately trained workforce.

Local Authority and NHS managers and all Trade Unions will work together as partners recognising that true partnership working will benefit service delivery and the workforce as a whole.

2 Key Partners

- Local Authority Trade Unions and NHS Trade Unions/Professional Organisations
- Senior management teams
- Local Authority and NHS Human Resource (HR) Managers
- Other key partners as required

3 Values and Principals

Partnership is defined, for these purposes, as ‘the inclusion of all stakeholders involved in the provision of health and social care, including the processes of formulating, designing, reviewing, consulting and negotiating with regard to that provision’.

All partners agree to work together within this framework in order to achieve sustainable improvement across the Health and Social Care Partnership. All partners jointly agree to commit to the following values:-

- Mutual trust, honesty and respect
- Openness and transparency
- Fairness/equity of view
- True engagement, recognising each other's views

4 Remit

Each Health and Social Care Partnership will bring together key individuals from management and Trade Unions to constitute a “Partnership forum” that enables early discussion of, input to and influence over the Health and Social Care Partnership’s strategic decision making affecting services and workforce including a health safety and wellbeing component.

The aims of each Health and Social Care Partnership will be

4.1 Strategic service planning, modernisation and development

To enable staff to influence strategic decision making through their recognised representatives.

4.2 Leadership development, workforce issues and any resultant HR implications

To enable consistently high quality people management and employment practices in partnership within the Health and Social Care Partnership. The forum will consider issues relating to organisational culture, organisational change, employment practice and staff education, training and learning opportunities.

The Forums will provide a means to address issues which relate to a specific site or service which is wholly provided within the Forum's geographical area, or on a pan Ayrshire basis where the Health and Social Care Partnership is the lead partnership for a service.

4.3 Health Safety and Wellbeing

The group will address health, safety and wellbeing activities within the Health and Social Care Partnership that affect staff, patients, contractors and members of the public.

There is a recognition by the fora that Trade Unions retain the right to represent the interests of their members and will not replace individual and collective activity by Trade Unions representing their members on employment or Health and Safety concerns.

5 Communication

Sharing of information will be a fundamental principal of effective operation of the partnership forum. It is expected that there will be responsible use of shared information at all times and respect given in terms of sensitivity of such information.

6 Group Membership

Members will be elected/appointed to serve on the Health and Social Care Partnership Forum as representatives of their constituent group/members and each will ensure that it is represented on the forum by appropriate management and HR representatives and accredited Trade Union/Professional organisation representatives.

Each recognised Trade Union/Professional organisation will have equal status within the forum in terms of views expressed. There will be no built in majority of staff side or management representatives. Other key stakeholders will be involved as deemed appropriate in relation to the Health and Social Care Partnership work-streams.

Within Local Authority, the Trade Unions covered by this document are :-

UNISON
UNITE
GMB
UCATT

Each having 2 seats

The NHS has 15 Trade Unions/Professional Organisations. For equity there will be 8 NHS Trade Union representatives for each fora:

BMA;
RCN;
UNISON;
UNITE; and

and additional 4 Trade Union representatives to be agreed locally.

7 Chairperson

Management will nominate the management joint chair. Similarly the collective Trade Unions will elect the staff side chair. The management side will provide full secretarial support to both joint chairs.

8 Quorum

The quorum of the Health and Social Care Partnership forum will be at least one half of the committee including at least one of the joint chairs. Inquorate meetings can proceed where appropriate, but any decisions taken by an inquorate meeting will not be applicable until validated by a quorate meeting.

9 Frequency of Meetings

The group will normally meet every 8 weeks, but at least 3 times per annum. The co-chairs, may at any time, convene additional meetings if and when required. Meetings should be planned and dates set for a 12 month period.

The frequency of meetings should be reviewed annually.

10 Conduct of Business

10.1 Agenda Items

Request for agenda items must be made no later than 10 working days before the next meeting of the Health and Social Care Partnership Forum. Any exception to this timescale must be agreed by both Joint Chairs and should only be done so on an exceptional basis.

All submission papers for meetings must be made in electronic format. The only exemption will be when papers are not available in electronic format and are not convertible. Any exemption must be agreed by both Joint Chairs.

10.2 Minutes

Draft minutes of the Health and Social Care Partnership Forum meetings will be issued to all members, after being agreed by the Joint Chairs, no later than 15 working days after the meeting.

Any action notes will be issued to the appropriate forum member within 7 days of the meeting in question.

Meetings will be called by the Joint Chairs. The agenda and supporting papers will be sent to members at least 5 working days before the date of the meeting.

10.3 Absence

In the event of any forum member being unable to attend, apologies should be sent to the secretary of the forum.

10.4 Nominated Deputies

All members may designate a nominated Deputy who may attend in the member's absence and contribute to decision making. This will require the Deputy to be fully briefed on issues and have delegated responsibility for their area of responsibility.

Nominated deputies will receive all agenda papers for the Health and Social Care Partnership. The names and contact details of nominated deputies should be sent to the secretary of the forum.

11 Decision Making

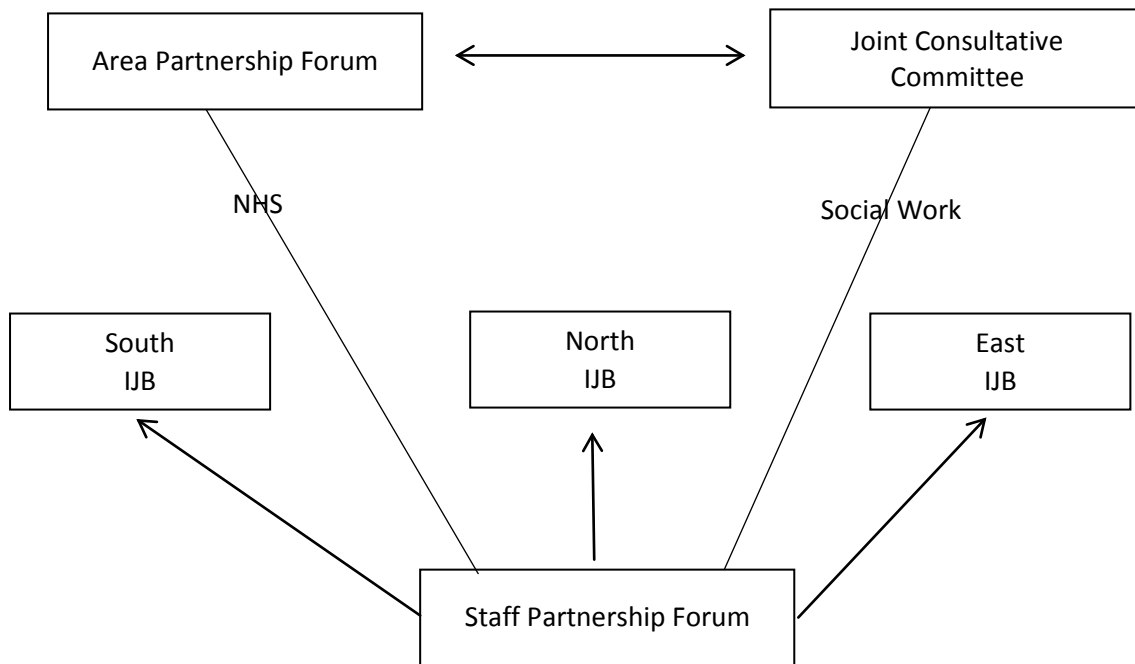
Decision making will normally be by generally accepted opinion or decision or exceptionally by the overwhelming majority of both management and Trade Unions, with any dissenting views recorded in the minute. If determined by the HSCP forum that a working group requires to be established to further explore and discuss specific agenda items, a sub group of the Health and Social Care Partnership forum can be formed if required.

12 Review

It is acknowledged that partnership working will be a continually evolving process. This agreement may change over time to reflect developing working practices.

This agreement will be formally reviewed on annual basis from the date of implementation in addition to proactive review of remit, aims and membership.

Partnership Model
Pan Ayrshire & Arran Redesign and Change



XXXX Health and Social Care Partnership

Agenda

<u>Item</u>	<u>Title and Recommendation of Item Number</u>
-------------	--

- | | |
|----|------------------------------|
| 1. | Integration update |
| 2. | Co-Location |
| 3. | Systems and Processes |
| 4. | Public Holidays |
| 5. | Service Reviews/Redesign |
| 6. | HR/Workforce |
| 7. | Health, Safety and Wellbeing |
| 8. | AOCB |

**Integration Joint Board
10th December 2015**

Agenda Item No. 10

Subject: Director's Report

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

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

1.	INTRODUCTION
1.1	This report presents a high level overview for members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP), both locally and with the other Ayrshire partnerships.
2.	CURRENT POSITION
	<u>Strategic Planning & Operational Group (SPOG)</u>
2.1	The Strategic Planning & Operational Group (SPOG) continue to meet on a weekly basis. A half day session on Implementing Strategic Service Change Programmes was held on Friday 13 th November 2015. This will be followed up by an all-day session on 15 th January 2016 at Greenwood Conference Centre, Dregthorn involving Heads of Service, Professional Leads, Business Leads and Chief Financial Officer to formally launch the Ayrshire and Arran wide Change Plan, incorporating North Ayrshire Change Programme. The wider Change Plan will support the NHS Chief Executive's report on Managing a Balanced Health and Care system.
	<u>Ayrshire Developments</u>
2.2	<u>Winter Planning</u>
	Winter planning arrangements are now in place with teleconferences held every day at 6.00 p.m., between the Chief Executive, Directors of Health & Social Care, Director of Acute Services, Medical Director and Nurse Director.

	<u>Staff Partnership Forum</u>
2.3	A report on developing partnership forums within Health and Social Care Partnerships has been prepared and will be presented to the NHS Area Partnership Forum and North Ayrshire Joint Consultative Committees for consideration, prior to submission to the IJBs across Ayrshire for final approval.
	<u>North Ayrshire Developments</u>
2.4	<u>Change Programme Update(s)</u>
	Projects within the Change Programme are making good progress, specifically, in relation to Health & Community Care :-
	Arran Integrated Model of Care
2.5	Two meetings of the Steering Group have taken place, building on a stakeholder Appreciative Inquiry event held last December. The group has undertaken a needs assessment which each service on the island contributed to. The group is preparing to undertake a mapping exercise of existing services. This will commence in December 2015.
	GP Engagement – Community Connectors
2.6	The Community Connectors are keen to begin their new roles within GP pilot practices. Meetings with the GP pilot practices have taken place and each Community Connector has made contact with the relevant Practice Manager.
	Equipment and Adaptations
2.7	An Appreciative Inquiry event was held on 21 st October 2015 involving 45 stakeholders. From this an action plan has been developed to take this work forward. A report on the improvement findings from a LEAN six sigma project will be submitted to the North Ayrshire Strategic Management Team in November 2015.
	Within Mental Health services, projects are also progressing well, namely :-
	Integrated Addiction Services
2.8	Accommodation for the North Ayrshire Drug and Alcohol Team is being sought within Caley Court, Stevenson. A single point of contact is being established within Caley Court with consultation between IT services across organisations to create pathways for staff to access systems across the partnership and establishing security protocols for third sector colleagues to access systems. Appreciative Inquiry sessions have taken place with staff groups as part of the workforce development programme.
	Neuro-Developmental Pathway
2.9	A multi agency group has developed an umbrella pathway for Neuro-Developmental Assessment and Care for school age children. The pathway will be piloted in the East Ayrshire HSCP but will be tied into the wider Psychological Services review.
	Psychological Therapies
2.10	The Project Steering Group met for the first time on 9 th October 2015 and identified four workstreams – Service Demand; Capacity and Activity; Service Models and Mapping and Workforce. An Appreciative Inquiry event is planned for 27 th November 2015 and will include all Psychological Therapy staff.
	<u>Twitter Account</u>

2.11	North Ayrshire HSCP now has its own Twitter Account @NAHSCP. This will provide another way for the partnership to communicate with staff, service users, stakeholders and the public about what is happening within the partnership as well as wider health and social care news.
	<u>Care at Home Providers</u>
2.12	The partnership continues to manage issues with two Care at Home providers which has resulted in changes in how services are delivered locally.
2.13	The first of the providers recently approached our Care at Home Team to advise that their Irvine office was not viable, based on their current income and that, unless their hourly rate was increased, they would close the office and hand back all the work to our service. It was assessed that the impact of the increased hourly rate was not affordable. The decision was therefore taken to maintain the provider rates at their current levels and work with the provider to TUPE transfer their 43 staff to NAHSCP Care at Home service. This work should be concluded on 7 th December 2015.
2.14	The second provider advised they were experiencing difficulties in maintaining the quality and dependability of their services in North Ayrshire and on Arran. This provider was operating under a voluntary moratorium since August 2015. Due to insufficient improvement being demonstrated a compulsory moratorium was established on 22 nd October 2015. The provider then decided to withdraw from their contract to provide Care at Home and Community Alarm services on Arran, allowing them to focus on their mainland service.
2.15	Work is underway to TUPE transfer staff on Arran to the NAHSCP Care at Home service. This will ensure continuity of service provision on Arran. The transfer should be completed by 11 th December 2015.
	<u>Vennel Gardens & Hub, Irvine</u>
2.16	North Ayrshire HSCP has worked closely with Housing in the design of a Social Hub in Glasgow Vennel, Irvine. This was officially opened Thursday 26 November. The development will include a communal area within a Sheltered Housing Complex for both residents and older people from the wider community to participate in organised activities such as coffee mornings, lunch clubs, movie nights, games etc. Visiting services such as hairdressing, podiatry, and dental services will also be available.
2.17	The vision and values of the Social Hub promotes the values of independence, inclusion and choice for all older people in the North Ayrshire. The Service is also committed to service users within North Ayrshire which is an ideal that envisages citizens working to improve their community by volunteering with the aim of improving life within their local area.

	<u>Food and Fairness in North Ayrshire (#fairerscotland)</u>
2.18	On Tuesday 10 November, local people including farmers, community development organisations, community growers, local authority and health and social care professionals, discussed how to improve food inequality and how to change the way people relate to, source, consume and benefit from food. Fresh milk – from Bute – along with an organic lunch (including cloutie dumpling) – from North Ayrshire Council catering team, was on offer.
2.19	An action plan will be developed in consultation with attendee, and hopefully supported by national financial inclusion funding This will pave the way for a more co-ordinated approach to local food – making it fairer for producers, retailers and consumers – and will help to address food inequality and health conditions related to poor diet.
	<u>Draft National Strategy For People Who Go Missing In Scotland</u>
2.20	<p>The Scottish Government issued a consultation on a <u>draft national strategy for people who go missing in Scotland</u> which closed at the end of November.</p> <p>North Ayrshire HSCP hosted a consultation event on 16th November 2015 at the Gailes Hotel, Irvine. Lynne Pritchard from Strategy Unit: Police Division at the Scottish Government introduced the draft strategy, and provided stakeholders the opportunity to explore how to respond across the four themes within the consultation, which are Prevent; Response; Protect and Support.</p>
2.21	<p>The aim of the Strategy is to foster a preventative approach across agencies and Government, and to provide a framework for partners at a local level to ensure the best response is taken to an incident, that support is provided to missing people and their families, and to protect vulnerable people by reducing the risk of harm coming to them. Some of the key reasons why this is such an important issue are highlighted below:</p> <ul style="list-style-type: none"> • There are a high number of missing persons cases reported to Police Scotland each year – over 30,000 – and many others which remain unreported. • Going missing can be symptomatic of a range of harm occurring, including exploitation, trafficking, and abuse. • There are clear links between child sexual exploitation and young people going missing. • The vulnerabilities of many people who go missing are such that they are often already known to local authority services such as housing, child or adult protection, and social work. • Around a third of incidents are repeat cases – for example young people repeatedly running away from care. • An estimated 80% of adults who go missing have mental health issues. • A large proportion of adults with dementia go missing – some 40%.

2.22	<p>Reducing the harm caused by “missing” in Scotland will contribute to many of the National Outcomes in the Scottish Government’s National Performance Framework, including:</p> <ul style="list-style-type: none"> • We have improved the life chances for children, young people and families at risk. • Our children have the best start in life and are ready to succeed. • Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it. • We live our lives safe from crime, disorder and danger. • Our public services are high quality, continually improving, efficient and responsible to local people’s needs.
	<u>Gateway 4 Review – Woodland View, Irvine</u>
2.23	A Gateway 4 Review of Woodland View, Irvine took place between Wednesday 2 nd December 2015 and Friday 4 th December 2015.
	<p>The purpose of a Gateway 4 Review is to provide assurance that the project is well managed, any significant risks are identified and managed, and the organisation is ready to go “live”. The Review Team is independent of the Woodland View Project Team. A report will be produced from the Review which will be an evidence-based snapshot of the status at the time of the review. This report will be presented to the Project Director of Woodland View at the conclusion of the review. The final report will be brought to a future IJB meeting for discussion.</p>
	<u>Health Improvement Scotland HEI Inspection – Ayrshire Central Hospital</u>
2.24	Following the HIS inspection of Ayrshire Central Hospital on 8 th and 9 th September 2015, an action plan has been prepared to address the areas of concern highlighted by inspectors.
	Work is now underway in Pavilions 1, 2 & 3 against all the actions. Peer Reviews of ward compliance, with associated action plans have commenced. A full report on the action plan will be submitted to the IJB in February 2016.
	<u>Draft Children Services Plan</u>
2.25	<p>A draft Children’s Services Plan has been produced for the next four years to describe proposals to safeguard, support and promote the wellbeing of children in North Ayrshire. It sets out the promises that CPP partners will deliver to achieve this for children and young people in the early years, in primary and in secondary school age groups.</p> <p>The draft Plan builds on the evidence gathered through the recent community and school surveys carried out with the Dartington Social Research Unit and responds to the priorities identified from them.</p> <p>The Draft Plan has been published for consultation and comments are invited by 18 December 2015. The plan can be accessed through this link Draft Children’s Services Plan 2016-2020.</p>

	<u>Strategic Planning Group</u>
2.26	<p>The Strategic Planning Group will meet on 10th December 2015 to focus on the fifth and final strategic priority and begin to review our whole year's progress against the Strategic Plan.</p> <p>This session will be an important pre-cursor to the Joint Session between IJB and Strategic Planning Group members on 14th January 2016.</p>
	<u>Lean Six Sigma Day of Success</u>
2.27	Teams from across the Council have been showcasing the innovative and pioneering work taking place to improve processes and increase efficiency across services, using the tried and tested Lean Six Sigma methodology.
2.28	Seven projects were featured: School HR Absence data, External Mail, Service User Arrears, Time Sheets, Duty of Care paperwork, Follow up processes and High volume / low value Occupational Therapy equipment.
	<u>Threading the Needle</u>
2.29	North Ayrshire Health and Social Care Partnership was recently successful in securing a project to work with Evaluation Support Scotland on the Threading the Needle programme.
2.30	The programme is funded by the Scottish Government and will support four Partnerships to deliver their statutory responsibility to actively involve the third sector in the planning and design of integrated health and social care services.
2.31	The project will look at how we evaluate the third sector Integrated Care Fund projects, the evidence and reporting we need to put in place for future projects and how we use this information to inform the commissioning process. This project is expected to be completed by early autumn 2016.
3.	IMPLICATIONS
	Financial Implications
3.1	There are no financial implications arising directly from this report.
	Human Resource Implications
3.2	There are no human resource implications arising directly from this report. The human resource implications for each proposal for the partnership will be considered as they are developed.
	Legal Implications
3.3	There are no legal implications arising directly from this report.
	Equality Implications
3.4	There are no equality implications.
	Environmental Implications

3.5	There are no environmental implications.
	Implications for Key Priorities
3.6	NAHSCP will continue to work to the delivery of the five objectives within the Strategic Plan.
4.	CONSULTATIONS
4.1	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of consultation.
5.	CONCLUSION
5.1	Members of the IJB are asked to note the ongoing developments within the partnership.

For more information please contact Iona Colvin, Director on 01294 317723 or icolvin@north-ayrshire.gcsx.gov.uk.

Integration Joint Board
10th December 2015
Agenda Item No. 11

Subject: **Quarter 2 Performance Review Report**

Purpose: To provide members with an overview of NA HSCP Performance against our Strategic Plan from April to September 2015

Recommendation: IJB discuss and note the contents of the Q2 Performance review Report

1.	INTRODUCTION
1.1	This initial Performance Review report for North Ayrshire Health and Social Care Partnership shows performance and progress against the 5 strategic priorities.
1.2	Our performance management framework is a work in progress so further refinements will be made to the report as improved Key Performance Indicators (KPIs), targets and data sources become available.
2.	CURRENT POSITION
2.1	This report seeks to demonstrate our progress across our 5 strategic priorities, by reviewing our performance against key performance indicators and by providing updates against each of the actions set out in our strategic plan.
2.2	This report also formed the basis of our first joint performance review with John Burns and Elma Murray, which took place on 13 th November 2015 and will be considered by the inaugural meeting of the Performance and Audit Committee on 21 st January 2016. Report is attached as Appendix 1.
3.	PROPOSALS
3.1	IJB review and agree the attached Performance Report.
4.	IMPLICATIONS
4.1	Financial Implications
	None
4.2	Human Resource Implications
	None

4.3	Legal Implications
	None
4.4	Equality Implications
	None
4.5	Environmental Implications
	None
4.6	Implications for Key Priorities
	None
5.	CONSULTATIONS
5.1	None
6.	CONCLUSION
6.1	IJB members are asked to consider the content of the Performance Report

For more information please contact Jo Gibson on 01294 317807 or jogibson@north-ayrshire.gcsx.gov.uk



NORTH AYRSHIRE
Health and Social Care Partnership

Performance Report

Quarter 2 2015-16

TSI North
Ayrshire

scottishcare 
The voice of the independent care sector in Scotland


North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

NHS
Ayrshire
& Arran

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Introduction

The purpose of this report is to afford a high level overview of the progress made by the Health & Social Care Partnership in delivering the 5 strategic priorities as set out in the strategic plan.

The partnership has been a legal body since April 2015. In the short time since then we have been working towards delivering dynamic services that will let us deliver on our 5 strategic priorities.

Structure





An overview page offers a summary of all activity by providing scorecards on the status of all Actions and Indicators. In each case (in the action and indicator table), the 5 strategic priorities are listed. Against each is information on the number of Actions or Indicators allocated to that priority and the status of each of those measures.

From the overview page, the report is then structured by the HSCP Strategic Plan priorities:





- Tackling Inequalities
- Engaging Communities
- Bringing Services Together
- Prevention and Early Intervention
- Improving Mental Health & Wellbeing

Each section is complemented with performance indicators and strategic actions that directly contribute to the strategic priorities.

Status information follows the Covalent convention of RAG status. As such, each measure will be allocated under; On target (green), Slightly adrift (Amber), or Significantly adrift (Red) – based upon current status. Where there is no available target or action update this is also indicated. The table below is a key to the symbols used throughout the report:

RAG Symbol	Denotes Action	Denotes Performance
	On Target	On Target
	Slightly Adrift	Slightly Adrift
	Significantly Adrift	Significantly Adrift
	No Update	No target/Data Only

The trend arrows indicate our aim for the performance indicator.

Trend	Denotes
	Aim to Maximise
	Aim to Minimise
	Monitor
	No Update

Priority Sections

Indicators

Presented in the report is a series of best fit 'proxi' indicators. Going forward, these KPIs may be subject to change as more suitable measures are sourced. Work is ongoing to identify Key Performance indicators (KPI) against each strategic priority, in conjunction with HSCP Heads of Service and Senior Managers.

As part of this work, indicator targets and service standards will be set. This will allow for meaningful measurement of each indicator.

Actions

Within the strategic plan, each strategic priority has identified Key Actions. Against each Key Action are a series of sub-actions. In each section of the report, a summary scorecard table is provided detailing the volume and status of all sub-actions against each key action.

Following this summary will be further tables providing the detailed sub-actions complete with RAG status and manager narrative. The table below demonstrates the format these detailed tables will take.

Key Action	
Sub Action 1	
RAG Status	Narrative
Sub Action 2	
RAG Status	Narrative

Some Health PIs cannot be updated quarterly as data is not released on a quarterly basis. Some Health data can take up to six months before validated information is made available. In these cases the most up to date data is included.

Overview

Our first 6 months as an integrated Health and Social Care Partnership have been both challenging and rewarding. We have begun to see some of the benefits of integrated system working, for example in supporting older people to remain at home or get home from hospital as soon as possible.

Our significant change programme is well underway, with projects on track including Woodland View, integrated addictions service and review of aids and adaptations..

Our governance and performance management structures are now agreed and in place and we have made significant progress in developing our approaches to engagement with the public and with staff. In addition we are about to establish Locality Planning Forums in each of the six localities, working closely with the Community Planning Partnership.

It has been a busy but fruitful 6 months, the pace of change is challenging so while the potential for improvement over the next 6 months is significant we will need to ensure plans are staged to ensure sustainability

Children's Health Care and Criminal Justice – Our Highlights

- Criminal Justice Services Within Criminal Justice we are continuing to achieve the very high percentage of individuals subject to level 1 Community Payback Order Unpaid Work completed within 3 months.
- Youth Justice Services There have been some significant outcomes from the embedding of the Whole Systems Approach in Youth Justice. We have consistently seen the use of Secure Remand reduce over the past six years, with the past two years recording two young people each year. 2013/14 saw two young people remanded through the courts for 22 weeks in total, at a cost of £110,000. As a particular highlight for 2014/15 we had one young person remanded to Secure care through the courts for a period of one week at a cost of £5,000, this is a 95% saving on the previous year.
- The creation of the Pathways for Positive Futures project (Contact Centre) will allow us to carry out thorough and structured assessment of parental capacity. Clearer opportunities now exist to aid the upskilling of parental capacity. This approach is based on the principle of intervening at the earliest possible stage. It will ensure robust decision making and will prevent drift and ensure the best outcomes for children who are looked after and accommodated.
- Universal Early Years Health Visitors are highlighted as paramount in ensuring proactive, early identification, assessment and intervention for all families with children pre-birth to 5 years. To build on this the Universal Early Years Service has introduced an evidenced based structured Health Visiting pathway of care alongside the commitment to invest in an additional 20 Health Visitors. These changes will increase Health Visiting capacity and opportunities to work closer with families building trusting relationships and also having the opportunity to identify and intervene before difficulties arise or to provide early assistance where needs become apparent.
- Kinship Care In terms of Kinship care the percentage of children in a placement, who are subject to a Residence Order, has increased over the last few years. The target of 15% was set, but this has been met and exceeded, as at 30th September 2015 to 36.86%.

Children's Health Care and Criminal Justice – Our Challenges

- Move from a Community Justice Authority model The challenge we face over the next year is the move from a Community Justice Authority model (8 across Scotland, our South West Scotland CJA involves the 3 Ayrshires and D&G), to a community justice model where responsibilities for community justice are going to be placed with the 32 Community Planning Partnerships across Scotland. We need to ensure that during this transition there is no diminution of service and that the social work criminal justice services which are shared across North, East and South Ayrshire continue to be relevant, effective and efficient.
- Teams around Children will be created which will see the co-location of multi-disciplinary teams within each locality to respond to needs as and when they arise. The co-location of Children Services professionals together in locality hubs will also improve communication and staff expertise, and will allow for the delivery of shared outcomes.

- Named Person The implementation of the Named Person as part of the Children and Young Person's Act will also bring challenges to the Universal Early Years Service and other Children and Adult services working with families with young children. We are committed to and making progress to address these challenges by putting in place arrangements that support the co-ordination functions of the Named Person. Within this, plans are being developed to manage and co-locate some key services with the Named Person such as Early Years Community Social Workers, Early Years Assistant Nurse Practitioners, admin teams and Family Support services. Our ambition is also to work toward a single child's record overcoming increasing information sharing challenges.
- Concerns Hub There has been a significant increase in the number of adult and child concern referrals generated by Police Scotland. As a result of this increase, staff are under significant pressure to maintain responses which assess the needs of the adult and promote their well-being at the same time. Where cases are unknown, these concerns are raised with the Health and Social Care partnerships Service Access team, who assess the risk and respond accordingly or refer onto the respective fieldwork team. The pressures around the volume of referrals and the linkages between HSCP and Police concerns as well as the linkages between Service Access and field work teams can create challenges. There is a planned approach to addressing this, through the creation of a Concerns Hub based at the Kilmarnock Police station and a plan to reconsider the agreements between the Service Access team and both the children and family and adult community care teams. For all concerns raised relating to new referrals, the Concerns Hub would carry out initial holistic assessment, and ensure that only those most at risk and potentially in need of further intervention from services are referred on. This will therefore allow both adult and children's services to focus on those adults and children who are most in need of care and protection. The Concerns Hub is a pan Ayrshire development and the challenge is to continue momentum with a wide range of parties.
- External Fostering The number of children placed within external fostering placements had risen to their highest levels in 2015/16. This statistic reflected the increase in the numbers of children being 'looked after and accommodated' and the pressures on the Family Placement Service. Although the number of foster carers had also risen to the highest number, the demand continued to exceed the supply. Work is ongoing to not only reduce the number of external placements being utilised, but also the overall number of children requiring to be accommodated at all.

Health and Community Care – Our Highlights

- Delayed Discharges Maintaining zero delays in respect of discharges, so there have been timeous discharges to care homes.
- Dementia Training We appointed three Dementia Trainers to work across Ayrshire & Arran. They used the Promoting Excellence Framework which incorporates levels of training. To date 4,075 staff member have been trained
- ICES response times to referrals. In Q2 81% were seen within 1 day of referral to the ICES Team.

Health and Community Care – Our Challenges

- Recruitment of care at home staff. Within Community Care services there has been a recruitment campaign ongoing for several months to increase the numbers of in-house care at home staff. Over and above the more "traditional" methods of recruitment (adverts in local press, recruitment portals) the Service has been utilising social media, providing information sessions at Job Centre Plus, delivering presentations at colleges, poster campaigns, hosting Recruitment Stalls and linking with Economic Development colleagues to attract individuals into the profession. Despite all of that, the numbers of individuals applying for care at home positions continues to be a challenge as other socio-economic factors also have an impact on this sector.
- Delayed Discharges Managing zero delayed discharges in relation to staff workloads and availability of beds within care homes.
- Dementia Training The further roll out of Dementia training and other training to colleagues in the third and independent sectors. To identify training needs of Care Home Sector and ways to address those.
- ICES Facilitate timely discharges and alternatives to admissions. Home care needs to be available at very short notice.

Mental Health and Addictions –Our Highlights





- Adult Mental Health Inpatients Acceptance by Corporate Management Team of the background/cause to financial pressures within Adult Mental Health inpatient services through the development of a three year plan Business Paper encompassing this and other pressures, resulting in agreement for time limited funding to secure additional staffing resource to meet clinical pressures till this can be reviewed once services move to Woodland View.
- Flexible Intervention Service Evaluation (FIS) the service was evaluated very positively. It provides low level, flexible support to people with mental health problems or learning disabilities who might otherwise not meet the criteria for intervention from the community teams. The service is operated by Richmond Fellowship Scotland and is designed to respond quickly to people who are presenting in crisis. The funding for this was only for two years initially and discussions are underway about continuing this
- Arrol Park Development Workshop Arrol Park Resource Centre is a sixteen bed Learning Disabilities Assessment and Treatment unit and is a pan-Ayrshire service. This works across the three local HSCPs. A development workshop was held, with the involvement of front-line staff across disciplines, in order to provide them with an opportunity to discuss Arrol Park's role in the context of the new service landscape. The primary aim was to consider the A & T service and identify quick actions which could enhance the service provision. The workshop was very successful and the actions generated were all relevant and many were easily realised within existing resources.
- Opiate Replacement Therapy (ORT) model The historic prescribing staffing complement and skill mix within NHS Addiction Services is no longer sufficient. A new visionary recovery-focused mixed model of ORT prescribing and support was agreed earlier this year and over the last 6 months elements of this new blended and more localised prescribing model has been successfully phased in. The service now has an increased range of prescribing options including GP and Pharmacy and Advanced Nurse Practitioner prescribers. These new staff members have been recruited, trained and supported to gradually increase their prescribing capacity whilst being supported by Addiction Service Consultant Psychiatrists. This will continue to be further developed over the next 6 months.
- Integration of NAC and NHS Addiction Services Recruitment to new senior management team and engaging with both staff groups using Appreciative Inquiry. Currently involving staff in creating the vision of the new service whilst being supported by the Change Team.
- Development of intensive support/crisis team - A formal bid to Scottish Government was successful in receiving funding for additional posts to develop a mobile responsive team for young people in crisis and requiring mental health support. Linked to this is additional funding for 2xteachers (mental health) through attainment monies. Thus ensuring a comprehensive multiagency response to children and young people with mental health needs.
- Zero Waiting Times Delivering a rapid response (zero waiting times) within critical areas e.g. Medical Paediatric Psychology, where children admitted to hospital require an immediate neuropsychological assessment to determine differential diagnosis or decisions regarding discharge.





Mental Health and Addictions – Our Challenges

- Adult Mental Health Inpatients Seeking a pan-Ayrshire solution to the shortage of accommodation/support options for individuals with severe and enduring mental illness whose care needs can only currently be met in NHS inpatient settings. Resource will be required to commission alternative accommodation/support models.
- Employment Legislation One of the challenges facing Learning Disability has been the change in employment legislation which impacts on the arrangements for supporting people in their own tenancies with sleepovers. There is a requirement to pay an hourly rate rather than a set, overnight rate. This has potentially significant financial implications for the HSCP. The current sleepover model is not sustainable and, as a result, work has been instigated to develop an alternative overnight support model. This will consider: increased use of assistive technology; crisis response service models, in-house or commissioned options.
- ORT model – funding
 - Identify funding to:
 - · Continue with the implementation of the Phase 1 elements from April 2016;
 - · Implement the second phase of the staffing model during 2016/17.
- Integration of NAC and NHS Addiction Services The service is currently working through a number of challenging areas including single accommodation requirements for the new team, information governance issues in relation to staff from different services accessing 2 separate electronic client records and IT connectivity issues across NAC and NHS systems. Working groups have been established to support the service in working through these challenges.
- Community Mental Health Service - Increasing volume of referrals from GPs into primary care and community mental health teams indicating the need for a different method of meeting the immediate needs of people with mental health problems.
- Neuro-developmental diagnosis - Developing a comprehensive response to children and young people requiring diagnostic services for neuro-developmental assessment and diagnosis, around Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and other developmental conditions. The need to develop a single point of entry across a multi-agency/disciplinary environment very challenging.
- Zero Waiting Times All of our individual psychological services specialties are very small, sometimes less than 1wte (whole time equivalent). For this reason wait times are extremely vulnerable to maternity and sick leave and time taken to fill vacancies.

Report Summary

The tables below demonstrate a high level view of the progress made towards the HSCP Strategic Plan during the quarter two period (July - September).





Performance Information					
Priority	No. of Indicators				
Tackling Inequalities	6	3	1		2
Engaging Communities	7	3	1		3
Bringing Services Together	4	1		1	2
Prevention and early intervention	21	15	3	1	2
Improving mental health and wellbeing	3	2		1	





Partnership Actions					
Priority	No. of Actions				
Tackling Inequalities	12	12	-	-	-
Engaging Communities	10	9	-	1	-
Bringing Services Together	9	9	-	-	-
Prevention and early intervention	10	10	-	-	-
Improving mental health and wellbeing	16	16	-	-	-


1. Tackling Inequalities

Reducing poverty and the gap between the richest and poorest supports increased economic participation, improved social cohesion and builds stronger communities.

Key Performance Indicators					
Indicator	Target/Benchmark	Performance	Status	Aim to Maximise/Minimise	Frequency of indicator
Number of young people working on activity agreements	20	22 (at period end)	●	↑	Quarterly by service
Income generated by Money Matters Service	£3,765,500	£3,664,209	▲	↑	Quarterly by service
Percentage of individuals subject to level 1 Community Payback Order Unpaid Work completed within 3 months	57%	93%	●	↑	Quarterly by service
Percentage of Referrals to CMHT living in SIMD 15% most deprived areas.	TBC	38%		↔	Quarterly
Number of Adult/LD/CAMHS in out of area units (North Ayrshire Residents)	TBC	28 (Out with North Ayrshire) 5 (Out with A&A)	?	↓	Quarterly
Percent of young people completing Activity Agreement that went on to a Positive Destination. Rosemount, Throughcare/Aftercare	90%	95%	●	↑	Quarterly by Service


Tackling Inequalities					
Key Action Scorecard	No. Sub- Actions				
We will work to reduce the impact of health inequalities on you and your family	4	4	-	-	-
We will work with partners to help people who use our services to identify and deal with their financial difficulties	2	2	-	-	-
We will maximise the potential for you to work	3	3	-	-	-
We will provide support to help keep you safe from harm	3	3	-	-	-


1..1 We will work to reduce the impact of health inequalities on you and your family		% Complete
1.1.01	We will engage with local communities to understand how we can make our health and social care services responsive to all	
	We have had a number of engagement events and activities with our local communities. These have included: consultation on our strategic plan; a review of our engagement processes; an event showcasing all our services at the Magnum Centre; an event to develop stakeholder partnerships focussed on each of our major change projects; discussions on developing our Locality Planning Forums.	50%
1.1.02	We will ensure we make the changes necessary to meet the requirements of our Inequalities Strategy	
	We are leading on the development of an inequalities strategy on behalf of North Ayrshire Community Planning Partnership. This will be completed by January 2016. The strategy will assist us in shifting the balance of care focussing on those in greatest need. This is supported by our strategic plan.	50%
1.1.03	We will ensure our approaches to engaging communities reflect equality and diversity within neighbourhoods	
	The development of our Locality Planning Forums aims to create dynamic and evolving connections within communities.	25%
1.1.04	We will work to ensure services are responsive and sensitive to people who are covered by equalities legislation: protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation	
	We are developing our approach to equalities. An equalities impact assessment has been carried out on our strategic plan. We have agreed a piece of evaluation research in collaboration with the Scottish Transgender Alliance, to evaluate our new integrated addictions services from a transgender perspective. It is hoped that this research will be of national utility.	30%

1.2 We will work with partners to help people who use our services to identify and deal with their financial difficulties		% Complete
1.2.01	We will offer advice to all people who use our services to ensure they are in receipt of their full entitlement of benefits	
	While continuing to provide benefit checks to all service users and patients dealt with at Helpdesk or allocated to Money Matters advisers, the service has been trying to engage with "health" colleagues.	100%

	"Keep Well" Team offers health checks and health and wellbeing advice to people through GP and dental practices. Money Matters has introduced a referral process for "Keep Well" service users to access a benefits check and ensure they are in receipt of full entitlement. Discussions have taken place with Saltcoats Health Centre to pilot a "Benefit Check" for people engaging with GP Surgeries in relation to a long-term condition.	
1.2.02	We will work with partners to offer financial guidance to people who use our services	
●	In Quarter 2 there were 181 benefit checks in relation to Financial Assessment and Charging (100% completed within 4 weeks of referral). Money Matters referred 89 people who did not meet our service remit to NACAS and 42 to Pension Service as part of our agreed referral pathways – to ensure the most appropriate service for users and to avoid duplication. Money Matters Helpdesk acts as point of contact for Ayrshire Family Nurse Practitioners. The Money Matters service has contributed to recent work on the development of a Financial Inclusion Strategy for North Ayrshire. It is hoped that there will be a successful partnership bid for Big Lottery Funding to implement this from 2017.	100%

1.3 We will maximise the potential for you to work		% Complete
1.3.01	We will embrace opportunities created by the North Ayrshire Economic Development & Regeneration Strategy	
●	<p>The responsible manager attends the strategic employability group. There is currently funding bids in through this group which would enable Intervention services to contribute to the strategy further. There is also one member of staff who works with Throughcare and Aftercare services which is funded through Economic development. The role of this post is to target young people who have come through care services and who will be supported to enter into employment, education or training.</p> <p>The final draft of the North Ayrshire Social Enterprise Strategy has been presented to the North Ayrshire Economic Development & Regeneration Board. The intention is to ensure alignment with the refreshed North Ayrshire Economic Development & Regeneration Strategy. The Social Enterprise Strategy is aspirational and aims to more than double the number of social enterprise in North Ayrshire. The Priorities are Developing a Bold and High Profile Sector; Developing Market Share; Developing Sustainability; Building on Potential and Demonstrating Impact.</p>	60%
1.3.02	We will support people to gain skills and confidence in readiness for work	
●	<p>The Throughcare, Aftercare Teams, along with the Rosemount Project and the Programmes Approach Team all work with those furthest away from the jobs market. Some of these programmes are more advanced than others, however the Rosemount and Throughcare programmes in particular show genuine partnership and creativity in its approach as well as positive outcomes for young people progressing onto positive destination. Through group and individualised Activity Agreements there is a targeted approach to supporting young people towards gaining skills and building confidence which has increased the likelihood of young people being ready for work. The Young Persons Support Team also continue to run a successful Duke of Edinburgh programme for young people where there is a significant emphasis upon building confidence and gaining skills which support young people to enter into employment.</p> <p>The service at Hazeldene will continue to support people to develop their independent living skills. Each person will have an individual training plan with the aim of enhancing employability skills and options</p> <p>We continue to fund SAMH Positive Steps to support people with mental health problems access a range of employability options.</p> <p>The Ayrshire wide Employability project is close to going live. This will involve three areas of focus; Business awareness – developing more positive and</p>	25%

	supportive relationships with people affected by cancer; Returning to work – positive assistance to support individuals to remain with an existing employer; Securing work – tailored support to help individuals return to the labour market and secure employment. A draft programme of 18 business seminars have been scheduled and are awaiting final approval from partners. The tailored employability support and the employability pipeline are all in place across the three Ayrshires. This approach is important as it could offer a model for all long term conditions.	
1.3.03	We will set targets for securing employment opportunities for our young people who have been ‘Looked After	
	Work is ongoing to support young people who have been “looked after” into employment. Targets will be set over the next few months.	50%

1.4 We will provide support to help keep you safe from harm		
1.4.01	We will work to ensure the most vulnerable members of our communities are safe and protected and receive the support they need	
	<p>Examples of work include:</p> <ul style="list-style-type: none"> • Opiate Replacement Therapy (ORT). Phase one of the ORT model has been implemented which increases prescriber capacity (GP's ANP and Pharmacy prescribers in each locality). This enables the service to offer more regular prescribing reviews to these service user groups. In addition the service is monitoring the regularity of key worker reviews to ensure that all clients are seen face to face at least 3 monthly (as a minimum). • Locality Teams with Single Point of Contact will ensure ease of access to services and supports. • Utilisation of Adult Support and Protection legislation; use of Care Programme Approach to support those with complex needs to ensure cohesive approach to care; use of Mental Health Act and Adults With Incapacity Act legislation as required to address welfare concerns; child protection considerations at every contact. • Learning Disabilities Services will continue to work closely with service users, families and provider organisations to ensure people with learning disabilities are supported safely and appropriately • We continue to prioritise assessment and support for the most vulnerable people with mental health problems through the immediate delivery of the Flexible Intervention Service and utilising adult protection processes to protect people when required. • As part of reviewing and developing an integrated child mental health strategy, the needs of the most vulnerable children and young people will be placed at the forefront of service planning linked to the North Ayrshire Strategic Children’s plan, including and In particular the needs of young people who are looked after • LDS Psychology: Beat-It RCT (a research project aimed at tailoring a CBT based intervention for depression for people with LD. Depending 	50%



	on results, the approach will be delivered more widely at the end of the project.	
1.4.02	We will ensure that the Partnership is ready to undertake the Named Person responsibilities of the Children and Young People (Scotland) Act 2014	
●	A number of activities have been agreed on a pan Ayrshire basis and this includes Named Person training etc. The Strategic Alliance GIRFEC Working group has been set up to progress these activities. North Ayrshire governance arrangements have also been agreed to progress development work around the implementation of the Act in the Partnership.	16%
1.4.03	Criminal Justice and Youth Justice services will work together to reduce re-offending in our communities	
●	<p>North Ayrshire has a policy of maintaining young people in the youth justice system when it is believed that a more child centred approach is required. This ensures that any transition from youth justice to adult criminal justice is a managed process that meets the needs of the young people that we work with. Our youth justice Programmes Approach Team works with young people on CPO Supervision Requirements and undertakes the case management responsibilities. During 2014/2015 the Programmes Approach Team worked with 38 young people who had been placed on CPO Supervision Requirements and completed 49 Criminal Justice Social Work Reports.</p> <p>Developing strategy will align with children and young people initiatives at risk of offending or re-offending. In particular where mental health issues increase vulnerability</p>	16%





2. Engaging Communities


We know that people in communities have a critical role to play in supporting each other and in designing services to meet local needs.




Key Performance Indicators					
Indicator	Target/Benchmark	Performance	Status	Aim to Maximise/Minimise	Frequency of indicator
Number of Adults accessing Direct Payments	TBC	118	?	↑	Quarterly by service
Number of Children accessing Direct Payments	TBC	35	?	↑	Quarterly by service
Percentage of fostered LAAC who are fostered by an in-house placement	80%	80.0%	●	↑	Quarterly by service
Number of MH/LD Adults accessing Direct Payments	TBC	32	?	↑	Quarterly by service
Percentage of children in a kinship care placement subject to residence order	40%	36.86%	▲	↑	Quarterly by service
Number of in-house foster carers	85	89	●	↑	Quarterly by service
Number of LD service users in voluntary placements.	43 (number submitted in 2014 ESAY return)	77	●	↑	Quarterly by service

Engaging Communities					
Key Action Scorecard	No. Sub- Actions	●	▲	●	?
We will work with local communities	2	2	-	-	-
We will improve how we involve and engage with local communities	5	4	1	-	-
We will build on the strengths of local communities	3	3	-	-	-

2.1 We will work with local communities		% Complete
2.1.01	We will improve links with local communities in Kilwinning, Irvine, North Coast, Three Towns, Garnock Valley and Arran	
	The IJB agreed in September to establish HSCP Locality Planning Forums in each of the 6 localities, chaired by an IJB member. These forums will work very closely with the emerging CPP Locality Partnerships. We have had an event attended by 82 members of the public to discuss how we will engage local communities ? their Locality Forum	50%
2.1.02	We will listen to local people, service users and carers to understand the needs of geographical communities as well as of communities of interest	
	Patient and Care Opinion are both established in North Ayrshire. In addition we have held a number of engagement events with residents of North Ayrshire on a wide range of topics from Care at Home to Aids and Adaptations.	50%

2.2 We will improve how we involve and engage with local communities		% Complete
2.2.01	We will develop innovative ways of listening to local people	
	We have created “Velcro partnerships” with people coming together on the big change issues that they have an interest in, in a focussed and time-limited partnership.	25%
2.2.02	We will improve the ways we communicate and engage with service users, carers and local communities	
	One area of focus has been on the delivery of the Care & Support Exhibition on 7 October 2015. This is the largest event the Partnership has delivered and this years attracted around 1,000 people and 136 stands. Engagement with patients, service users, carers, practitioners and providers has been extensive. This has utilised numerous engagement channels from the more traditional face to face and leafleting to social media and online digital display.	50%
2.2.03	We will consult with parents and young people on the results of the Improving Children’s Outcomes survey	
	Further consultation is planned during the Autumn on the draft Children's Services Plan, which builds on the results of the survey. This consultation included parents and young people.	75%
2.2.04	We will find new ways to engage with people that we have not successfully involved before	
	One example has been our work in the Family Placement Team The Family placement team continually strive to recruit Foster carers. While the number of carers is now higher than ever before, the demand and pressures on the system are increasing. In addition, regularly foster carers keep children they are caring for on a long term basis and other carers As a result, new methods of engagement with the general public are used to encourage applications to foster. Currently, use is made of the NAC website, media advertising and various events. Work is continuing to develop the recruitment strategy and new ways to engage with the public. Engaging with young people in Care Within Fostering, Kinship and residential services, staff continually seeks to ensure that the views of the young people they came for are captured and taken fully into account when providing support services.	16%

	Ascertaining views is usually undertaken by staff or members of independent agencies. However, there has been discussion as to how the young people themselves can be involved and included. Not only in giving their views but in speaking to other young people and helping them express themselves. As a result, work will be undertaken to identify, recruit, train and support young people themselves to act as peer researchers. Not only will young people be able to relate to others from similar circumstances, but the peer researchers themselves will benefit in terms of increasing self-esteem and self-confidence via the ongoing support they will receive.	
2.2.05	We will create a contact point for local communities to directly communicate with the Partnership and services	
	Initial meetings to discuss development have been delayed. New meetings are currently being organised and will take place before the end of Q3. The development of the Locality Planning Forums will create a conduit for direct communications.	25%

2.3 We will build on the strengths of local communities		% Complete
2.3.01	We will jointly identify the facilities, resources and networks available	
	Locality teams to be developed to work with Communities to identify resources and networks The LDS integrated management team is in place and regular meetings have been set up to to promote an integrated approach across the service in order to identify resources. It is anticipated this work will be completed by March.	15%
2.3.02	We will work together to resolve gaps in these facilities, resources and networks	
	Some examples are: <ul style="list-style-type: none"> • NAHSCP is committed to Locality planning and partnership with Communities • The LDS integrated management team will work together to identify gaps and develop strategies to resolve these • All assets and resources will be reviewed in line with developing a comprehensive and integrated model of delivery for children and young people with mental health needs. 	12%
2.3.03	We will work together to support communities to be more active and keep well	
	This strategic priority will be integral in the development of Locality Planning. In addition, the provision of community connectors in pilot GP practices will support people with chronic conditions to remain active and engaged with their communities.	30%


3. Bringing Services Together


The Partnership provides significant opportunities to integrate services and ultimately to enhance the experience of the people and the carers who use these services.

Key Performance Indicators					
Indicator	Target/Benchmark	Performance	Status	Aim to Maximise/Minimise	Frequency of indicator
Number of days people spend in hospital when they are ready to be discharged (Bed days lost).	1936 (Q1 2014-15)	1791	●	↓	NHS data (2 Quarters behind)
Percentage of CP Concerns referrals from Health practitioners	6%	9.6%		↔	Quarterly by service
Number of bed days saved by ICES providing alternative to acute hospital admission	765 (Q1 data)	353	⬮	↑	Quarterly by service
Number of referrals for equipment	TBC	2216	?	↑	Quarterly from ELMS System
Average waiting time for referral for equipment from Stores	TBC	3 Days	?	↓	Quarterly from ELMS System

Bringing Service Together					
Key Action Scorecard	No. Sub- Actions	●	▲	⬮	?
We will work together to provide better services	3	3	-	-	-
We will develop services around local communities	1	1	-	-	-
We will work more closely with GPs and primary care	2	2	-	-	-
We will improve the quality of the services we provide	3	3	-	-	-

3.1 We will work together to provide better services		% Complete
3.1.01	<p>We will bring together health and social care teams to ensure seamless services, including those of the third and independent sectors</p> <p>The third and independent sectors are involved in the IJB, the Change Steering Group and the ICF Care Group. Other examples include:</p> <ul style="list-style-type: none"> Many Health and Social care teams on the Islands of Arran and Cumbrae are now managed jointly through one Integrated Island Services manager. Team leaders from all disciplines are now meeting regularly to explore management and care provision options. Changes to the Arran Operational Group have been implemented with the involvement of TSI representatives and the leads of all service providers. The Addictions service has held two staff support events supported by the Change Team using the Appreciative Inquiry approach. The service continues to work through a variety of IT, Information Governance and accommodation issues which require to be resolved before NHS and NAC Addiction Teams can fully merge into one North Ayrshire Drug and Alcohol Service. 1) Work with Senior Social Worker on pan Ayrshire basis with regards to review of those currently in AMH rehabilitation inpatient setting to identify accommodation/support needs. Proposal will come forward as to potentially commissioning a service. 2) Business paper submitted to CMT has described this requirement and longer term goal to develop a community based hospital hostel model for forensic services. 3) Discharge checklist being piloted in one adult admission ward to strengthen discharge planning across all services. We will commence the integration of community mental health services in 2016 as part of our Change Programme. <p>We will incrementally move towards full integration of health and social care with responsive commissioning and interface with third and independent sector. The aim to develop a comprehensive model of care, support/intervention and ongoing case management if required.</p> <p>The Care at Home review will begin to explore options for greater and more targeted involvement of third and independent sectors.</p>	24%
3.1.02	<p>We will work together to ensure that those who are at risk of harm receive the shared response they need to keep them safe</p> <p>Addictions services have facilitated individual staff meetings to explore the range and diversity of core knowledge and skill within the team. This will allow us to prioritise referrals and offer service users the right intervention at the right time by the right profession</p> <p>NAHSCP will roll out ASP awareness training to all relevant members of staff.</p> <p>In terms of children who are Looked After and Accommodated (LAAC), they can often be vulnerable and traumatised due to previous life experiences. Staff continually work with a range of partners to ensure that they are not only kept safe when they are 'looked after', but also that they feel safe.</p> <p>This issue is considered on an ongoing basis by those who care for them, but is also discussed at ongoing reviews, such as LAAC reviews, education reviews and any other meetings where the young persons progress is discussed.</p>	35%

	<p>In addition, these children may also present a risk of harm to themselves or to others and again it is important to measure and quantify risk and ensure that appropriate, accurate and detailed risk assessments are undertaken and shared on a multi-agency basis. Risk management plans are also required and information is regularly updated. We are also considering what further information we would require to highlight issues where further work is required. This would include cases of absconsion, violence and self harm. We are exploring current documentation policies and procedures to ensure that the response to risk, of any sort, is shared and appropriate and protects the young people concerned.</p> <p>We will work to develop an interagency response to self harm influenced by informed risk across education, health and social care. Building on evidence, good practice and consultation with children, young people and families</p>	
3.1.03	We will introduce a named person who will work with Carers and Service users to coordinate care	
	<p>The Senior Manager for Long-term Conditions has been designated as the lead officer within the Partnership for the development of services for carers. A key first step will be the development of a Carers Information strategy and using direct engagement to better understand how services can be designed to meet the needs and preferences of carers.</p> <p>At the same time, the Senior Manager for Locality Services is developing integrated locality teams, a key aspect of which will be exploring the Social Worker and District Nurse roles to determine who should adopt the 'Care Coordinator' role.</p>	25%

3.2 We will develop services around local communities		% Complete
3.2.01	We will develop a single point of contact to improve access to health and social care services	
	<p>The scope and function of SPOC has been mapped out and the team responsible for its delivery are being formed by the Senior Manager for Rehabilitation and Intermediate Care. The interfaces with Service Access and Locality Teams now need to be finalised before the anticipated introduction of the service in November 2015.</p> <p>Further examples of development of SPOC are:</p> <ul style="list-style-type: none"> • Develop the single point of access to community mental health services in 2016 as part of our Change Programme. • Develop a single point of access for assessing and triaging children and young people, across health and social care to ensure they are being seen by the right person, right time right place • Integration of the community LD teams. The interface between the different elements of the service and routes to improve access will be part of the on-going development work. • Psychological Services itself is a single point of contact for diagnostic work and signposting for adults with developmental disabilities such as ASD to ADHD. 	42%





















3.3 We will work more closely with GPs and primary care		% Complete
3.3.01	We will work with GPs/NHS 24 and Out of Hours services to deliver proactive local services around practices	
●	Plans are in place to facilitate Community Connectors to provide support in 6 pilot GP practices to identify and offer alternatives to formal services	12%
	We will further explore and develop work with GPs/NHS 24 and Out of Hours services as part of the Change Programme for community mental health services in 2016.	
	The LD register in GP practices is maintained. The development work in the community teams will consider opportunities to enhance interface across services	
3.3.02	We will develop a greater role for pharmacists, through Prescription for Excellence, in supporting those who are successfully self-managing	
●	Meeting planned 211015 with Colette Kerr/Fiona Bruce, Eglinton House. Discuss and review prescribing strategy 2015-2020	16%





3.4 We will improve the quality of the services we provide		% Complete
3.4.01	We will invest in joint staff training across the statutory, third and independent sectors to improve service delivery, joint working and personal choice for service users	
●	Joint training is being offered across the Partnership in relation to Child Protection, GIRFEC and Adult Protection, the Named Person Role, Carers legislation, Dementia Training and Money Matters.	16%
3.4.02	We will work with our staff, including those of the third and independent sectors, local communities, service users and carers to develop clear and visible service standards	
●	The Senior Manager for Locality Services is leading on a review of Community Care with one of the work streams focussing on service process and standards.	16%
	The Partnership has established an Evaluation Working Group tasked with collating current activity and practices with the aim of driving overall service improvement.	
3.4.03	We will improve the way information is shared	
●	Joint working developing between NHS and NAC key functional specialists. Model Publication Scheme update provided and agreed by IJB - draft work taking place with FOI coordinators and complaints pilot as part of information governance. We are in the early stages of devising an Information Management Strategy for the Partnership led by Denise Brown and Alan Blakely.	1%




4. Prevention & Early Intervention

Dealing with problems at an early stage can increase the chances of positive outcomes for people, reduce costs and prevent issues from becoming much more serious and difficult to address.

Key Performance Indicators						
Indicator	Breakdown	Target/Benchmark	Performance	Status	Aim to Maximise/Minimise	Frequency of indicator
Number of Service users receiving Care at Home	Snap shot at end of period	TBC	1798	?	↑	Quarterly by service
Number of service users (65+) with a community alarm package.		2,800	2,727	▲	↑	Quarterly by service
Number of service users with an enhanced telecare package.		600	604	●	↑	Quarterly by service
Percentage of people aged 65 or over with intensive needs receiving care at home.		34%	38.33%	●	↑	Quarterly by service
Percentage of ICES service users seen within 1 day of referral		TBC	81%	?	↑	Quarterly by service
Balance of Care for looked after children: % of children being looked after in the Community		90%	91.98%	●	↑	Quarterly by service
Number of secure remands for under 18s		5	1	●	↓	Quarterly by service
Average length of stay for secure remands		90 days	68 days	●	↓	Quarterly by service
Number of LAAC who have 3 or more moves in the past 12 months		10	8	●	↓	Quarterly by service
Percentage of ASP Referrals completed within 5 days		80%	41.1%	●	↑	Quarterly by Service
Addictions referrals to Treatment within 3 weeks	Alcohol	90%	96.2%	●	↑	Quarterly by service

Addictions referrals to Treatment within 3 weeks	Drugs	90%	98.3%			Quarterly by service
Number of ABIs Delivered	Priority Area	855	949 (Q1 data)			Quarterly by Service
Number of ABIs Delivered	Non Priority Area	214	216 (Q1 data)			Quarterly by service
Number of Naloxone Kits Supplied		163 (annual target)	124 (Q1 data)			Quarterly by service
SNAP, number of children who have been through SNAP who have been sustained within their local school		TBC	100%			Quarterly by Service
% of babies breastfeed at 6/8 weeks old		18%	16.7%			Quarterly from Health
Preschool children protected from disease through % uptake of child immunisation programme	Rotavirus	92.2% (Q1 2015)	95.6%			Quarterly from Health
Preschool children protected from disease through % uptake of child immunisation programme	MMR1	98.2% (Q1 2015)	97.8%			Quarterly from Health
Number of people referred to Flexible Intervention service		TBC	18			Quarterly by service
Number of interventions completed by FIS		TBC	21			Quarterly by service

Prevention and Early Intervention					
Key Action Scorecard	No. Sub- Actions				
We will promote good health and wellbeing	3	3	-	-	-
We will identify target groups through research and screening	2	2	-	-	-
We will support individual needs	3	3	-	-	-
We will support people who care for others	2	2	-	-	-

4.1 We will promote good health and wellbeing		% Complete
4.1.01	We will work together to promote healthy and active lifestyles	
	Community Connectors to provide support in 6 GP practices to identify and offer alternatives to formal services Bringing services together within a universal early years service and co-locating within the local communities will bring opportunities to further engage with families and partners on health and wellbeing matters for children.	40%
4.1.02	We will provide access to information about health and wellbeing	
	The interest in the Care & Support Exhibition has increased the interest in health and wellbeing. A daily health post has been introduced via Facebook that has proven to be highly popular tackling issues from cancer to healthy eating. Between 200 to 500 people access this information on a daily basis. Plans are already being made to establish high quality information and signposting in GP Surgeries utilising Community Connectors and touch screen version of CareNA.	50%
4.1.03	We will improve signposting to appropriate services and facilities	
	The development of Locality Teams will improve access to services The signposting services offered through CareNA and the Community Connectors are continuously under review. A Partnership event will focus on CareNA and continuous improvement and directly involve service users. Two way feedback from CareNA and social media is actively encouraged and increasing almost on a daily basis and along with detailed analysis through Google Analytics, provides a wealth of intelligence to anticipate and respond to changing patterns of demand. Through all services whether they are Youth Justice, Throughcare, Rosemount, YPST or Service Access all service users are sign posted onto appropriate services. The sign posting onto other appropriate services is embedded in case management delivery.	45%

	With the increase in competency and capacity of the Health Visiting and Family Nursing services this has led to increase in family strengths and needs being identified. As a result support pathways to request assistance and increase access to services are under development. Speech and Language pathway, nutritional pathway are examples. Development of a community resource pack is being progressed.	
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4.2 We will identify target groups through research and screening		% Complete
4.2.01	We will use the Improving Children's Outcomes surveys to identify local needs, and will design services accordingly	
●	The Draft Children's Services Plan, Action Plan and Consultation Plan were considered by the Children's Services Strategic Partnership on 22 September. The four priorities identified through the Improving Children's Outcomes project feature through the draft Plan and Action Plan. A Private Elected Members Briefing on proposals to respond to the survey findings was held on 16 September. A further comprehensive consultation is now planned.	50%
4.2.02	We will work to prevent the onset of chronic disease by ensuring early diagnosis and proactive treatment	
●	Meetings have taken place with local dental and optometry committees. Ongoing interface with healthcare professionals via NA locality meetings. More robust physical health and wellbeing screening being piloted in AMH rehabilitation setting in collaboration with Public health department. Community Forensic Team carrying out programme of physical screening/checks of individuals in community open to them. Return of previously seconded Band 4 staff member to Public Health will further support these programmes.	80%




4.3 We will support individual needs		
4.3.01	We will ensure the right level of support is available to meet individual needs, and so reduce avoidable emergency admissions to hospital	
●	New 'Step-up' beds, with the purpose of reducing Hospital admissions will be in place and available by December 2015. Along with partnership initiatives, eg step up step down, the Service is also working with the Scottish Ambulance Service to enable access to care at home and Telecare provision to assist in the reduction of emergency admissions to hospital.	48%
4.3.02	We will review our Care at Home services to ensure that they meet individual needs	
●	Option appraisal event took place to look at outcome of review and to discuss options for provision for the future. Report taken to IJB for approval to pursue short term and long term outcomes. Approval received and work commenced and ongoing to achieve targets set.	45%
4.3.03	We will increase access to services that promote early intervention, prevention and recovery	
●	The universal pathway of care for Health Visiting will be introduced in October 2015 and offered to all families. This will improve access to health services in the antenatal period through to preschool years. Employment of staff with additional skills, knowledge and competencies within the universal early years service brings increased capacity to work with families providing interventions which will prevent increases in needs and difficulties.	56%





	<p>By the 2nd November the HSCP will have in place a single point of contact for all hospitals (including those outwith Ayrshire and Arran) which will facilitate a more rapid discharge of service users.</p> <p>As with action 4.3.01, new 'Step-up' beds will be available from December 2015.</p> <p>Community Care services are currently working with colleagues in Acute services to base personnel within the discharge hub at Crosshouse Hospital at the weekends and also will work with the seven GP surgeries linked with the community connector test of change to facilitate and expedite access to services.</p>	
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4.4 We will support people who care for others		
4.4.01	We will listen to you and support you to keep you healthy	
●	<p>This strategic priority will be integral in the development of Locality Planning</p> <p>The Universal Early Years service is in regular contact with all families with children 0-5 years building relationships and therefore have opportunity to support, or access support in order to maintain good health. Understanding and hearing families experiences during home visits form a key part of their assessments which then informs individual care and support plans for children. All families receive health contact information such as Health Visitor, GP.</p>	45%
4.4.02	We will provide opportunities for you to have a break if you need one	
●	<p>Residential respite services continue to be delivered as required to service users at Taigh Mor. In addition, alternatives to residential respite are also promoted via SDS Option 1 (Direct Payment). A re-tender exercise for the residential respite service has commenced and is expected to be complete by September 2016.</p> <p>Community Care Services are working with partners and colleagues to ensure individuals are aware of the opportunities available to them to have a break.</p>	33%


5. Improving Mental Health & Well Being





Good mental health impacts positively on individuals, families and communities.

Key Performance Indicators					
Indicator	Target/Benchmark	Performance	Status	Aim to Maximise/Minimise	Frequency of indicator
Average number of moves before permanent placement (Throughcare)	TBC	6.7		↓	Quarterly by service
Referral to Treatment Times – Psychological Therapies (Pan-Ayrshire)	90%	73%		↓	Quarterly by service
CAMHS – Percentage of patients seen within 18 weeks (Pan-Ayrshire)	90%	98.9%		↑	Monthly by Service

Improving Mental Health & Wellbeing					
Key Action Scorecard	No. Sub- Actions				
We will improve the services available to support mental health & wellbeing	5	5	-	-	-
We will follow the mental health strategy for Scotland	7	7	-	-	-
We will develop new service to meet local needs	4	4	-	-	-

5.1 We will improve the services available to support mental health and wellbeing		% Complete
5.1.01	We will deliver high quality services that focus on recovery and that support improved mental health and wellbeing for individuals, families, carers and local communities	
	We have started working on a proposal for a Change project to support community mental health services to integrate over the next 18 months. The outcome of this programme will be to ensure the continued delivery of high quality services for people with mental health problems, their families and carers.	20%
5.1.02	We will work with our partners to develop responses that support people to stay mentally well	
	<p>We have been successful this quarter in gaining Innovation Fund resources from Scottish Government for 3 years to support and enhance the development of cross partnerships and practice to support people in crisis / distress.</p> <p>Some examples include:</p> <ul style="list-style-type: none"> • Utilisation of Adult Support and Protection legislation. Use of Care Programme Approach to support those with complex needs to ensure cohesive approach to care and development of crisis care plans. • Use of Mental Health Act and Adults With Incapacity Act legislation as required to address welfare concerns. <p>Work with Senior Social Worker on pan Ayrshire basis with regards to review of those currently in AMH rehabilitation inpatient setting to identify accommodation/support needs. Proposal will come forward as to potentially commissioning a service.</p> <ul style="list-style-type: none"> • Business paper submitted to CMT has described this requirement and longer term goal to develop a community based hospital hostel model for forensic services. • Use of Advance Statement and keep well plans in collaborative care. 	40%
5.1.03	We will develop clear diagnostic processes and greater support and service provision for people with autism spectrum disorders and their families	
	We have developed an integrated pathway across education, health and social care and are currently moving to a test phase. In addition as part of change team initiative a planning day has been agreed to bring together all partners including families to explore creating a timeous diagnostic model	16%
5.1.04	We will work together to improve support, care and treatment for people living with dementia, their families and carers	
	<p>The provision of Post Diagnostic Support will be further developed in North Ayrshire. Services for people with dementia and their families will be developed in locality areas within the North. Palliative and End of Life Care for people with dementia will be delivered in line with new National Guidelines due to be published in November 2015.</p> <p>As per Commitment 11 of Scotland's National Dementia Strategy Elderly Mental Health (EMH) services are undertaking Quality and Excellence in Specialist Dementia Care (QESDC) self assessment and generating associated action plan for further improvement.</p>	55%
5.1.05	We will work alongside other partners to reduce the harmful effects associated with alcohol and drug use	
	The Addictions service has been working with the local ADP and the Momentum Addiction Service to redefine and agree the Momentum service specification. The operational staff have agreed referral criteria pathways and there is ongoing work to agree data sharing in line with information governance requirements. Peer support is increasingly gaining support within Addiction Services.	50%

5.2 We will follow the mental health strategy for Scotland		% Complete
5.2.01	We are the lead partnership for mental health, learning disability and addictions services across Ayrshire and Arran, and in this role we will be responsible for delivering government targets, standards and commitments	
5.2.02	As part of our strategy, we will: Work more effectively with families and carers	
5.2.03	As part of our strategy, we will: increase the support for self-management and self-help approaches	
5.2.04	As part of our strategy, we will: Extend and develop existing initiatives to tackle discrimination	
5.2.05	As part of our strategy, we will: Focus on the rights of people with mental illness	
5.2.06	As part of our strategy, we will: Develop our approach to include personal, social and clinical outcomes	
5.2.07	As part of our strategy, we will: Ensure that we use new technology effectively as a mechanism for providing information and delivering evidence based services	
	A change programme board for Mental Health is to be established with the first meeting taking place in October 2015. This board will monitor all programme work and report back into strategic reporting structures.	25%

5.3 We will develop new services to meet local needs		% Complete
5.3.01	We will build a new Mental Health and Community Hospital in Irvine which will provide modern, purpose-built facilities to meet local needs	
	Our construction partner, Balfour Beatty continue to make good progress on site at Ayrshire Central Hospital , Irvine. Plans for Commissioning the relocation of services to the new 206 bed facility are also making good progress with both remaining on the critical path for handover on 18th March 2016. Zones 2A and 4A are 95% complete. Further information and construction images as well as a film of the planned facility are available at http://www.nhsaaa.net/woodland-view.aspx .	71%
5.3.02	We will work with primary care professionals to develop a substitute prescribing strategy as part of a range of recovery focussed services for people with addictions	
	Across Ayrshire and Arran prioritised elements of the new prescribing model have been phased in. The recruitment and training has been completed for all GP, Pharmacist and ANP prescribers. All these professionals have now commenced prescribing and supporting individuals. As confidence and expertise grows the prescribing capacity will continue to increase over the next 6 months. The challenge is that no ongoing funding to support these additional prescribing elements has been identified from April 2016 onwards.	50%
5.3.03	We will work with education and paediatric services to improve Child and Adolescent Mental Health Services (CAMHS)	
	Development of CAMHS neurological pathways - Interim work underway. Project group to be re-established and workshop to develop long term service vision to be undertaken .	16%
5.3.04	We will develop a range of supported accommodation options	
	A continuum of models of care are being explored to reflect the changing levels of support required as people with severe and enduring mental health conditions progress their recovery and rehabilitation . These will require a range of accommodation options to be identified that will allow the safe delivery of health and social care services in the community. Discussion with corporate council services is on-going to consider	50%

	<p>supported accommodation models to meet these changing needs. Two workshops have been held with the Place directorate to scope these and wider needs. A business case has been submitted to Place to consider refurbishment of an identified property that would be suitable to meet the needs of six clients requiring 24 hour support in the community.</p> <p>Work to develop a business case for a specially designed supported accommodation model for people with the most complex needs (Tier 4) is underway. A scoping exercise to identify accommodation needs for the wider learning disabilities caseload has been completed and discussions with corporate services is on-going to consider supported accommodation models</p>	
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6. Performance against National Objectives

No.	National Outcome	Related National Indicators	Performance
1	Healthier	Percentage of adults able to look after their health very well or quite well.	Very well 52% : Quite well 41%
2	Independent	Percentage of adults supported at home who agree that they are supported to live as independently as possible	80%
		Percentage of adults supported at home who agree that they had a say in how their help. Care or support was provided	80%
3	Positive Experience	Percentage of people receiving any care or support who rate it as excellent or good.	80%
		Percentage of people with positive experience of their GP practice.	86%
4	Quality of Life	Percentage of service users who report that the help, care or support they receive has either maintained or improved their quality of life.	80%
5	Inequalities	TO BE DEFINED	-
6	Carers Supported	Percentage of carers who feel supported to continue in their caring role	39%
7	Safe	Percentage of adults supported at home who agree that they feel safe.	80%
8	Engaged Workforce	Percentage of staff survey respondents who would recommend their organisation as a good place to work.	66% (NHS only)
9	Effective resource use	TO BE DEFINED	-

7. Change Programme 2015-16

PROJECT	INITIATION PHASE	STATUS
Pavilion 3 - Rehabilitation and enablement Hub (CofE)	Phase One	This project is progressing well.
GP Practice HSCP Services - 6 practice pilot	Phase One	Meetings with the GP Pilot practices are continuing. The Third Sector Interface have recruited their two posts and the current vacancy in the partnership will shortly be filled. A range of training has been identified by the Keep Well team. The Community Connectors are keen to begin their roles and will develop and update an outline plan. Each Community Connector is establishing contact with the relevant Practice Manager and planning logistical arrangements. A full report to be provided for the next meeting.
Care at Home Redesign	Phase One	Progress with recruitment is very positive
Equipment and adaptations	Phase Two	<p>An Appreciative Enquiry event was held on 21st October 2015 with a range of 45 stakeholders and an action plan has now been developed to support this work as it moves forward.</p> <p>The LEAN six sigma project is due to be completed on Friday 6th November 2015 and the improvement findings will be presented to North Ayrshire Council SMT and Chief Executive on 18th November 2015.</p> <p>This work is a key dependency in supporting the effectiveness of the Intermediate Care and Rehabilitation hub model and the future effectiveness of Care at Home services.</p>
Integration of Addiction Services		The service has been working closely with business support to secure a single accommodation for the North Ayrshire Drug and Alcohol Team, this is currently at the negotiation stage with the managers of the other services within Caley Court, additionally they have been attempting to establish the single point of contact at Caley Court by ensuring the administrative infrastructure is in place to support it. There has been a great deal of consultation with both IT departments to ensure that any issues are captured and solved before the team comes together. Additionally, the service has been working closely with information governance to establish a pathway of accessing each other's systems, as well as being able to share information with the third sector safely. A communication plan has been drawn up detailing how we will inform all stakeholders of the coming change, and a separate evaluation programme has been established to capture the baseline data for future

		evaluation. Ongoing workforce development has taken the shape of appreciative inquiry days and consultation between staff groups and management, from the staff consultation areas for service model development moving forward have been singled out.
Business Support Review		26 senior Business Support staff met at Greenwood Conference Centre on Tuesday 18 th August to begin to build a shared knowledge of the business support review project. It was a positive, energising and inclusive session that generated lots of input for the team to take forward. This is a large project – Business Support touches every corner and aspect of work within the Health and Social Care Partnership and is fundamental to delivering our vision of ensuring all people who live in North Ayrshire are able to have a safe, healthy and active life.
Arran Integrated Models of Care		<p>There have been two meetings of the Steering Group building on a stakeholder Appreciative Inquiry event held last December. The group is supported one day per week by the island Practice Manager who is seconded to the Change Team. The group has undertaken a needs assessment. Each service on the island contributed to the needs assessment and this work continues to fill data gaps where these have been identified.</p> <p>The group is now beginning the process of mapping existing services.</p> <p>Resource mapping including staffing and commissioned services will commence in December 2015.</p>
Neuro Development Pathway		An Umbrella Pathway for Neuro-Developmental Assessment and Care for school age children has been developed by a multi agency group. This was well received by educational colleagues at a recent in service day. The attendees agreed unanimously that Education should be involved in this process. An appreciative Inquiry event is planned for the New Year involving wider stakeholder and members of the public. The pathway will now be piloted in the East partnership with a small number of identified patients to ascertain whether it is indeed workable. The will ideally be multi disciplinary in approach and will tie in with the wider Psychological services review.
Woodland View		The Organisational Development programme set to commence from the end of September will include Appreciative Inquiry sessions for around 600 staff. The self assessment of Models of Care for the new hospital is now complete. Work is now beginning, to map out information systems for the new hospital as well as models of care and scenario planning. High level discussions are taking place to finalise the exact format of the wards. A separate piece of work is being carried out to identify long term solutions for a small group of patients.
Psychological Therapies		The project steering group met for the first time on October 9th and identified the following work streams; Service demand, capacity and activity (This will involve quite a bit of

		data gathering and analysis and we hope to have an external Business Consultant to help with this); service models and mapping; and workforce. An Appreciative Inquiry event is planned for November 27 and will include all Psychological Therapy staff.
Learning Disabilities		Work has begun to seek a solution for a small number of individuals requiring a high level of very specialist support (Tier 4). So far a group has been established to support the work with input from NAC Architects. Discussions are ongoing to identify appropriate individuals with two already identified. A review of adult sleepovers is in very early stages at the moment.

8. Integrated Care Fund Projects

The table below details the projects currently funded through the Integrated Care Fund.

ICES	North Ayrshire Recovery Café	On Yer Bike Ayrshire
Falls Trainer	Foodtrain	The 3 Towns Growers Community Garden
OOHs Care at Home	Delivery of Talking Mats	GP Establishment
Community Capacity	Callcare 365	Services to the Fullarton Community
Dementia Training	Medication management for paid / unpaid carers	Community Connectors
Care Home Development Worker	Enhanced End of Life / Palliative Care Facility	Weigh to Go North Ayrshire
Telecare	Working alongside ICES, the Hub and LOTS teams	Talking about diabetes (for carers and home care staff)
LOTS Resource Workers	Positive Connections	Hepatitis C Support and Peer Support Service
Carers Strategy	Early Intervention from Custody (Women)	Self-Management Support Network
Health Promoting Care Home (HPCH) Framework	Staying Connected - Good Neighbours - Home from Hospital on Ward	Food, Fluid and Nutrition for Care and Communities - the sustainability factor
Post Diagnostic Support	Hospital-On Ward	Services to Redburn Caravan Park
Ayrshire Home from Hospital Service (BRC)	What's on Guides	Rehabilitation, Health and wellbeing programme for Individuals with Multi-Morbidity

9. Actions from Aspire Meetings July 2015

An Action plan was drawn up from each of the initial All Service Performance Information Review and Evaluation (ASPIRE) meetings held in July 2015. Listed below are the top 5 actions from each plan. These will be updated at the next round of ASPIRE meetings in December 2015.

	Service Area/Action Item	Progress
	Health and Community Care	
1.	Begin a total review of AE/CMR structure looking at building multi-disciplinary teams with one lead professional per service user.	
2.	Alongside this will go a review of current assessment paperwork, possibly moving to FACE as an alternative to Carefirst.	
3.	To have 4 hr hospital discharge for CAH services.	
4.	The big vision for housing hubs – to create one into a dementia friendly community – First of these could be Canal Court.	
5.	A new unit manager is being advertised for Montrose House.	
	Children's Health Care and Criminal Justice	
1.	Plans to undertake a training needs assessment for team managers and develop a training plan.	
2.	Intention to improve forward planning/development of new Social Workers to build on their experience to ensure they are able to support experienced social workers by taking on a share of complex cases.	
3.	How Service Access will effectively link with new Police Concerns Hub and Community Connectors. We will look at the impact these new services will have on resources and workload.	
4.	Improve the efficiency of Foster Assessments and preparation groups by increasing the capacity of the Fostering team. 1 new full time worker will be appointed and 1 existing part time worker will be made full time.	
5.	It was highlighted the value of Forensic Psychology support when working with specifically challenging cases. However, there are currently no Forensic Psychologists in the employment of the North Ayrshire HSCP. Scoping out the possibility of training up an existing Psychologist in Forensics. This will reduce the need to bring in external support.	
	Mental Health and Addictions.	
1.	It was agreed that there is a need to identify the barriers to discharge – what constitutes a delay? There is also a need to find the right responses for some people to find the right place and link this with the review of purchased beds. This information will then be used to develop nursing homes with specialist interest.	
2.	Aspiration to investigate feasibility of 2-3 bedded Crisis unit within Ayrshire & Arran to prevent children and young people being admitted to Yorkhill and Skye House.	
3.	Develop Mental Health site on CareNA in addition to a resource to support GPs and other Practitioners.	
4.	Evaluation on respite facilities- are they meeting the Carers needs and look more widely at how we plan for individuals needs and adopt a strategic commissioning approach.	
5.	Kyle Unit & Detox Beds – Peter McArthur would like the opportunity to test the new model of care prior to relocation into Woodside View. Funding would be required for 4.55 wte staff as detailed in previous proposals.	

10. Employee Attendance

Staff absence up to 30th September 2015 is detailed below Comparison data with same period in 2014

Table 1a 2015 Data

Days Lost per FTE	FTE*	Apr	May	Jun	Jul	Aug	Sept	YTD	YTD Target	Variance
C&F - Fam Pl/Disab	28.77	0.15	0.02	0.04	0.00	0.00	0.00	0.20	3.50	-3.30
C&F - Fieldwork	94.61	0.89	0.89	0.64	0.87	1.05	0.59	4.93	3.00	1.93
C&F - Policy & Practice	8.50	0.21	0.00	0.00	0.00	0.00	0.00	0.21	1.25	-1.04
C&F - Residential/Thcare	98.38	1.08	1.38	1.72	1.52	1.48	1.31	8.50	5.00	3.50
C&F - Specialist Support	80.80	1.06	1.59	1.20	1.28	1.29	1.11	7.54	3.75	3.79
CC - Assess & Enablement	40.00	0.56	0.13	0.29	0.63	1.03	0.65	3.30	3.75	-0.45
CC - Fieldwork	5.99	0.00	0.00	0.08	1.92	1.90	1.15	5.05	3.75	1.30
CC - MH/LD	72.34	0.97	0.81	1.72	1.34	1.22	1.07	7.14	3.75	3.39
CC - Service Delivery	473.00	1.15	1.04	1.06	1.06	0.96	1.23	6.50	5.50	1.00
CC -Care Manage & Review	47.93	1.21	1.51	0.42	0.95	1.29	0.88	6.26	3.75	2.51
Criminal Justice	62.70	1.38	1.32	1.74	1.84	1.58	1.22	9.08	3.75	5.33
Res - Business Support	186.21	0.61	0.92	1.17	1.42	0.93	1.03	6.08	3.75	2.33
Res - Money Matters	20.00	1.30	0.93	1.00	1.10	1.00	1.40	6.73	2.50	4.23
Res - Planning & Perform	4.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.50	-2.50
Res - Service Develop	19.10	1.52	1.05	1.19	0.10	0.09	0.21	4.17	3.75	0.42
Health & Social Care	1243.13	0.99	1.03	1.10	0.75	0.73	1.05	5.65	5.50	0.15

Table 1b 2014 Data

Days Lost per FTE	FTE*	Apr	May	Jun	Jul	Aug	Sept	YTD	YTD Target	Variance
C&F - Fam Pl/Disab	27.9	0.0	0.1	0.0	0.3	0.2	0.2	0.80	4.50	-3.70
C&F - Fieldwork	91.1	0.9	0.6	1.0	1.1	1.1	1.1	5.8	4.5	1.3
C&F - Policy & Practice	9.0	0.2	0.0	0.6	0.1	0.0	0.0	0.9	4.5	-3.6
C&F - Residential/Thcare	97.6	1.0	1.1	1.0	0.9	0.7	0.5	5.3	4.5	0.8
C&F - Specialist Support	82.0	0.9	1.0	0.7	1.0	0.9	0.8	5.2	4.5	0.7
CC - Assess & Enablement	38.0	1.8	1.0	1.4	1.4	2.2	2.8	10.5	4.5	6.0
CC - Fieldwork	6.0	0.4	0.0	0.0	1.8	2.0	0.0	4.3	4.5	-0.2
CC - MH/LD	74.7	1.2	0.9	1.1	1.5	1.4	1.3	7.4	4.5	2.9
CC - Service Delivery	423.1	1.1	1.2	1.2	1.4	1.5	1.4	7.9	4.5	3.4
CC -Care Manage & Review	54.9	0.9	0.1	1.0	1.3	1.2	0.7	5.2	4.5	0.7
Criminal Justice	63.3	1.0	1.1	1.2	1.3	1.0	1.4	6.9	4.5	2.4
Res - Business Support	188.4	0.9	0.7	0.8	0.8	0.4	0.6	4.2	4.5	-0.3
Res - Money Matters	21.5	0.6	0.7	0.7	0.7	0.4	0.2	3.3	4.5	-1.2
Res - Planning & Perform	5.0	4.0	3.5	3.5	3.8	3.5	1.6	19.9	4.5	15.4
Res - Service Develop	22.5	1.0	0.0	0.2	0.0	1.2	1.1	3.4	4.5	-1.1
Health & Social Care	1204.9	1.0	0.9	1.0	1.2	1.1	1.1	6.3	4.5	1.8

Discretion

As at 30 September 2015, there were 6 cases of discretion within NAHSCP. In all cases the type of discretion is not recorded.

11. Compliments and Complaints

Complaints responded to in Quarter 2 are detailed in the table below

HSCP Section	Responded to In time			Responded to outwith Time		% Responded to In Time		
	Complaint Stage			Complaint Stage		Complaint Stage		
	Stage 2	Stage 3	MP	Stage 2	Stage 3	Stage 2	Stage 3	MP
CHCCJ - Criminal Justice	1					100%		
CHCCJ - Fieldwork	3	2		4		43%	100%	
HCC - Community Care	2			3	1	40%	0%	
HCC - Locality Services	2	1		1		67%	100%	
MH/ADD - MH/LD	1		1	1		50%		100%

In additions there were 11 complaints received in quarter 2 but had an expected response date in October 2015 of these 1 was responded to in September.

In Quarter 2, 13 compliments were received and these are detailed in the table below. 30% of compliments were for the Money Matters team and 46% for Community Care (HSCP Care at Home Services)

	CHCCJ - Fieldwork	CHCCJ - Intervention Services	HCC - Community Care	HCC - Money Matters	MH/ADD - MH/LD	Grand Total
Compliment	1	1	6	4	1	13

Councillor/MSP/MP Enquiries

Councillor (Stage 1) requests handled in Q2 2015							
Directorate	Department	No. of requests received	No. of requests closed	No. closed on time	% closed on time	Average no. of days to resolve all Stage 1s	Target (actual days)
Health & Social Care Partnership	Health & Comm Care	9	9	4	44%	6.2	5

MP/MSP requests handled in Q2 2015							
Directorate	Department	No. of requests received	No. of requests closed	No. closed on time	% closed on time	Average no. of days to resolve	Target (actual days)
Health & Social Care Partnership	Mental Health	1	1	1	100%	9	10

Integration Joint Board 10th December 2015

Agenda Item No. 12

Subject: **Scottish Government Consultation on Draft Order to Revise Social Work Complaints Procedures**

Purpose: The purpose of this report is to seek approval from the Integration Joint Board for the Partnership's proposed response to a Scottish Government consultation in relation to a draft Order to revise the procedures for complaints about social work

Recommendation: It is recommended that the Integration Joint Board note the content of this report and approve the Partnership's proposed response to the Scottish Government's consultation in relation to the draft Order to revise the procedures for complaints about social work.

1.	INTRODUCTION
1.1	The statutory social work complaints procedure, as detailed in Scottish Government guidance (Circular No. SWSG 5/1996) allows individual service users and authorised representatives to raise concerns about the quality of service delivered to them by, or on behalf of, Social Work.
1.2	The statutory social work complaints procedure involves 3 distinct stages of complaint handling and response. In the first 'informal' problem solving stage, social work will try to mediate and resolve the complaint quickly. If this doesn't solve the problem, or for more complex complaints, a more formal stage 2 investigation of the complaint can be requested. Should the complainant remain dissatisfied following a stage 2 formal response, an internal review of the complaint can be requested and is undertaken by a senior officer within Social Work with no prior knowledge or involvement in the earlier investigation of the complaint (Stage 3). If this fails to resolve the complaint, complainants can exercise their right to request access to an independent Complaints Review Committee (CRC).
1.3	CRC's are a requirement laid out in in the 1996 Guidance and they are required to have Chairs which are independent of local authorities (working with Elected Members). CRC's are able to take some time for their investigations and on occasion this can mean that there may be more than 100 days from the cases being referred to the CRC to the complainant receiving notification of any decision.

1.4	Only after the internal social work procedure has been exhausted can the complainant pursue their complaint with the Scottish Public Services Ombudsman (SPSO). Currently the SPSO are only able to consider whether there has been maladministration and not the substance of social work decisions.
2.	CURRENT POSITION
2.1	<p>The Public Services Reform (Scotland) Act 2010 gave the Scottish Public Services Ombudsman (SPSO) the authority to lead the development of a simplified and standardised complaint handling procedure across the public sector. North Ayrshire Council adopted the model two stage procedure in April 2013. Although North Ayrshire Health & Social Care Partnership (HSCP) has not yet fully aligned with this procedure, a pilot is currently underway to capture frontline resolution complaints which are not currently captured under the informal stage HSCP currently use. Once the pilot has been validated, the expectation is that the pilot will be rolled out across the wider Service and at that point procedures, processes and guidance will be amended for social work complaints to align with the Council's two stage complaint handling procedure.</p> <p>For the time being, the HSCP complaint process in North Ayrshire remains a three stage process prior to consideration by the SPSO.</p>
2.2	The Scottish Government has issued a consultation on a Draft Order to amend the Social Work (Scotland) Act 1968 to abolish the existing system of local authority social work complaints and allow a model complaints handling procedure, prepared by the SPSO, to be introduced and to amend the Public Services Reform (Scotland) Act 2010 in relation to the sharing of information by the Care Inspectorate with the SPSO. The Consultation document is attached to this report at Appendix 2. The Draft Order also amends the Scottish Public Services Ombudsman Act 2002 to allow the Scottish Public Services Ombudsman (SPSO) to investigate complaints in relation to the substance of social work decisions.
2.3	The draft Order, if approved, is expected to come into force on 1 st October 2016.
2.4	Responses to the Scottish Government consultation require to be submitted by 14 th December 2015.
3.	PROPOSALS
3.1	It is proposed that the Integrated Joint Board approve the Partnership's proposed response to the Scottish Government's consultation on the draft Order, as detailed in Appendix 1 to this report.
3.2	In principle, the Partnership is supportive of the draft Order to allow a model complaints handling procedure, prepared by the SPSO to be introduced. These changes will bring social work complaints processes into line with the two stage process currently in place for health, which will support the on-going development of the Partnership's complaints processes for integrated health and social care services.
3.3	The proposed response highlights some concerns in relation to the proposal to allow the SPSO to investigate complaints in relation to the substance of social work decisions. It is unclear from the consultation, how this will be implemented and what impact this will have on the management of social work complaints. This is therefore noted in the consultation response.

4.	IMPLICATIONS
4.1	Financial Implications
	There are no financial implications arising from the consideration of this report.
4.2	Human Resource Implications
	There are no human resource implications arising from the consideration of this report.
4.3	Legal Implications
	There are no legal implications arising from the consideration of this report.
4.4	Equality Implications
	There are no equalities issues arising from any decision made on this report.
4.5	Environmental Implications
	There are no environmental implications arising from the consideration of this report.
4.	CONSULTATIONS
4.1	This report has been prepared in consultation with colleagues from North Ayrshire Council as well as East and South Health & Social Care Partnerships.
5.	CONCLUSION
5.1	The Partnership is supportive of the draft Order to allow a model complaints handling procedure, prepared by the SPSO to be introduced. The impact of the proposed changes to the SPSO's remit in relation to the investigation of the substance of social work decisions is unclear currently and this has been noted in the consultation response. Approval of the proposed response to the Scottish Government's consultation will allow the Partnership to submit their response to the Scottish Government within the consultation's timescales for completion.

For more information please contact Lynne Ferguson, Senior Business Support Officer on 01294-317755 or lferguson@north-ayrshire.gcsx.gov.uk

CONSULTATION ON DRAFT ORDER TO REVISE THE PROCEDURES FOR COMPLAINTS ABOUT SOCIAL WORK

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately.

1. Name/Organisation**Organisation Name**

North Ayrshire Health and Social Care Partnership

Title Mr ☐ Ms ☒ Mrs ☐ Miss ☐ Dr ☐ **Please tick as appropriate**

Surname

Colvin

Forename

Iona

2. Postal Address

North Ayrshire Health and Social Care Partnership

4th Floor West,

Cunninghame House

Irvine

Postcode KA12
8EE

Phone 01294 317700

Email icolvin@north-
ayrshire.gcsx.gov.uk

3. Permissions - I am responding as...

Individual

/

Group/Organisation

☐

Please tick as

☒

- (a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate

- (b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Yes, make my response, name and address all available ☐

- (c) The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your **response** to be made available?

Please tick as appropriate

☒ Yes ☐ No

or

Yes, make my response available, but not my name and address

☐

or

Yes, make my response and name available, but not my address

☐

- (d)** We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate

☒ Yes

☐ No

Questions

1) Do you agree that the Local Authority Complaints Review Committees should be replaced?

☒ Yes ☐ No

Reason/s

The opportunity to simplify and improve the current social work complaints procedure by aligning it with the Scottish Public Services Ombudsman's Guidance for the Model Complaints Handling Procedures as laid down by the Public Services Reform (Scotland) Act 2010, would be welcomed. In order to achieve this, it is agreed that the Local Authority Complaints Review Committees will require to be replaced.

2) Do you agree with the proposal to extend the functions of the Scottish Public Services Ombudsman (SPSO) to allow the SPSO to investigate stage 3 of complaints for social work?

☒ Yes ☐ No

Reason/s

Our experience of Complaint Review Committees is that complainants and services involved in the process appreciate the opportunity to have complaints independently considered and to put forward their views as part of this independent process, particularly where a satisfactory conclusion has not been achieved at an earlier stage in the complaints process. It is acknowledged however, that the process can take time to complete and that it is not fully independent, given the requirement for a Council committee to approve any recommendations made by a Complaints Review Committee.

In addition, complainants do not always fully appreciate the powers afforded to a Complaints Review Committee and do not therefore always use them to full effect or understand their remit, and their limitations.

We note that no other options are offered for Stage 3 complaint investigations other than for the SPSO to take on responsibility for this role. The proposal to retain an independent review and extend the functions of the SPSO to allow independent consideration of social work complaints would ensure that a truly independent review is offered to complainants and services alike. We assume that this would impact positively on timescales for complaints to complete the social work complaints process; and that the opportunities afforded by independent review would be maximised for all. We are less clear however, on how this will be implemented in practice, and the impact this will have on complainants, who are currently afforded a more localised review of their complaint. Transfer of powers to the SPSO will also change the existing Elected Member oversight of complaints heard at independent review, and we are unclear on what, if any, involvement they will have in the independent review process under the new Draft Order.

We will be interested to see more detail, in due course, regarding the proposed method of dealing with complaints, whether this will continue to afford complainants the opportunity to attend a hearing, and if so, where these hearings will take place.

3) Do you agree with the proposal to extend the role of the SPSO in relation to social work complaints to allow them to consider in their investigations matters of professional judgment of social work staff?

☒ Yes ☐ No

Reason/s

The proposal to extend the role of the SPSO in relation to social work complaints to allow them to consider matters of professional judgement of social work staff in their investigations would align the social work complaints process to the model complaints handling procedure which is currently being implemented across health services, whereby the SPSO can consider clinical judgement in the context of health decisions.

Given the integration of Health and Social Care services across Scotland, the alignment of Health and Social Work complaints processes to a 2 stage model will support the development and implementation of a joined up approach across services to complaints handling by Health and Social Care Partnerships.

This proposal, however, to extend the role of the SPSO in relation to social work complaints to allow them to consider in their investigations matters of professional judgement of social work staff represents a significant change in the social work complaints process and we would be interested in receiving additional guidance on how the SPSO would intend to undertake this role and more specifically, what, if any, professional judgements it intends to include and exclude from their considerations. We would seek reassurance, for example, that any comments or decisions relating to professional judgements would only be made by the SPSO by someone who is appropriately trained and qualified to do so.

Currently, scrutiny of concerns relating to care services and professional judgements therein, is undertaken by the Care Inspectorate. Clarity on the continuing role of the Care Inspectorate in complaints handling would be helpful.

4) Do you agree that the SPSO should be able to share information with the Care Inspectorate (Social Care and Social Work Improvement Scotland) and the Scottish Social Services Council in relation to social work?

☒ Yes ☐ No

Reason/s

Given that the proposal is to share information in accordance with the Data Protection Act 1998, the Partnership has no objections to this.

5) Do you have any other comments on the proposals?

☒ Yes ☐ No

Comment/s

The Complaint Review Committee (CRC) process will not always provide an outcome which is perceived by the complainer to be of benefit to them. We would note however that dealing with CRCs is a very resource intensive activity for the local authority. This includes liaising with the complainant once a request is received for a CRC, and this can sometimes involve extended and detailed correspondence regarding the hearing process and the nature and purpose of the CRC. In addition, regular training opportunities are provided for the CRC Panel members, and in Ayrshire this is undertaken on a pan-Ayrshire basis. This again requires considerable organisation and staff resourcing.

Revised arrangements for social work complaints procedures need to be fair and transparent, and support the changing landscape of service delivery through health and social care partnerships. A simplified process, aligning health and social care processes, which can be consistently applied by all health and social care partnerships, will be of benefit not only to those who are in receipt of a range of health and social care services who wish to raise a complaint, but also to the organisations involved that are providing services across authority areas.

Additional information on how the revised arrangements for social work complaints, and in particular the SPSO's revised functions in relation to consideration of professional judgement, will be implemented in practice would inform any further feedback from North Ayrshire Health and Social Care Partnership.

Finally, the SPSO's Model Complaints Handling Procedure provides details of target response times for complaints at both Frontline Resolution and Investigation stages. The target response time at Frontline Resolution is 5 days, with the option to extend target timescales in exceptional circumstances. This 'exceptional circumstances' provision is clearly helpful, particularly for complaints received from vulnerable social work Service users, however it is problematic for reporting purposes as the current national reporting framework considers any complaints outwith the target response time of 5 days as being overdue.

Please email your response to adultsocialcare@gov.scot or if you wish to post your response please send to: Adult Social Care Policy Team, Scottish Government, Room GE.18, St Andrew's House, Edinburgh, EH1 3DG.

Consultation on Draft Order to revise the procedures for complaints about social work

September 2015

CONSULTATION ON DRAFT ORDER TO AMEND THE SCOTTISH PUBLIC SERVICES OMBUDSMAN ACT 2002

1. This consultation seeks your views on the draft Order to amend the Scottish Public Services Ombudsman Act 2002 to allow the Scottish Public Services Ombudsman (“the SPSO”) to investigate complaints in relation to the substance of social work decisions. The draft Order also amends the Public Services Reform (Scotland) Act 2010 in relation to the sharing of information by the Care Inspectorate with the SPSO; and amends the Social Work (Scotland) Act 1968 to abolish the existing system of local authority social work complaints and allow a model complaints handling procedure prepared by the SPSO to be introduced.

BACKGROUND

2. The introduction of formalised social work complaints procedures in the early 1990s was set against the backdrop of improving public services for citizens (Citizen's Charter) and introducing systems to aid 'quality assurance'. Complaints were seen as a key tool in assessing the effectiveness of a service and at the time it was recognised that local authority complaint procedures, with one or two notable exceptions, were relatively undeveloped.
3. The framework for local authority social work complaints and representation procedures is set out in section 5B of the Social Work (Scotland) Act 1968. This provision gives Ministers powers to require local authorities to establish procedures for considering complaints with regard to the discharge of listed social work functions (including those related to children). The Social Work (Representations Procedure) (Scotland) Order 1990 (S.I. 1990/2519) requires local authorities to establish such procedures. The detail of the procedures adopted by local authorities must comply with Directions issued by Ministers.
4. Section 5B provides for complaints to be made by or on behalf of:
 - a person for whom the local authority provides a service either directly or indirectly;
 - a person whose request for such a service has been refused by the local authority;
 - other persons whose need or possible need for a service, which the local authority has a power or a duty to provide, has come to the authority's attention.
5. The entitlement of persons to complain or make other representations on behalf of others is intended to cover, inter alia, the position of private (e.g. unpaid) carers providing care to persons for whom authorities have a power or duty to provide social work services. An entitlement to complain on behalf of children in care, under supervision, in receipt of some other social work service or in possible need of such a service from the local authority, is expressly given to the child's parents and other persons mentioned in section 5B(4).

6. Currently complaints on social work services progress through a four-stage process:
 - Informal problem-solving stage
 - Investigation by specially-designated staff
 - Referral to Complaints Review Committee
 - SPSO consideration (currently limited to consideration of whether there has been maladministration rather than any consideration of the merits of the decision).
7. Complaints Review Committees (CRCs) are a requirement laid out in Directions and Guidance issued by Ministers in 1996, and they are required to have Chairs which are independent of local authorities (working with Elected Members). CRCs are able to take some time for their investigations as set out in the 1996 Guidance. On occasion this can mean that there may be more than 100 days from the cases being referred to the CRC to the complainant receiving notification of any decisions.

Scrutiny of existing system

8. The [Crerar Review](#) (Report of the Independent Review of Regulation, Audit, Inspection and Complaints Handling of Public Services in Scotland, published September 2007) looked into regulation, audit, inspection and complaints handling of public services in Scotland. A key finding was that complaints processes are not always accessible or easy to use, are often complex and far too variable in their content. In short they are not fit for purpose.
9. In response to the Crerar Review, Scottish Ministers established a number of groups to consider the recommendations in more detail, including the Fit for Purpose Complaints System Action Group (FCSAG). The report of this group, known as the [Sinclair Report](#), was published in July 2008 providing Ministers with proposals for simplifying public service complaints handling procedures, including recommendations that are specific or relevant to social work complaints.
10. The particular recommendation in the Sinclair Report for social work complaints was that the role currently performed by local authority Complaints Review Committees (CRCs) for social work should be transferred to the SPSO to provide a standardised system to increase consistency across the country and address the potential imbalance between the experience of complainants in larger and smaller authorities.
11. The Sinclair Report also recommended that legislation should be introduced to allow changes to the complaints landscape and to allow better information sharing (e.g. to allow the SPSO and complaints handling bodies to share headline information on cases under consideration).
12. CRCs in particular have been criticised by complainants and user organisations. Issues raised include:

- **Independence** - The Directions set out requirements on the appointment of "independent persons" to CRCs aimed to encourage confidence in the impartiality of CRC proceedings. The role of the CRC is to objectively and independently examine the facts of a complaint. However, although the CRC can express disagreement with policies, priorities, resources and professional judgment it only has the power to make a recommendation to the appropriate local authority committee. It is the local authority committee which effectively takes the final decision on the complaint.
- **Time** - A CRC has to make recommendations within 56 days from the date the complainant requested it, and the local authority then has a further 42 days from the date of the CRC decision to agree actions and notify the complainant in writing of the decision. This can substantially lengthen the complaints process for the complainant, especially when also taking into account the 28 days given to the local authority to initially investigate the complaint. It is recognised that the time involved to provide a response to an individual with a complaint about social work can conflict with the principle of keeping the journey of a complaint as short as possible.
- **Membership** - Some local authorities have expressed concerns about problems in maintaining membership for CRCs, which can lead to difficulties and delays in convening the committees when they are requested. The resources required to manage the CRC process, specifically the level of administration associated with convening CRCs, have also been highlighted.

13. The principles which the Sinclair Report identifies as key to improving the complaints handling procedures are:

- Making complaining more straightforward;
- Reducing the time taken to deal with complaints and reducing the number of standalone complaints handling bodies;
- Allow providers to deal with complaints more locally;
- Standardising how complaints outcomes are reported.

14. In response to the Sinclair report, the Public Services Reform (Scotland) Act 2010 gave the SPSO the authority to lead the development of simplified and standardised Complaints Handling Procedures (CHPs) across the public sector. Following consultation, a Statement of Complaints Handling Principles and Guidance on Model Complaints Handling Procedures were developed by the SPSO and published at the beginning of 2011. They can be accessed at: <http://www.spsso.org.uk/media-centre/news-releases/model-complaints-handling-guidance-published>

15. In line with the recommendations of the Sinclair Report the SPSO's Complaints Standards Authority have since worked with service providers in the local authority and other sectors to develop and implement a standardised model complaints handling procedure. This is now in operation across all local authority services (with the exception of social work) and most other public sector bodies.

16. The SPSO has set up an internal unit, the Complaints Standards Authority (CSA), which is working in partnership with individual public sector areas to oversee the process of developing model CHPs for each sector in line with the framework of the Principles and the Guidance.
17. The SPSO guidance sets out the process to be followed in a model CHP and who should be accountable at each stage. The aim of the model CHP is to provide a quick, simple and streamlined process with a strong focus on local, early resolution by empowered and well trained staff. The SPSO's recommended model is outlined below. This model, based on that recommended by the Sinclair Report, provides organisations with two opportunities to deal with complaints internally: frontline resolution and investigation.

Model Complaints Handling Procedure

FRONTLINE RESOLUTION	INVESTIGATION	INDEPENDENT EXTERNAL REVIEW (SPSO or other)
For issues that are straightforward and easily resolved, requiring little or no investigation. 'On-the-spot' apology, explanation, or other action to resolve the complaint quickly, in five working days or less, unless there are exceptional circumstances. Complaints addressed by any member of staff, or alternatively referred to the appropriate point for frontline resolution. Complaint details, outcome and action taken recorded and used for service improvement.	For issues that have not been resolved at the frontline or that are complex, serious or 'high risk'. A definitive response provided within 20 working days following a thorough investigation of the points raised. Sensitive complaints that meet set criteria may have the opportunity for additional internal review. Responses signed off by senior management. Senior management have an active interest in complaints and use information gathered to improve services.	For issues that have not been resolved by the service provider. Complaints progressing to the SPSO will have been thoroughly investigated by the service provider. The SPSO will assess whether there is evidence of service failure or maladministration not identified by the service.

18. This is the SPSO's standard model for complaints handling procedures, however for functions in relation to health, and the proposals in this draft Order for social work, the independent external review stage also allows SPSO to consider the merits of decisions taken in the exercise of clinical and professional judgment.

2011 Consultation and Working Group

19. The Scottish Government consulted on proposals to revise the system between December 2011 and March 2012. The consultation report was published in August 2012 (<http://www.gov.scot/Publications/2012/08/9288>), and showed clear support for the reform of the system, but no outright preferred mechanism for complaints handling.
20. In February 2013, a working group was established by the Scottish Government, under the independent chairmanship of the Very Revd Dr Graham Forbes CBE. The group included representation from COSLA, ADSW (now Social Work Scotland), SPSO, SSSC, the Care Inspectorate, and Capability Scotland.
21. The group agreed the following recommendations to Ministers:

“Internal review by Local Authorities – first and second stages of procedure

- a. The model Complaints Handling Procedure (CHP) which is currently in use in local government for all other complaints would be adopted for social work complaints. This would bring social work complaints procedures broadly into line with other local authority complaints, and NHS complaints procedures.
- b. In acknowledgement of the fact that social work complaints are more complicated than other local authority service complaints, it was agreed to recommend to Ministers that the model CHP would be adopted with local authorities having the possibility of extending the timescales at the first (Frontline Resolution) stage from 5 to 15 working days at the discretion of local managers. It was agreed that this should be monitored to ensure that there were genuine reasons for any extensions. We would initially expect that Directors of Social Work should monitor this, and SPSO will take an interest in the timescales of cases which have been referred to them.
- c. Until legislation is enacted, it remains a legal requirement that local authorities must continue to utilise CRCs, but local authorities should follow the principles of the model CHP for the first and second stages of complaints, with the possibility of extending timescales as above.
- d. SPSO and ADSW¹ would draw up, in consultation with SG and COSLA, guidance on the criteria for extensions to the Frontline Resolution stage timescales.

¹ Now Social Work Scotland.

- e. The second (Investigation) stage of the model CHP would apply as it does in other LA and Health complaints – a definitive response to be provided within 20 working days of escalation to the second stage, with responses signed off by senior management.

External review – third stage of procedure

- f. The group recommended that the SPSO take on a role similar to that currently undertaken by the CRCs. This recommendation is in line with that proposed by the Sinclair Report. This would involve the SPSO's remit being extended to cover social work complaints.

CRCs currently consider complaints made by or on behalf of users or carers about the provision or non-provision of services, the quality and extent of services, the operation of services and allied issues. CRCs do not consider grievance procedures, which concern staff issues, i.e. conditions of service, management and support or disciplinary procedures which apply to the actions of staff in relation to failure to comply with codes of conduct, practice, instructions or other relevant professional or administrative guidance.

Issues concerning the malpractice of a social services worker or social worker are considered by the SSSC (Scottish Social Services Council) as the regulatory body for the social services workforce. Issues around the allocation of resources are for the individual local authority, and it is not proposed that SPSO have a power to force local authorities to amend decisions based on their agreed eligibility criteria.”

Current barriers

- 22. Currently the SPSO is unable to consider decisions made by local authorities in the exercise of their social work functions under the 1968 Act, except those where there is a complaint about the process involved in reaching the decision (maladministration). The 2002 Act (7 (1)) states that the Ombudsman is not entitled to question the merits of a decision taken without maladministration by or on behalf of a listed authority in the exercise of a discretion vested in that authority.
- 23. The above subsection of the 2002 Act does not apply to the merits of a decision taken by or on behalf of a health service body, a family health provider or an independent provider to the extent that the decision was taken in consequence of the exercise of clinical judgment.
- 24. Our policy intent is that the exemption to (7 (1)) should be replicated to allow for the SPSO to consider the merits of decisions taken under the professional judgment of local authority staff exercising their functions under the 1968 Act and other listed social work legislation. This may require SPSO to consult with and seek expert guidance from those with social work expertise.

25. It is not our intention that the SPSO should be responsible for the professional conduct of social work staff – that will rightly remain with the SSSC (Scottish Social Services Council) as the regulatory body for staff in the social care sector.
26. The SSSC considers suitability for initial and ongoing suitability registration with reference to the good character, competence and conduct test set out in section 46 of the Regulation of Care (Scotland) Act 2001. At the point of application the SSSC considers this test to decide on entry to the Register. It is anticipated that the SPSO and SSSC will ensure that their Memorandum of Understanding is updated to avoid, where possible, and manage any overlap in scrutiny of the professional judgment of social work professionals.

Appeals against resource allocation decisions

27. It is not intended that the SPSO will take on any responsibility for hearing appeals against, or overturning decisions made by local authorities in resource allocation. The SPSO will be able to make recommendations to local authorities, and will continue to hold its power to lay special reports in Parliament, but it will not become an appeals body for resource allocation decisions.
28. During the deliberations of the Working Group, the issue of appeals against decisions was a significant discussion point. User groups felt that the SPSO would not have sufficient power to overturn decisions made by social work staff, and that the SPSO would not constitute access to a free and impartial tribunal.
29. The current arrangements of CRCs have the power to make recommendations to the local authority on the decisions made by social work staff, including on resource allocation for individual users. When SPSO takes on the 3rd stage of the complaints procedure, it will have the same powers to recommend to Local Authorities that decisions should be reconsidered. Should a Local Authority not comply with the recommendation of the SPSO, the Ombudsman may lay in Parliament a special report on that case. To date, this has not been necessary as there has been full compliance with the recommendations made by the Ombudsman.
30. It is not, however, intended that the Ombudsman should have additional powers in relation to social work allowing them to reverse decisions made by the Local Authority on the basis of the effective and efficient use of resources. In practice, this will mean that the SPSO may consider the merits of decisions made by staff of Local Authorities, and make recommendations to Local Authorities if they consider that the decisions should have been made differently, but will not have the power to overturn those decisions.
31. The new section 7(2A) to the SPSO Act as drafted in the Order will allow the SPSO to consider the merits of decisions taken in consequence of the exercise of professional judgment when investigating complaints. The reference to professional judgment is intended to reflect the reference to 'clinical judgment' in the context of health decisions, and to prevent the SPSO from considering the merits of wholly political decisions. We recognise that some high level political decisions in relation to strategic or resourcing issues may be taken in reliance on

professional advice from within the local authority: for example, a decision to close a day care centre or to choose a certain method of meeting an identified social care need over a different, more expensive method. We consider that the draft Order would allow the SPSO to consider the merits of such decisions, but only insofar as they were taken in the exercise of professional judgment. The SPSO could consider whether professional advice within the local authority was correct in the way it analysed the evidence in making the decisions. However, if that advice was correct, the SPSO could not go on to consider whether elected members of the Local Authority had made the correct decision when weighing that advice against other factors.

32. We do not intend that these changes should interfere with the ability of Local Authorities to set high level budgets for social work. The changes being made will not constitute an appeals process against decisions made by local authorities in their resource allocation at a strategic level.

Integration of Health and Social Care – complaints procedures

33. Our starting point for making changes to the NHS complaints system and the social work complaints system, and, indeed, for the provision of guidance as set out below, is to ensure that complaints, whether in relation to health or social work services, are handled in an effective, timely and person centred way. Complaints must be listened to, appropriate action should be taken in response, and learning should be shared and fed back to improve services and service delivery.
34. Under integration, each Health Board and Local Authority chooses one of two organisational models to adopt – “lead agency” or “body corporate”. One Local Authority area – Highland – is using the lead agency model. The other 31 Local Authority areas have agreed, with their Health Board partners, to adopt the body corporate model.
35. Every Health Board and Local Authority must agree an Integration Scheme – a scheme of establishment – setting out the local arrangements for integration, regardless of which model of integration is used. Requirements for the content of the Integration Scheme are set out in Regulations.
36. In Highland, the Health Board delivers adult health and social care, and is responsible for all complaints relating to those services. The Local Authority delivers children’s community health services and children’s social care services, and is responsible for all complaints relating to those services.
37. In all other areas, all of which are using the body corporate model, the Health Board and Local Authority create a partnership in the form of an Integrated Joint Board (IJB), which plans and commissions services that are then delivered by the Health Board and Local Authority in accordance with any directions issued by the

IJB. This means that the Health Board and Local Authority remain responsible for the delivery of health and social care services, and any complaints about service delivery will be dealt with through the existing health and social work complaints procedures.

38. We recognise the importance of ensuring that complaints are joined up from the perspective of the complainant. Health Boards and Local Authorities must agree and set out within their Integration Schemes their arrangements for managing complaints that relate to the delivery of services that are within the scope of integration. The Integration Scheme must also set out the process by which a service user, and anyone else complaining on behalf of a service user, may make a complaint. The arrangements set out in the Integration Scheme do not alter the underlying position, described above, that complaints are to be dealt with under existing health and social work complaints procedures.
39. The Health Board and Local Authority must ensure that the arrangements that they have jointly agreed are:
- Clearly explained;
 - Well-publicised;
 - Accessible; and
 - Allow for timely recourse.
40. They must also ensure that complainants are signposted to independent advocacy services.

Information sharing

41. During the discussions of the Working Group, the SPSO raised the difficulties that they encounter in sharing information with the Care Inspectorate and SSSC. The 2002 Act restricts the Ombudsman in relation to the information which it can disclose to other organisations and the purposes for which it can do so.
42. This restricts the SPSO from making either SSSC or the Care Inspectorate aware of any issues that have come to light as a result of its investigation into a complaint. It is intended that the SPSO will be able to highlight concerns or failings in care services or professionals to the appropriate body, if it discovers these in the light of its investigation into a complaint.
43. The draft Order makes a provision for SPSO to be able to share information with SSSC and the Care Inspectorate where it considers that the information relates to those bodies' regulatory functions.
44. Section 19 of the SPSO Act allows SPSO to share information with other bodies such as the Care Inspectorate and SSSC but only if it is specifically for the purpose of the SPSO undertaking its own investigation, or if the information indicates that a person constitutes a threat to the health and safety of others.

45. There are other scenarios when the SPSO may wish to share information but at present are unable to, even if a request has been made by the other organisation. For example:-
- when there is no clear and justifiable reason, for the purposes of undertaking the SPSO's investigations, for SPSO to need to share any information with the other body in order to obtain further information from them;
 - when SPSO has completed its investigation and issued a final decision;
 - when SPSO wants to share details of all of the live cases about a particular organisation in order to inform an inspection;
 - where the information relates to an area that SPSO does not have jurisdiction to investigate (e.g. a case about NHS or Local Authority functions which also references complaints about care provision in a home – a Care Inspectorate responsibility).
46. Section 20 to the 2002 Act authorises the SPSO to disclose any information obtained by or supplied to it to the persons specified in schedule 5 if the information appears to the SPSO to relate to a matter specified in that schedule in relation to that person. In order to deal with the scenarios listed above, the draft Order adds new entries to schedule 5. These will allow the SPSO to disclose to the SSSC information relating to its professional regulatory functions; and disclose to the Care Inspectorate information relating to its inspection and registration functions.
47. The draft Order also amends section 56 of the Public Services Reform (Scotland) Act 2010, which deals with confidential information obtained by Care Inspectorate inspectors in the course of their inspections. The amendment would authorise the disclosure of information to the SPSO where that would assist the SPSO in carrying out its investigatory functions under the 2002 Act.
48. The SPSO, Care Inspectorate and SSSC will remain subject to Data Protection legislation, and will treat any information shared between them in accordance with the Data Protection Act 1998, only processing sensitive data when required so that there are provisions in place to allow for the protection of data.

Funding of SPSO to undertake the additional functions

49. The Scottish Government has made a commitment to the SPCB that the SPSO will be fully resourced for the changes made by the draft Order. The Scottish Government will continue to work with SPCB and the SPSO on the resource implications arising from these changes.

Costs on other bodies and individuals

50. The draft Order will not generate any additional costs on bodies or individuals other than the SPSO. It is anticipated that Local Authorities will benefit from the changes as an administrative burden (in the form of CRCs) will be removed from them.

Review of effectiveness of the changes

51. The Scottish Government will, in collaboration with SPSO and stakeholders, after the first full year of operation of the revised complaints system, conduct a light-touch review of how the new system is performing against the principles of the recommendations of the Sinclair and Crerar reports to ensure that the system is supporting service users.

DRAFT ORDER

52. The draft Order contained in Annex A makes the legislative changes necessary to allow the SPSO to take on the role currently undertaken by local authorities' Complaints Review Committees. It also repeals the provisions which create the framework for the existing complaints procedures.

53. Until the Order is enacted, it will remain a requirement for local authorities to continue to hold Complaints Review Committees. The savings provisions mean that the existing local authority complaints procedures (including Complaints Review Committees) will continue to apply to any complaints which have been made before the changes come into force.

54. The draft Order contains provisions for:

- Extending the remit of the SPSO to enable them to consider complaints made about social work which are not solely about maladministration, but enable the SPSO to consider the professional judgment of social work staff.
- Repealing the existing requirements on local authorities to create a social work complaints procedure. One effect of this repeal is that the SPSO will be able to use its existing functions to create a model complaints handling procedure for social work complaints, and that local authorities will be obliged to adopt a procedure which complies with that model. This brings SPSO functions in relation to social work into line for those for health, where the SPSO sets out its model complaints handling procedures which it expects local authorities to follow.
- Allowing the sharing of information between SPSO, Care Inspectorate and the Scottish Social Service Council (SSSC) where relevant to their regulatory functions.

55. The draft Order, if approved, is expected to come into force on 1st October 2016, to allow time for the preparations for the change to be undertaken.

56. The explanatory note to the draft Order should be read in conjunction with the draft Order in responding to this consultation.

CONSULTATION QUESTIONS

1. Do you agree that the Local Authority Complaints Review Committees should be replaced?
2. Do you agree with the proposal to extend the functions of the Scottish Public Services Ombudsman (SPSO) to allow the SPSO to investigate stage 3 of complaints for social work?
3. Do you agree with the proposal to extend the role of the SPSO in relation to social work complaints to allow them to consider in their investigations matters of professional judgment of social work staff?
4. Do you agree that the SPSO should be able to share information with the Care Inspectorate (Social Care and Social Work Improvement Scotland) and the Scottish Social Services Council in relation to social work?
5. Do you have any other comments on the proposals?

Proposed draft Order laid before the Scottish Parliament under section 26(2)(a) of the Public Services Reform (Scotland) Act 2010 for the purposes of consultation required by section 26(1) of that Act.

Draft Order laid before the Scottish Parliament under section 25(2)(b) of the Public Services Reform (Scotland) Act 2010, for approval by resolution of the Scottish Parliament.

DRAFT SCOTTISH STATUTORY INSTRUMENTS

2016 No.

REGULATORY REFORM

SOCIAL CARE

**The Public Services Reform (Social Work Complaints Procedure)
(Scotland) Order 2016**

Made - - - -

Coming into force - - *1st October 2016*

The Scottish Ministers make the following Order in exercise of the powers conferred by section 14(1) and (7) and 17(1) and (9) of the Public Services Reform (Scotland) Act 2010⁽²⁾ (“the Act”) and all other powers enabling them to do so.

The Scottish Ministers consider that the conditions in section 16(2) and 18(2) of the Act are satisfied.

The Scottish Ministers have consulted in accordance with section 26 of the Act.

In accordance with section 19(2) of the Act, the Scottish Parliamentary Corporate Body has consented to the laying of a draft of this Order.

The Scottish Ministers have laid a draft of this Order and an explanatory document before the Scottish Parliament in accordance with section 25(2)(b) of the Act.

In accordance with section 25(2)(c) of the Act, the draft of this Order has been approved by resolution of the Scottish Parliament.

(2) 2010 asp 8. The effect of sections 14 to 30 and schedule 5 and 6 of the Act has been extended by virtue of section 134(4) and S.S.I. 2015/234.

Citation and commencement

1. This Order may be cited as the Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016 and comes into force on 1st October 2016.

Amendment of the Scottish Public Services Ombudsman Act 2002

2. The Scottish Public Services Ombudsman Act 2002⁽³⁾ is amended in accordance with articles 3 and 4.

3. In section 7 (matters which may be investigated: restrictions), after subsection (2) insert—

“(2A) Subsection (1) does not apply to the merits of a decision taken by or on behalf of a person mentioned in subsection (2B) in pursuance of a social work function to the extent that the decision was taken in consequence of the exercise of the professional judgment of the social worker or other person discharging the function.

(2B) The persons are—

- (a) a local authority, or
- (b) the holder of an office established by or under any enactment to which appointments are made by a local authority.

(2C) In subsection (2A), “social work function” means a function conferred by or under—

- (a) the Social Work (Scotland) Act 1968⁽⁴⁾,
- (b) an enactment mentioned in section 5(1B) of that Act, or
- (c) an enactment listed in the schedule to the Public Bodies (Joint Working) (Scotland) Act 2014⁽⁵⁾.”.

4. At the end of schedule 5 (disclosure of information by the Ombudsman) insert—

“The Scottish Social Services Council	A matter in respect of which the Scottish Social Services Council could exercise any power conferred by— <ul style="list-style-type: none">(a) section 46 (grant or refusal of registration),(b) section 47 (variation etc. of conditions in relation to registration),(c) section 49 (removal etc. from the register), of the Regulation of Care (Scotland) Act 2001 ⁽⁶⁾
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⁽³⁾ 2002 asp 11.

⁽⁴⁾ 1968 c. 49. Section 5(1B) was inserted by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13, paragraph 76(3)(b) and amended by the Children (Scotland) Act 1995 (c. 36), Schedule 4, paragraph 15(4)(b); the Criminal Proceedings (Consequential Provisions) (Scotland) Act 1995 (c. 40), Schedule 4, paragraph 6(2); the Regulation of Care (Scotland) Act 2001 (asp 8), schedule 4, paragraph 1; the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 4, paragraph 1(3); the Adoption and Children (Scotland) Act 2007 (asp 4), schedule 2 paragraph 2(2)(a) and schedule 3, paragraph 1; the Social Care (Self-directed Support) (Scotland) Act 2013 (asp 1), section 21(b); the Children and Young People (Scotland) Act 2014 (asp 8), schedule 5, paragraph 1(b) and S.S.I. 2013/211.

⁽⁵⁾ 2014 asp 9.

⁽⁶⁾ 2001 asp 8.

Social Care and Social Work Improvement Scotland	<p>A matter in respect of which Social Care and Social Work Improvement Scotland could exercise any power conferred by—</p> <p>(a) chapter 2 (social services; inspections),</p> <p>(b) chapter 3 (care services; registration etc.),</p> <p>(c) chapter 4 (local authority adoption and fostering services etc.),</p> <p>of Part 5 of the Public Services Reform (Scotland) Act 2010⁽⁷⁾”.</p>
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Amendment of the Public Services Reform (Scotland) Act 2010

5. In section 56 of the Public Services Reform (Scotland) Act 2010 (inspections: authorised persons), in subsection (4)—

- (a) omit “or” immediately following paragraph (c);
- (b) after “offenders” in paragraph (d) insert—
“, or
- (e) to the extent considered necessary by the authorised person for the purpose of assisting the Scottish Public Services Ombudsman in connection with the Ombudsman’s investigatory functions under the Scottish Public Services Ombudsman Act 2002”.

Amendment of the Social Work (Scotland) Act 1968

6. Omit section 5B of the Social Work (Scotland) Act 1968⁽⁸⁾ (complaints procedure).

Saving provision

7.—(1) Where paragraph (2) applies, section 5B of the Social Work (Scotland) Act 1968 continues to have effect on and after 1st October 2016 as it had effect immediately before that date.

(2) This paragraph applies in the case of any representations (including complaints) made before 1st October 2016 through a procedure established in accordance with the Social Work (Representations Procedure) (Scotland) Order 1990⁽⁹⁾.

St Andrew’s House,
Edinburgh
Date

Name
Authorised to sign by the Scottish Ministers

⁽⁷⁾ 2010 asp 8.

⁽⁸⁾ Section 5B was inserted by the National Health Service and Community Care Act 1990 (c.19), s. 52, and amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13, paragraph 76(5) and the Children (Scotland) Act 1995 (c.36), Schedule 4, paragraph 15(5)(a) and Schedule 5, paragraph 1.

⁽⁹⁾ S.I. 1990/2519.

EXPLANATORY NOTE

(This note is not part of the Order)

This Order amends the Scottish Public Services Ombudsman Act 2002 (“the 2002 Act”) in order to allow the Ombudsman to consider the merits of certain social work decisions taken in the exercise of professional judgment in the course of its investigations under section 2 of the 2002 Act. Section 7(1) of the 2002 Act generally precludes the Ombudsman from questioning the merits of discretionary decisions when carrying out investigations. New section 7(2A) of the 2002 Act, introduced by article 3 of the Order, creates an exception to this rule. The exception applies to decisions taken in pursuance of functions conferred by the enactments referred to in new section 23(1A) of the 2002 Act, to the extent that those decisions are taken in consequence of the exercise of professional judgment. The functions in question may be conferred on the local authority itself or on particular office holders appointed by the local authority. The latter group would cover, in particular, chief social work officers, mental health officers and council officers acting under the Adult Support and Protection (Scotland) Act 2007.

Article 4 of the Order amends schedule 5 to the 2002 Act. Schedule 5 sets out the bodies with whom, and the matters relating to which, the Ombudsman is permitted under section 20 of the 2002 Act to disclose certain information. The amendment permits the Ombudsman to disclose to the Scottish Social Services Council information which appears to it to relate to the Council’s professional regulatory functions. It also permits the Ombudsman to disclose to Social Care and Social Work Improvement Scotland (commonly known as the Care Inspectorate) information which appears to it to relate to the Care Inspectorate’s inspection and registration functions.

Article 5 of the Order amends section 56 of the Public Services Reform (Scotland) Act 2010. The effect of this amendment is to authorise a Care Inspectorate inspector to disclose confidential information obtained in the course of an inspection to the Ombudsman where the inspector considers this necessary to assist the Ombudsman in connection with its investigatory functions.

Article 6 of the Order repeals section 5B of the Social Work (Scotland) Act 1968 (“the 1968 Act”). That section confers a power on the Scottish Ministers to make an Order to require local authorities to establish a procedure to consider representations (including complaints) in relation to the exercise of certain social work functions. That power has been exercised through the Social Work (Representations Procedure) (Scotland) Order 1990 (“the 1990 Order”)

Article 7 of the Order is a saving provision. It provides that section 5B of the 1968 Act continues to have effect in relation to any representations (including complaints) made under the 1990 Order before 1st October 2016.



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Integration Joint Board
10th December 2015
Agenda Item No. 13

Subject: **Taigh Mor Respite Centre**

Purpose: To seek approval from the Integration Joint Board to ask the Council to undertake a re-tender exercise to appoint a provider organisation to operate the Taigh Mor Respite Centre on behalf of the North Ayrshire Health and Social Care Partnership.

Recommendation: That the Integration Joint Board agrees to a re-tender exercise to appoint a provider organisation to operate the Taigh Mor Respite Centre on behalf of the North Ayrshire Health and Social Care Partnership.

1	INTRODUCTION
1.1	Taigh Mor Respite Centre, Beith was established in 2007 to provide a dedicated residential respite service to people with learning disabilities, some of whom will also have physical disabilities, health care needs, autism and behaviour which challenges services
1.2	This was in response to the closure of hospital based respite services and the drive to develop community services
1.3	Taigh Mor is an 8 bedded residential respite service which caters for people with learning disabilities who have a variety of support needs ranging from severe learning disabilities with complex physical and health care needs to mild /moderate learning disabilities. A number of service users also have behaviour which challenges services.
2	CURRENT POSITION
2.1	The service has been operated by Hansel Alliance since August 2012 and is accessed by 110 people of whom 104 are from North Ayrshire. An arrangement is currently in place where placements are provided to people from outwith north ayrshire for whom no appropriate residential respite service is available in their own area.

2.2	The demand on the service is very high and the Learning Disabilities Service is experiencing difficulty in meeting demand for requests for residential respite. Taigh Mor plays an integral role in the provision of residential respite services in North Ayrshire as it enables people with learning disabilities to remain at home with their families. It also provides support to carers by enabling them to have a break from their caring role and, therefore, maintain their caring role for longer
2.3	The provision of a residential respite service is an essential element of the wider Learning Disability Service and is in keeping with the strategy to ensure that a range of support options is available to both service users and carers. It is also in line with the need to ensure that carers' services are provided. The service specification will be reviewed in alignment with the future strategy and service model delivery for Learning Disability services.
2.4	The contract with Hansel Alliance is due to end in September 2016. In order to comply with the Council's Standing Orders and Public Contracts (Scotland) Regulations 2012 (as amended) a formal re-tendering exercise must be undertaken
2.5	The current budget for the service is £430,000 per annum and NAHSCP Finance has indicated that this level of funding to continue to operate this service for the anticipated period of the new contract is available
3	PROPOSAL
3.1	That the Integration Joint Board gives approval to ask the Council to undertake a re-tender exercise to appoint a provider organisation to operate the Taigh Mor Respite Centre on behalf of the North Ayrshire Health and Social Care Partnership for up to a period of four years
4	IMPLICATIONS
4.1	Financial Implications Funding of £430,000 per annum has been confirmed as being available for the anticipated period of the new contract.
4.2	Human Resource Implications There are no human resource implications for the North Ayrshire Health and Social Care Partnership.
4.3	Legal Implications The procurement is above the EU Public Procurement thresholds for services as classified within Part B of the Regulations. The NAHSCP Service Design and Procurement Team as well as NAC Legal Services will be fully involved in the procurement process.
4.4	Equality Implications The equality credentials of the organisations who submit tender applications will be scrutinised as part of the procurement process. Continuation of the service will provide a residential respite service for people with learning disabilities and their carers and, as a result, they are not anticipated as being disadvantaged by the provision of this service.

4.5	Environmental Implications There are no environmental implications
4.6	Implications for Key Priorities The provision of this service fits with the NAHSCP's Strategic Priorities: No. 1 – 'tackling inequalities' No. 4 – 'prevention and early intervention' No.5 - 'improving mental health and well-being'
5	CONSULTATIONS
5.1	Consultation has taken place with the NAHSCP Service Design and Procurement Team and with NAC Legal Services.
5.2	Consultation exercises will be undertaken with service users and carers throughout the re-tender exercise in order to ensure the re-tendered service meets their respective requirements.
6	CONCLUSION
6.1	The current contract with Hansel Alliance is due to end in September 2016.
6.2	The service is integral to the provision of services to meet the needs of people with learning disabilities and their carers in North Ayrshire. Failure to provide this service would have serious implications for people with learning disabilities who are living at home and also for their carers.
6.3	The Integration Joint Board is requested to approve that a re-tender exercise be undertaken.

For more information please contact: John McCaig, Senior Manager (Learning Disabilities) on 01294 317718



Minutes of North Ayrshire Strategic Planning Group
Held on Thursday 29th October 2015 at 9.30am, the Cumbrae Room,
Ardrossan Civic Centre, 150 Glasgow St, Ardrossan, KA22 8EU

- Present:**
- Stephen McKenzie, Chair, IJB
 - Jo Gibson, Planning and Performance, Health and Social Care Partnership (H&SCP)
 - Derek Barron, Lead Nurse
 - David Donaghey, Staff Side
 - Sharon Bleakley, Scottish Health Council
 - Jim Nichols, Third Sector Representative
 - Mark Gallagher, Alcohol and Drugs Partnership (ADP)
 - John Burns, Evaluation Officer
 - Louise Gibson, Allied Health Professions (AHP) Representative
 - Christine Speedwell, NA Carers Centre
 - Elaine Young, Assistant Director of Public Health
 - Louise McDaid, Staff Side
 - Martin Hunter, Public Partnership Forum Representative
 - Lynne Richardson, Development & Strategy Manager - deputising for Yvonne Baulk
 - David Rowland, Head of Service Health & Community Care
 - David Bonellie, NHS Optometry Representative
 - Nigel Wanless, Independent Sector Representative
 - Lorna Brough, Policy & Community Planning Officer – deputising for Morna Rae
- In attendance:**
- Morven Ross-Bain, Community Development Officer, Third Sector
 - Cllr Alex Gallagher, IJB Member
 - Cllr Anthea Dickson, IJB Chair
 - Allan Wilson, NHS Pharmacy Representative
 - Scott Bryan, Interim Team Manager Planning
 - Brenda Knox, Health Improvement Lead in North Ayrshire
 - Mark Inglis, Senior Manager, Intervention Services
 - Annie Weir, Programme Manager, Integration of Health and Social Care
 - Karen Broadfoot, Clerical Assistant (minutes)
 - Gillian McNulty, Personal Assistant

Apologies: Yvonne Baulk, Head of Physical Environment (Housing)
Dr Paul Kerr, Clinical Director H&SCP
Lesley Aird, Finance NAC
Thelma Bowers, Head of Service, Mental Health
Stephen Brown, Children and Families, Criminal Justice, H&SCP
Dr Janet McKay,
Eunice Johnstone, Planning Manager, NHS Planning & Performance
Clive Shephard, Federation of Community Associations
Fiona Thomson, Public Partnership Forum Representative
Morna Rae, Community Planning, NAC
Chief Inspector Tim Ross, Chair, Alcohol and Drugs Partnership
Marjorie Adams, Programme Manager (Early Interventions & Prevention)

1. Welcome

Stephen McKenzie welcomed everyone to the meeting including colleagues delivering the presentations, IJB members and those recently arrived from Arran.

2. Draft minutes of previous meeting held 17th September 2015

- 2.1 Minutes approved as accurate for meeting of the 17th September 2015.

3. Matters Arising

- 3.1 Action note Item 3.1 – Jo Gibson advised that an Appreciative Inquiry (AI) event is being looked at for January 2016.

4. Engagement Update

- Update on Engagement

- 4.1 Jo Gibson advised that the Locality Planning Forums have progressed with the IJB with five out of the six chairs identified. Senior managers also identified although the managers have still to be notified. Conversations with the communities from the Partnership Engagement event held on the 19th October to be collated. Letters to be sent to people who expressed an interest in joining their Locality Planning Forums.
- 4.2 Annie Weir gave an update on the feedback paper from the Partnership Engagement event held 19th October that was issued to the group. All feedback from the event workshops will be collated into themes and an action plan will be developed from this.
- 4.3 Jo Gibson stated that there is a national momentum around community engagement. Jo will send the group the link to the Our Voice: working

JG

together to improve health and social care framework and would welcome the groups views on this.

All

4.4 Stephen McKenzie stated that engagement will stay on the agenda for future discussion as it is a very important issue.

4.5 Annie Weir advised that a participation and engagement strategy will be drawn up and will incorporate how we work as a partnership and our commitment to engagement.

5. Performance Update

- Update on Quarter One

5.1 Scott Bryan gave a presentation on the Strategic Planning Group Monitoring Report for Quarter One.

5.2 Jo Gibson advised that homework would arise from this presentation and invited all members to complete and return. Hopeful for homework responses to be collated and brought back to SPG on the 10th December. This exercise will be asking individuals to tell what the main measures should be for each of our strategic priorities.

All

5.3 Stephen McKenzie stated that performance management report is strategic and will enable the SPG to see overall progress and what needs to be focused on. Stephen also encouraged the group to take the homework to their groups for feedback.

6. Early Intervention and Prevention

6.1 Jo Gibson introduced this strategic priority, and stated that early intervention and prevention is crucial and one of the aims around why integrated partnerships were established. Currently only 4% of the health care budget is on prevention and 6% on early in life intervention. We need to focus on range of early intervention and prevention issues in North Ayrshire.

7. Health Improvement

7.1 Elaine Young gave a presentation on Health Improvement Activities in North Ayrshire.

8. Community Pharmacy

8.1 Allan Wilson advised the group that Sam Falconer will be the new pharmacy representative for the SPG and will attend future meetings. As Sam is new in post, Allan Wilson agreed to give today's presentation

entitled Community Pharmacy-How can it work within the Health and Social Care Partnership?

8.2 Stephen McKenzie stated that from this presentation the SPG must note:

- pharmacies are private businesses
- need to develop clinical pharmacists and how they can help people
- how do pharmacists link with ANPs and GP practices

8.3 Allan clarified that pharmacies are private businesses that are contracted to the NHS. The Scottish Government are asking pharmacies to provide various services. These services are also required to be provided by pharmacies that are owned by large retail stores. Primary Care funding money has been allocated to pharmacies to enable a prescribing pharmacist to be available in every pharmacy. Looking at utilising pharmacists within GP teams.

8.4 David Rowland added that in Europe pharmacists are seen as the first port of call for many people rather than GPs. Would like to change the perception in the UK that pharmacists are dispensing services. Explore what new services could and should be available and help change culture and perception of pharmacists. How can we bring this to North Ayrshire?

Community Hubs may be a good way to take things forward. Look at who should be in the hubs and what the outcomes would be. David Rowland advised there is a Primary Care Contractors event on the 1st December 2015 and suggested a small group from the SPG meet prior to this to look at the vision and take to the contractors event in December.

Stephen McKenzie agreed to the setting up of such a group and advised further details will be sent out to the group.

SMcK

8.5 Derek Barron to send the link to the Health Care Improvement Scotland paper to SPG members for their information.

DB

9. Criminal Justice

9.1 Mark Inglis gave a presentation on early intervention and prevention in criminal justice. This highlighted the good work being undertaken by:

- Mentoring
- SNAP (Stop Now and Plan)
- Young Person Support Team
- Youth Justice (Whole System Approach)
- MADART (Multi Agency Domestic Abuse Response Team)

- 9.2 Louise McDaid highlighted that we should look at shouting loud about all the good things that are happening and this may help with engaging the public. Need to get these good stories out to everyone.
- 9.3 Stephen McKenzie added that the Locality Planning Forums will be the best platform for all this good work to be highlighted to the public. Eleanor McCallum, Engagement and Communications Officer, to look at a communication plan alongside the Strategic Plan. An annual performance report will also be produced at the end of the first year of the H&SCP and could be sent to people's homes.

10. Group Discussion

- 10.1 The group spent time discussing early intervention and prevention and its relevance to the SPG. The following areas were highlighted:
- How quickly early intervention shows positive results
 - Does the strategic plan reflect the groups thoughts
- 10.2 Jo Gibson stated that the second year of the SPG needs to be more specific and what this would be agreed with our communities. A lot already within the strategic plan that is taking us in the right direction. Look at encouraging more of the IJB to attend the SPG meetings and have a joint session with the SPG and IJB to help take things forward.

11. Date and time of the next meeting

Thursday 10th December 2015 - 1.15 – 5.00pm, Greenwood Conference Centre, Dregghorn – **please note the start time with soup and sandwich lunch available from 12.30pm.**

12. Additional dates and venues for 2016:

- 4th February 2016, 9.30am, venue to be confirmed
- 31st March 2016, 9.30am, venue to be confirmed
- 26th May 2016, 9.30am, venue to be confirmed
- 21st July 2016, 9.30am, venue to be confirmed
- 15th September 2016, 9.30am, venue to be confirmed
- 10th November 2016, 9.30am, venue to be confirmed