Integration Joint Board Meeting

Thursday, 21 March 2019 at 10:00

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

1 Apologies
Invite intimation of apologies for absence.

2 Declarations of Interest
Members are requested to give notice of any declarations of interest in respect of items of business on the Agenda.

3 Minutes / Action Note
The accuracy of the Minutes of the meeting held on 14 February 2019 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

3.1 Matters Arising
Consider any matters arising from the minutes of the previous meeting.

Quality and Performance

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

5 Health and Social Care Clinical and Care Governance Group Update
Submit report by David Thomson, Associate Nurse Director/IJB Lead Nurse in relation to governance and assurance of activity reviewed via the Health and Social Care Clinical and Care Governance Group (copy enclosed).

6 Performance and Audit Committee: Terms of Reference
Submit report by Stephen Brown, Director (NAHSCP) on the terms of reference for the Performance and Audit Committee (copy enclosed).

Strategy and Policy

7 Social Care Charging Policy 2019-20
Submit report by Eleanor Currie, Principal Manager (Finance) on the updated Social Care Charging Policy and approved charged for 2019-20 (copy enclosed).

8 Veterans First Point (V1P) Service
Submit report by Lindsay Kirkwood, Clinical Lead V1P, in consultation with Thelma Bowers, Head of Service (Mental Health), providing information on the Veterans First Point Ayrshire and Arran service (copy enclosed).

9 Community Care Occupational Therapy Report
Submit report by Stuart Gaw, Senior Manager for Intermediate Care and Rehabilitation / Alistair Reid, Lead Allied Health Professional on (i) the current waiting time position for occupational therapy assessment within the community care teams in North Ayrshire; (ii) progress made to date to reduce these waiting times; and (iii) actions planned to further improve this position (copy enclosed).

10 Advocacy Strategy
Submit report by Thelma Bowers, Head of Service (Mental Health) on progress in developing the Advocacy Strategy and Action Plan to meet the recommendations of the Mental Welfare Commission for Scotland (copy enclosed).

11 Budget Monitoring – Period 10 (January 2019)
Submit report by Caroline Whyte, Chief Finance and Transformation Officer providing an update on the projected financial outturn for the financial year (copy enclosed).

12 Budget 2019-20
Submit report by Caroline Whyte, Chief Finance and Transformation Officer (copy to follow).

Minutes

13 Strategic Planning Group Minutes
Submit the minutes of the Strategic Planning Group meetings held on (i) 5 December 2018; and (ii) 23 January 2019 (copies enclosed).

14 Urgent Items
Any other items which the Chair considers to be urgent.

Integration Joint Board

Sederunt

Voting Members

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

Professional Advisors

Stephen Brown	Director North Ayrshire Health and Social Care
Caroline Whyte	Chief Finance and Transformation Officer
Dr. Paul Kerr	Clinical Director
David MacRitchie	Chief Social Work Officer – North Ayrshire
Dr. Calum Morrison	Acute Services Representative
Alistair Reid	Lead Allied Health Professional Adviser
David Thomson	Associate Nurse Director/IJB Lead Nurse
Dr Louise Wilson	GP Representative

Stakeholder Representatives

David Donaghey	Staff Representative – NHS Ayrshire and Arran
Louise McDaid	Staff Representative – North Ayrshire
Marie McWaters	Carers Representative
Graham Searle	Carers Representative (Depute for Marie McWaters)
Sam Falconer	(Chair) IJB Kilwinning Locality Forum
Fiona Thomson	Service User Representative
Clive Shephard	Service User Rep (Depute for Fiona Thomson)
Nigel Wanless	Independent Sector Representative
Heather Malloy	Independent Sector Rep (Depute for Nigel Wanless)
Vicki Yuill	Third Sector Representative
Barbara Connor	(Chair) IJB Irvine Locality Forum

Agenda Item 3

North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 14 January 2019
at 10.00 a.m., Council Chambers, Cunninghame House, Irvine

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

Stephen Brown, Director of Health and Social Care Partners
Caroline Whyte, Chief Finance and Transformation Officer
Dr Paul Kerr, Clinical Director
David MacRitchie, Chief Social Work Officer
Alistair Reid, Lead Allied Health Professional Adviser
David Thomson, Associate Nurse Director/IJB Lead Nurse

David Donaghey, Staff Representative (NHS Ayrshire and Arran)
Louise McDaid, Staff Representative (North Ayrshire Council)
Marie McWaters, Carers Representative
Graham Searle, Carers Representative (Depute for Marie McWaters)
Fiona Thomson, Service User Representative
Nigel Wanless, Independent Sector Representative
Heather Malloy, Independent Sector Rep (Depute for Nigel Wanless)
Vicki Yuill, Third Sector Representative
Barbara Connor, Chair, Irvine Locality Forum

Also Present
Councillor Anthea Dickson, North Ayrshire Council

In Attendance
Eleanor Currie, Principal Manager (Finance)
Helen McArthur, Senior Manager, Health and Community Care
Karen Andrews, Team Manager (Governance)
Diane McCaw, Committee Services Officer

Apologies for Absence
Dr. Calum Morrison, Acute Services Representative
Dr. Louise Wilson, GP Representative

1. Chair's Remarks

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The Chair welcomed Barbara Connor, Chair of the Irvine Locality Forum to the meeting.

2. Apologies

Apologies were noted.

3. Declarations of Interest

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

The Board, however, noted the familial connection intimated by John Rainey in terms of the Allied Health Professionals (AHP) Highlight Report 2018 and the Veterans First Point (V1P) Service.

4. Minutes/Action Note

The accuracy of the Minute of the meeting held on 13 December 2018 was confirmed and the Minute signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

4.1 Matters Arising

Adult Support and Protection – Thematic Inspection Improvement Work Plan Update – Strategic Advocacy Plan – The Strategic Advocacy Plan will be provided to the meeting of the IJB March. Ongoing action.

Action – B. Walker

5. Director's Report

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

The report highlighted the following:-

- the funding from Skills Development Scotland to deliver Foundation Apprenticeships in Care across Ayrshire;
- the Partnership Awards taking place on 28 February 2019;
- age simulation suit taster sessions;
- Young Carers Awareness Day which took place on Thursday 31 January 2019;
- staff workshops on "thinking different, doing better";
- the successes in Dementia Services and Care at Home;
- that the Rosemount Kinship Group is part of the 'Beings' Exhibition at the Scottish National Portrait Gallery running from 2 February to 28 April 2019; and
- the Mental Welfare Commission Visit which took place on Monday 14 January 2019 and that a representative of the Mental Health Public Reference Group will attend future Commission visits.

The Director further reported that David Rowland, Head of Health and Community Care Services had left the Council to take up a new role with the Scottish Government. The Board formally intimated their thanks to David Rowland for his

contribution to the set up and work of the IJB since 2014 and wished him the best of luck in his new career.

Louise McDaid congratulated Care at Home and Money Matters staff who had achieved £18,000 for a service user and this was endorsed by the Chair.

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

6. Budget Monitoring – Month 9 (December 2018)

Submitted report by Caroline Whyte, Chief Finance and Transformation Officer on the projected financial outturn for the financial year. Appendix A provided a detailed financial overview of the Partnership budgetary position while Appendix B gave a detailed variance analysis. Appendix C presented full detail on savings, with Appendix D detailing progress against the approved recovery plan and Appendix E highlighting the movement in the overall budget position.

Members asked questions and were provided with information on the following:-

- the over-recovery of charging order income;
- the position in relation to income generated from the sale of mental health services forensic beds and that all beds are expected to be sold and in use by the end of February 2019;
- clarification that the level of care provided in terms of the forensic beds has been identified by the Care Commission as an exemplar practice;
- the updated position with regard to unfunded beds due to the management of higher admission levels which affects set aside figures;
- the budget reduction in relation to the AHP workforce saving;
- clarification around unachieved CRES savings; and
- updated timescales against the approved recovery plan.

The Board agreed to (a) note the projected year-end overspend of £0.227m; (b) approve the changes in funding as detailed in section 2.11 and Appendix E to the report; and (c) note (i) the impact of the financial recovery plan and the progress being made in delivering financial balance; and (ii) the potential impact of the Lead Partnerships.

7. Allied Health Professions (AHP) Highlight Report 2018

Submitted report by Alistair Reid, Lead Allied Health Professional providing detail on the activity of AHPs in North Ayrshire Health and Social Care Partnership (HSCP) during 2018 and on key points and collective objectives for the next 12 months. Appendix 1 detailed the full Highlight Report clarifying the range of AHP services provided within the Partnership and setting out the priorities for 2019.

Members received clarification that the figure within Section 6 of the Appendix in relation to the management of aggression should be detailed as 88% and not 8%.

The Board agreed to (a) note the content of the AHP report and Appendix; and (b) endorse the AHP service objectives outlined within the Appendix to the report.

8. Veterans First Point (V1P) Service

Submitted report by Lindsay Kirkwood, Clinical Lead V1P, in consultation with Thelma Bowers, Head of Service (Mental Health), providing information on the

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Veterans First Point Ayrshire. The Scottish Veterans Commissioner report "Veterans' Health & Wellbeing was attached at Appendix 1 to the report. Appendix 2 detailed a summary of the proposal for the Defence Medical Welfare and Wellbeing Service Ayrshire.

The Board agreed to defer consideration of this item to the meeting of the IJB in March 2019.

9. Joint Locality Planning Partnership – Arran Pilot

Submitted report by Michelle Sutherland, Strategic Planning Lead and presented by Vicki Yuill, Third Sector Representative, on proposals to pilot an integrated HSCP Locality Planning Forum and CPP Locality Partnership arrangement on the Island of Arran. The anticipated joint approach would enhance the delivery of the HSCP Strategic Plan 'Engaging Communities' and the CPP Local Outcome Improvement Plan (LOIP).

Members asked questions and were provided with information on the following:-

- operation of the new Pilot Group in practice, with core members being the Locality Forum Chair, Senior Manager Co-ordinator and Lead GP for Arran;
- that the remaining LP Forum members would merge with the current patient representative group on Arran and form the Arran Health and Social Care Community Champions network;
- that the Pilot aims to bring together shared priorities and reduce confusion in terms of community engagement;
- that there are no financial implications arising from the Pilot;
- that staff are engaged around the Arran Pilot and good communication is in place to feedback in terms of developing fully integrated services;
- reporting procedures in relation to evaluating the impact of the Pilot; and
- that mechanisms for engaging with staff should continue to be directed through the Staff Partnership Forum.

The Board agreed to (a) to approve the integration of the HSCP Locality Planning Forum into the CPP Locality Partnership for a pilot period of 12 months; and (b) receive a future report on the results of the Arran Joint Locality Planning Partnership pilot.

10. North Ayrshire Integration Joint Board Records Management Plan

Submitted report by Julie Davis, Principal Manager Business Administration, and presented by Karen Andrews, Team Manager (Governance), on the North Ayrshire Integration Joint Board Records Management Plan, which was attached as an Appendix to the report.

The Board approved the North Ayrshire Integration Joint Board Records Management Plan as detailed in the Appendix to the report.

11. Ministerial Strategic Group for Health and Community Care – Review of progress with integration of Health and Social Care

Submitted report by Caroline Whyte, Chief Finance and Transformation Officer on the publication of the final report relating to the review of progress with integration of Health and Social Care. The final report was detailed at Appendix 1.

The Board was further advised that an action plan would be developed and brought back to a future meeting looking at progress of integration to date and any actions requiring to be implemented from a 'North' perspective. Any questions in relation to the report should be emailed directly to Stephen Brown or Caroline White.

The Board (a) noted the terms of the final report and the joint COSLA and Scottish Government proposals to ensure the success of integration; and (b) agreed to receive a report in April 2019 providing an evaluation of our current position, benchmarked against the findings of the review and the Audit Scotland report, together with an Action Plan.

12. Exclusion of the Public

The Board resolved in terms of Section 50(A)4 of the Local Government (Scotland) Act 1973, to exclude from the Meeting the press and the public for the following item of business on the grounds indicated in terms of Paragraphs 1, 3 and 9 of Part 1 of Schedule 7A of the Act.

13. Seabank Care Home

Submitted report by Helen McArthur, Senior Manager, Community Care Services providing detail on the Seabank Care Home decommissioning process.

Noted.

The Meeting ended at 11.15 a.m.

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NORTH AYRSHIRE Health and Social Care Partnership

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 14 February 2019

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Adult Support and Protection – Thematic Inspection Improvement Work Plan Update – Strategic Advocacy Plan	10/11/18	That the Strategic Advocacy Plan will be provided to the meeting of the IJB in March 2019.	Ongoing	Brenda Walker

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NORTH AYRSHIRE
Health and Social Care
Partnership

Agenda Item 4

Integration Joint Board
21 March 2019

Subject:	**Director's Report**
Purpose:	To advise members of the North Ayrshire Integration Joint Board (IJB) of developments within the North Ayrshire Health and Social Care Partnership (NAHSCP).
Recommendation:	That members of IJB note progress made to date.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
UHC	University Hospital Crosshouse
MSP	Member of Scottish Parliament

1.	**EXECUTIVE SUMMARY**
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.
2.	**CURRENT POSITION**
	Ayrshire Wide Developments
2.1	Ministerial Annual Review – 18th March 2019
	NHS Ayrshire and Arran's Ministerial Review with Joe Fitzpatrick, MSP, Minister for Public Health, Sport and Wellbeing was held on Monday 18th March 2019 at University Hospital Crosshouse (UHC).
	The review was split into two separate sessions. The first session was held in public comprising a brief introduction from the Minister, followed by a presentation from Martin Cheyne, Chairman on the Board's key achievements/challenges in 2011/18 and then a question/answer session. This was followed by a private review session with the Board Chair and Chief Executive.

2.2 Veterans 1st Point

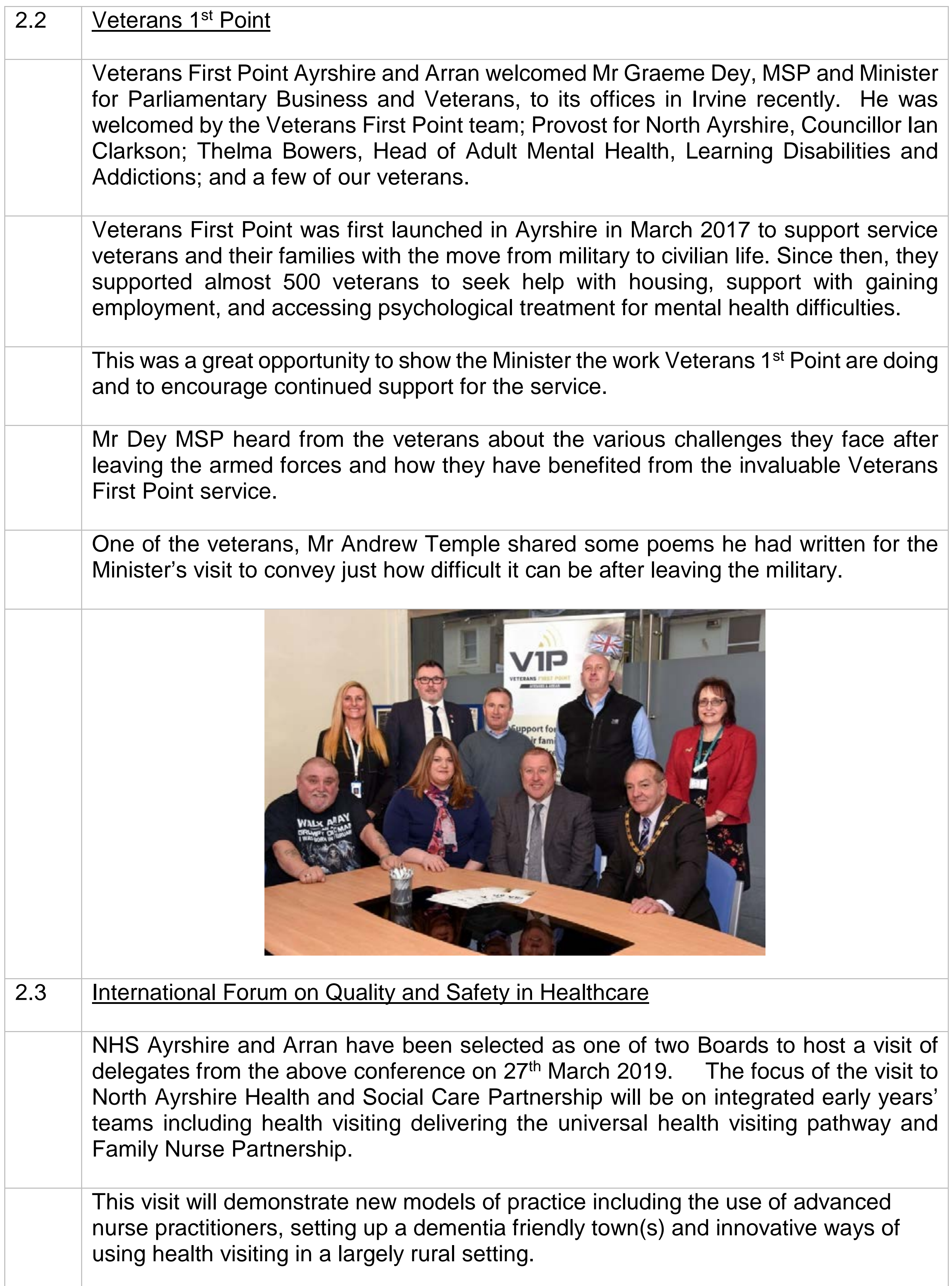
Veterans First Point Ayrshire and Arran welcomed Mr Graeme Dey, MSP and Minister for Parliamentary Business and Veterans, to its offices in Irvine recently. He was welcomed by the Veterans First Point team; Provost for North Ayrshire, Councillor Ian Clarkson; Thelma Bowers, Head of Adult Mental Health, Learning Disabilities and Addictions; and a few of our veterans.

Veterans First Point was first launched in Ayrshire in March 2017 to support service veterans and their families with the move from military to civilian life. Since then, they supported almost 500 veterans to seek help with housing, support with gaining employment, and accessing psychological treatment for mental health difficulties.

This was a great opportunity to show the Minister the work Veterans 1st Point are doing and to encourage continued support for the service.

Mr Dey MSP heard from the veterans about the various challenges they face after leaving the armed forces and how they have benefited from the invaluable Veterans First Point service.

One of the veterans, Mr Andrew Temple shared some poems he had written for the Minister's visit to convey just how difficult it can be after leaving the military.



2.3 International Forum on Quality and Safety in Healthcare

NHS Ayrshire and Arran have been selected as one of two Boards to host a visit of delegates from the above conference on 27th March 2019. The focus of the visit to North Ayrshire Health and Social Care Partnership will be on integrated early years' teams including health visiting delivering the universal health visiting pathway and Family Nurse Partnership.

This visit will demonstrate new models of practice including the use of advanced nurse practitioners, setting up a dementia friendly town(s) and innovative ways of using health visiting in a largely rural setting.

North Ayrshire Developments

Celebrating Success!

2.4 Staff Partnership Awards

The third Health and Social Care Staff Partnership Awards ceremony "Breakfast for Champions" took place on 28th February 2019.

The winners in each category were :-

Category	**Winner**
Team Categories	
Innovative Team	Crisis Resolution Team
Administration Stars	Healthy You! Team
Partnership Champions	Ardrossan Social Work Team
Volunteer Champions	HSCP Volunteers
Individual Categories	
Trailblazer	Jordann Ford
Everyday Hero [Joint Winners]	Stephanie Munro / Joanne Jamieson
Partnership Champion	Isabel Marr
No.1 Volunteer [Joint Winners]	Maurice Craig / Yvette Robertson
Administration Star	Michelle Docherty
Inspirational Leadership	Mairi Gribben

2.5 Making a Difference (MAD)

Our Justice Services whose MAD Group (Making A Difference) have been short-listed as a finalist for Team of the Year at the Scottish Association of Social Workers awards. The group is run by, and for, service users who have, at one time in their life, committed very serious offences. Supported by our Justice team, using a desistance model, the success of the group has been quite astonishing.

2.6	Money Matters
	I wanted to highlight again, the fantastic work of the Money Matters Team in ensuring that people are supported to access the benefits and entitlements due to them. They recently secured £18,000 for a service user in arrears owed to them by the Department of Work & Pensions (DWP). The work David Hornell and his team does is vital in ensuring that often the most vulnerable are supported to access the benefits they are entitled to. In addition, in an increasingly complex benefits system, the team's ability to keep their knowledge up-to-date is second-to-none.
2.7	Attendance Award Scheme
	The Staff Partnership Forum recently approved the roll out of the pilot Attendance Award Scheme. The award scheme will commence during April 2019 where staff with 100% attendance during the period January to March 2019 will be entered into a draw to win £1000 in gift vouchers of their choice.
2.8	Care Home Commissioning Strategy
	On 22 February I attended the North Ayrshire Care Home Forum to provide an update on progress with the development of the Care Home Commissioning Strategy. We reinforced our shared ambition to secure an effective, responsive and sustainable care home market in North Ayrshire. Building on our joint statement to co-produce the commissioning strategy the partnership presented evidence and data collected showing how we have used care home beds in the past and shared some early indications of assumptions moving forward. The presentation was well received by the care home providers and I am pleased that we will have representation from providers in the reference group to further explore the future requirements for care home provision in North Ayrshire.
2.9	"Integrated Care Matters"
	NAHSCP Intermediate Care and Rehab Team have gone international! Emma Stirling, Service Manager shared the North Ayrshire Intermediate care experience on an 'Integrated Care Matters' webinar, held by the International Foundation for Integrated Care, along with colleagues from Singapore, and the USA. There were 60 people from across the globe linked into the session, and the Singapore presenters shared that their model was influenced by visits a couple of years ago to North Ayrshire. Key learning was that the issues around integrated working, supporting early discharge and providing alternatives to acute care appeared very similar regardless of which corner of the world you live in.
2.10	Express Yourself!
	Young people from North Ayrshire with experience of the care system unveiled a unique art exhibition at Irvine's Townhouse on **Thursday 28 February.** They created photography, sculpture and textiles all with the theme of 'home and belonging'.
	30 young people aged 14–25 have been working with Impact Arts as part of the ***express yourself!*** project since May 2018. The project is a partnership between Impact Arts and NAHSCP's Throughcare team, with funding from Life Changes Trust and offers free tuition in creative techniques to young people in North Ayrshire with experience of the care system.

As well as showcasing some of the artwork created as part of the project, visitors to the exhibition were able to watch the young people creating a piece of art live on the day.

2.11 What Matters to You? 2018

The [final report] outlines the changes made within services. The changes, requested by people who use our services, will improve people's experience of health and social care in North Ayrshire. Thanks again to all those teams who took part. Here's the link to the report https://bit.ly/2tz983U and an inspiring film featuring some stars from our Dirrans Centre.

What Matters to You? Day 2019 isn't too far away and we're hoping for more powerful, meaningful conversations across Ayrshire!

3. PROPOSALS

3.1 **Anticipated Outcomes**

Not applicable.

3.2 **Measuring Impact**

Not applicable

4. IMPLICATIONS

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

<table>
<tr><td rowspan="5">Direction Required to Council, Health Board or Both</td><td>Direction to :-</td><td></td></tr>
<tr><td>1. No Direction Required</td><td>√</td></tr>
<tr><td>2. North Ayrshire Council</td><td></td></tr>
<tr><td>3. NHS Ayrshire & Arran</td><td></td></tr>
<tr><td>4. North Ayrshire Council and NHS Ayrshire & Arran</td><td></td></tr>
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4.	**CONSULTATION**
4.1	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of consultation.
5.	**CONCLUSION**
5.1	Members of IJB are asked to note the ongoing developments within the North Ayrshire Health and Social Care Partnership.

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

NORTH AYRSHIRE
Health and Social Care
Partnership

Agenda Item 5

Integration Joint Board
21 March 2019

Subject:	**Health and Social Care Clinical and Care Governance Group Update**
Purpose:	To provide an update to the IJB in relation to governance and assurance of activity reviewed via the North Ayrshire Health and Social Care Partnerships' Clinical and Care Governance Group
Recommendation:	The IJB are asked to note the report

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CCGG	Clinical Care Governance Group
CPC	Child Protection Committee
MAPPA	Multi-Agency Public Protection Arrangements
SNH	Senior Nurse Group
AERG	Adverse Events Review Group
SAER	Significant Adverse Event Review
SOP	Standard Operating Procedure
ASP	Adult Support & Protection
SPSO	Scottish Public Services Ombudsman
MAST	Mandatory and Statutory Training
MWC	Mental Welfare Commission
CAMHS	Child and Adolescent Mental Health Service
MHO	Mental Health Officer
PCIP	Primary Care Improvement Plan
DN	District Nurse

1.	**EXECUTIVE SUMMARY**
1.1	The Health and Social Care Partnership continue to provide robust arrangements for governance of partnership services and wider relevant provision in order to deliver statutory, policy and professional requirements and also the achievement of partnership quality ambitions.
1.2	This paper provides an update and overview of governance activity for the period July 2018 – January 2019 for consideration by the IJB. The paper also reflects specific issues that have been requested for presentation by the CCGG to ensure appropriate challenge is made and assurance provided.

2.	**BACKGROUND**
2.1	As previously presented to the IJB, the Partnership has developed Clinical and Care Governance arrangements in line with the commitments and requirements contained in the Integration Scheme.
3.	**OVERVIEW OF ACTIVITY AND UPDATE**
3.1	We advised in our previous paper that a new structure and focus to Clinical and Care Governance would be tested and further developed. We have now taken action on this through a series of tests and minor changes leading to adopting the agreed structure which appears to be working well.
3.2	**Learning Disabilities Services**
	There are potential clinical implications around staffing availability for developments within adolescent services. The planned move to Woodland View is progressing including scoping of integrating skills and Mental Health nurses working alongside Learning Disability nurses. Implications around recruitment and retention are being directed via the Pan Ayrshire Workforce Group and Professional Leadership Group.
3.3	**Public Protection**
3.3.1	Adult Support and Protection
	The group received feedback on the Adult Support & Protection (ASP) inspection which was published in July 2018. The report provided assurance that quality assurance and audit processes are good, but highlighted the following areas for improvement / actions:- • Provision of advocacy in North Ayrshire is provided by only one independent provider and only opens to those with identified Mental Health issues. A strategic plan and action plan will be developed and evidence of activity to be presented back to the inspectorate in due course • NHS AA Adult Protection referrals and concerns to increase. This will be supported through increased training and awareness as per training calendar. It was noted that this recommendation was made despite not accessing information within Health Care Records in any great numbers. A one year pilot project is due to commence which involves a new system to provide information to staff on wards in relation to Adult Support and Protection plans and outcomes by way of alerts via Trakcare and CarePartner. The Governance group will request an update on the pilot project in 9 months' time to provide assurance of impact and progress.
3.3.2	Child Protection
	Throughout the period there were regular updates in relation to child protection, including :- • Young Person Suicide Response Action Plan/Health Surveillance Developments; • North Ayrshire Child Protection Committee (CPC) Action Plan – training for all

	staff on the National Risk Assessments framework which was launch in February 2019.
3.3.3	<u>Multi Agency Public Protection Arrangements (MAPPA)</u>
	Work on the Standard Operating Procedure (SOP) is progressing to ensure updated information is available on all relevant systems to enhance risk assessment and risk mitigation. It was acknowledged that incidents of public naming of persons subject to MAPPA within the community have decreased over the past month. The new information sharing protocol is working well and plans to extend further are being progressed through the Strategic Oversight Group.
3.4	**<u>Adverse Events</u>**
	The group continue to receive feedback on themes emerging from the Adverse Event Review Group including Significant Adverse Event Reviews. Themes discussed over the period were :- • Drug related deaths; • SAER process and learning and implications arising from this; • Ongoing incidents, including those involving police investigations;
3.5	**<u>HSCP Governance Activity</u>**
	The group receive quarterly reports in relation to governance activity within the partnership including :- • Complaints/Elected Member Enquiries/Compliments – the group focus on the top 5 themes from complaints and compliments to focus on the areas of most significance and to ensure improvements are evidenced. • Scottish Public Services Ombudsman Report (SPSO) • Learning Summaries/Notes • Safety Action Notices • Inspection Reports/Action Plans • Mental Welfare Commission Visits/Action Plans
3.6	**<u>Workforce</u>**
	<u>Training & Development (Include MAST & Identified Training)</u> The group acknowledged the improvement work underway to ensure staff are up to date with their MAST training as well as specialist/areas of interest education. The MAST register will now be tabled on a quarterly basis and circulated to senior managers. It was noted that compliance has reduced over the past year; an area of improved performance is seen as a priority. The care governance group support the proposal that a strategic plan and a workforce planning group is developed to progress continuous learning and support compliance with mandatory and statutory training.

3.7	**Wellbeing Assurance Reports**
	Health Safety and Wellbeing Assurance Report (Inpatients) Improvement plans in relation to violence & aggression in particular to be developed. It is recognised that the focus for improvement plans should include the inpatient areas in Woodland View, Ailsa Hospital and Arrol Park. The AERG will continue to monitor such activity including frequency, quality of practice and training outcomes. This will include trend analysis from Datix and AERG reporting. The AERG acknowledges that consideration is being given to specific training requirements for coping with aggressive/violent behaviour within younger person's cohort especially in preparation for the future National Secure facility.
3.8	**Professional Updates**
	The lead professionals provide regular updates to the Clinical and Care Governance Group. During the period July 2018 to January 2019 they reported on the undernoted areas.
3.8.1	Mental Health Head of Service [Thelma Bowers]
	• Mental Welfare Commission (MWC) education and development event on 14th January 2019; Responses to recent recommendations by the MWC have been positively received by the Commission. • North Ayrshire HSCP response to the Ayrshire Mental Health Strategy ; • Strategic Advocacy Plan; • Update on developments on Learning Disability/CAMHS specialist unit for moderate/severe cases
3.8.2	Chief Social Worker [David MacRitchie]
	• Annual social work report highlighting themes for social work across Scotland discussed. Key themes include: • Impact of poverty and welfare reform; • Increasing demand in CP activity; • Issue of capacity on chief social worker support for the role as well as their substantive posts; • Increase in digital technology and the balance of socialising with people; • Addressing balance of care, more people out of residential into the community; • Recruitment retention of MHO's national issue; • It is acknowledged there is an increase in reported drug deaths nationally with North Ayrshire featuring in the higher percentile;
3.8.3	Clinical Director [Paul Kerr]
	• GP Practices Update; • Prescribing issue – all GP issues will go through East Ayrshire HSCP to provide a single point of access and coordinated address. Drug related errors involving a GP will be reported through the East Ayrshire AERG. • Primary Care Improvement Plan (PCIP); • 14 new GP trainees in this cohort with an additional 7 portfolio GP's pan Ayrshire (2 located in North Ayrshire) • Pre Immunisations

3.8.4	<u>Lead Nurse [David Thomson]</u>
	• District Nursing (DN) Structure – the outcome of the nursing workload and workforce tool is awaited and will inform the future developments of DN provision and service structure. The group acknowledged the fragility of current service provision and are keen to be provided with assurance of safe practice and activity; • Progress on the National Secure Adolescent Inpatient Service; • Leadership Walkrounds - Clonbeith, Iona and Lewis wards • 4 NMC cases; • Challenges around how to best deal with people who present under the influence and who are deemed to not be suffering mental illness, and have a police presence remains problematic. • Mental Health Officer (MHO) capacity on the out of hours rota ; • National Consultation in relation the Review of Deaths of People who are involved with Mental Health services – response is being drafted.
3.8.5	Head of Service, Children, Families and Justice Services [Donna McKee)
	<u>Health and Community Care Services</u> • The service are taking forward a programme of work which will explore opportunities for improved care and support models for adults with highly complex physical health and social care needs • We are working with the Scottish Futures Trust in the Garnock Valley locality to identify the support and models for multi-disciplinary working around a local care pathway <u>Children, Families and Justice Service</u> • Ayrshire and Arran will host an experiential part of an International Forum on Quality & Safety in Healthcare event on 27th March, this is the first time this event has taken place in Scotland, and 75 delegates will attend initially to hear about the Ayrshire integration journey. North HSCP will share work around Integrated Universal Early Years and Family Nurse Partnership • The Children's Houses have agreed to adopt the nurture approach as a model of child care best practice, which acknowledges ACE's as well as Trauma Informed Care and is felt to improve outcomes for our most vulnerable children and young people.
3.8.6	<u>Lead AHP [Alistair Reid]</u>
	• Improved transparency in relation to strategic and operational direction of travel and in identifying themes around Datix, complaints and care opinion in particular. • MAST compliance reporting will now come through the North Clinical Care and Governance Group. • Progress on the intermediate care model introduced in November 2018.
3.9	**<u>Anticipated Outcomes</u>**
	It is anticipated that by continuing the development and improving reporting through CCGG will enhance quality of service provision and continue to mitigate against risk **Future Meeting Dates @14:00hrs**

	Wednesday 27th February 2019 Wednesday 27th March 2019 Wednesday 24th April 2019 Wednesday 29th May 2019 Wednesday 26th June 2019 Wednesday 24th July 2019 Wednesday 28th August 2019 at 10:00am Wednesday 25th September 2019 Wednesday 23rd October 2019 Wednesday 20th November 2019 at 10:00am Wednesday 18th December 2019
3.10	**Measuring Impact**
	It is anticipated that by continuing the development and improving reporting through CCGG will enhance quality of service provision and continue to mitigate against risk

4.	IMPLICATIONS

Financial:	No
Human Resources:	No
Legal:	Yes
Equality:	Activity is in line with equality requirements and good practice
Children and Young People	Positive impacts of work being conducted noted.
Environmental & Sustainability:	Not Applicable
Key Priorities:	In keeping with all aspects of the wider delivery plan.
Risk Implications:	Governance contributes to risk management and risk mitigation activities.
Community Benefits:	Not Applicable

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

5.	CONCLUSION
5.1	IJB is asked to consider and note the progress outlined in this, the second full update to the Board

For more information please contact David Thomson on 01294 317806 or david.thomson3@aapct.scot.nhs.uk

NORTH AYRSHIRE
Health and Social Care
Partnership

Agenda Item 6

Integration Joint Board
21 March 2019

Subject:	**IJB Performance and Audit Committee - Terms of Reference**
Purpose:	The IJB Performance and Audit Committee Terms of Reference have been reviewed and are presented to the IJB for formal approval.
Recommendation:	The IJB are asked to approve the updated Terms of Reference for the IJB Performance and Audit Committee and note that membership of the committee will require to be confirmed at the IJB meeting in April.

Glossary of Terms	
IJB	Integration Joint Board
PAC	Performance and Audit Committee
ToR	Terms of Reference

1.	**EXECUTIVE SUMMARY**
1.1	The IJB Performance and Audit Committee Terms of Reference were last reviewed in June 2015. This was at the point early in the partnerships existence when the Committee was established, as such the ToR reflected this and included a very general overview of the role of PAC. The ToR has subsequently been reviewed and updated to clarify the role of the Committee, the PAC agreed the updated ToR at their meeting on 8 March 2019.
1.2	The terms of reference have been reviewed to make the role of the IJB PAC more defined in terms of the areas of responsibility including Performance, Audit, Risk and other Governance areas. In addition the reporting lines of the committee are explicit with clear links to reporting back to the IJB on the ongoing work programme and any other matters.
1.3	The full membership of the IJB PAC will require to be determined at the IJB meeting in April together with the membership of the IJB and other sub-committees.
2.	**BACKGROUND**
2.1	The IJB PAC Terms of Reference were approved by the IJB on 4 June 2015, these have been reviewed and the revised ToR are included as Appendix 1. These are submitted by PAC to the IJB for approval.
2.2	The current ToR were approved when the Committee was established, this was at an early stage when the full role and function of the Committee was potentially less clear. The role of the Committee has developed over time and it is appropriate the ToR are updated to reflect this. In addition there has previously been an absence of a work plan for the Committee and some meetings have been cancelled due to attendance levels and meetings not being quorate.

3.	**PROPOSALS**
3.1	The main changes to the terms of reference are noted below: • Membership - IJB to nominate deputy members for the two IJB voting members, this is to ensure continuity of attendance and reduces the risk of cancellation due to not being quorate; • Delegated Authority – clarity of reporting to the IJB, routinely with submission of minutes and on any area falling under the PAC ToR; • Remit – clarity of the role of the committee with responsibilities aligned under performance, audit, risk, annual accounts and standards; • Remit – expanded in relation to role for risk management arrangements, providing the oversight and assurance of process, negating the need for a separate risk governance committee.
3.2	The IJB PAC has agreed a high level work plan for 2019-20 aligned to the revised ToR. This supports an ongoing focus on the role of the Committee and an approach to forward planning for the work of the Committee, ensuring appropriate assurance can be provided to the IJB.
3.3	The IJB will require to take into consideration the membership requirements of the IJB PAC when new appointments are made to committees in April 2019.
	Anticipated Outcomes
3.4	The IJB is required to properly manage its affairs, a key component to fulfilling this obligation is having an Audit Committee. The updated Performance and Audit Committee ToR and work plan will ensure the committee can continue to fulfil the key role with regard to ensuring sound governance arrangements are in place and ensuring the efficient and effective performance of the HSCP.
	Measuring Impact
3.5	The work plan of the Performance and Audit Committee is aligned to the Terms of Reference for the Committee, the IJB will receive regular updates on the work of the Committee.
4.	**IMPLICATIONS**

Financial:	A key component to properly managing the financial affairs of the IJB is to have an Audit Committee in place.
Human Resources:	None
Legal:	The IJB are required to have an Audit Committee in place as a formal sub-committee of the IJB.
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	The Performance and Audit Committee have an important role in providing assurance to the IJB for performance management arrangements in place to measure progress against key priorities and outcomes.

Risk Implications:	The revised ToR provides clarity on the role of the IJB PAC in relation to risk management.
Community Benefits:	None

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

4.	**CONSULTATION**
	The revised ToR has been updated in consultation with the IJB PAC and was agreed for submission for IJB approval at the PAC meeting on 8 March.
5.	**CONCLUSION**
	The revised ToR for the IJB PAC will ensure the Performance and Audit Committee can progress with a focussed work plan, a clear reporting line to the IJB and also with a resilient membership which will ensure continuity of representation. The changes are compliant with governance requirements for the effective operation of the Performance and Audit Committee.

For more information please contact Caroline Whyte, Chief Finance and Transformation Officer on 01294 324954 or caroline.whyte@north-ayrshire.gov.uk

NORTH AYRSHIRE INTEGRATION JOINT BOARD
PERFORMANCE AND AUDIT COMMITTEE
TERMS OF REFERENCE

	INTRODUCTION
1.1	The Integration Joint Board (IJB) is required to properly manage its financial affairs, a key component to fulfilling this obligation is to have an Audit Committee.
1.2	The Performance and Audit Committee is identified as a Standing Committee of the IJB. The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders.
1.3	The IJB Performance and Audit Committee will have a key role with regard to: • Ensuring sound governance arrangements are in place for the IJB; and • Ensuring the efficient and effective performance of North Ayrshire's Health and Social Care Partnership in order to deliver the outcomes set out in the Integration Scheme and Strategic Plan.
	CONSTITUTION
	Appointments
2.1	The IJB shall make all appointments to the Committee.
	Membership
2.2	The Committee will consist of not less than six members of the IJB, excluding Professional Advisors. The Committee will include a minimum of two voting members, with one from NHS Ayrshire and Arran and one from North Ayrshire Council. There will be a requirement for the IJB to appoint deputy members for the two voting members.
	Chair and Vice-Chair
2.3	The Chair and Vice Chair will be appointed by the IJB. The Chair of the Committee will be a voting Member nominated by the IJB, noting that the Chair of the IJB cannot also chair the Performance and Audit Committee.
2.4	The Chair and Vice Chair appointments will be for a two year term.
	Quorum
2.5	Three Members of the Committee will constitute a quorum, with at least one of the members being the Chair or Vice Chair (or nominated deputy).
	Frequency of Meetings
2.6	The Committee will meet at least four times each financial year. There should be at least one meeting a year, or part therefore, where the Committee meets the external auditor and Chief Internal Auditor without other seniors officers present.

	Attendance at meetings
2.7	The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors or their nominated representatives will attend meetings. Other persons may attend meetings my invitation of the Committee.
2.8	The IJB external auditor will be invited to attend meetings of the IJB Performance and Audit Committee.
2.9	The Committee may co-opt additional advisors as required.
2.10	The Committee may at its discretion set up working groups for specific tasks. Membership of working groups will be open to anyone whom the Committee considers will be able to assist in the task assigned. The working groups will not be decision making bodies or formal committees but will report findings and recommendations to the Performance and Audit Committee.
	POLICY AND DELEGATED AUTHORITY
3.1	The IJB Performance and Audit Committee is authorised to request reports and to make recommendations to the IJB on any matter which falls within its Terms of Reference.
3.2	The Performance and Audit Committee is responsible for setting its own work programme which will include the right to undertake reviews following input from the IJB or any other IJB Committees. This will include any areas required in order to properly advise the IJB on matters covered by the Performance and Audit Committee Terms of Reference.
3.3	The Committee will report to the Integration Joint Board, the IJB will be informed of the work of the committee through the review of minutes. The Performance and Audit Committee may report to the IJB on any matters.
	REMIT
4.1	The IJB Performance and Audit Committee will review the overall internal control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement and any other matters within its Terms of Reference.
4.2	Performance and Audit Committee areas of responsibility include:
	Performance
	i. The monitoring of the strategy for Performance management and reporting, including monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB. ii. Ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against agreed objectives, levels and standards of service. iii. To consider reports on performance and to review progress against the national outcomes and the outcomes in the Strategic Plan. iv. To review inspection reports for Health and Social Care Services where appropriate on behalf of the IJB, including review of management response and actions.

	Audit
	i. Approve and monitor the annual work programme of Internal Audit. ii. To oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate. iii. To consider matters arising from Internal and External Audit reports and review on a regular basis action planned by management to remedy any weaknesses in controls. iv. To consider matters arising and recommendations from National Audit reports ensuring oversight of appropriate planned actions. v. To have oversight of Information Governance arrangements as part of the Performance and Audit process.
	Risk
	i. To review risk management arrangements and receive regular risk management updates and reports. ii. To have oversight of risk management arrangements, including the Risk Management Strategy and assurance for compliance with the strategy and governance arrangements in place for recording and reporting risk within the partnership. iii. Oversight of Strategic Risks for the IJB, with regular review to inform audit activity.
	Annual Accounts
	i. To consider the annual financial accounts of the IJB and any related matters before submission to and approval by the IJB. ii. To consider any changes to accounting standards, regulations and guidance in relation to IJB accounts and report as required to the IJB.
	Standards
	i. Ensuring that the Partnership Senior Management Team, including Heads of Service, Professional Leads and Principal Managers maintain effective controls within their services which comply with financial procedures and regulations. ii. Promoting the highest standards of conduct and professional behaviour by IJB members. iii. Monitoring and keeping under review the Codes of Conduct maintained by the IJB.

North Ayrshire Integration Joint Board
Performance and Audit Committee
Workplan - 2019-20

AREA	BUSINESS	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20
Performance:						
*	Quarterly Performance Report	√	√	√	√	√
	MSG Target Setting	√				√
	Annual Performance Report		√			
*	Inspection Reports					
Audit:						
	External Audit Plan	√				√
	Internal Audit Plan		√			
	Unaudited Accounts		√			
	External Audit Annual Report			√		
	Audited Accounts			√		
	Internal Audit Annual Report		√			
*	National Audit Reports					
*	Internal Audit Reports					
Risk:						
*	Strategic Risk Register		√	√	√	√
	Risk Mangagement Protocol	√				
	Risk Strategy			√		
	Risk Appetite Statement			√		
Other:						
	Quarterly MSG Finance Return	√	√	√	√	√
	Financial Regulations			√		
	Policy/Strategy Schedule		√			
	Set Aside					
	Directions (Consultation & Progress)					
	Risk Sharing Protocols					

* indicates standing item

NORTH AYRSHIRE
Health and Social Care
Partnership

Agenda Item 7

Integrated Joint Board
21 March 2019

Subject:	**Social Care Charging Policy 2019-20**
Purpose:	To outline the updated Social Care Charging Policy and approved charges for 2019-20, highlighting areas which have been subject to review.
Recommendation:	To note the updated Social Care Charging Policy and approved charges for 2019-20.

Glossary of Terms	
IJB	Integration Joint Board
NAHSCP	North Ayrshire Health and Social Care Partnership
NAC	North Ayrshire Council
COSLA	Convention of Scottish Local Authorities
CRAG	Charging for Residential Accommodation Guide

1.	**EXECUTIVE SUMMARY**
1.1	This report details the outcome of the recent Charging Policy review including the approved charges for 2019/20.
1.2	The Social Care Charging Policy explains how North Ayrshire Health and Social Care Partnership considers and calculates the contribution to care that Adult services users will be expected to pay towards their care and support.
1.3	North Ayrshire Council retain the authority to approve social care charges, the charges for 2019-20 were formally approved by the Council on 27 February 2018 as part of the Council budget setting process.
2.	**BACKGROUND**
2.1	The Charging Policy was last updated in 2011. The policy therefore required to be reviewed and updated in terms of terminology used, recent changes in legislation, charges applied to social care services and the financial assessment tapers. A working group consisting of representatives from finance, legal, Money Matters and senior social work managers was set up for the review.
2.2	Charges apply whether services are provided direct by North Ayrshire Health and Social Care Partnership, or are purchased from an external provider or purchased through a Direct Payment.
2.3	Existing charges were reviewed and benchmarked firstly against other Scottish local authorities and then with a focus on our family of benchmarking authorities (Dundee, East Ayrshire, Inverclyde, Glasgow and Eilean Siar (Western Isles).

	North Ayrshire Council's charging was less than the average within residential respite care, meals service, care at home and day care. NAC charge greater than average for their Community Alarm charges. However community alarms are currently a financially assessed charge within North Ayrshire, whereas in other local authorities they are a flat rate charge not financially assessed. The revised charges for 19/20 are based on the average charges from the benchmarking exercise but not exceeding the cost of care to NAC.
2.4	The non-residential charges have been set in line with principles of Convention of Scottish Local Authorities (CoSLA) guidance, best value framework, benchmarking against other local authorities and income generation. Residential charges are based on the Department of Health's Charging for Residential Accommodation Guide (CRAG) and there is no local discretion on the level of charges.
3.	**PROPOSALS**
3.1	**Community alarm charges** At present we financially assess for a community alarm when the service user is in receipt of other community care services. From review of other Council charging policies nine local authorities (LA's) stated they have a flat weekly rate for community alarms. Of the Other LA's it is not clear if they operate a flat rate charge or not. North Ayrshire Council approved to move from a financially assessed charge to a flat rate charge for Community Alarms at the rate of £4.60 per week on the mainland and £2.25 per week on the Islands.
3.2	**Maximum weekly charge** Councils can choose to implement a maximum weekly charge, setting a charge for which a service user will not be charged above, regardless of their weekly income. North Ayrshire had the second lowest maximum weekly charge in the family group. This has been increased from £79.70 per week to £92 per week.
3.3	**Tapers within the financial assessment** If a service user has income over the charging threshold the Local Authority have powers to determine what the person pays for their service, provided it does not exceed the cost of providing the service. COSLA recommend that the charge towards social care is not based on all the remaining income. To calculate a maximum charge, Council's should determine a percentage of the remaining income that is available to the service user over the threshold. The percentage Taper therefore determines how the maximum contribution a service user can make towards their care. Benchmarking highlighted that we have a low taper in comparison to others and the average, with exception of Inverclyde over Pension Age. All Councils with the exception of ourselves and Inverclyde use the same taper for Adults and Older People.

	To ensure equity the taper for adults has increased from 40% to 50% to match the taper applied to older people.
3.4	**Free personal care for all ages as per new legislation** The old charging policy exempts charging for Free Personal Care for over 65's and the revised policy has been updated to reflect the Scottish Government's commitment to implement Frank's Law by extending Free Personal Care to under 65's by April 2019. The income lost through the extension of Free Personal Care will be funded by additional funding from the Scottish Government.
3.5	**Waiving of charges for respite care** The policy has been updated to reflect the requirements of the Carers Act whereby charges for respite care will be waived if this is identified within the Adult Carer Support Plan. The income lost through the waiving of charges for respite care will be funded by additional funding from the Scottish Government.
3.6	**Approved 2019/20 Charges** Taking into account the above areas the approved charges for non-residential social care services for 2019-20 are per the table below.

	How Often	18/19 Charge	19/20 Charge	% Increase / (decrease)
Community Alarm Mainland / Islands	Per Week	£4.50 / £2.20	£4.60 / £2.25	2.2%
Meals at Home - Apetito	Per Meal	£ 2.90	£ 2.90	0.0%
Blue Badge	Per Badge	£ 20.00	£ 20.00	0.0%
Day Care	Per Day	£ 12.30	£ 12.95	5.3%
Community Supports	Per Hour	£ 12.30	£ 14.50	17.9%
Sleepover	Per Hour	£ 12.30	£ 10.95	(11%)
Direct Payments - Personal Assistant	Per Hour	£ 12.30	£ 12.10	(1.6%)
Direct Payments - Agency	Per Hour	£ 12.30	£ 14.50	17.9%
Direct Payment - Sleepovers	Per Hour	£ 12.30	£ 11.20	(8.9%)
Maximum Charge	Per Week	£ 79.70	£ 92.00	15.4%

3.7	**Updated Charging Policy** The updated Social Care Charging Policy is in Appendix A of this report. This version has still to be reviewed by design colleagues to make it more accessible and user-friendly but the principles of the policy and approved 2019/20 charges will remain the same.
3.8	**Next Steps for Implementation** The revised charging policy will entail more work around the annual financial assessment as the maximum charge and tapers have changed. The Money Matters team will need to undertake 1,000 approx. revised financial assessments with new financial assessment rules (changes to taper, free personal care for under 65's and the maximum charge).

	Carefirst will be updated with new rules and new charges from 1 April to calculate the charge based on service. A single letter will then be sent to the service users. This will detailing their maximum charge, their actual charge based on the lesser of current services and max charge and a note of the new charging policy. Note that in previous years two letters were sent out (one with max charge and one with new charges). No communication was sent letting them know what their actual charge was. There are data quality issues for the Community Alarm service which require to be resolved before we can implement the new flat rate charge. Charging will remain as is until this is resolved.
3.9	**Anticipated Outcomes**
	Service users will: • Only be charged for the hours of care and support they receive • Not be charged more than it costs to provide the service for which the charge has been assessed • Will be treated in a fair, transparent and equitable manner.
3.10	**Measuring Impact**
	The Charging policy will be reviewed annually and any revisions to charges and financial assessment rules are approved by North Ayrshire Council as part of the annual budget setting process. Additional income arising from the updated policy will be monitored throughout 2019/20 as part of the regular budget monitoring reports presented to the IJB.
4.	**IMPLICATIONS**

Financial:	Increased charging income of £0.200m has been included in the plans for the 2019/20 IJB budget.
Human Resources:	None
Legal:	None
Equality:	The changes to the taper level ensures that adults and older people are being charged in an equitable and consistent basis.
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	The additional income from the Charging Policy supports the delivery of the HSCP Strategic Plan Priorities
Risk Implications:	None
Community Benefits:	None

	Direction to :-	
	1. No Direction Required	X

Direction Required to Council, Health Board or Both *(where Directions are required please complete Directions Template)*	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	**CONSULTATION**
5.1	The Charging Policy group consisted of Senior Managers from each service, Money Matters, Finance, Legal and the HSCP Engagement Officer.
6.	**CONCLUSION**
6.1	To note the updated Social Care Charging Policy and associated charges for 2019/20

For more information please contact Eleanor Currie on 317814 or eleanorcurrie@north-ayrshire.gov.uk

NORTH AYRSHIRE HEALTH AND SOCIAL CARE

CHARGING POLICY

NON-RESIDENITAL AND RESIDENTIAL CARE SERVICES

2019-20

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Policy Statement

North Ayrshire Health and Social Care Partnership will support vulnerable children and adults to ensure they are able to live as well and independently as possible. To help us provide services which meet people's identified outcomes, we may ask you to contribute to the cost of your care.

This Charging policy explains how North Ayrshire Health and Social Care Partnership considers and calculates the contribution to care that Adult services users will be expected to pay towards their care and support.

Charges apply whether services are provided direct by North Ayrshire Health and Social Care Partnership, or are purchased from an external provider or purchased through a Direct Payment.

The charges have been set in line with principles of Convention of Scottish Local Authorities (CoSLA) guidance, best value framework, benchmarking against other local authorities and income generation.

The Charging policy is reviewed annually and any revisions to charges and financial assessment rules are approved by North Ayrshire Council Cabinet as part of the annual budget setting process.

The policy is based on the following principles:-

- You will only be charged for the hours of care and support that you receive
- You will not be charged more than it costs to provide the service for which your charge has been assessed
- Where the charge is subject to a financial assessment, this will be based on your ability to pay, following an income maximisation assessment
- You will know how and why you are being charged
- You will be treated in a fair, transparent and equitable manner

Legislation

Residential Care Services for Adults refer to 24 hour care and support provided in a care home setting. The care home must be a registered service with the Care Inspectorate and meet your assessed needs of either a residential or nursing basis or both. Care provision can be on a permanent, temporary or respite basis.

The legal basis for charging residential services is the National Assistance Act 1948 and the National Assistance (Assessment of Resources) Regulations 1992. North Ayrshire Health and Social Care Partnership's charging policy is based on the Scottish Government's guidance on the above legislation and the Department of Health's Charging for Residential Accommodation Guide (CRAG).

Further information is available at:-

http://www.opsi.gov.uk/legislation/scotland/s-stat.htm

https://www.health-ni.gov.uk/publications/guidance-charging-residential-accommodation

Non- Residential Care Services will support you with a range of services to ensure you are able to live as well and as independently as possible. These services are provided following an assessment of need and are identified to assist you to meet your identified outcomes.

The legal basis for charging non-residential social care services is the Social Work (Scotland) Act 1968, (as amended) and Community Care and Health (Scotland) Act 2002.

http://www.legislation.gov.uk/asp/2002/5/section/1

DRAFT

What Services do we charge for?

- Community Alarms
- Day Care
- Blue Badges
- Community Supports (non- personal care only)
- Meals on Wheels
- Respite Care
- Guest Room overnight accommodation at Sheltered Housing Unit

Appendix 1 details current charges for above services

What Services do we not charge for?

- Criminal Justice Social Work Services
- Information and Advice
- Needs Assessment
- Care Management
- Children's Care and Support
- Personal Care for all Adults and Children **(see Appendix 1 for list of services)**

Exemptions from charging

In some instances, due to specific circumstances you may be exempt from charging:-

If you are subject to a **Compulsory Treatment Order** under the Mental Health (Care and Treatment) (Scotland) Act 2003 or a **Compulsion Order** under the Criminal Procedure (Scotland) Act 2003

If you are receiving **Reablement services** following a stay in hospital up to a period of 6 weeks.

If you are receiving **End of Life care**, where a DS1500 form has been completed by a doctor, consultant or other health specialist.

Services that are provided to meet your carers' needs are exempt from charging as per the **Carers (Waiving of Charges for Support)** (Scotland) Regulations 2014.

Services provided to the cared-for person (you) in order to meet carer needs are also exempt from charges under the Carers (Scotland) Act 2016. Section 25 of the Act suggest a break for the carer is an option to enable them to continue in their caring role, details should be identified in an Adult Carer Support Plan or a Young Carer Statement. This break could be respite care in a residential setting or community support provided. The charge waived would be the care element for the cared for person.

If you already pay charges to the **Independent Living Fund.**

Applications for **waiving of charges** can be made by contacting your social worker, contact details for your local office can be found in who to contact section. All or part of the weekly charge may be waived, provided that there is a complete record of income and expenditure and there is evidence that you have made application for all benefits to which you may be entitled.

How are charges for Non- Residential Social Care Services calculated?

The following services are subject to a flat rate charge, therefore you pay regardless of your income:-

- **Community Alarm**
- **Blue Badge Administration**
- **Meals on Wheels**

North Ayrshire Health and Social Care Partnership pay a subsidy to the costs of the meals on wheels services following an assessment of need.

The above charges are detailed in Appendix 1

The following services are subject to a financial assessment, based on your ability to pay:-

- **Community Supports (Non Personal Care Only)**
- **Day Care services**

How are contributions to charges for Non- Residential Social Care Services calculated?

Financial Assessments

Contribution to services are determined on an individual basis by completion of a financial assessment form, this will take account of income, savings and other capital to work out how much you can afford to pay toward the cost of the services you receive. Part of this assessment process will ensure that your income is maximised and you are receiving all the benefits that you are entitled to.

The Money Matters Team based within the HSCP will complete a financial assessment form following a request from your allocated worker. The financial assessment request will enable you, your spouse / partner and household to have a benefit check and will provide assistance/ representation to claim any benefits and allowances that you may be entitled to.

Money Matters will complete the financial assessment by checking income details held by Department of Works and Pensions and Local Authority systems. Where all appropriate benefits are in place they will complete the financial assessment. If it appears you are not in receipt of correct level of benefits a member of the Money Matters Team will contact you to discuss and gather the relevant information in order for the financial assessment to be completed.

Money Matters will notify the HSCP finance department when the maximum weekly charge has been calculated. The HSCP Finance department will then determine the actual charge for the service user depending on the level of services received, the charge will always be the lesser of the two amounts.

The Minimum Income Threshold

The Convention of Scottish Local Authorities (CoSLA) provides annual advice on weekly income below which you cannot be asked to pay charges. This is known as the Minimum Income Threshold and this is updated each financial year in line with DWP benefit up-rates and includes an additional buffer to ensure that not all income is taken into account for charges. See Appendix 2 for current thresholds.

Taper

North Ayrshire Health and Social Care Partnership then determine the amount of disposable income in excess of the minimum income threshold which will be taken into account when determining the amount you can

contribute to the cost of your care. This is achieved by the application of a Taper. See Appendix 2 for current Taper.

Maximum Weekly Charge

North Ayrshire Health and Social Care Partnership set a maximum weekly charge annually. No person will pay above this maximum weekly charge regardless of the cost of the service or the outcome of the financial assessment. This is included in the table of charges, see Appendix 1.

Non-Disclosure

If you fail to respond to information required to complete a financial assessment or choose not to disclose information, then you will be assessed as being able to afford the maximum weekly charge or the actual cost your care. Whichever is the lesser amount.

Income

All of your income will be taken into account when calculating your maximum charge, as shown below:-

- All benefits
- Earned Income
- Occupational/Private Pensions
- Rental income
- Income from capital
- Any other income

Disregards

Certain types of income are disregarded and NOT taken into account when assessing your ability to make a contribution including the following:-

- Disability Living Allowance or PIP Mobility Component
- First £20 of earned income (such as salary) or any monies earned through permitted work in line with DWP assessment
- Payments from War Disablement Pension or made under the Armed Forces Compensation Scheme
- If you are in receipt of high rates of Disability Living Allowance Care Component, Attendance Allowance or PIP Enhanced Daily Living Component, we will only take into account the Middle Rate of DLA or the standard rate of PIP or Lower Rate of Attendance Allowance, provided you are not in receipt of overnight care
- Independent Living Fund Payments
- Carers Premium
- Benefits paid for or on behalf of your children or your partner (eg. Elements within Universal Credit, child benefits)
- All interest from savings (Tariff Income taken into account instead, detailed below)
- Net rent
- Water and Sewerage charges
- Partners earnings under state pension age
- Compensation Payments

Tariff Income

The first £6,000 if you are under pension credit age and the first £10,000 if you are over pension credit age of total capital is disregarded in full. There is an assumed income derived from capital over these amounts which will be calculated at:

- £1 per every £500 if you are over pension credit age
- £1 per every £250 if you are under pension credit age.

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Notional Income and Capital

If you dispose of capital in an effort to avoid charges this will be deliberate deprivation and notional capital calculated will apply.

Couple better off Calculation

Where one member of a couple is in receipt of non-residential services we will take account of joint income and capital in the financial assessment. However, we will apply a better off calculation based on your age and if charged as a single person living alone, whatever is lower of the two will be the max charge calculated.

Annual Financial Reassessments

Annual Financial Re-assessments will be undertaken each year in line with DWP uprating of benefits and the annual review of national guidance.

Change in Financial Circumstances

Any changes in financial circumstances should be notified to ensure Money Matters can calculate an accurate and up to date financial assessment and to assist with any benefits issues that may arise from said changes.

Example of how weekly maximum charge is calculated:-

Single 40 year old living in local authority housing, receiving maximum housing benefit and exempt from Council Tax, he receives:-

1. Personal Independence Payment daily living £58.70 per week
2. Mobility Allowance £61.20 per week
3. Employment and Support Allowance £194.30 per week

Total Assessed Income - £314.20 per week

Less Income Disregards - £61.20 per week (Mobility)

Less Min Income Threshold £135.00 per week (single under pension age)

Equals Excess income £118.00 per week

Apply Taper at 50% £59.00 per week

Max weekly Charge £59.00 per week

See Appendix 2 for further examples

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How are contributions to Residential Social Care Services calculated?

Financial Assessments

If you are assessed as needing residential care, a financial assessment will require to be undertaken to identify the contribution you are required to pay to the care home towards your care costs.

This information will initially be collected by the social worker in the first instance, with finance officers available to assist you and your financial representatives, if required.

Benefits

When you have been placed in a care home, your payments for Attendance Allowance and the **care components** of Disability Living Allowance and Universal credit must cease after being in hospital or a care home for 4 consecutive weeks. It is the responsibility of you or your financial representative to notify the Department of Work and Pensions as soon as possible of any change in circumstances. Any overpayments will require to be paid back.

Income

In general all income you receive will be taken into account. If an occupational pension is paid, you can opt to give 50% of the amount paid to your spouse/partner, if they live in the community. This must be declared on the financial assessment form.

Personal Expenses Allowance

You are entitled to a weekly personal expense allowance from income, this amount is set annually by the Scottish Government. The personal expenses allowance is to enable you to have money to spend as you wish, for example on stationery, personal toiletries, small presents for friends and relatives and other minor items. The current allowance is stated in Appendix 3 .

Capital

Capital from all sources can be taken into account, including savings held in a bank, building society, post office or other savings account, stocks and shares, values of PEPs and ISA. We will also consider the value of any property you own in assessing charges for residential services.

Disregards

The value of the property can be disregarded where:-

- Your partner is continuing to reside in the property
- You have a relative who is over 60 years old and will continue to reside in the property
- A relative aged under 16 years and is dependent on being maintained by you is continuing to reside in the property
- A relative who resides in the property is incapacitated
- In certain circumstances discretion may be applied if a carer has given up their own home in order to care for you

Capital Thresholds

Capital thresholds are set each year by the Scottish Government, there is both an upper and lower funding threshold. The upper threshold is the amount of assessable capital that you have, above which you are required to meet the full cost of your care. You would therefore be classed as a Self-Funder. (See appendix 3 for current Thresholds)

If you have capital in excess of the upper funding threshold, there is an entitlement to a Free Personal/Nursing Care payment to the residential or

nursing care you receive, see Appendix 3 for the current payments. This amount is paid direct to the care home by North Ayrshire Health and Social Care Partnership. You or your financial representative pay the balance due to the care home, based on their charging rates for self-funders.

The lower threshold is the amount of capital, disregarded in your financial assessment.

If your capital falls between the upper and lower thresholds you will have a tariff income applied. This is currently £1 for each band of £250 above the lower threshold level.

12 Week Property Disregard

If you do not have savings in excess of the upper funding threshold, but you do own a property, the value of which is to be take into account in the financial assessment. For the first 12 weeks following admission to a care home, the value of the property will be disregarded. This disregard must be requested in the financial assessment.

This is called a 12 Week Property Disregard and allows time for you to decide if you wish to remain in a care home setting and if you decide you do, this allows time to make arrangements for the sale of the property.

Charging Order

After the 12 week disregard period, the value of the property will be taken into account in the financial assessment. If you or your financial representative makes the decision to sell the property and the property is not sold within the 12 week period, the Council can assist with interim funding the care home fees up to the National Care Home Contract Rate by placing a charging order on the property. The Council will then recoup the costs of interim funding once the property is sold.

More detailed information regarding the use of a charging order can be provided by the NAHSCP FINANCE please email CommunityCareFinanceOlder@north-ayrshire.gov.uk.

Notional Income and Capital

North Ayrshire Health and Social Care Finance department will seek legal advice when we think income or capital assets have been deliberately disposed of in anticipation of admission to a care home. When this has been decided as deprivation of capital we will include the capital assets in the financial assessment i.e. we will calculate your contribution to care home fees as if you still own the asset, this is termed as Notional Capital.

Annual Reassessments

Annual Financial Re-assessments will be undertaken each year in line with DWP uprating of benefits and the annual review of national guidance.

Change in Financial Circumstances

If you are a self-funder in receipt of Free Personal/Nursing Care and your capital is depleting, you are advised to contact NACHSCP Finance department when capital reaches £10,000 above the upper threshold (see Appendix 3). This is in order for a new financial assessment to be completed in respect of additional funding potentially being required from the Council. Any other changes in financial circumstances e.g. sale of property, capital receipts from gifts including inheriting money from others.

See Appendix 3 examples of residential contribution to care home fees

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Respite Charges

If you are cared for at home by family or friend, they are your carer. Your carer takes responsibility for your care. Respite is provided to give your carer a break from their caring duties. In some instances the care charge will be waived, if respite is to give the carer a break. This will be identified as part of your assessment of needs and the carers support plan.

In other instances where respite care is required but this is for your care needs, there will be a charge. The charge for adult respite provision within a care home setting is a standard charge based on the minimum income guarantee minus a weekly personal allowance.

Appendix 3 details the latest charges

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How to pay for your services

If you are in receipt of a **community alarm only,** you will receive a 4 weekly bill. The easiest way is to pay by direct debit call 01294-324579 to arrange. Alternatively you can pay on receipt of your bill by calling 01294-310000, paying on line www.north-ayrshire.gov.uk/pay or at local offices, details in who to contact section.

If you receive **meals on wheels** pay direct to Wiltshire Farm foods.

Blue badge pay direct with your application

If you are in receipt of **non -residential services** that are chargeable you will receive a 4 weekly bill, you can pay on receipt of your bill by calling 01294-310000, paying on line www.north-ayrshire.gov.uk/pay or at local offices, details in who to contact section.

If you receive a **Direct Payment,** the contribution to services will be deducted from your 4 weekly direct payment, you must pay the contribution into your dedicated Direct Payment bank account to ensure you have the available funds to meet the costs of your care.

If you are in receipt of **residential services,** your contribution is paid direct to the care home or other residential establishment.

Non Payment

If you have been assessed as requiring a service and refuse to pay, the service should not be withheld where it is clear that the service is essential to your well-being. Where the service is not essential to your well-being and you refuse to pay, the service may be withdrawn.

NAHSCP will pursue debts through the Council's normal debt recovery process.

Disputes and Complaints

If you are unhappy with the calculation or outcome of your financial assessment.

The Money Matters team can provide a detailed written explanation of the basis of the calculation and ensure all relevant disregards and allowances have been applied.

If it is discovered to be incorrect a new financial assessment will be undertaken and a correct charge applied.

If you remain dissatisfied you are entitled to pursue a complaint through NAHSCP complaints process by

•Using the online form, found at http://www.nahscp.org/contact-us/

•Emailing contactus@north-ayrshire.gov.uk

•Calling 01294 317700

•Writing to Chief Officer, North Ayrshire Health and Social Care Partnership, 5th floor west, Cunninghame House, Irvine KA12 8EE

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Who to contact

Community Alarms - CommunityAlarmsFinance@north-ayrshire.gov.uk. Tel no. 01294-324579

Blue Badges – ILSBB@north-ayrshire.gov.uk Tel no**.** 01294-400616

Non-residential contribution to care – MoneyMatters.gcsx.gov.uk, Tel no. Advice line – 01294- 310456

Residential contribution to care - CommunityCareFinanceOlder@north-ayrshire.gov.uk

Local Offices:-

Arran - Shore Road, Lamlash, KA27 8JY, Tel no. 01770 600742

Garnock Valley - Craigton Road, Kilbirnie, KA25 6LJ, Tel no. 01505 684551

Irvine - Bridgegate House, Irvine, KA12 8BD, Tel no. 01294 310300

North Coast - Brooksby Medical Centre, 31 Brisbane Road, Largs, KA30 8LH

Three Towns - Town Hall, 17-21 Countess Street, Saltcoats, KA21 5HP, Tel no. 01294 310005

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APPENDIX 1 CURRENT NON RESIDENITAL CHARGES 19/20

Service	Charge	How Often
Community Alarm Mainland/Islands	£4.60/£2.25	Per week
Apetito	£2.90	Per Meal
Blue Badge	£20	Per Badge
Day Care Charge	£12.95	Per Day
Community Supports	£14.50	Per Hour
Sleepover	£10.95	Per Hour
Direct Payments -Personal Assistants	£12.10	Per Hour
Direct Payments - Agency Rates	£14.50	Per Hour
Direct Payments - Sleepovers	£11.20	Per Hour

Maximum Weekly Charge £92 per week

Personal Care Services (Free)

Personal Care Services which assist people with things like:-

Personal Hygiene – Bathing, showering, hair washing, shaving, oral hygiene, nail care

Continence Management – Toileting, catheter/stoma care, skin care, incontinence laundry, bed changing

Food and Diet – Assistance with preparation of food and assistance with the fulfilment of special dietary needs

Problems with Immobility – Dealing with the consequences of being immobile or substantially immobile

Counselling and Support – Behaviour management, psychological support, reminding devices

Simple Treatments – assistance with medication (including eye drops), application of creams and lotions, simple dressings, oxygen therapy

Personal Assistance – Assistance with dressing, surgical appliances, prostheses, mechanical and manual aids. Assistance to get up and go to bed. Transfers including use of a hoist

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APPENDIX 2 NON RESIDENTAL ALLOWANCES

Minimum Income Thresholds 19/20

For people below state pension qualifying age the Income Support Personal Allowance and the Disability Premium for 19/20

	Income Support – Personal Allowance	Disability Premium	Buffer 25%	Minimum Income Charging Threshold
Single Person	£73.10	£34.35	£27.55	£135
Couple	£114.85	£48.95	£41.20	£205

NAC Taper for 19/20 is 50% therefore 50% of any excess income over and above the weekly threshold can be used towards social care charges

EXAMPLE 1

A single 25 year old adult living in parent's home, who attends 3 days day care and is in receipt of income as shown:-

1. DLA high rate care £87.65 per week
2. Mobility allowance £61.20 per week
3. Employment Support Allowance of £128.45 per week

Description	Per Week
Total Income	£277.30
Less Disregards	£90.15 **
Less Threshold	£135.00
TOTAL Chargeable Income	£52.15
Less 50% Taper	£26.07
Maximum Weekly Charge	**£26.07**

****** Disregard calculated based on difference between night time DLA (£87.65) and middle DLA (£58.70) at £28.95 per week and mobility allowance £61.20 per week

Max weekly Charge £26.07 per week compared to cost of actual service received ie. 3 days day care @ £12.95 per day is £38.85 per week. The adult will contribute the max weekly charge as this is lesser of two amounts.

For people of state pension qualifying age or above the Pension Credit Guarantee is used as a basis for charging threshold calculation with the buffer added as shown below.

	Income Support – Personal Allowance	Buffer 25%	Charging Threshold (weekly)
Single Person	£167.25	£42.75	£210
Couple	£255.25	£64.75	£320

NAC Taper for 19/20 is 50% therefore 50% of any excess income over and above the weekly threshold can be used towards social care charges

EXAMPLE 2

A single pensioner living in Local Authority housing in receipt of Housing Benefit and Council tax, however liable for water & sewerage charges at £4.25 per week. He attends 1 day day care per week He is in receipt of income as shown:-

1. Pension Credit at £233.10 per week
2. Attendance Allowance at £87.65 per week

Description	**Per Week**
Total Income	£320.75
Less Disregards	£ 33.20 **
Less Threshold	£210
TOTAL Chargeable Income	£77.55
Less 50% Taper	£38.77
Maximum Weekly Charge	**£38.77**

** Disregard calculated based on the difference between high rate attendance allowance (£87.65) and low rate attendance allowance (£58.70) at £28.95 per week and water and sewerage charge at £4.25 per week.

Max weekly Charge £37.77 per week compared to cost of actual service received ie. 1 day care £12.95 per week. The adult will contribute the £12.95 per week, as this is lesser of two amounts.

APPENDIX 3 RESIDENITAL ALLOWANCES AND CHARGES

Allowances

Personal Allowance - £27.75 per week

Capital Threshold – Lower Threshold £17,500 to **Upper Threshold** £28,000

Free Personal Care (Residential) - £177 per week

Free Personal Care (Nursing) - £257 per week

Charges

Respite Care 16-24 Years - £64.50 per week

Respite Care 25-64 Years - £79.70 per week

Respite Care Over 65 Years - £139.50 per week

EXAMPLE 1

Margo, age 80 has been assessed as requiring a nursing care home placement, she lives in a local authority house and is in receipt of a state retirement pension and has a post office account with £9,500 savings.

Income and Savings

Retirement Pension	£136.00	
Pension Credit (Guarantee)	£ 31.25	
Pension Credit (Savings)	£0.00	
Income	£167.25	
Savings (£9,500)	£0.00	(First £17,500 Disregarded)
Total Income	**£167.25**	
Less Personal Allowance	£27.75	
WEEKLY CONTRIBUTION	**£139.50**	

EXAMPLE 2

James, age 82 has been assessed as requiring a nursing care home placement, he lives in a private care home and is in receipt of a state **retirement** pension, an occupational pension and has savings of £18,466.

Income and Savings

Retirement Pension	£163.00	
Occupational Pension	£24.80	
Capital Tariff Income * (£18,466)	£4.00	(First £17,500 Disregarded)
Total Income	**£191.80**	
Less Personal Allowance	£27.75	
WEEKLY CONTRIBUTION	**£164.05**	

***£18,466 – £17,500 = £966 / £250 = £3.86 (rounded up to £4)**

EXAMPLE 3

Fred, age 77 has been assessed as requiring a nursing care home placement, he lives in a private care home and is in receipt of a state retirement pension, an occupational pension and has savings of £48,601.

Fred has capital above the upper threshold and is therefore only entitled to receive Free Personal and Nursing Care funding from the Council until his capital falls below the upper threshold

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NORTH AYRSHIRE
Health and Social Care
Partnership

Agenda Item 8

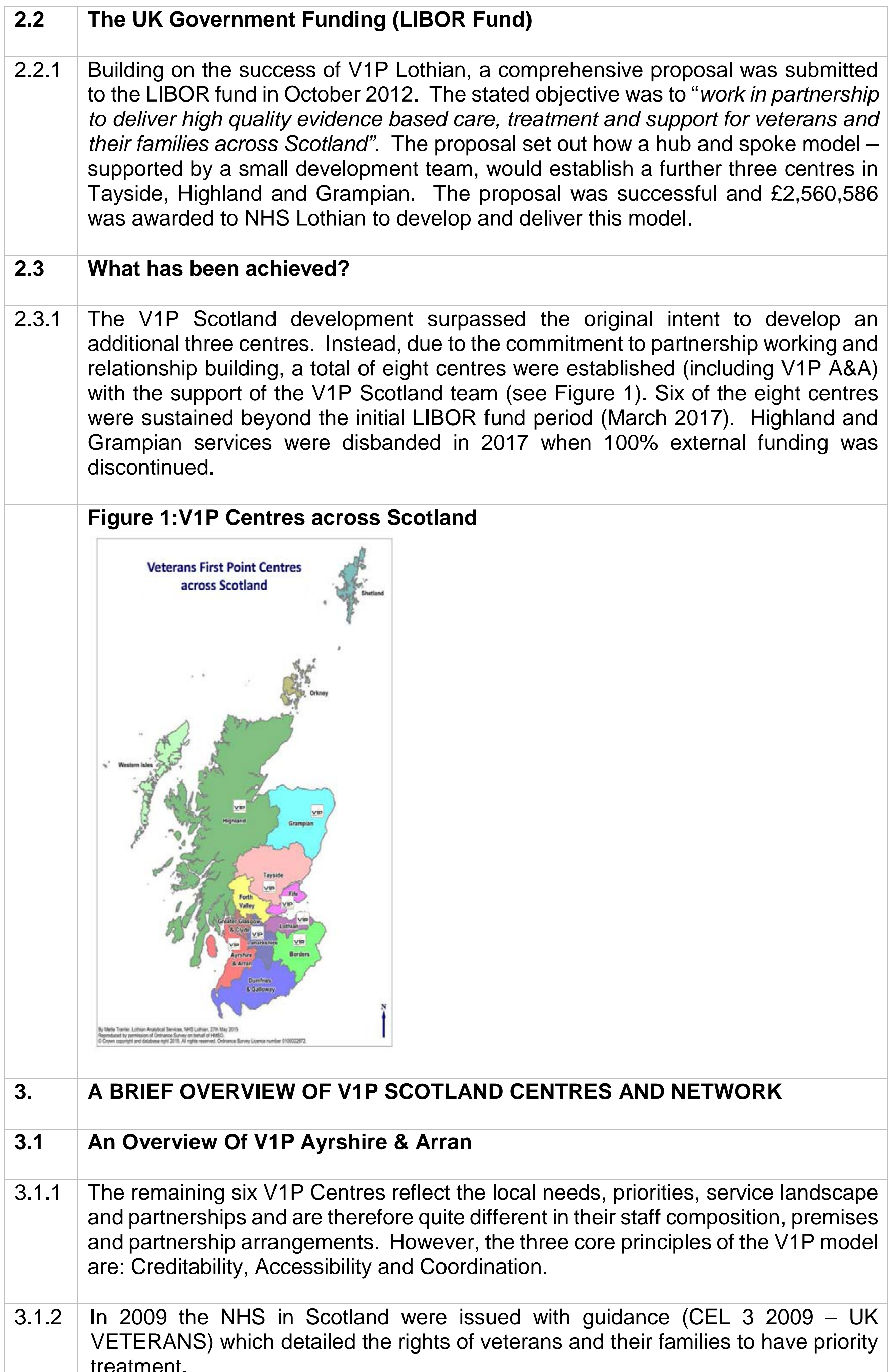
North Ayrshire Integration Joint Board
21 March 2019

Subject:	**VETERANS FIRST POINT SERVICE**
Purpose:	To provide North Ayrshire Integration Joint Board with information about the Veterans First Point Ayrshire & Arran (V1P A&A) service, which has been delivering welfare and specialist mental health services to veterans and their family members since March 2017.
Recommendation:	It is recommended that the Integration Joint Board (IJB): Acknowledges the very positive work of V1P A&A in operationalizing the Armed Forces Covenant (as referred to in paragraph 2.1.1 of this report) across North, East and South Ayrshire, ensuring better access to NHS services, including pathways for ensuring priority treatment for those veterans who should receive early treatment for health problems that have resulted from military service. Acknowledges the steps that are being taken as outlined in paragraphs 3.4.1 – 3.4.3 of this report to determine the future model and financial framework for the service. Notes the content of the Scottish Veterans Commissioner's report; Veterans' Health & Wellbeing (SVC Veterans' Health & Wellbeing).

Glossary of Terms	
V1P	Veterans First Point
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	**EXECUTIVE SUMMARY**
1.1	The purpose of this report is to provide Ayrshire & Arran Integration Joint Board with information about the Veterans First Point Ayrshire & Arran (V1P) service, which has been delivering welfare and specialist mental health services to veterans and their family members since March 2017.

1.2	**Key Messages**: • The paper outlines existing veteran services within Ayrshire see 3.18. However, V1P A&A service acts as a single point of entry for veterans to access other services both in the third sector and statutory services. Veterans are able to access the one stop shop, where their needs are reviewed and the specific services required are identified and accessed with the support of the veteran peer support worker/ Clinical staff. This service-model is unique within Ayrshire. • This service is successfully providing a service to a large proportion of clients who are male and come from SIMD 1 and SIMD 2 areas, factors which have historically been shown to have a negative impact on client engagement with services. • Each Health and Social Care Partnership and Boards are expected to play a key role in delivering the commitments set out in the Community Covenant. • Elected members are Armed Services and veterans Champions are be delivering on Government Commitment to Veterans through their support of this service.
2.	**BACKGROUND**
2.1	**Developing V1P Services in Scotland**
2.1.1	The Armed Forces Covenant is about fair treatment and sets out the relationship between the nation, the government and the Armed Forces. It recognises that the whole nation has a moral obligation to members of the Armed Forces and their families and it establishes how they should expect to be treated. The Covenant's two principles are that: • the Armed Forces community should not be disadvantaged compared to other citizens in the provision of public and commercial services in the area where they live; • special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved. All local authorities have pledged to uphold the Armed Forces Covenant.
2.1.2	The initial V1P Centre was set up in 2009 by NHS Lothian. The model aims to provide: • Information and Signposting • Understanding and Listening • Support and Social Networking • Health and Wellbeing - including a comprehensive mental health service delivered by a multi –professional team on site.
2.1.3	Funding was secured from the Mental Health and Protection of Rights Division of the Scottish Government (£200,000) and NHS Lothian Strategic Programme Budget for Mental Health and Wellbeing (£60,000). The success of V1P Lothian was recognised by the UK Military and Civilian Health Partnership Awards as a double award winner in 2011 and single award winner in 2013. A strength and key component of the V1P model has been the employment of veterans as peer workers. V1P psychological therapists deliver a range of quality evidence based care, treatment and support to veterans and their families. This includes the delivery of evidence based therapies.

2.2	**The UK Government Funding (LIBOR Fund)**
2.2.1	Building on the success of V1P Lothian, a comprehensive proposal was submitted to the LIBOR fund in October 2012. The stated objective was to "*work in partnership to deliver high quality evidence based care, treatment and support for veterans and their families across Scotland".* The proposal set out how a hub and spoke model – supported by a small development team, would establish a further three centres in Tayside, Highland and Grampian. The proposal was successful and £2,560,586 was awarded to NHS Lothian to develop and deliver this model.
2.3	**What has been achieved?**
2.3.1	The V1P Scotland development surpassed the original intent to develop an additional three centres. Instead, due to the commitment to partnership working and relationship building, a total of eight centres were established (including V1P A&A) with the support of the V1P Scotland team (see Figure 1). Six of the eight centres were sustained beyond the initial LIBOR fund period (March 2017). Highland and Grampian services were disbanded in 2017 when 100% external funding was discontinued.
	Figure 1:V1P Centres across Scotland 
3.	**A BRIEF OVERVIEW OF V1P SCOTLAND CENTRES AND NETWORK**
3.1	**An Overview Of V1P Ayrshire & Arran**
3.1.1	The remaining six V1P Centres reflect the local needs, priorities, service landscape and partnerships and are therefore quite different in their staff composition, premises and partnership arrangements. However, the three core principles of the V1P model are: Creditability, Accessibility and Coordination.
3.1.2	In 2009 the NHS in Scotland were issued with guidance (CEL 3 2009 – UK VETERANS) which detailed the rights of veterans and their families to have priority treatment.

3.1.3	Extensive consultation with local stakeholders confirmed the need for the development of health services for veterans, and emphasised the importance of joint working and co-ordination with other services (statutory and voluntary). The Stakeholders supported a model combining integration into generic care for most Veterans and specialist intervention for those unable or unwilling to engage.
3.1.4	In 2017, under the corporate leadership of the NHS Ayrshire & Arran Head of Adult Mental Health – Thelma Bowers, the V1P Ayrshire & Arran service was created. NHS Ayrshire & Arran entered into a Memorandum of Understanding (MoU) with V1P Scotland and the local veterans' charity – Poppy Scotland.
3.1.5	It was agreed for the V1P Ayrshire & Arran Service to sit within the existing Psychological Therapies Service. It was thought that the advantages of being a Psychology led service would support assertive communication between V1P Ayrshire & Arran and other psychiatric and psychological therapy services and enhance access to a range of psychotherapies or other main stream NHS services. Being a Psychology led service also ensures the required Clinical Governance necessary to run a safe and effective service.
	The team is comprised of:- Clinical Service Lead (Band 8B) – 0.9 whole time equivalent (WTE) Psychological Therapist (Band 7) – 1.0 WTE Veteran Peer Support Workers (Band 3) – 1x1.0 WTE + 2x0.5WTE Service Administrator (Band 3) - 0.6 WTE.
3.1.6	The location of the service was carefully chosen and is in a shop front in the centre of Irvine, to attract footfall and facilitate accessibility.
3.1.7	The service acts as a single point of entry for veterans to access the 'one stop shop', where their needs are reviewed and the specific services required for each veteran are identified and accessed, with the support of the veteran peer support worker. This may include welfare, mental health, physical health or a combination of a range of needs. Initial mental health assessments are the responsibility of the Psychological Therapist (who is a qualified Cognitive Behavioural Therapist). They are also able to devote time to the delivery of evidence based psychological treatment. The clinical service lead is a HCPC Registered Psychologist and is also able to offer a small clinical service to those who present with complex mental health needs as well as offering leadership support to the team. (See Appendix 1 for the veteran pathway).
3.1.8	Historically within Ayrshire & Arran, veterans were able to access assessment, treatment and support for mental health issues from a range of services including general adult psychiatry, psychology and substance misuse services. Veterans also accessed inpatient treatment from *Combat Stress* - a nationally funded Veterans' charity. Welfare support was available from a range of resources such as SAFFA, Armed Services Advice Project (ASAP), Veterans UK and the local Veterans charity based in South Ayrshire – the Veterans First Point – South Ayrshire (not to be confused with V1P A&A and is now disbanded).

	Existing Services currently available for Veterans within Ayrshire Mainstream NHS services Many of the veterans who have self referred to V1P have already had contact with mainstream NHS services in Ayrshire but have not engaged. This seems to be due to : • Accessibility of mainstream services • Stigma often associated with mainstream services (such as mental health services) • Waiting times (despite prioritisation given to Veterans) • Credibility of the service – veterans being solely treated by civilians with no knowledge, understanding or experience of combat/military life. Often, the reluctance of veterans to access mainstream services leads to conditions going untreated. This in turn, can cause issues to become more chronic in nature, meaning that even if a veteran does present to mainstream services, it is often when in crisis or only after the condition has become more chronic in nature, taking longer and being more expensive to treat.
	Third Sector Organisations/Charities There are several third sector veteran support organisations operating within Ayrshire. Such organisations offer a range of specialities from providing emergency funding support for veteran families to support for veterans to access/apply for welfare. However, such organisations cannot cater for physical or mental health needs of the veterans, nor do they have strong links with the current mainstream NHS services. These organisations are wholly dependent on charitable donations and have therefore no long term security. As charities, these organisations do not employ any healthcare professionals or indeed carry the same level of clinical governance and accountability as that within the NHS. For full list of third sector organisations see Appendix 2 attached.
	Soldiers Off The Street Soldiers off the Street are a veteran's charity who have recently opened 2 houses in Dundonald, North Ayrshire. They offer temporary accommodation to veterans who find themselves homeless for up to 12 weeks. Soldiers off the street work very closely with Veterans First Point and take their main referrals for V1P A&A.
	SACRO SACRO are another veteran's charity who are based in Glasgow, but who cover Ayrshire the area. They have support workers who offer general support to veterans within the criminal justice system. Again SACRO work in close partnership with V1P A&A. Referrals to V1P A&A are received from SACRO on behalf of their clients who require ongoing support, support for welfare issues or mental health assessment.
	Combat Stress This organisation currently offers intensive mental health treatment from professionally trained staff, on an inpatient basis. V1P A&A work in close partnership with Combat Stress and often work with veterans to prepare them for the inpatient programme and then provide follow up after they have undergone the 6 week programme. However, there are many veterans who are unable to commit to a 6 week stay due to work/family commitments and therefore require to be treated within V1P on an outpatient basis.
	Poppy Scotland Welfare Centre – Kilmarnock

	The Poppy Scotland Welfare centre opened in Kings street Kilmarnock last year. Poppy Scotland acts as a host to a variety of veteran charity organisations such as SSAFFA, VETS UK, ASAP. This is an excellent provision for Veterans living within Ayrshire, although Poppy Scotland itself, does not provide veteran peer support, nor are they able to offer any clinical provision. Poppy Scotland have been very clear to state that their service has been developed to host and facilitate other Veteran services only. It is important to note that no other veteran organisation operating within Poppy Scotland welfare centre can offer the clinical expertise within the community along with the clinical governance which is offered from V1P as an NHS HSCP service. Due to this, V1P A&A receives regular referrals from Poppy Scotland on behalf of clients seeking mental health support.
	Defence Medical Welfare Service DMWS provide support for veterans across Ayrshire who are over the age of 65 and in hospital. Support workers within DMWS aim at providing practical support often required at point of discharge. Often this support can be welfare related such as helping with applications for practical aides. Again, referrals to V1P A&A are received from DMWS for clients seeking ongoing support, social opportunities with other veterans, welfare support or mental health support. For further information on DMWS, please see report submitted by DMWS.
3.2	**V1P Ayrshire & Arran: Who Have We Supported So Far?**
3.2.1	V1P Ayrshire & Arran became operational in March 2017. Since then we have supported over 480 veterans and their family members. 58%, the majority, have self-referred to V1P services. 70% of self-referring veterans are encouraged to do so by forces charities/regimental associations. 42% are aged 45 yrs to 59 yrs. 97% consider themselves White Scottish or White British. 90% are male and 91% have been in regular services. 80% were in the Army. 35% served for between six and 12 years, with 21% discharged on medical grounds. The most common deployments are Northern Ireland, Iraq and Afghanistan.
3.2.2	The social circumstances of veterans who access V1P Ayrshire & Arran indicate a large proportion live in areas which are defined as most deprived areas of multiple deprivation. Housing and homelessness is a significant issue with 41% having experienced homelessness and 27% considering their current living situation unstable.
3.2.3	In terms of relationships, 42% are married, in civil partnerships or co-habiting; the remaining 58% are single, divorced, separated or widowed. 79% have children. 44% live alone.
3.2.4	In terms of educational attainment and employability, 68% of veterans are educated to high school standard (10% did not complete school). Only 3% have attained degree level qualification (bachelor, masters or doctorate). 37% are in employment (full time and part time); while 34% are currently unemployed.
3.2.5	In terms of mental health and wellbeing, 91% of the veterans who access V1P Ayrshire & Arran report some degree of problem with anxiety or depression. 50% report severe or extreme problems, including those who report symptoms of post-traumatic stress disorder.

3.2.6	Physical health issues are also significant. Chronic pain is a reported difficulty for 44% of veterans accessing V1P Ayrshire & Arran. 79% report pain interfered with carrying out daily activities to some degree, with 33% of reporting pain extremely interfered with daily routines.
3.3	**How Do We Know We Are Making A Difference? - *V1P Scotland Evaluation***
3.3.1	Queen Margaret University were commissioned to conduct the evaluation of Veterans First Point Scotland. The V1P Centres began accepting referrals at different times and all have contributed to the evaluation. In reviewing activity to date, each Centre is building up substantial numbers of veterans who they are activity working with and the number of veteran contacts is steadily increasing as the Centres become established. The total number within the data set is **N=692**.
3.3.2	Three clinical measures used in the evaluation have all demonstrated improvements over time. In relation to depression, distress and functional impairment improvements are clinically significant and reliable. The V1P Scotland service is therefore a credible provider of psychological therapies to veterans. While these improvements are clear, it should be noted that Veterans presentations are complex. Initial assessment scores often meet the severe criteria for clinical assessments at engagement with services. However, the improvements veterans experience, while significant and reliable, continue to meet the criteria for moderate distress or depression. Veterans are therefore likely to need ongoing support and monitoring. Additionally, it is important to acknowledge that greater improvements are seen over time, increasing with duration of engagement with therapy. Mainstream services, in order to meet pressure of demand, often prescribe a time limited period of psychotherapy. Veterans seem to be one population group who appear to benefit from intervention of a longer duration.
3.4	**Next Steps**
3.4.1	Since V1P Ayrshire & Arran was developed in 2017, it has demonstrated the North Ayrshire IJB's commitment to the Armed Forces Covenant, ensuring that veterans – and particularly those with the most enduring health and welfare difficulties are able to access priority care and treatment from mainstream and specialist services.
3.4.2	Although a small service, V1P Ayrshire & Arran has delivered care and treatment to over 480 veterans and their family members living across Ayrshire and is the busiest of all the V1P centres across Scotland. The service has been independently evaluated and demonstrates clinically significant outcomes. The credibility, accessibility and coordination of care has resulted in high levels of service user satisfaction through a cost effective service structure.
3.4.3	Following the recent independent evaluation by Queen Margaret University, the V1P network of Centres are now focussed on a range of initiatives over the next 12 months to ensure V1P services are accessible across all tiers of service delivery, while maintaining a focus on those affected by the most severe, enduring and life changing difficulties. We aim to undertake Ayrshire wide service development in partnership with stakeholders across health, social care and third sector stakeholders.

4.	**ADDRESSING INEQUALITIES**
4.1	VIP Ayrshire & Arran is reaching those it needs to, demonstrated by high self-referral rates and the demographics of those using the service in the short time it has been open. This service is successfully providing a service to a large proportion of clients who are male and come from SIMD 1 and SIMD 2 areas, factors which have historically been shown to have a negative impact on client engagement with services.
4.2	There are increasing numbers of younger veterans who have completed two tours are coming forward. Armed Service changes will see an influx of new veterans to Scotland. (current number of Veterans living in Ayrshire make up 10% of the general population)
5.	**Measuring Impact**
	This is an internal paper and does not require to be impact assessed.
6.	**IMPLICATIONS**
	Policy Implications
6.1	The Scottish Government restated their commitment to recognising and valuing the Armed Forces community as a true asset and in 2016 renewed their commitments to support them and pledge to make Scotland the most attractive destination for the Armed Forces, Service leavers and their families.
6.2	This report highlights that Scotland has demonstrated great strengths in mental and physical healthcare provision, and states that this will continue to be a fundamental priority to support particularly in terms of improving awareness of long-term clinical needs and transfer of data.
6.3	The published Force in Mind report - *Call to Mind: Scotland / Findings from the review of veterans' and their families' mental and related health needs in Scotland.* (2016) states that Scotland has one of the most robust mental health and related health provision for veterans in the UK, with a thriving specialist statutory and voluntary sector that has been supported and resourced by the Scottish Government.
6.4	Scotland's Veterans Commissioner recently published report– *Veterans' Health and Wellbeing: A Distinctive Scottish Approach,* (April 2018) set out his ambition for veteran services in Scotland – "To see mainstream and specialist provision for veterans protected and enhanced, especially for those with the most severe and life-changing conditions; and to ensure veterans' healthcare is a properly planned and embedded feature of the new health and social care landscape in Scotland" (page 4).
6.5	In relation to V1P services, he added - "Veterans in Scotland have been able to access a number of key specialist services... including Veterans First Point teams. I have seen for myself during visits to these establishments, and heard first-hand just how vital and valued they are" (page 13). In terms of sustainability he suggests - "The recent experience of sustaining V1P has demonstrated that funding from time-limited, non-core sources can lead to uncertainty and insecurity, which will undoubtedly worry those who rely on such support" (page 15).

Financial :	The financial implications are outlined in the paper.
Human Resources :	Currently there is 1 members of the V1P team that is seconded from another service. (0.6 WTE Administrator) The other members of the V1P team (0.9 Clinical Lead, 1.0 Psychological Therapist, 1.0 Peer Support Worker and 2x 0.5 Peer Support Workers) are all on fixed term contracts until 31st of March 2020.
Legal :	No Legal issues
Equality :	This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues
Environmental & Sustainability :	N/A
Key Priorities :	V1P is set out as a key item within the Local Delivery plan.
Risk Implications :	An assessment has not been undertaken at this stage as there are no imminent risks to the delivery of the service
Community Benefits :	N/A

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

7.	**CONSULTATION**
7.1	Paper was prepared in consultation with Head of Adult Mental Health, Thelma Bowers.

For more information please contact Lindsay Kirkwood, Clinical Lead V1P on 01294 310 400 or Lindsay.kirkwood2@aapct.scot.nhs.uk

Appendix 1

Veteran presents to service
Referrals accepted from any agency including self referrals via drop in, email, telephone or written

↓

Seen by Peer Support Worker (PSW) for Registration
Assessed for

- Housing
- Debt
- Social isolation
- Mental health
- Physical Health
- Addictions
- Offending
- Any other issues

↓

If Mental Health Issues identified:-
Carry out Mental Health Assessment by Psychological Therapist/Psychologist
and/or
Refer to Main stream CMHT or PCMHT/Provide In-house Psychological Therapy

↓

If other issues identified:-
PSW will support Veteran to access partner agencies including North South and East Ayrshire council, SSAFA, NHS Addictions services, SACRO, VETS UK, Veteran residences, Poppy Scotland, GP services, Soldiers off the Street.
May also see PSW for ongoing general Peer Support if required.
Invited to attend weekly drop in to socialise with other veterans.

Appendix 2

Below is a list of veteran organisations within the West of Scotland. It is of note that there are only 7 organisations with offices within Ayrshire (highlighted in grey below)

Organisation	Type of Support	Mental Health Support	Nearest Offices
Houses for heroes	Housing	X	Glasgow
Scottish veterans residences	Housing	X	Glasgow
Haig housing trust	Housing	X	Surrey
Royal Air Force Association	Housing	X	Edinburgh
Housing Options Scotland – Military Matters	Housing	X	Edinburgh
Blind Veterans Uk	Welfare, Funding	X	London
Thistle Foundation	Support	X	Renfrew
Scottish War Blinded	Welfare, Funding	X	Livingston
Defence Medical Welfare Services	Support over 65	X	Ayrshire
Veterans Scotland	Funding	X	Edinburgh
Blesma	Prosthetics	X	Essex
Canine Partners	Assistance dogs	X	Stirling
SAMH	General support for Mental health	✓	South Ayrshire & Irvine (V1P)
Combat Stress	Inpatient Mental Health	✓	Hollybush & Kilmarnock
Erskine	Medical care	✓	Erskine
Lady Haig's Poppy Factory	employment	X	Edinburgh
Poppy Scotland	SignPosting	X	Kilmarnock
Remploy	Employment	X	Glasgow
ASAP	Welfare	X	Kilmarnovck & Irvine (V1P)
SSAFA	Funding	X	Kilmarnock & Irvine (V1P)
Civvy Street	Employment	X	Online
Royal Naval Benevolent Trust	Funding	X	Portsmouth
Sea Farers	Funding	X	Linlithgow
ABF – The Soldiers charity	Funding	X	Edinburgh
RAF Benevolent Fund	Funding	X	London
Royal Air Force Association	Funding & support	X	Edinburgh
Officers Association	Funding & Employment	X	London
National War Pensions	Pensions	X	England

Regular Forces Employment Association	Employment	X	Kilmarnock & Irvine (V1P)
Skillforce	Employment	X	England
Royal Caledonian Education Trust	Veterans Child Support	X	London
Royal Navy & Royal Marines Charity	Welfare, Funding	X	England
Royal Naval Association	Welfare, Funding	X	England
Glasgow's Helping Heroes	welfare	X	Glasgow
Royal British Legion	Funding general support	X	Irvine
Veterans UK	Military & War Pensions	X	Glasgow

NORTH AYRSHIRE
Health and Social Care
Partnership

Agenda Item 9

Integration Joint Board
21 March 2019

Subject:	**Community Care Occupational Therapy Report**
Purpose:	To update the Integration Joint Board on (i) the current waiting time position for occupational therapy assessment within the community care teams in North Ayrshire; (ii) progress made to date to reduce these waiting times; (iii) actions planned to further improve this position.
Recommendation:	It is recommended that IJB note the content of this paper and approve the proposed action plan to further improve this position.

Glossary of Terms	
HSCP	Health and Social Care Partnership
AHP	Allied Health Professional
IC&R	Intermediate Care and Rehabilitation
OT	Occupational Therapist
OTA	Occupational Therapy Assistant

1.	**EXECUTIVE SUMMARY**
1.1	Occupational therapy undertakes a valued role in North Ayrshire, keeping people well, independent, and in their own homes.
1.2	For some time now, there has been challenge around the capacity of the occupational therapy teams, with people waiting longer than is desirable for occupational therapy assessment in community care.
1.3	Several steps have already been taken to improve this position. A stretch aim has been agreed - that by the end of September 2019, 90% of referrals to community care occupational therapy will be seen within eight weeks of referral.
1.4	This paper summarises the steps already taken, and sets out proposed actions to further improve the position.
2.	**BACKGROUND**
2.1	The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance individuals' abilities to engage in the tasks or activities they want to, need to, or are expected to undertake, or by modifying the occupation or environment to better support function.

2.2	The occupational therapy teams work with people of all ages, providing valued contribution for the people of North Ayrshire. Occupational therapy staff work as part of multi disciplinary teams across North Ayrshire Health and Social Care Partnership (HSCP), based out of Rainbow House, Douglas Grant Rehabilitation Centre, Woodland View, The Horseshoe, Brooksby Resource Centre, Caley Court, Bridgegate House and Three Towns Resource Centre.
2.3	The scope of this paper pertains to the occupational therapy input provided by those teams employed by North Ayrshire Council which have traditionally sat within the community care teams.
2.4	These teams provide assessment and interventions which promote independence, keep people at home, and at their functional optimum. Traditionally the focus of such input has been mainly around the provision of equipment – such as, for example, toileting equipment, bath lifts or environmental adaptations – from the provision of a ramp, shower adaptation, or stair lift, through to complex major extensions to properties.
2.5	Table 1 below shows the occupational therapy staffing levels within the community care teams in North Ayrshire. These have remained relatively stable over the last few years.

Table 1

Community Care Team	Occupational Therapy Staffing
Assessment and Enablement Team North (Brooksby)	2 WTE Occupational Therapists (OT) 2 WTE Occupational Therapy Assistant (OTA) 1WTE Senior OT
Assessment and Enablement Team South (Bridgegate)	2 WTE OT 1 WTE OTA 1WTE Senior OT
Dirrans Service	2WTE OT 3WTE Rehab Support Officer

2.6	Table 2 below describes service activity, with details of average monthly referrals, allocations, and waiting list information for each of the teams, correct as on 1st September 2018 :

Table 2

	Assessment and Enablement Team North (Brooksby)	Assessment and Enablement Team South (Bridgegate)	Dirrans Service	Total
Average Monthly Referrals	42	62	39	**143**
Average Monthly Allocations	37	35	26	**98**
Number of people waiting for assessment	137	142	76	**345**
Longest wait (days)	443	356	346	**-**
Average wait (days)	249	229	246	**-**

As illustrated above, there is traditionally a high volume of referrals to occupational therapy on a monthly basis, with more referrals being received than allocated. On 1st September 2018, there were 345 people waiting up to 443 days for assessment by occupational therapy in community care.

2.7 As a result of this position, there is an understandable level of public dissatisfaction, with regular complaints and elected member enquiries received associated with these waiting times.

2.8 In recent months, several steps have been taken to improve the above situation :

- Joint working across the various components of occupational therapy in North Ayrshire; with those therapists within, for example, the Assessment Reablement Team, Integrated Care Team and Learning Disability and neuro rehabilitation multi disciplinary teams being supported to progress equipment and adaptation work that traditionally would have been referred on to await further assessment and input.
- Delegation of appropriate tasks to the Occupational Therapy Assistants (OTAs) in the Service Access team.
- Equipment training for other Allied Health Profession (AHP) services and Health And Therapy Team – to allow practitioners already involved in cases to provide low level equipment solutions, and reduce the need for specialist occupational therapy input in non-complex cases.
- Waiting time initiatives, and tests of alternative modelling which demonstrated that 50% of those waiting for occupational therapy assessment could have their needs better met through alternative services. This led to recent move to stream occupational therapy referrals through the Intermediate Care and rehabilitation

	(IC&R) hub, building on the recently developed enhanced IC&R model, taking a 'rehab first' approach, with equipment as a last line of intervention, not first. The Senior OTs are now triaging referrals in conjunction with the IC&R Hub. This has resulted in reduction of duplication, with referrals being directed to the most appropriate service first time.
	• A focus on supervision approaches to support professional reasoning and decision making during this period of change.
	• Robust conversations regarding rehabilitation and Housing Solutions have reduced the number of cases being presented to complex case discussion, avoiding the potential cost of adaptations.
	• Arran process reviewed, including Tupe of staff member and procurement framework in place.
2.9	Table 3 below relates to the position as of 1st February 2019. It illustrates the impact of the above approach, with reduction in the gap between numbers of referrals and allocations, and an associated improving position both in terms of the number of people waiting for community care occupational therapy assessment, and the length of such wait :

Table 3

	Assessment and Enablement Team North (Brooksby)	Assessment and Enablement Team South (Bridgegate)	Dirrans Service	Total
Average Monthly Referrals	40	48	32	**120**
Average Monthly Allocations	36	37	35	**108**
Number of people waiting for assessment	79	108	39	**226**
Longest wait (days)	210	259	91	**-**
Average wait (days)	96	128	43	**-**

2.10	Despite this improving picture, an element of risk remains, with people waiting longer than is acceptable, and potential missed opportunities for the early promotion, or maintenance of independence.

3.	**PROPOSALS**
3.1	The following actions are planned to further improve the position :
	• A Quality Improvement approach is being progressed, with a stretch aim being set that ▪ 90% of referrals to the occupational therapy team are seen within 8 weeks of referral, by the end of September 2019
	• Equipment training will be rolled out across other professional groups, to improve early access to low risk, high volume equipment, and protect occupational therapy capacity and specialist skill set for more complex situations.
	• Professional triage of occupational therapy referrals through the IC& R hub will continue, with a 'rehab first' approach being promoted wherever possible.
	• Housing options approach will continue, with plans to train local staff to become trainers in this approach; cascading a 'housing options' approach across services which enables practitioners to have early conversations with regards to long term suitability of homes.
	• Internal professional work will continue, promoting joint working, joint training and reducing unnecessary transitions between the different components of the occupational therapy profession in North Ayrshire.
	• Finally, the occupational therapy workforce will be increased, within existing available resources, to create additional capacity and further narrow the gap between referrals and allocations. This will tackle the remaining backlog of people awaiting assessment, and support continuation of the new approach:-
	▪ Use Care & Repair budget of £125K , to employ additional assessment and review capacity as follows: ➢ North - 1WTE OT, for 11 months ➢ South – 1WTE OT & 0.5 WTE OTA, for 11 months ➢ Extend the 3 Senior OT grade 11 for 12 months.
3.2	This will act as a change enabler to support continued move towards a multi disciplinary approach, support a quality, safe sustainable model with clear lines of governance, ensure the remaining backlog of referrals is cleared, and support robust waiting list management.
3.3	**Anticipated Outcomes**
	The approach taken to date, and outlined as planned above seeks to ensure the best outcomes for the people of North Ayrshire, and best use of the occupational therapy resource available.
3.4	**Measuring Impact**
	Referral numbers, service activity, and waiting times will continue to be monitored against the above aim, with regular reports to the Director of North Ayrshire HSCP, and North Ayrshire Health and Care Governance group, and future update report back to IJB on progress.

4.	**IMPLICATIONS**

Financial:	Intention to spend £125k of previous care and repair budget (existing resource) on additional occupational therapy staffing
Human Resources:	Nil
Legal:	Nil .
Equality:	Nil
Children and Young People	Nil.
Environmental & Sustainability:	Nil
Key Priorities:	The content of this paper relates to the HSCP's strategic priorities around early intervention and prevention, and bringing services together.
Risk Implications:	The steps already taken, and actions proposed in this paper seek to mitigate risks associated with people waiting for community care occupational therapy assessment.
Community Benefits:	Nil

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

5.	**CONSULTATION**
5.1	The attached report has been developed in consultation with the Senior Occupational therapists, the AHP Leadership team, and the Senior and Service Manager for Intermediate care and rehabilitation in North Ayrshire.
6.	**CONCLUSION**
6.1	The Integration Joint Board are asked to note the content of this paper, and approve the proposed action plan to further improve this position

For more information please contact : Stuart Gaw, Senior Manager for Intermediate Care and Rehabilitation on 07810181435 or Stuart.Gaw@aapct.scot.nhs.uk **or Alistair Reid, Lead Allied Health Professional on 07825227834 or Alistair.Reid@aapct.scot.nhs.uk ,**

NORTH AYRSHIRE
Health and Social Care
Partnership

Agenda Item 10

Integration Joint Board
21 March 2019

Subject:	**Advocacy Strategy**
Purpose:	The IJB to note progress in developing the Advocacy Strategy and Action Plan to meet the recommendations of the Mental Welfare Commission for Scotland.
Recommendation:	The IJB to approve the Advocacy Strategy and Action Plan and to support further stakeholder engagement to develop a detailed delivery plan.

Glossary of Terms:	
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
NHS AA	NHS Ayrshire and Arran

1.	**EXECUTIVE SUMMARY**
1.1	In June 2018 the IJB considered and supported the recommendations made by the Mental Welfare Commission regarding independent advocacy.
1.2	It was agreed that an Advocacy Strategy would be developed for the 31st December 2018 deadline involving key stakeholders and a draft was sent to the Mental Welfare Commission for Scotland on the 31 December 2018 to meet the national deadline. This is attached in appendix one.
1.3	A higher level Advocacy Action Plan was then developed to outline key areas of work to be undertaken throughout the strategy as is attached at appendix four. After approval by the IJB this will be operationalised into a lower level action plan.
2.	**BACKGROUND**
2.1	In June 2018 the IJB considered and supported the recommendations made by the Mental Welfare Commission regarding independent advocacy. Local authorities and health boards have a legal duty to provide independent advocacy for people who have a mental disorder (this includes people who have a mental illness, learning disability or personality disorder, and covers people with dementia and acquired brain injury) under the Mental Health (Care and Treatment) (Scotland) Act 2003. This is not restricted to people subject to compulsory measures; "everyone with a mental disorder is entitled to access independent advocacy, regardless of which piece of legislation is being considered, and indeed, when no legislative intervention is being considered at all" (Patrick &Smith 2009).

	Under the Adult Support and Protection (Scotland) Act (2007) local authorities are required to "have regard to the importance of the provision of appropriate services (including, in particular, independent advocacy services) to the adult concerned". Therefore it must be considered whether advocacy is required for any adult subject to ASP procedures, however, as identified above advocacy must be offered to any adult subject to ASP who has a mental disorder. There is a range of legislation in Scotland that requires the local authority to give regard to the views of children, including the Children (Scotland) Act 1995, Children's Hearings (Scotland) Act 2011 and the Children and Young People (Scotland) Act 2014. This may involve the provision of advocacy to ensure children are able to express their views. Under the Mental Health (Care and Treatment) (Scotland) Act 2003 all children with a mental disorder are entitled to independent advocacy. Under the Equality Act 2010, local authorities and health boards have a statutory duty to ensure services provided are equitable and accessible and that any barriers to this are addressed. For people who are marginalised or face discrimination it is particularly important that they have access to independent advocacy to ensure equitable access to services. People may face discrimination or exclusion of the basis of age, gender, ethnicity, disability, sexual orientation, mental health or substance dependency. This duty requires consideration of the provision of advocacy on a wider basis than that required for people with a mental disorder. In addition to legal requirement, there is a range of policy and guidance that recommends access to advocacy for particular groups, such as Getting It Right for Every Child (2010) and Advocacy for Unpaid Carers, Guidance (2016).
2.2	The Mental Welfare Commission made the following recommendations in its report: • Ensure that there is clarity about which organisation will be responsible for coordinating the preparation of an Advocacy Strategy for its area. • Ensure that an Advocacy Strategy is in place by the end of December 2018. • Ensure that strategic plans are developed based on a local needs assessment and Information about unmet need and gaps in local provision. • Ensure that advocacy planners carry out equalities impact assessments and develop approaches to monitoring and enabling access to advocacy which cover all the protected characteristics. Specific recommendations relating to services for children and young people included in the report are: • Ensure there is clarity about where the responsibility lies for planning and commissioning independent advocacy services which are accessible for all children and young people under 18 with a mental disorder. • Ensure that arrangements are in place for planning for the provision of independent advocacy;

	• services for children and young people include processes for assessing the projected need for these supports. All of these issues have been included in the Advocacy Strategy and the Equalities Impact Assessment is attached at **Appendix 2**.
2.3	The Head of Mental Health Service convened a Pan Ayrshire short life working to support the development of an Advocacy Strategy. However South Ayrshire did not attend the group which resulted in an initial delay. As a result a North Ayrshire Advocacy Strategy has been developed with East mirroring this approach. The North Ayrshire Advocacy Strategy document has been shared with East and South Ayrshire for their input and comments. South Ayrshire HSCP provided comments via the Local Health Council representative at the Pan Ayrshire Mental Health reference group.
2.4	The short life working group developed a public engagement survey monkey which was opened on October 12th and Closed November 16th. We received 17 online responses. There was also engagement with people who use independent advocacy services using focus group conversations in AIMS Advocacy Service, Housing Services and Children Services. The findings of the full survey monkey, Housing and AIMS advocacy focus group engagement are attached at **Appendix 3**. Further feedback is expected from Children Services. These engagement methods were felt to be sufficient to inform the Advocacy Strategy, however, it was felt by stakeholders to be too light touch to inform the detailed action, which will underpin the strategic document, and additional conversations required to be undertaken. As a result the IJB is asked to approve the Advocacy Action Plan and to support further stakeholder engagement to develop a detailed operational action plan.
3.	**PROPOSALS**
3.1	The IJB is asked to approve the Advocacy Strategy and Action Plan. This approved plan will be provided to the Mental Welfare Commission Scotland. The IJB is asked to support further stakeholder engagement to develop a detailed delivery plan.
3.2	**Anticipated Outcomes**
	The proposals set out in this report will assist the Integration Joint Board to deliver against the following Strategic Objectives set out in the North Ayrshire Strategic Plan for 2018-21.
3.3	**Measuring Impact**

	The progress on implementation of independent advocacy will report using the HSCP Performance & Audit Committee process and form part of the HSCP annual performance report.
4.	**IMPLICATIONS**

Financial:	The Advocacy Strategy will be underpinned by the commissioning of new services as required.
Human Resources:	There are no implications for NAHSCP staff
Legal:	The HSCP will comply with the legal aspects of independent advocacy.
Equality:	A full Equalities Impact Assessment will be prepared as part of the exercise to develop a Strategic Advocacy Plan.
Children and Young People	The Advocacy Strategic Plan identifies a gap in service for children and young People who have a mental disorder (where they are not on the child protection register or looked after and accommodated. It should be noted that children in kinship care are not currently covered under the looked after and accommodated group). The provision of advocacy for children and young people in North Ayrshire requires further review to inform commissioning and this work is underway.
Environmental & Sustainability:	No environmental or sustainability issues arising as a result of the report.
Key Priorities:	Advocacy Strategy will ensure equitable access to services and ensure any barriers to equitable provision are addressed meeting the objectives of the Strategic Plan.
Risk Implications:	None identified.
Community Benefits:	Only applies to reports dealing with the outcome of tendering or procurement exercises.

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

5.	**CONSULTATION**
5.1	The draft Advocacy Strategy was shared with the Pan Ayrshire working group, the North Strategic Planning Group and the Pan Ayrshire Mental Health Reference Group for comment.
6.	**CONCLUSION**

6.1	The Advocacy Strategy forms an important foundation stone for the continued delivery of high quality independent advocacy services in North Ayrshire. The strategy recognises local need and current gaps which will be taken forward through the development of a detailed underpinning action plan.

For more information please contact Thelma Bowers **on** 01294 317803 **or** thelmabowers@north-ayrshire.gcsx.gov.uk

Appendix 1

North Ayrshire
Health and Social Care Partnership

Empowering Inclusion

Independent Advocacy Strategic Plan 2019-2021

In partnership with

NHS
Ayrshire & Arran

North Ayrshire Council NHS Ayrshire & Arran TSI North Ayrshire Scottish Care

Document Control

Document Name	Advocacy Strategy
Directorate	Partnership
Prepared by:	Annie Robertson
Authorised by:	Michelle Sutherland
Source Location	
Published Location	
Other documents referenced	Advocacy Plan North Ayrshire: Advocacy Scoping Exercise 2017
Related documents	
Acknowledgements	

Version Control

Version Number	Date Issued	Author	Update Information
V0.1	30/10/18	Annie Robertson	Initial document
V0.2	21/10/18	Annie Robertson	Update
V0.3	7/11/18	Annie Robertson	Team feedback
V0.4	8/11/18	Annie Robertson	Plainer English
V0.5	20/11/18	Michelle Sutherland	Initial stakeholder feedback
V0.6	21/11/18	Annie Robertson	Stakeholder feedback
V0.7	28/11/18	Annie Robertson	SAHSCP feedback
V0.8	06/12/18	Annie Robertson	Advocacy Steering Group Meeting

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1. Who are we and what do we do?

North Ayrshire Health and Social Care Partnership (the Partnership) provides community-based health and social care services for people throughout their life: from birth through childhood, teenage years and adulthood.

Our services areas include:

- Adult health and community care services
- Children, families and justice services
- Mental health and learning disability services

Our teams include: allied health professionals (dieticians, physiotherapists, occupational therapists, speech and language therapists), addictions, care at home, care homes, child immunisation, community alarm and digital health, community link workers, money matters, nurses (including specialist nurses), psychologists and psychiatrists, social workers (across all age groups), residential child care and volunteers.

In addition, dentists, GPs, optometrists and pharmacists (primary care professionals) work hand-in-hand with us. We also work closely with local councillors, housing services, NHS acute hospitals, Police Scotland and many others.

We want to ensure people in North Ayrshire can contact the right health and social care professional, at the right time. We work together to provide high quality, safe and sustainable care, as seamlessly as possible.

Our vision is that all people who live in North Ayrshire are able to have a safe, healthy and active lifestyle.

The work we do focuses on five key priorities to help us reach our vision:

- Tackling inequalities
- Engaging communities
- Early intervention and prevention
- Bringing services together
- Mental health and wellbeing

You can find out further information about our priorities in our strategic plan, *Let's deliver care together*, and how we are working towards achieving them in our annual performance reports at www.nahscp.org.

2. Our advocacy strategic plan

North Ayrshire Health and Social Care Partnership (The Partnership) is committed to ensuring people have their voice heard, are able to express their needs, make informed decisions and have their rights and interests protected.

The Partnership recognises the importance of advocacy in:

- Empowering people to express their own needs and make their own decisions
- Enabling people to access information, explore options and make informed decisions
- Providing a voice for people who are unable to do so
- Ensuring a safeguard for vulnerable people

This has resulted in advocacy being available to adults with learning disabilities, adults affected by mental ill health, adults with addictions issues, adults with physical disabilities, adults with brain injury, children and young people, and older adults.

This new strategy will take us from 2019 to 2022 and has been influenced by the North Ayrshire: Advocacy Scoping Exercise 2017 and the views of our key stakeholders, from an online survey and individual conversations with people who use services.

The North Ayrshire: Advocacy Scoping Exercise 2017 resulted in an increase in funding for adult provision of advocacy in the area. In addition, it identified a gap in service for children and young people who have a mental disorder (where they are not on the child protection register or looked after and accommodated. It should be noted that children in kinship care are not currently covered under the looked after and accommodated group).

The online survey took place from 12 October 2018 – 16 November 2018, which received 17 responses. This reinforced that advocacy services should be independent, provide a voice for those that require it and have supportive staff. It also highlighted that advocacy services should be accessible to everyone that needs it, maintain or increase levels of funding and be expanded to more group e.g. children with a mental disorder.

In addition, individual discussions with people who use independent advocacy services in AIMS Advocacy Service, Housing and Children Services as well as the Pan Ayrshire Mental Health Reference Group took place. This reinforced that advocacy services

should be supportive, provide a voice for those that require it and have staff who can help them understand their issues. It also highlighted that advocacy services should stay as they are but perhaps include more group work.

In developing this plan, we have reviewed information and guidance from the Scottish Independent Advocacy Alliance (SIAA) and guidance from Independent Advocacy Guide for Commissioners from the Scottish Government 2013. Specifically we have focussed on:

- Legislative and policy frameworks
- What we do now
- Unmet need
- Local priorities

To ensure that we move forward we will develop an advocacy action plan to build robust advocacy approaches both locally and across Ayrshire and Arran. Our action plan will highlight the key steps that are required to develop meaningful advocacy to ensure people have their voice heard, are able to express their needs, make informed decisions and have their rights and interests protected.

3. What is independent advocacy and why do we need it?

Independent advocacy is about ensuring people have their voice heard, are able to express their needs, make informed decisions and have their rights and interests protected. Independent Advocacy Organisations operate at arm's length to commissioners and providers of services and support to provide impartial support to those who need it. An independent advocate supports Individuals or groups to get the information they need to make real choices and if needed, ensure these choices are communicated to others. In summary, advocacy gives weight to people's views, concerns, rights and aspirations.

Advocacy enables people to be involved in decisions which affect their lives. It helps them to express their views and wishes, to access information, to make informed choices and to have control over as many aspects of their lives as possible.

Independent Advocacy - Guide for Commissioners
Scottish Government (2013)

The Partnership recognises the benefits of advocacy in:

- Empowering people to express their own needs and make their own decisions
- Enabling people to access information, explore options and make informed decisions
- Providing a voice for people who are unable to do so
- Ensuring a safeguard for vulnerable people

Advocacy has two main aims

- Speaking up for people who are not being heard, helping them to express their views and make their own decisions
- Safeguarding individuals who maybe at risk.

Advocacy is about ensuring justice, equality and fairness. This is particularly important for people who may lack capacity, face prejudice or who may be more vulnerable than other members of our communities.

Family, carers and friends, as well as health and social care staff often act as advocates for people however, it is often difficult for them to be impartial due to their own views and feelings or their responsibilities to the organisation they work for. Independent Advocacy is about ensuring the person is given independent objective support, while fully respecting and representing the person without conflict of interest.

4. Types of Advocacy

The aim of advocacy is to help people gain increased confidence and assertiveness so that, where possible, they will feel able to self-advocate (if they are able to) when the need arises. Advocacy promotes an independent person-centred approach. There are many types of advocacy, both voluntary and paid, to support people in a range of situations. The following are the most common types of advocacy:

Self-advocacy

Self-advocacy is the ability of a person to express their own views and concerns about the things that are important to them. Self-advocacy means people are able to ask for what they need and want, and they are able to tell people about their thoughts and how they feel. Self-advocacy means people are able to communicate their choices and decisions about their life.

Citizen advocacy

Citizen advocacy is one to one, medium to long term support for people who cannot speak up for themselves. Citizen advocacy is based on a relationship of trust and understanding between two people – the advocate and the person seeking support. Citizen advocates are often supported by independent advocacy organisations. These organisations ensure people who are advocates use clear principles and standards and receive on-going training and support. Citizen advocates are unpaid.

Collective (or group) advocacy

Collective advocacy happens when a group of people with similar experiences or challenges support each other about an issue that affects them all. The group has a unified voice that is often difficult to ignore. This group support can often increase an individual's self-confidence and self-worth and can help to reduce social isolation and stigma.

Peer advocacy

Peer advocates share their own significant lived experience, e.g. age, gender, ethnicity, diagnosis, service experience or issues, with an individual or a group. They offer understanding, empathy as well as information and assistance to the people they support. Peer advocacy helps to increase people's self-awareness, confidence and assertiveness so that they can begin to speak out for themselves. It is different to citizen advocacy.

Professional advocacy

Professional advocacy is also known as one-to-one or individual advocacy. It is provided by paid and unpaid advocates, mainly through an independent advocacy organisation. The advocate supports the person to express their views and make choices and decisions on issues that affect them. This support (providing information, not advice) can be short or longer term, depending on the complexity of the issues.

Non-instructed advocacy

Non-instructed advocacy happens when a person who needs an independent advocate cannot express their wishes to the advocate. This can happen where the person has complex communication issues or has a long term illness or disability that prevents them from being able to state their needs and wishes. The advocate will take time to get to know the person and explore the use of alternative methods of communication, e.g. people's behaviour and actions, to enable the person to express their views. The advocate will also get to know the person's family, carer and friends. This will help to support decision making and ensure the person's rights are upheld. The advocate will often challenge service providers in order to promote a person-centred independent approach.

4. Advocacy services in North Ayrshire

AIMS Advocacy provide independent advocacy in North Ayrshire for people over 16 years who require independent advocacy and who are eligible to receive a community care service. This includes people who experience mental ill health or disabilities. AIMS Advocacy provides professional advocacy services to individuals and also supports group advocacy when appropriate. Advocacy support is provided in the community as well as hospital settings.

The Carers Centre in North Ayrshire provides a range of Advocacy support for adult and young carers.

For Children a dedicated independent advocacy support service is currently being commissioned. This new service will provide practical information and protection for children as well as support for survivors of abuse, neglect, and other traumatic events in childhood, to recover.

5. Enhancing our advocacy approach

North Ayrshire Health and Social Care Partnership is committed to ensuring that advocacy continues to be developed across North Ayrshire in a planned, and collaborative way. This includes providing services for vulnerable people to have their voice heard, express their needs, make informed decisions and have their rights and interests protected where there is no one else and/or it is not appropriate for others to do this on their behalf.

There are a number of key pieces of legislation that outline a requirements for independent advocacy and therefore the Partnership prioritises the following groups:

- Older People (including people living with dementia)
- People with a mental illness or
- People with learning disabilities or a related condition
- Children and young people (including people who need additional support for learning)
- Adult Support and Protection
- Adults with Incapacity
- Child Protection

There are also a number of other groups that would benefit further development of independent advocacy. We will continue to consider the best ways to support these groups by working with individuals and organisations already supporting them, including:

- Carers, including young carers
- People with drug and/or alcohol problems
- People with a brain injury/physical disability (and have communication support needs)
- Children and young people (under the age of 16) who have a mental disorder (where they are not on the child protection register or looked after and accommodated).
- Young people with forensic level mental health problems (as part of the National Secure Adolescent Inpatient Service)

While we acknowledge that we have made good progress with advocacy over the last few years, we recognise that our approach to advocacy will continue to evolve as the Partnership develops.

We are keen to support the development of different types of advocacy, including self-advocacy, by providing access to information via a range of methods.   In addition, we will work with local people to develop compassionate communities to provide new types of advocacy to ensure people have a range of advocacy options that best suit their needs and preferences and that promote active community involvement.

We will therefore develop an Advocacy Action Plan to build robust advocacy approaches both locally and across Ayrshire and Arran. Our action plan will highlight the key steps that are required to develop a meaningful advocacy to ensures people have their voice heard, are able to express their needs, make informed decisions and have their rights and interests protected.

6. Evaluation and review

The Pan-Ayrshire Mental Health Programme Board will be responsible for the direction, implementation and review of our Advocacy Strategy. This group provides a basis for stakeholder representation within the Partnership and makes recommendations to North Ayrshire Integration Joint Board (responsible for the direction, effectiveness and efficiency of North Ayrshire Health and Social Care Partnership) for implementation

We believe that robust monitoring and evaluation will improve the quality of the services provided and drive up standards in promoting greater accountability.

- We will regularly review advocacy services and provision against the Scottish Independent Advocacy Alliance's *Principles and Standards for Independent Advocacy*[1] and in line with Scottish Government's *Independent Advocacy - Guide for Commissioners*[2].
- We will undertake an on-going annual review of the Advocacy Action Plan to ensure we continually develop the best ways to support local people.

The strategy and action plan will be reviewed annually. We monitor and evaluate the effectiveness of advocacy across Ayrshire and highlight any gaps or identify future needs. These issues will be reported to North Ayrshire's Strategic Planning Group and highlights will appear in our annual performance report.

[1] https://www.siaa.org.uk/wp-content/uploads/2013/11/siaa_principles_and_standards_2010.pdf
[2] https://www.gov.scot/publications/independent-advocacy-guide-commissioners/

Appendix 2 – EQIA

Equality and Children's Rights Integrated Screening Form

The public sector equality duty requires that we demonstrate that we are making decisions in a fair, transparent and accountable way. The Council must show that it has considered the needs and rights of people with protected characteristics. In addition where decisions affect young people, we must consider the 'Rights of the Child', under the United Nations Convention on the Rights of the Child (UNCRC).

The duty requires that the Council assesses the 'equality impact' of proposals thoroughly before any decisions are taken. This should be proportionate to the decision that is being made.

This form should assist in assessing whether a more detailed Equality and Children's Rights impact assessment is required.

1. Proposal	
Title	Enabling Inclusion – Independent Advocacy Strategic Plan (2019-21)
Budget reference no. and heading if appropriate (or not a budget proposal).	*Not a budget proposal*
Amount (£) of saving if appropriate (or N/A)	N/A
Service	Health & Social Care Partnership
Lead Officer	Thelma Bowers
Others Involved	Michelle Sutherland/Scott Bryan
Date Completed	21 November 2018

2. What are the anticipated outcomes of the proposal?
The Advocacy Strategy represents the Partnership's ongoing commitment to engaging with local people who require health and care services. The recognises the work that has been done to date in relation to providing independent advocacy support to local people, but also re-enforces the need to ensure the voices of all people in North Ayrshire are listened to and considered when accessing services, regardless of their condition or mental status. It is anticipated that this strategy will lead on an improvement of the availability and accessibility of advocacy services in the future.

3. What data, research or other evidence was used for this screening?
The Advocacy Strategy has been developed under the steerage of a multi-agency working group with representation from, Mental Health Services, Housing Services, Public Health and Children, Families and Justice. It has been informed by advice from the Scottish Independent Advocacy Alliance (SIAA) and Scottish Governments Independent Advocacy Advice for Commissioners.

This also followed on from a public engagement/scoping exercise which took place in October/November 2018		
4. Screening questions		
	Yes	**No**
Does the proposal affect service users, employees or the wider community? (The relevance of the proposal will depend not only on the number of people affected, but also the significance of the effect on them).	✓	
Does the proposal have any relevance for Children's Rights? (please see guidance)	✓	
Is it a major proposal, significantly affecting how services are delivered?		✓
Will it have a significant effect on how other organisations operate?		✓
Does it relate to services that have been identified in the past as being important to particular protected groups?	✓	
Does it relate to an area where there are known inequalities?	✓	
Does it relate to a policy where there is significant potential for reducing inequalities or improving outcomes?	✓	

5. What is the impact of the (budget) proposal on equality groups?				
Protected Group	**Positive Impact**	**Negative Impact**	**Neutral Impact**	**Comments**
Age (young*/old people)	✓			The strategy reflects on the key groups who would benefit from Advocacy support. This includes Older people, particularly those with dementia and children and young adults, perhaps those in the care system or with additional support needs. Being supported by an advocate would mean that the voice and wished of these individuals are heard which should lead to better outcomes.
Disability (Physical & learning)	✓			Again, the strategy identifies people within this protected group a being beneficiaries of independent advocacy. This includes, those with a learning disability, mental illness or acquired brain injury.
Gender Re-assignment	✓			It has been evidenced in the past that the trans community

				may face particular barriers when accessing services. In addition, research has shown that many trans people require support from Addictions services. As such, there is a potential that they could benefit from the support provided by an advocacy service.
Pregnancy & Maternity			✓	While advocacy services will be open to all, it is not anticipated to have any adverse impact on individuals covered by this protected characteristic.
Race & ethnic origin			✓	While advocacy services will be open to all, it is not anticipated to have any adverse impact on individuals covered by this protected characteristic.
Religion or belief			✓	While advocacy services will be open to all, it is not anticipated to have any adverse impact on individuals covered by this protected characteristic.
Sex			✓	While advocacy services will be open to all, it is not anticipated to have any adverse impact on individuals covered by this protected characteristic.
Sexual Orientation			✓	While advocacy services will be open to all, it is not anticipated to have any adverse impact on individuals covered by this protected characteristic.
Other (Poverty, homelessness, rural, carers, part-time workers, etc)	✓			There is a potential that accessing advocacy support could benefit Carers of service users, who may require additional support when trying to communicate the needs of the care for person. Further, through advocacy support, the needs of people will be better represented which could lead to a number of positive outcomes for individuals, including support to address poverty or access employment.

6. Have any cross cutting impact been identified from other Council Services or Partner Agencies (multiple discrimination or accumulated effects of multiple proposals)?	
None identified.	
7. If a negative impact has been identified how will you modify it?	
None identified.	
8. Has there been any consultation on the (budget) proposal?	
The strategy is in the initial draft stage. To support its development a scoping exercise was carried out in October/November 2018 which gathered views from a number of stakeholders.	
9. What are the monitoring and review arrangements?	
Strategy will be reviewed on a regular basis. The strategy will see the development of an Action plan that will be reviewed, updated and report through appropriate structures.	
10. What are the recommendations and further action resulting from this Equality Screening?	
Full Equality Assessment (or) -	
Full Equality Assessment and Children's Rights Impact required.	
Screening Only (Please explain)	YES
11. If relating to a Budget proposal, the Screening and/or Full EIA should be attached to Committee Report and published on the Council's external website Equality pages	

*If a potential impact is identified for people under the age of 18, the CRIA screening questions in Appendix 1 should be answered

Appendix 1 – Children's Rights Impact Screening Form

CRIA - Screening Questions
1. **What aspects of the Policy/measure will affect children and young people?** (The articles of the UNCRC and the wellbeing indicators under the Children and Young People (Scotland) 2014 apply to all people under the age of 18, including non-citizen and undocumented children and young people). More information can be found – (Appendix 1 of the full form) (Children & Young People's Commissioner Scotland)
The strategy covers all service user groups who are unable to speak for themselves. This will cover children and young people. This includes young people subject to child protection processes, those in care and those with disabilities or additional support needs.
2. What Likely Impact (direct or indirect) will the policy have on children and young people – considering any positive, negative or neutral impacts. (**Direct** impact, where changes directly impact the young person, e.g. education, child protection etc or **Indirect** Impact, where although not directly aimed at young people, will still have an impact, e.g. welfare reforms, parental leave, housing supply etc

Accessing advocacy support when needed will have a positive impact on young people, particularly on those who have difficulty in communicating. The strategy relates to articles 3 and 12 of the Convention on Rights of the Child related specifically to the representation of children's voices: 3 – Children and young people have the right to have their interests considered in any decision being made about them. 12 - Children and young people have the right to speak up and have their opinions listened to and be taken seriously.
3. Are there particular groups of young people who are more likely to be affected than others? ('Children' can refer to individuals, groups or children in general, and can also be related to the range of characteristics under the Equality Act – disability, race, religion or belief, sex, sexual orientation. It also includes those that are eligible for special protection, including pre-school children, children in hospitals, rural areas, looked after children, victims of abuse, young people who offend, child asylum seekers, children living in poverty)
Yes, those subject to social work procedures such as Child Protection or those looked after.
4. Will this require a full Children's Rights Impact Assessment? (please state why?)

Full CRIA required	Screening only
No	Yes
Explain your reasons	Explain your reasons
Authorisation	
Policy Lead/Manager	Date 21/11/2018
Michelle Sutherland	
Head of Service	Date 21/11/18
Thelma Bowers	

Appendix 3

Advocacy Consultation Results
Survey Findings (October 12th to November 16th)

Q1 What is important to you about advocacy (Please identify the 3 most important aspects)

1

Easy access into services - money matters/carers centre
giving vulnerable clients a voice
Support to very vulnerable individuals to express their views
Help
On my side
local access
Knowing you matter
Independent
Independent
an independent voice
Clear understanding of the role
Quality of service
support
Time to think
Knowledge
knowledge of court process

2

Access to current, accurate information.
ensuring clients are being delivered good support and talking up if they arent
Someone independent who can look at a situation without a vested family or service interest and speak clearly
Speaking up
Trust
short waiting time
Someone who can speak your views
Person centred
Objective
working with and for people who are vulnerable
Availability of service
Independence of the organisation
expertise
Confidentiality
Representation
being my voice

3

Support from Advocacy to attend health and benefits interviews.
they are independent of all other agencies
Support to vulnerable individuals to consider all possibilities and make an informed choice
Advocate
Support
independent
Being listened to
Ability to challenge
Providing a voice
not provided by the local authority
Consistency of worker
Free at the point of delivery
independence
Saying my words
Good service
having a whole overlook of situation

Q2 What would you like to see happen with advocacy in North Ayrshire over the next few years?

- Carers Advocates offering assistance with easier access into services and support linking with all partner agencies e.g. Link Workers, Social Services and Third Sector etc. to navigate S.D.S. Carers Support Plans and Carers Direct Payments. Helping Carers to access and effectively utilise services open to them via the available Carers Act Funding.
- Is this survey for real? Is this how you are consulting with people? Really?
- I would like advocacy to be properly funded for the great work they do. They are often the only voice speaking up for a vulnerable client. It is a resource which goes above and beyond for its client group. they should receive the funding they deserve
- Routine access for vulnerable individuals to advocacy services, so that they have someone by their side to ensure they understand their options and are able to express their wishes and have them heard.
- Easier to access
- More advocates
- At least, current service level maintained. Ideally increased funding/ provision
- Everyone to have the opportunity to this important support
- To improve and expand - particularly for children and young people affected by health, mental health, disability, poverty, drugs/alcohol and those at risk, on statutory supervision or in care/hospital or prison
- Better access to Independent Advocacy for adults who require this.
- Advocacy for all children involved with Social Services
- Availability of workers who have a clear understanding of their role in order to best support their service users
- Enough of it to meet need. Greater awareness and understanding in other services and wider community
- Better opening hours - limited at present
- Being there and not disappearing like other projects
- expanded to other towns

AIMS Findings

Q1 What is it about advocacy that is most important to you?

- Getting help and to find advice.
- Going along to groups and being involved in things.
- You can always find a way around.
- Coming to groups was an achievement.
- Makes me feel secure – with going to other places – would be different – would I go back to square one?
- Getting more help all different ways, help here and help within self.
- Helping hand/advocacy- helps – have achieved more rather than facing alone.
- I get thinking things through – not rushed.
- Speaking for me when I'm too emotional or angry i.e. Children's Hearings and Social Work meetings.
- Advocacy is a secure place.
- Been a support, which is always important.
- Understanding (advocates and whole service).
- Valuable over the years.
- Know it's always there as an option.
- Helping sort out my letters and bills as I forget what/who I am paying.
- Not telling me what to do.
- You can always find a way round.
- It helps me communicate with people as I cannae communicate.
- It helps with my stress too.
- It takes a lot of the load off me.
- The advocate talks, listens and helps me.
- Talking with my advocate.
- Advocate helping me to speak up.
- My advocate helps me and listens to me.
- My advocate helps me to speak up at my reviews
- Advocacy helps me socialise.
- I look forward to coming and attending.
- It has helped me with my mental health issues and I feel more confident.
- Talking's good.
- Peace of mind if I don't know something.
- Only person I feel I can ask "What do you mean?"
- Like a friend who can't give advice but can help me to understand
- The ways my advocate listens and understands me.
- Some people/professionals etc. get frustrated explaining themselves a few times, my advocate doesn't, and they are patient and take things at my pace.
- 1000x more patient, kind and helpful than others.
- Don't know where I would be without them.
- Gives me confidence – it's like my advocate helps me but doesn't take my independence away (as though they are always walking behind me?)
- I appreciate how if my advocate doesn't understand or know an answer to a question they can get the help of other staff or a boss, I imagine it as a whole team that is supportive rather than competitive, and although I only have one advocate it is like the whole team helps me as well.

- Makes me feel I can face the world.
- I don't panic before an appointment with my advocate as I do with other things.
- I have been coming here for years and I find the service very good and it has done a lot for me over the years. I find all of the staff amazing and Sally is amazing at her job.

Q2 What would you like to see happen in advocacy over the next few years?

- Struggling to survive.
- More/ different range of groups, activity based.
- Learning to do new things and being in a group environment.
- Advocacy is alright the way it is. No need to change it.
- I think they should continue as they are, they do great work.
- More of the same.
- Nothing bad to say (although I know criticism can be helpful) and can't think of any way to improve.
- Big question!
- Can't see it going anywhere near the club (Buccleuch House) and wouldn't want it to.
- Might come to camera/ photography day – would be interested in more things like that (NOT SINGING!), and trips – things to bring people together and to do activities.
- More advocacy workers.

Online Survey Major Themes

Q1 what is important to you about advocacy

1. An independently delivered service
2. Providing a voice for those that require it
3. Supportive staff

Q2 what would you like to see happen with advocacy in North Ayrshire over the next few years?

1. Access – Everyone who could benefit from advocacy services will to be able to access them
2. Expansion – Expansion of Advocacy Services, particularly for children.
3. Funding – Increased levels of funding to maintain the high standards delivered

AIMS Major Themes

Q1 what is important to you about advocacy

1. Supportive – The Supportive nature of the service offered. Help offered in a variety of different ways, such as reminding people to pay bills and reducing the feeling of panic whilst attending meetings.
2. Understanding – The role the advocate plays in helping service users understand the processes and procedures around the care they receive
3. Providing a Voice – The role the advocate plays in speaking up for services users when they feel they aren't able to

Q2 what would you like to see happen with advocacy in North Ayrshire over the next few years?

1. No need for change – The predominant theme from these responses was a desire for no changes to be made. Service users are happy with the service they have received.
2. Group Work – There was however some suggestions that further group work opportunities would be beneficial.

Appendix four

Advocacy Action Plan 2019 - 2021

Date	Action	Outputs	Who
January 2019	Children and Young People's Advocacy Service	• Begin commissioning for new service	• Thelma Bowers
February 2019	Advocacy Steering Group	• Discuss plan format and style • Agree Providers session	• Thelma Bowers
March 2019	Advocacy Providers Session	• Discuss plan outline • Agree questions for current users/future users	• Thelma Bowers
April- May 2019	Engagement with Current Users and Public	• One to one sessions • Online questionnaire	• Advocacy Steering Group
June 2019	Analyse and Present Feedback	• Analyse feedback • Present to MH Programme Board • Agree plan outline	• Performance Team
June 2019	Advocacy Steering Group	• Finalise Plan	• Thelma Bowers
July 2019	Children and Young People's Advocacy Service	• New Contract Start	• Thelma Bowers
July 2019	IJB	• Sign off Commissioning Contract	• Thelma Bowers
June 2020	Adults Advocacy Service	• Review contract for re-commissioning or extending	• Thelma Bowers

NORTH AYRSHIRE
Health and Social Care
Partnership

Agenda Item 11

Integration Joint Board
21 March 2019

Subject:	**Budget Monitoring – Month 10 (January 2019)**
Purpose:	To provide an update on the projected financial outturn for the financial year as at January 2019.
Recommendation:	It is recommended that the IJB: a) Note the projected year-end overspend of £0.332m; b) Approve the changes in funding as detailed in section 2.11 and Appendix E; c) Note the impact of the financial recovery plan and the progress being made in delivering financial balance; and d) Note the potential impact of the Lead Partnerships.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
CAMHS	Child & Adolescent Mental Health Services
BRAG	Blue, Red, Amber, Green
UNPACS	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
CRES	Cash Releasing Efficiency Savings
NES	NHS Education Scotland – education and training body
NRAC	NHS Resource Allocation Committee

1.	**EXECUTIVE SUMMARY**
1.1	The report provides an overview of the financial position for the partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments, these have been prepared in conjunction with relevant budget holders and services. It should be noted that although this report refers to the position at the January period end that further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn is a year-end overspend of £0.332m for 2018-19, taking account a number of mitigating actions outlined in the report and the improvement from implementation of the financial recovery plan. There is scope for this position to fluctuate due to in-year cost and demand pressures and assumptions in relation to funding and the achievement of savings. This risk reduces as we approach the end of the financial year. The projection has been adjusted to reflect the potential impact of Lead Partnership services. The projected underspend of £0.434m in relation to North Lead Partnership services will not be fully attributed to the North HSCP as a share will need to be allocated to East and South HSCPs. North will also be liable for a share of the projected overspend on East Lead Partnership services. Further clarity

	is required on the impact of this, for the purpose of reporting at period 10 an NRAC share of the projected position has been assumed as this would be in line with the allocation in previous years.
1.3	The position as at December (month 9) was a projected overspend of £0.227m therefore an adverse movement in the position is now reported. There are further actions on the financial recovery plan which will potentially further improve the position and services will continue to deploy tight financial management controls.
1.4	Overall the main areas of pressure continue to be care homes, looked after children, learning disability care packages, elderly and adult in-patients within the lead partnership and the unallocated NHS CRES savings. The main adverse movements from period 9 are in relation to care homes. The main favourable movement was in relation to the lead partnership for mental health.
1.5	It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on this basis as financial balance has not been delivered in previous years. More is being done to ensure the financial sustainability of the partnership and to deliver financial balance for the current year and significant progress is being made to work towards this. The service transformation programme and the delivery of the those service changes will be at the forefront as this will have the greatest impact on the delivery of financial balance and the ongoing sustainability and safety of services.
2.	**CURRENT POSITION**
2.1	The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery, actions required to work towards financial balance and progress with delivery of the recovery plan.
	FINANCIAL PERFORMANCE
2.2	Against the full-year budget of £234.918 there is a projected overspend of £0.332m (0.15%). An integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected overspend of £0.721m in social care services offset by a projected underspend of £0.389m in health services. The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Appendix A provides the financial overview of the partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets with detailed analysis provided in Appendix B.
2.3	**Health and Community Care Services**
	Against the full-year budget of £65.582m there is a projected overspend of £0.436m (0.7%). The main reasons for the projected overspend are: a) Care home placements including respite placements – projected to overspend by £0.836m. This is an adverse movement of £0.118m from period 9 mainly due to an increase in the number of permanent placements and the impact of requests for funding assistance.

b) Independent Living Services are projected to overspend by £0.376m which is a favourable movement of £0.014m. This is mainly due to an overspend on physical disability care packages.

c) Over-recovery of Charging Order income of £0.100m which is an adverse movement of £0.100m based on income received to date.

d) Equipment and Adaptations are projected to underspend by £0.200m in line with the mitigation approved in period 4.

e) Packages of care are projected to overspend by £0.163m due to the use of supplementary staffing. The overspend has reduced by £0.055m due to a delay on a new package which was planned from early 2019 onwards.

f) Care at home (purchased and in house) projected underspend of £0.360m. The projected underspend has reduced by £0.040m due to increased demand for purchased care. There are also overspends on transport and admin within care at home which moving forward will be addressed by realigning the overall care at home budget.

g) Long Term Conditions (Ward 1), projected overspend of £0.387m which is mainly due to an overspend in employee costs to ensure staffing levels are at a safe level. This is a recurring pressure for which funding requires to be identified, this will be addressed as part of the 2019-20 budget process.

h) District Nursing is projected to underspend by £0.214m due to vacant posts.

2.4 **Mental Health Services**

Against the full-year budget of £73.018m there is a projected underspend of £0.415m (0.6%). The main reasons for the projected underspend are:

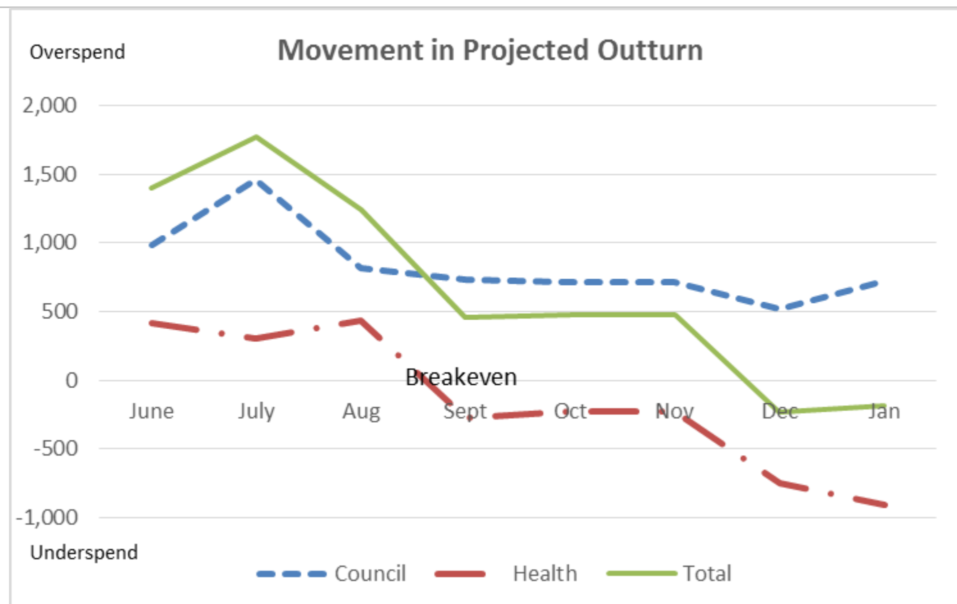
a) Learning Disabilities – projected overspend of £0.857m (favourable movement of £0.036m) of which £0.658m is in relation to care packages and £0.270m for direct payments. These overspends are partially offset by vacant posts.

b) Community Mental Health – is projected to underspend by £0.710m mainly due to vacancy savings and an underspend in care packages. The projected underspend for care packages includes funding that was set aside for patients expected to be discharged from hospital into the community in 2018/19 but they will now be discharged in 2019/20.

c) Lead Partnership – overall projected underspend of £0.441m which consists of:
Overspends:

- Adult inpatients £0.591m - mainly due to the delay in generating income from other areas in respect of forensic beds. All of the beds are expected to be sold and in use by the end of February 2019. The recovery plan assumes a fifth bed will be sold prior to the end of the financial year. This is dependent on ensuring delayed discharges in ward 6 are discharged to the community. This is a risk as some of the delayed discharges are South partnership patients and would require SAHSCP to provide funding to facilitate the discharge.

	• Psychiatry £0.092m - primarily due to locum costs, an unfunded EMH liaison post and a reduction in funding for trainee psychiatrists. There is an increased use of locum staff in the absence of being able to recruit permanent posts. • Elderly Inpatients £0.225m – due to the use of supplementary staffing which has reduced substantially since month 7. • CRES £0.986m - lead partnership share of the unachieved CRES carried forward, this element of the historic CRES will remain aligned to the Mental Health lead partnership and will be addressed as part of the budget planning for 2019-20. *Underspends:* • UNPACS £0.304m – due to the delay in the two new care packages assumed in year. The underspend is partially attributable to the availability and use of beds in ward 6 which have prevented more costly external placements. • Learning Disabilities £0.209m - due to a delay in the transfer of an UnPACs patient, this transfer has now taken place. • CAMHS £0.394m – due to vacancies and delays with recruitment. • Psychology £0.594m – due to vacancies. • Adult Community Mental Health £0.290m due to vacancies and the allocation of the Crisis Response Team to Action 15 funding.
2.5	**Children Services & Criminal Justice**
	Against the full-year budget of £35.260m there is a projected underspend of £0.062m (0.2%). The main reasons for the projected underspend are: a) Residential Schools and Community Placements – projected overspend of £0.967m. The projection is based on the current number of placements and estimated discharge dates for each placement based on the support from the Challenge Fund investment. The overspend has increased by £0.155m due to a delay in the planned discharge dates, the delivery of further planned discharges continues to be a risk to the projected outturn position. b) Looked After Children Placements – projected underspend of £0.419m due to the current demand for fostering, adoption and kinship payments. c) Early Years – are projected to underspend by £0.468m mainly due to the level of vacancies in heath visiting. d) Care Leavers – are projected to overspend by £0.054m based on the current number of people being supported.
2.6	**Projected Outturn Movement**
	The movement in the projected outturn position is illustrated in the chart below:



The position has fluctuated over the year to date which is reflective of the demand driven nature and high cost of some services. The position has significantly improved and become more stable period 5 mainly because the adverse movements caused by demand increases have been offset by favourable variances across the service. The position will continue to be closely monitored.

The 18/19 impact of high risk low volume high costs services is receding as we reach the end of the financial year.

2.7 Primary Care and Prescribing

Prescribing is the responsibility for the Health Board to fund and under the terms of the Integration Scheme and it underwrites the prescribing risk across all three Ayrshire IJBs. In the previous financial year, NHS Ayrshire & Arran delegated additional funding (£2.500m across all three IJBs) to offset the prescribing overspend. Prescribing is a volatile budget and the approach is to minimise risk across years with the Health Board retaining responsibility for any under or overspends. NHS Ayrshire & Arran has advised of its intention to reduce the amount delegated to the IJB by £0.478m in relation to prescribing.

2.8 CRES update

	Permanent or Temporary	£ 000's
CRES Saving brought forward		2.557
Additional Workforce savings	P	0.055
TOTAL		**2.612**
Arrol Park employee costs	T	(0.250)
Payroll turnover target increase	T	(0.215)
Addictions	P	(0.364)
Children's services employee costs	P	(0.060)
Balance still to be achieved in 2018-19		**1.723**

Of the £1.723m still to be achieved £0.986m is allocated to the Lead Partnership for Mental Health and the balance of £0.737m remains to be allocated across other services and is reported against Management and Support costs.

Given that overall there is a projected underspend in the Health element of the budget the unidentified CRES savings are being offset on a non-recurring basis for 2018-19. There is a requirement to formally identify these savings as part of the 2019-20 budget process.

The £0.986m aligned to the Lead Partnership against Mental Health services should remain aligned to those services. The service are developing plans to re-design Elderly Mental Health beds, this will deliver significant savings to contribute to this target.

2.9 **Savings Progress**

a) The 2018-19 budget included £4.003m of savings plus £2.557m of carried forward NHS CRES savings (total £6.560m). A further workforce saving of £0.055m was approved in period 6 taking the total to £6.615m.

BRAG Status	Position at Budget Approval £m	Position at Period 9 £m
Red	3.148	2.424
Amber	0.519	0.649
Green	2.893	0.226
Blue	0.000	3.316
TOTAL	**6.560**	**6.615**

b) The projected year-end outturn position assumes that the Red savings will not be delivered as planned and this is reflected in the overall projected outturn position, these are:

i. Reduction in care home places £0.391m
ii. Challenge Fund – physical disability care packages £0.200m
iii. Capping of respite £0.070m
iv. NHS CRES savings £1.723m
v. Reduction in mileage - £0.040m

If progress is made to deliver the savings this would improve the overall outturn position. It is encouraging that the level of savings with red status has reduced since the budget was approved, recognising a greater level of confidence of delivery and the progress made so far with identifying savings against the CRES target.

The projected financial position assumes that all remaining savings on the plan will be delivered. Progress with savings delivery requires to be closely monitored to ensure the impact on the financial position can be assessed and corrective action taken where necessary. Appendix C provides full detail on the savings.

The Transformation Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solutions focussed approach to bringing programmes back on track.

2.10 **Financial Recovery Plan**

The IJB approved the recovery plan in August and progress against this is provided in appendix D. The impact of the plan so far has been to improve the financial position by £0.765m.

	There are a number of additional actions noted on the plan for which the financial impact cannot be quantified at this stage but these actions are expected to contribute positively to the financial position in 2018/19 and moving forward into 2019/20.
2.11	**Budget Changes**
	The Integration Scheme states that "*either party may increase it's in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis…..without the express consent of the Integration Joint Board".* Appendix E highlights the movement in the overall budget position for the partnership following the initial approved budget. ***Reductions Requiring Approval:*** The specific reductions that the IJB are required to approve are: • Models of Care Workforce Turnover £0.015m – temporary reduction as not all posts have been filled. • Prescribing £0.478m – as outlined in para 2.7 NHS Ayrshire & Arran has advised of its intention to reduce the amount delegated to the IJB by £0.478m in relation to prescribing. Prescribing is forecast to break even subsequent to this reduction. This break even projection takes account of a "windfall" gain from a general drug price reduction in 2018/19 It is recommended that the IJB approve the budget reductions outlined above. ***Future Planned Changes:*** Further areas which are outstanding and will be included in future reports include: • The disaggregation of some mental health wards from the lead partnership arrangement.
2.12	**Lead Partnerships**
	North Ayrshire HSCP Services managed under Lead Partnership arrangements by North Ayrshire Health and Social Care Partnership are projected to be £0.434m underspent, this includes the allocation of the unachieved CRES target carried forward. Full detail on the underspend is given in section 2.4 above.
	South Ayrshire HSCP Services hosted and/or led by the South Partnership are forecast to be online as there was further investment in the Community Equipment Store. The month 10 position for service led or hosted by South HSCP is given below:

Cost Centre Name	Annual Budget £000	YTD Budget £000	YTD Actual £000	YTD Variance £000
Community Equip Store	202	151	151	0
Continence Team	313	235	198	37
Family Nse Pship Programme	829	469	461	8
Incontinence Advisors	117	88	107	(19)
Mpower	0	28	28	(0)
Tec	157	114	111	2
Tec - Diabetes	0	0	2	(2)
Tec Regional Htn	0	0	0	0
South Hosted Services	**1,618**	**1,085**	**1,059**	**25**

East Ayrshire HSCP

The information for East HSCP has not changed since period 9 as this was their last reporting period for 2018/19.

Services managed under Lead Partnership arrangements by East Ayrshire Health and Social Care Partnership are projected to overspend by £0.697m.

The overall Primary Care Lead Partnership projected overspend is £0.758m and this variance mainly relates to additional payments (£1m to date, £1.2m projected to year end) within Primary Medical Services to GP practices currently experiencing difficulty.

It is worthwhile noting that the highest proportion of costs in the current year have been incurred on GP practices located in North Ayrshire however costs have been incurred on practices across all three Partnership areas.

This pressure was offset in the previous financial year by non-recurring slippage on the Primary Care Transformation Fund, as well as non-recurring Dental Services savings. A non-recurring allocation of funding for Out of Hours services £0.305m which has been applied to Ayrshire Urgent Care Services (AUCS) has assisted in reducing the projected overspend. The overspend for AUCS is £0.165m which has improved due to a redesign of appointment allocation and better control of rates through positive management action.
Dental Services is projected to underspend by £0.451m however it should be noted that recruitment is ongoing for specialist posts which may impact in the final quarter of the current financial year.

Prison and Police Healthcare is projected to underspend by £0.053m predominately as a result of staffing savings which have resulted from vacancies within the service.

The following table provides a summary of services managed by East Ayrshire Health and Social Care Partnership under Lead Partnership arrangements:

	East Annual Budget £m
Community Prescribing	1.790
Dental	4.447
Family Health Services	45.279
PMS	12.065
Primary Care Development Director	12.551

Sub total: Primary Care	76.132
Guardianship patients – AWI	0.200
Standby Services	0.238
Prison and Police Healthcare	3.069
Marie Curie Cancer Care	0.088
War Pensioner	1.424
Sub total: East hosted	**5.019**
Total	**81.151**

Further work is being taken forward to develop a framework to report the financial position and impact of risk sharing arrangements across the 3 partnerships in relation to hosted or lead service arrangements. This is to ensure the IJB are fully sighted on the impact for the North Ayrshire partnership. The IJB will be kept informed of progress with this work which is being progressed by the Ayrshire Partnership Finance Leads.

At month 10 the impact of the Lead Partnerships has been calculated based on the average NRAC share which is the method that was used in previous years and has been agreed by the Ayrshire Finance Leads.

The NRAC shares are: North 36.8%, South 30.6% and East 32.6%

2.13 Set Aside

The Integration Scheme makes provision for the Set Aside Budget to be managed in-year by the Health Board with any recurring over or under spend being considered as part of the annual budget setting process.
The 2018-19 set aside budget for North HSCP is £28.055m, based on expenditure in 2017-18. The acute directorate, which includes the areas covered by the set aside budget, is projected to overspend of circa £9.0m.

129 additional and unfunded beds were open at the 31st March 2018. This had reduced to 58 by the 31st January 2019. There are clear plans in place to reduce these in a phased manner ensuring continuation of service and patient safety.

During 2017-18 the North Partnerships use of the set aside resources was £28.055m against the NRAC 'fair share' of £26.563m which is £1.492m above the 'fair share'. There is an expectation that the North Partnership will move towards its 'fair share'. The Models of Care programmes including the Intermediate Care and Rehab investment and the Palliative End of Life proposals being developed represent agreed or potential investment by NHS A&A to invest in community services with a view to reducing acute beds. This is in effect a mechanism to reduce the set aside resources.

A draft 2018-19 calculation has been completed which shows we use £30.094m against the NRAC 'fair share' of £28.967m which is £1.127m above the 'fair share'. This will be reworked at the financial year end.

3. PROPOSALS

3.1 **Anticipated Outcomes**

Continuing to closely monitor the financial position will allow the IJB to take corrective action where required to ensure the partnership can deliver services in 2018-19 from

	within the available resource, thereby limiting the financial risk the funding partners, i.e. NAC and NHS AA. The transformational change programme will have the greatest impact on the financial sustainability of the partnership, the IJB require to have a clear understanding of progress with plans and any actions that can be taken to bring the change programme into line.
3.2	**Measuring Impact**
	This is the final 18/19 report to the IJB prior to the year-end report and annual accounts. Updates to the financial position will be reported to the IJB throughout 2019-20.
4.	**IMPLICATIONS**

Financial:	The financial implications are as outlined in the report. Against the full-year budget of £234.918m there is a projected overspend of £0.332m (0.15%). The report outlines the action being taken and proposed action to reduce the projected overspend. The recovery plan totals £1.255m with £0.765m delivered to date. There are a number of other actions are being progressed to reduce the overspend further. The main areas of financial risk which may impact on this position are highlighted in the report.
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	Within the projected outturn there are various over and underspends including the non-achievement of savings which need to be addressed moving into 2019-20.
Community Benefits:	None

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

4.	**CONSULTATION**

4.1	This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team. The report is shared with the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.
5.	**CONCLUSION**
5.1	It is recommended that the IJB: a) Note the projected year-end overspend of £0.332m; b) Approve the changes in funding as detailed in section 2.11 and Appendix E; c) Note the impact of the financial recovery plan and the progress being made in delivering financial balance; and d) Note the potential impact of the Lead Partnerships

For more information please contact:

Caroline Whyte, Chief Finance & Transformation Officer on 01294 324954 or carolinewhyte@north-ayrshire.gcsx.gov.uk

Eleanor Currie, Principal Manager – Finance on 01294 317814 or eleanorcurrie@north-ayrshire.gcsx.gov.uk

2018-19 Budget Monitoring Report–Objective Summary as at 31 December 2018

Appendix A

Partnership Budget - Objective Summary	2018/19 Budget									2018/19	
	Council			Health			TOTAL				
	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Over/ (Under) Spend Variance at Period 9	Movement in projected budget variance from Period 9
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	**53,596**	**53,968**	**372**	**11,986**	**12,050**	**64**	**65,582**	**66,018**	**436**	**308**	**128**
: Locality Services	24,679	25,478	799	4,178	4,160	(18)	28,857	29,638	781	780	1
: Community Care Service Delivery	25,796	25,576	(220)	0	0	0	25,796	25,576	(220)	(355)	135
: Rehabilitation and Reablement	1,046	930	(116)	1,735	1,554	(181)	2,781	2,484	(297)	(279)	(18)
: Long Term Conditions	1,737	1,641	(96)	4,315	4,658	343	6,052	6,299	247	236	11
: Integrated Island Services	338	343	5	1,758	1,678	(80)	2,096	2,021	(75)	(74)	(1)
MENTAL HEALTH SERVICES	**23,549**	**24,087**	**538**	**49,469**	**48,516**	**(953)**	**73,018**	**72,603**	**(415)**	**(207)**	**(208)**
: Learning Disabilities	18,037	19,031	994	477	340	(137)	18,514	19,371	857	893	(36)
: Commmunity Mental Health	4,131	3,711	(420)	1,631	1,341	(290)	5,762	5,052	(710)	(676)	(34)
: Addictions	1,381	1,345	(36)	1,226	1,141	(85)	2,607	2,486	(121)	(83)	(38)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	46,135	45,694	(441)	46,135	45,694	(441)	(341)	(100)
CHIDREN'S AND JUSTICE SERVICES	**31,737**	**32,012**	**275**	**3,523**	**3,186**	**(337)**	**35,260**	**35,198**	**(62)**	**(151)**	**89**
: Intervention Services	3,803	3,699	(104)	303	322	19	4,106	4,021	(85)	(102)	17
: Looked After & Accomodated Children	16,236	16,903	667	0	0	0	16,236	16,903	667	570	97
: Fieldwork	4,588	4,588	0	0	0	0	4,588	4,588	0	9	(9)
: CCSF	302	235	(67)	0	0	0	302	235	(67)	(48)	(19)
: Justice Services	2,661	2,661	0	0	0	0	2,661	2,661	0	0	0
: Early Years	321	216	(105)	2,847	2,484	(363)	3,168	2,700	(468)	(462)	(6)
: Policy & Practice	3,826	3,710	(116)	0	0	0	3,826	3,710	(116)	(124)	8
: Lead Partnership NHS Children's Services Area Wide	0	0	0	373	380	7	373	380	7	6	1
PRIMARY CARE	0	0	0	48,830	48,744	(86)	48,830	48,744	(86)	(86)	0
ALLIED HEALTH PROFESSIONALS				4,637	4,546	(91)	4,637	4,546	(91)	(126)	35
MANAGEMENT AND SUPPORT COSTS	5,149	4,769	(380)	500	1,109	609	5,649	5,878	229	228	1
CHANGE PROGRAMME	658	574	(84)	1,284	1,169	(115)	1,942	1,743	(199)	(199)	0
TOTAL	**114,689**	**115,410**	**721**	**120,229**	**119,320**	**(909)**	**234,918**	**234,730**	**(188)**	**(233)**	**45**
Remove the East (32.6%) and South (30.6%) Element of the North Lead Partnership Services	0	0	0			264			264	204	60
Add the North (36.8%) element of the East Lead Partnership Services	0	0	0			256			256	256	0
REVISED POSITION	**114,689**	**115,410**	**721**	**120,229**	**119,320**	**(389)**	**234,918**	**234,730**	**332**	**227**	**105**

2018-19 Budget Monitoring Report – Detailed Variance Analysis per service

Appendix B

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	**65,582**	**66,018**	**436**	
Locality Services	28,857	29,638	781	**Older People permanent care homes** - permanent placements are projected overspend of £0.8292m based on 809 placements (555 Nursing and 254 Residential) and an assumption that placements are on a one in one basis to the end of the year. This is an increase of 3 places from month 9. Respite care projected overspend of £0.007m based on the spend to date. This also reflects the £0.300m of agreed funding from the Carers allocation which was agreed as part of the recovery plan in period 4. **Independent Living Services :** * Direct Payment packages projected underspend of £0.094m on 60 current packages. * Indirect Payment packages no charges to date, projected underspend £0.045m based on prior year spend. * Adult respite care projected overspend £0.030m based on current spend to date. * Residential Packages projected overspend of £0.064m based on 40 current packages and no further packages in year. * Community Packages (physical disability) overspend of £0.421m based on 63 current packages, and an expected decrease of 1 package. **Equipment Budget** - £0.318m budget for equipment- projected £0.100m underspend in line with approved mitigation. **Employee costs** - projected £0.217m underspend: Money Matters structure approved resulting in part year vacancies. **NHS Packages of Care** - projected overspend of £0.163m due to high use of supplementary staffing. **District Nursing** - projected underspend of £0.214m assuming Band 6 vacancies are filled. **Income from Charging Orders** - over recovery of £0.100m expected per income received to date and projected income receivable.
Community Care Service Delivery	25,796	25,576	(220)	**Care at home** - in house service - projected underspend of £0.328m based on current costs. The cost of recruiting 30 staff in October and November is funded by a reduction in casual and overtime costs. - Purchased Care at home - projected underspend of £0.032m based on current level of spend continuing to end of year. This follows a review of the projection and use of more accurate data from the business unit. **Direct Payments** - projected underspend of £0.063m based on 31 current package less 10% expected recovery from underspent balances. **Transport costs** - projected overspend of £0.081m due to increase in staff mileage within care at home and ferry charges. **Admin costs** - projected overspend of £0.105m mainly due to mobile phone equipment. **Voluntary Organisations** - projected overspend £0.075m (CLASP HOPE £0.020m and Alzheimer £0.062m). **Income** - projected over recovery £0.053m based on current receipts and an increase in Community Alarm income.

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
Rehabilitation and Reablement	2,781	2,484	(297)	**Employee costs -** projected underspend £0.184m due to vacancies. Adaptations Budget - £0.487m - projected £0.100m underspend in line with approved mitigation.
Long Term Conditions	6,052	6,299	247	**Carers Centres** - projected £0.100m underspend based on additional funding for the Carers Strategy. **Ward 1 -** projected overspend of £0.387m assuming current staffing levels continue. **Ward 2 -** projected underspend of £0.007m, assuming funding from East HSCP for Kirklandside Ward. **Elderly CMHT -** projected underspend of £0.069m assuming current staffing levels continue.
Integrated Island Services	2,096	2,021	(75)	**Patient Transport** - is projected to underspend as the project commenced later than budgeted.
MENTAL HEALTH SERVICES	**73,018**	**72,603**	**(415)**	
Learning Disabilities	18,514	19,371	857	**Residential Packages-** projected overspend of £0.035m based on current 39 packages £2.472m less 2% invoice variances. Adverse movement due to one new package which was not previously projected **Community Packages -** projected overspend of £0.658m based on current 338 packages less 9.75% invoice variances and a net movement in year of 3 new packages. Challenge Fund savings of £0.256m (£0.144m achieved to date, £0.112m still to be achieved). **Direct Payments -** projected overspend of £0.270m based on 41 current packages less 10% underspent balances and an expected increase of 1 package in year. **Employee costs -** projected underspend £0.201m mainly due to vacant posts **Income -** projected under recovery of £0.080m based on current receipts and no income from other local authorities for use of Taigh Mor respite service as this is being fully utilised to meet the respite needs of North service users.
Community Mental Health	5,762	5,052	(710)	**Community Packages -** projected underspend of £0.424m based on 98 packages less assumed invoice differences between planned and actual service delivered plus a net increased of 4 packages. This underspend includes £0.150m in relation to additional funding projected for hospital discharges and £0.150m held for discharges which have not yet taken place. **Employee costs** - projected underspend £0.290m mainly due to vacant posts
Addictions	2,607	2,486	(121)	**Employee costs -** projected underspend £0.121m due to vacant posts

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
Lead Partnership (MHS)	46,135	45,694	(441)	**Adult Community** - projected underspend of £0.239m due to vacancies and the cost of the crisis team being met by Action 15 funding. **Adult Inpatients**- projected overspend of £0.591m due to a delay in bed sale income and use of supplementary staff. The projection assumes all of the beds will be sold by the end of February. **UNPACs** - projected to underspend by £0.304m. Assumption that there will be no change to NHS GG&C charge and there will be 2 new care packages in-year. **LDS -** projected to underspend by £0.209m due to delay in UNPACs transfer. **Elderly Inpatients** - projected to overspend by £0.225m due to use of supplementary staff which has reduced in recent months. **CAMHS** - projected underspend is £0.394m based on projected staffing levels. **MH Admin** - projected underspend of £0.140m. This is after the transfer of services to East and South. **Psychiatry** - projected to overspend by £0.092m, primarily due to locums and a reduction in Dean funding. EMH Liaison post remains unfunded. **MH Pharmacy** - projected to underspend by £0.151m mainly within substitute prescribing due to the benefit on over-accrual in 2017-18. **Psychology**- projected to underspend by £0.594m based on projected staffing levels. **CRES target** - projected overspend of £0.986m in relation to savings still to be identified. **Projected underspends in other areas -** include Associate Nurse Director budgets £0.068m, slippage on mental health allocations of £0.070m and resource transfer reserve £0.015m.
CHIDREN'S SERVICES AND CRIMINAL JUSTICE	**35,260**	**35,198**	**(62)**	
Intervention Services	4,106	4,021	(85)	**Employee costs -** projected underspend £0.193m mainly due to vacant posts. **Care Leavers -** projected overspend 0f £0.054m based on current number of service users. Supported Carers Scheme - projected overspend of £0.032m based on the current number of services users.

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
Looked After & Accom Children	16,236	16,903	667	**Looked After Children placements - projected underspend of £0.419m based on the following:-** **Kinship - p**rojected overspend of £0.193m. Budget for 302 placements, currently 320 placements and projecting 325 by the year end. **Adoption -** projected underspend of £0.034m. Budget for 78 placements, currently 68 placements and projecting 70 by the year end. **Fostering** - projected underspend of £0.334m. Budget for 140 placements, currently 116 placements and projecting 123 placements by the year end. **Fostering Xtra** - projected underspend of £0.144m. Budget for 32 placements, currently 26 placements and projecting 26 by the year end. **Private fostering - p**rojected underspend of £0.082m. Budget for 16 placements, currently 11 placements and projecting 11 by the year end. **Fostering respite-** projected overspend of £0.016m. **IMPACCT carers** - projected underspend of £0.010m based on 3 carers providing support for full year. **Adoption Fees** - projected overspend of £0.070m due to external agency fees and 2 placements from other Councils. **Residential School placements including community packages -** projecting an overspend of £0.967m. Projection based on 2 secure placements projected to March. 21 residential and community placements projected to March 2019. Remand budget- projected oversepnd of £0.060m based on 2 placements remaining to March. **Employee Costs - p**rojected underspend of £0.066m due to vacancies.
Fieldwork	4,588	4,588	0	**Outwith the threshold for reporting**
CCSF	302	235	(67)	**Employee costs -** projected underspend of £0.032m due to vacancies.
Criminal Justice	2,661	2,661	0	**Assumed to come in line with budget**
Early Years	3,168	2,700	(468)	**Employee costs -** projected underspend of £0.413m due to vacancies. **CAMHS budget** - projected underspend of £0.056m
Policy & Practice	3,826	3,710	(116)	**Children with a disability care packages** - projected underspend of £0.150m based on current placements.
Lead Partnership (CS & CJ)	373	380	7	**Outwith the threshold for reporting**

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
PRIMARY CARE	48,830	48,744	(86)	**Prescribing -** projected underspend of £0.086m based on activity to date.
ALLIED HEALTH PROFESSIONALS	4,637	4,546	(91)	**Employee costs -** projected underspend due to vacancies.
Management & Support Services	5,649	5,878	229	**CRES savings -** projected overspend of £0.682m relating to CRES savings still to be identified and £0.055m in relation to workforce savings. This is partially offset by an underspend in contract inflation of £0.150m.
CHANGE PROGRAMME and challenge Fund	1,942	1,743	(199)	**ICF -** slippage on some projects.
TOTAL	**234,918**	**234,730**	**(188)**	

Threshold for reporting is + or - £50,000

North Ayrshire Health and Social Care Partnership

Appendix C

2018/19 Savings

Council Commissioned Services

Service	Description	RAG Status at budget setting	Updated Rag Status	Gross Saving 2018/19 £000's	Net Saving 2018/19 £000's	Net Saving Projected to be Achieved at Period 9 £000's	Projected Shortfall
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - Investment in Universal Early Years	Green	Amber	100	47	47	-
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - School-based Approach to Reducing Looked After (LAC)/Looked After and Accommodated Numbers(LAAC)	Green	Amber	200	106	106	-
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - Reduction in Needs for Residential School placements enhancing our community supports with a new team.	Green	Amber	536	340	340	-
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - Expansion of the Multi Agency Assessment and Screening Hub (MAASH)	Green	Amber	37	26	26	-
Children & Criminal Justice	Reallocation of Partnership Forum budget with associated savings	Green	Blue	40	40	40	-
Children & Criminal Justice	To reduce the Learning and Development team	Amber	Blue	75	75	75	-
Children & Criminal Justice	Reduction in Staffing	Green	Blue	25	25	25	-
Children & Criminal Justice	To discontinue the mentoring project for young people	Green	Blue	25	25	25	-
Community Care & Health	Community Care & Health Challenge Fund Projects - Physical Disabiliites	Green	Red	200	200	-	200
Community Care & Health	Community Care & Health Challenge Fund Projects - Reablement	Green	Blue	228	181	181	-
Community Care & Health	Reduction in staff from the Arran social work team	Amber	Blue	13	13	13	-
Community Care & Health	Withdrawl of funding to Crossroads, Largs	Green	Blue	14	14	14	-
Community Care & Health	Additional projected income	Green	Blue	155	155	155	-
Community Care & Health	WRVS saving	Green	Blue	8	8	8	-
Community Care & Health	Reduction in Care Home Placements - proposal to reduce 25 placements.	Red	Red	391	391	-	391
Community Care & Health	Reduction in Care at Home	Red	Blue	200	200	200	-

Service	Description	RAG Status at budget setting	Updated Rag Status	Gross Saving 2018/19 £000's	Net Saving 2018/19 £000's	Net Saving Projected to be Achieved at Period 9 £000's	Projected Shortfall
Mental Health	Mental Health - Challenge Fund Projects	Green	Green	226	226	226	-
Mental Health	Redesign and recommission a mental health support service at a reduced cost.	Amber	Blue	30	30	30	-
Mental Health	Reduction in Caley Court Learning Disability Team.	Amber	Blue	48	48	48	-
Mental Health	Reduction in staff at Hazeldene Day service	Amber	Blue	35	35	35	-
Management & Support	Review all support secondments/posts which could be provided by parent organisations to the HSCP.	Amber	Blue	50	50	50	-
Management & Support	Operational savings generated by the business support review.	Amber	Blue	150	150	150	-
Management & Support	Planning and Performance Team - reduction in staffing	Green	Blue	37	37	37	-
Cross Service	Pilot Sickness Absence Taskforce within the HSCP	Green	Blue	100	75	75	-
Cross Service	Staff Mileage - 10% reduction across the partnership	Green	Red	40	40	-	40
Cross Service	Bring forward phase 2 Challenge Fund savings from 2019/20 to 2018/19	Green	Blue	250	250	250	-
Cross Service	Cap respite across all services to 35 days	Green	Amber	200	200	130	70
Change and Improvement	Change Team Restructure	Green	Blue	108	108	108	-
Change and Improvement	Integrated Care Fund - reduction in spend and discontinued projects	Green	Blue	218	218	218	-
		TOTAL		**3,739**	**3,313**	**2,612**	**701**

NHS Commissioned Services **Appendix C**

Service	Description	RAG Status at budget setting	Updated Rag Status	Gross Saving 2018/19 £000's	Net Saving 2018/19 £000's	Net Saving Projected to be Achieved at Period 7 £000's	Projected Shortfall
Change and Improvement	Integrated Care Fund - reduction in spend and discontinued projects	Green	Blue	242	242	242	-
Planning and Performance	Change Team Restructure	Green	Blue	108	108	108	-
Mental Health	Review of Psychology Services - Phase 2	Green	Blue	47	47	47	-
Mental Health	Prescribing - Secondary 1%	Amber	Blue	7	7	7	-
Mental Health	Add UNPACS 1%	Amber	Blue	23	23	23	-
Mental Health	Psychiatry 1%	Amber	Blue	55	55	55	-
Mental Health	Addictions 1%	Amber	Blue	13	13	13	-
Community Care & Health	Arran	Amber	Blue	20	20	20	-
Community Care & Health	Delayed Discharge Funding	Green	Blue	53	53	53	-
Community Care & Health	District Nursing Supplies	Green	Blue	7	7	7	-
Community Care & Health	Reduction in staffing - Arran	Green	Blue	30	30	30	-
Cross Service	Supplies	Green	Blue	80	80	80	-
Cross Service	Transport	Green	Blue	5	5	5	-
Cross Service	Savings carried forward from 2017/18	Red	Red	2,557	2,557	889	1,668
Cross Service	Workforce saving allocation	Red	Red	55	55	-	55
		TOTAL		**3,302**	**3,302**	**1,579**	**1,723**
	GRAND TOTAL			**7,041**	**6,615**	**4,191**	**2,424**

Financial Recovery Plan (IJB approved Sept 2018)

Appendix D

Ref	Service Area	Recovery Action Proposed	Status: Complete In Progress Delayed	Estimated Benefit £ 000's	Achieved (included in the projected outturn) £ 000's	Remaining Balance £ 000's	Responsible Officer
1	Care Homes	Phased reduction in care home numbers as more people will be supported at home. This would focus on a reduction in residential care placements by utilising the capacity in community services (eg care at home, district nursing) to support people to remain supported in their own homes.	Complete	200	200	-	Stephen Brown
2	Learning Disability	From September there will be a full time care manager seconded to a dedicated learning disability review team. This will assist in achieving the planned Challenge Fund savings and contribute to the financial recovery plan.	In Progress	100	-	100	Thelma Bowers
3	Learning Disability	Sleepovers - the current sleepovers are being reviewed to assess which could be provided using the existing out of hours responder service. There is not currently a savings target aligned to sleepover services.	In Progress	100	-	100	Thelma Bowers
4	Learning Disability	Review of all 2:1 supports for clients, from reviews already undertaken a reduction has been delivered, plan to review remaining supports.	In Progress	75	25	50	Thelma Bowers
5	Cross Service	Review of all transition cases (e.g. LD adults aged 65+) to ensure the appropriate care is provided (saving is estimate net of alternative care provision).	In Progress	150	-	150	Thelma Bowers
6	Cross Service	Audit of compliance with the charging policy to ensure consistency of application across services.	In Progress	50	-	50	Caroline Whyte
7	Carers	Increased demand for Respite services, contributing to overall overspend, use element of Carers Act funding for support for respite. Non recurring basis for 2018-19, reviewed as part of 2019-20 budget in line with plan for Carer's Act funding and implementation.	Complete	300	300	-	Stephen Brown
8	Equipment	Temporary reduction (2018-19 only) in the equipment budget due to the Challenge Fund investment being used to clear the waiting list. This will be kept under review together with any waiting lists and impact on delivery of community based services.	Complete	100	100	-	Stephen Brown
9	Adaptations	Temporary reduction (2018-19 only) in the adaptations budget. This will be kept under review together with any waiting lists and impact on delivery of community based services.	Complete	100	100	-	Stephen Brown
10	MH Inpatients	Current plans assume 4 bed sales to support service costs, actively market a 5th bed.	In Progress	40	-	40	Thelma Bowers
11	Learning Disability	Cease payment of Resource Transfer for a historic arrangement in relation to one patient moving outwith NHS A&A.	Complete	40	40	-	Thelma Bowers
		TOTAL		**1,255**	**765**	**490**	

Other actions being taken:

Ref	Service Area	Action	Responsible Officer
1	Learning Disability	Extension of CM2000 to adult services which will enable payment to care providers based on actual service delivered. Greatest potential impact will be from 2019-20.	Thelma Bowers
2	Learning Disability	Developing alternative approaches to personal assistant provision to accompany service users to social events	Thelma Bowers
3	Learning Disability	Developing alternative approaches to transport for service users to social events.	Thelma Bowers
4	Cross Service	The partnership vacancy scrutiny group continues to review all vacant posts which leads to non-recurring savings. This has been added to by the NHS also undertaking a workforce management review group.	Stephen Brown
5	Cross Service	The absence pilot approved by the IJB in August may lead to reduced sickness rates and associated reduced absence related costs.	Julie Davis
6	Mental Health	A review and redesign of Elderly Mental Health wards is being undertaken. There will be no savings in 2018-19 but outcome may reduce the projected overspend.	Thelma Bowers
7	Commissioned services	Review all outstanding contractual uplifts	Caroline Whyte

2018/19 Budget Reconciliation

Appendix E

COUNCIL	Period	Permanent or Temporary	£
Initial Approved Budget	2		92,353
Resource Transfer	2	P	22,317
ICF Procurement Posts - Transfer to Procurement	2	T	(89)
Additional Pension Costs	4	P	(9)
Reduction in CJ Settlement for 1819	4	P	(243)
Budget from Education - Activity Agreements (Rosemount)	6	T	29
Transfer of Finance staff from Corporate to HSCP (part year budget)	9	P	308
Increase in Commercial Refuse Collection (corrected in period 10)	9	T	23
Period 10 reported budget			**114,689**

HEALTH	Period	Permanent or Temporary	£
Initial Approved Budget (includes estimated pay award)	2		137,142
Resource Transfer	2	P	(22,317)
Girfec-HV S-Bar	3	P	47
Specialist Pharmacist Upgrade	4	T	11
Pay Award	4	P	1,462
MH Admin – transfer to East and South	5	P	(1,198)
NES junior doctor funding	5	P	(80)
HD424 - NMAHP Clinical Lead	5	P	16
Allocation of the AHP budget	6	P	4,570
Mental Health Strategy - Action 15	6	P	571
ADP	6	P	462
Medical Pay Award	6	P	204
Medical Training Grade Adjustment	6	P	49

Band 3 Admin funding transferred from East	6	P	14
Breast Feeding Programme - Health Visitor	6	P	9
Mental Health Admin Split to South/East(Supplies)	6	P	(72)
Prescribing Reduction	6	P	(567)
Biggart Ward Closure 2017 - North Split	7	P	10
Medical Pay Award Correction	7	P	(64)
Ailsa Hairdressing transferred to South	7	P	(11)
Medical Training Grade Adjustment	7	P	(9)
Workforce saving allocation	7	P	(55)
Models of Care Funding	8	P	316
Split out of AHP Vacancies and Salaries	8	P	99
Health & Wellbeing Post and Veterans First to North	8	P	29
V1P Allocation Split East	8	P	27
Redistribution of AHP workforce saving allocation	8	P	(33)
Medical Training Grade Adjustment	9	P	15
Models of Care - Turnover Adjustment	9	T	(13)
Integrated Care Fund	9	P	12
Medical Training Grade Adjustment	10	P	36
Winter Plan 18/19	10	T	40
Models of Care - Turnover Adjustment	10	T	(15)
Prescribing Reduction	10	P	(478)
Period 10 reported budget			**120,229**

GRAND TOTAL	**234,918**

Minutes of North Ayrshire Strategic Planning Group Meeting
Held on Wednesday 5th December 2018, 10.00am
Nicola Benedetti Room, Greenwood Conference Centre, Dreghorn

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Present:
Councillor Robert Foster (Chair)
John Rainey (Vice Chair)
Michelle Sutherland, Strategic Planning & Transformational Change Lead, NAHSCP
Annie Robertson, Business Planning Manager, NAHSCP
Simon Morrow, Dental Representative
Betty Saunders, Service Design & Procurement Manager
Caroline Whyte, Chief Transformation
Christine Speedwell, Care Centre Manager
Brenda Knox, Health Improvement Lead, NHS A&A
Louise McDaid, Staff Representative
David Bonellie, Optical Representative
Alistair Reid, Allied Health Professions Lead, NAHSCP
Clive Shephard, NA Federation of Community Associations
Norma Bell, Manager, Planning & Performance, Mental Health, NAHSCP
Sam Falconer, Community Pharmacist NHS A&A
Louise Gibson, Dietetic lead, integrated services, NHS A&A
Louise McDaid, Unison Representative
Dr Janet McKay, Garnock Valley Locality Planning Lead
Marion Gilchrist, Interim Manager/Senior Nurse LD Services
Jacqui Greenlees, Policy & Community Planning Officer
Fiona Comrie, KA Leisure
Laura Barrie, KA Leisure
Sharon Bleakley, Scottish Health Council
Lorna McGoran, Primary Care Manager, NAHSCP
David Hammond, Senior Manager, Housing
Barbara Conner, Interim Irvine Locality Planning Lead
Scott Bryan, Team Manager, Planning, NAHSCP
Louise Harvie, Governance Assistant (Minutes) NAHSCP

Apologies Received:
Donna McKee, Head of Service, Children & Families and Justice Services, NAHSCP
Thelma Bowers, Head of Service, Mental Health, NAHSCP
David Donaghey, Partnership Representative, NAHSCP
David MacRitchie, Chief Social Work Officer & Senior Manager, Justice Services, NAHSCP
Eleanor McCallum, Partnership Communication & Engagement Officer, NAHSCP
Gavin Paterson, Engagement Officer, NAHSCP
Elaine Young, Assistant Director of Public Health, NHS
Lynne McNiven, Consultant in Public Health, NHS
Fiona Thomson, Service User Representative, IJB Stakeholder Rep/LPF Lead
Vicki Yuill, Operations Manager, Arran CVS
Heather Malloy, Independent Sector Representative
Dr Paul Kerr, Clinical Director, NAHSCP
David Thomson, Associate Nurse Director/Lead Nurse, NAHSCP
John Taylor, Associate Medical Director, NAHSCP
Elaine McClure, Portfolio Programme Manager (Transformation and Sustainability)
Dalene Sinclair, Senior Manager, Universal Years, NAHSCP
Isabel Marr, Senior Manager, Long Term Conditions, NAHSCP
Ruth Betley, Senior Manager, Island Services, NAHSCP

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1.	**WELCOME & APOLOGIES**	
1.1	Councillor Foster welcomed all to the meeting. Apologies were noted and accepted.	
2.	**MINUTES/ACTION NOTE OF PREVIOUS MEETING (10.10.18**	
2.1	Minutes of the previous meeting dated 10th October 2018 were approved as accurate with no amendments required.	
3.	**MATTERS ARISING**	
3.1	There were no matters arising for discussion.	
4.	**Integration Joint Board (IJB) - Feedback**	
4.1	Agreed that relevant items from IJB meetings would be shared with group on future basis. Budget Caroline Whyte advised that the budget monitoring position is tabled for discussion at each IJB monthly meeting. Recent discussions have been positive with more confidence in the financial balance. The IJB meeting scheduled for January 2019 has been changed to a Private Budget Briefing Session to discuss the budget for next financial year. Discussions will be shared at future Strategic Planning Group.	Future Discussion - All
Focus on: Prevention & Early Intervention		
5.	**SPG Group Discussion**	
5.1	To fit in with the theme of focusing SPG meetings on the HSCP priorities and in this instance Prevention & Early Intervention, the following question was put forward to the group: ***What good examples are there in your area of prevention and early intervention work?*** Please refer to Appendix 1 for group feedback received.	Appendix 1
Focus on: Positive Examples		
6.	**Health and Wellbeing Service**	
6.1	Dr Janet McKay and Fiona Comrie delivered a presentation on the Healthy and Active Rehabilitation Programme (HARP) and Active North Ayrshire (ANA).	
6.2	HARP Janet provided a project overview of HARP advising the vision is to develop a new sustainable supported self-management programme. The programme will integrate with condition specific rehabilitation and widen access within Health and Leisure, targeting rural and deprived areas of Ayrshire. The presentation covered the following areas: • Project Brief • Tiered Model for Rehabilitation, Health & Wellbeing Programmes (providing an in-depth explanation of each Tier (1 to 4) • Information on baseline health-related visual analogue scores	

	• Unscheduled Care – Total Bed Days • Expanded Data from year one cohort total bed days (12 months pre/post HARP referral) • Personal Stories of HARP participants and the impact on individuals	
6.3	<u>Active North Ayrshire</u> Fiona Comrie, KA Leisure provided detail on North Ayrshires Health & Wellbeing Service Active North Ayrshire. Slides included: • Referral Information - 1580 new referrals received in 2017/18 - 49,769 physical activity sessions attended - 559 new referrals were classed as HARP (Multi Condition) - 66% of all physical activity sessions within ANA attended by HARP participants - 91 weekly ANA classes in all 6 NA localities - 930 gym inductions and personal fitness programmes delivered to ANA participants in KA fitness suites - 33 condition specific classes per week for falls, cardiac rehabilitation, stroke, COPD, hip & knee, Learning Disabilities, Weight Management, Cancer, M.S, Osteoporosis • ANA Participant Classification on Level One – Level Four • Participation Journey Information and Impact • Breakdown of HARP Referrals • Evaluation of 'Mind and Be Active' • Health & Wellbeing Benefits • Evaluation of what HARP has been achieved.	
6.4	Following the presentation, the group had the opportunity to ask Janet and Fiona questions relation to HARP and ANA:- Louise McDaid asked if work is being explored within schools to support this. Fiona outlined that currently, only adults are involved in 'Mind and Be Active' but that a large campaign took place for woman and young girls in North Ayrshire. A Project was set up and piloted in Kilwinning and Auchenharvie Academies with a coordinator working 11 hours per week to help promote girls within schools to promote their wellbeing. Fiona advised this project has been successful in helping girls that are socially isolated. Janet further noted that HARP as an entity has helped KA Leisure explore potential options. Work is ongoing to look at an educational package to ensure the professional teachers/instructors teaching activities at Colleges etc. have an understanding of managing the individuals involved. Annie Robertson questioned if this work linked in with Alistair Reid's Intermediate Care and Rehabilitation Pathways, to which Janet advised that work is aimed at the same direction, although different stages of the pathway.	

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	The group praised the work around HARP and Active North Ayrshire, highlighting the benefits attached to this in supporting communities.	
Focus on: New Service Development		
7.	**Intermediate Care and Rehabilitation**	
7.1	Alistair Reid provided a presentation on the Pan Ayrshire Model for Enhanced Intermediate Care and Rehabilitation.	
7.2	The presentation covered the following areas:- • Drivers for Change including:- - Keeping people at home or in a homely environment - Personal person centred choice - Improved medications and treatments - Increased older people population living longer with more chronic conditions - Pressure on the acute sector - Benefits of Technology Enabled Care - Desire to work differently and to the full extent of professional abilities - Financial pressure for NHS and Local Authorities • New Models of Care for Older People with Complex Care Needs (Diagram) and all services involved • Complexity and Levels of Support (including all levels 1-4) • (Diagram) outlining a simplified model for Enhanced Intermediate Care and Community Rehabilitation outlining general principles across three HSCPs and Acute. • Intermediate Care and Rehab Hubs (operating 7 days per week) • Enhanced Intermediate Care Teams (operating 7 days per week) supporting a wider range of multiple and complex conditions in the community. • Closer working with Community Rehab Teams (operating 5 days per week)	
7.3	Following the presentation, the group had the opportunity to ask Alistair questions relating to Intermediate Care and Rehabilitation. Michelle asked if the arrangements still covered those who access hospital provision in Inverclyde. Alistair advised that they do. In addition, he advised that the same out of hours process is place. Norma questioned where the investment monies had come from. Alistair outlined that the additional monies were received as part of John Burns' conversation with the Scottish Government re sustaining things currently, with a view to demonstrate what was articulated in the Business Case. Caroline highlighted this money was given to the Partnership from the Health Board and is a great investment for acute investment. David Hammond, Housing Senior Manager advised that the presentation was highly interesting, focussing on the Stage 2 discussions in particular. David added that Housing would like involvement in this.	

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	David outlined that he is liaising with HSCP with regards to piloting new models of extra care housing.	
Focus on: Locality Planning Forums (LPF)		
8.	**Update from LPF Leads**	
8.1	North Coast No current update. The next meeting is scheduled for 14th December 2018, therefore update required at next meeting.	
8.2	Irvine Barbara Conner introduced herself as Interim Lead for Irvine LPF. Barbara has since taken over from Fiona Thomson and will attend future SPG and IJB Meetings. Barbara outlined that the Irvine LPF continues to focus on the priorities identified. Alistair Reid attended a recent forum to provide an update on the roll out of the MSK Pilot. Bruce McMaster has been invited to attend a future forum to discuss fairer food, specifically in the Irvine area. Discussions continue with intentions for Irvine area, including the possibility of Children First looking to provide a Trauma Hub Drop in within Bourtreehill area. Barbara advised that a more detailed update will be available at the next meeting.	
8.3	Arran Vicki Yuill was unable to attend the meeting, however Michelle Sutherland advised that she attended a recent Arran LPF, therefore was able to comment on the progress. Michelle noted that Complex Care has been identified as one of the main priorities on the Island and a lot of work is ongoing with the redesign of the Hospital. The Single Point of Contact has also gone live on Monday 3rd December 2018. Regular public consultations with high representation from service user groups are being held on the Island to look at what the model will look like.	
8.4	Garnock Valley No update from Garnock Valley locality. Update required at next meeting.	
8.5	Kilwinning Sam Falconer advised that Gavin Paterson attended the most recent Kilwinning LPF to provide an update on the New Engagement Pilot. A smaller group is planned within the upcoming weeks to discuss the implementation of this pilot. Update required at next meeting.	
Focus on: Advocacy		
9.	**Advocacy Strategy**	
9.1	Michelle Sutherland provided an update on the Independent Advocacy Strategic Plan 2019-21. Following instruction from the Mental Health Commissioner in June 2018, North Ayrshire Health & Social Care Partnership are required to establish an Advocacy document. The NAHSCP are committed to ensuring advocacy continues to be developed across North Ayrshire. There are a number of key pieces of legislation that outline requirements for independent advocacy and	

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	therefore the Partnership have joined together with key stakeholders across Mental Health and Children Services to adopt the document. The draft document was circulated to the group for perusal. Public consultations have taken place along with a survey monkey questionnaire and focus groups have been held with people who utilise independent advocacy services. Michelle highlighted that feedback received has been very positive.	
10.	**AOCB**	
10.1	Alcohol and Drug Partnership (ADP) Strategy Michelle reported there is a requirement to update and create a new ADP Strategy. North Ayrshire ADP are looking to hear the views of people who access services, carers, family members and the general public, in order to produce a meaningful strategy. The Strategy will run from June 2019 – June 2022. Michelle outlined that the SPG will be asked to provide an input about what services should look like around this agenda. Locality Planning Forums will also provide assistance in this process around expectations and priorities.	
10.2	Gambling Louise McDaid raised the issue of the increase in gambling addiction throughout North Ayrshire. Louise advised of the seriousness of this addiction, noting the importance of addressing this problem. Louise suggested highlighting this agenda could be revolutionary for the NAHSCP. Michelle advised that she will raise this at the ADP Strategy Development Meeting and report back.	M Sutherland
10.3	Future Agenda Items Any agenda items to be forwarded to Michelle Sutherland or Scott Bryan for inclusion within future agenda.	
10.4	There was no other business to be discussed, therefore the meeting was brought to a close.	
11.	**Future Meetings**	
11.1	Wednesday, 24th January 2019, at 10:00am within Fullarton Hub, Irvine.	

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Prevention and Early Intervention

Feedback received from the Strategic Planning Group in response to:

What good examples are there in your area of prevention and early intervention work?

Table 1

- Flexible Intervention Service for adults with MH (early intervention to avoid crisis)
- Community Link Workers in GP Practices to support people to engage with non-statutory services. Also record gaps in service provision
- Peer Support Workers – Alcohol and Drug Partnership
- Advocacy Services – Carer support services (i.e. young carers age UK)
- Citizens Advice
- Looked After School Project
- Community Planning Forums
- Community Centres/Churches/Libraries
- Early Years' Service
- Money Matters
- MAD Group (Peer led support group)
- Rehab and Reablement (Care at Home)
- Children First (Barnados)
- Kinship Care
- Asset Based Working Approach
- Flu Vaccination Process
- Primary Care Improvement Plans
- MSK Physio
- Mental Health Link Practitioners
- Intermediate Care & Rehab
- KA Leisure Initiatives which focus on well-being
- Recovery College
- Buckredden Care Home/Kilwinning GP Practice
- Multi-Disciplinary Teams around the child
- Challenge Fund Initiatives
- Palliative Care Approaches – prevent admissions to care/hospitals/hospice etc.
- Mental Health Warrix Avenue Anticipatory Care Plan approach
- SHIP – New Models of accommodation which will provide flexible levels and types of care
- Supported Accommodation with Housing Model PD/MH/LD which will maximise independence.

Table 2

- KA Leisure
  - Health & Wellbeing Service
  - CPP Programme
  - Pre 5's Programme
  - Active Communities Strategy

- Dream – Intergenerational Project (Arran View Care Home)

- Active Schools/Community Sports Hubs
- Green Health Partnerships
  - Move More – Cancer Rehab (KA Leisure/Macmillan)
- Cycling without Age – Community Investment Fund
- Street Scene – P.B – Focus on Funding food growing
  - Community Beds
- 2019 – Changing Lives Fund (2 year fund)
  - Scottish Government Fund
  - KA Leisure/ADP/ Connected Spirit 2012
  - Changing lives and making an impact through sport and PA
  - Employability strand

Table 3

- AHP
  - All about prevention
  - Centrestage – earlier access, non-formal setting, e.g. Physio/Dieticians and give advice (sign posting)
  - Rewarding and Productive
  - Clients found positive and useful, as informal setting – no staff in uniform
  - National programme for older and younger people being in supermarkets etc. providing information
- TACT
  - Meetings held to signpost Services and activities
  - Supports attendees of meetings to find out information about the services
- Carers
  - Carers Act creates awareness – raised at school assemblies from 8 years+ to S6.
  - More referrals received – with over 6500 children seen in 2018
- Community Link Workers
  - Social prescribing in all GP surgeries
  - Arran includes weight and smoking programme
  - All from different working backgrounds
- BSL Plan
  - Isolated
  - Looking to improve awareness as services unsure how to communicate with people using BSL

Table 4

- AHP
  - Diabetes prevention project – three dieticians
- Care at Home & Hospital
  - Family first/discharged care package in place
  - Team Manager allocated to support this
- CAMHS Work within Kilwinning
  - Work at School to check referrals
  - Counsellors in each school
  - Community Support available
- Models of Care

- Each discharge model/fast intervention model – ICES dieticians.
- Reduces pressure of Community

- Housing Perspective
  - Manager allocated to support Housing First Complex Needs
  - Secure tenancy earlier rather than temporary
  - Support from Welfare Reform Team for tenants receiving benefits
  - Supported model complex in each locality
  - Staff base on site
  - Occupational Therapy staff accessible – adaption waiting list
- Community Link Workers
- Health Visitors
- Care Home Pilot – Buckredden Care Home in Kilwinning
  - Physio Model
  - Need to explore roll out
- GP Contract
  - MSK/Physio
- Staff – Live Well in North Ayrshire
  - Great work
  - Holistic approach
- Unison
  - Supporting Mental Health

Table 5

- Dentistry
  - Ongoing work with Scottish Government to improve oral health
  - Upskilling Nurses/Hygienists to apply fluoride varnish
- Optometry
  - Eye care Ayrshire – right person/right time
  - People are seen much quicker
  - Independent prescriptions
  - Stop progression of conditions
  - Reduce people presenting at GP and Hospital
- Pharmacy
  - Public Health – promotion of posters
  - Smoking cessations/eating healthy
  - Advice on cold/flu
  - Independent prescribing Pharmacists – specialising Pharmacy treating conditions
  - Minor ailments
  - Pharmacy first – impetigo, skin infection – increased sign up
  - Less presentations to GP and potentially A&E
  - Private flu vaccines
- Enhanced Intermediate Care & Rehabilitation
  - 7 days
  - Community Rehab
  - MDT Working
  - Emergency – 2 hours

Minutes of North Ayrshire Strategic Planning Group Meeting
Held on Wednesday 23rd January 2019, 10.00am
Fullarton Community Hub, Irvine, KA12 8DF

Present:
Councillor Robert Foster (Chair)
John Rainey (Vice Chair)
Councillor John Sweeney, Three Towns Locality Representative
Simon Morrow, Dental Representative
Christine Speedwell, Care Centre Manager
Brenda Knox, Health Improvement Lead, NHS A&A
Gavin Paterson, Engagement Officer, NAHSCP
David Donaghey, Partnership Representative, NAHSCP
Louise McDaid, Staff Representative
Clive Shephard, NA Federation of Community Associations
Norma Bell, Manager, Planning & Performance, Mental Health, NAHSCP
Sam Falconer, Community Pharmacist NHS A&A, Kilwinning Locality Planning Lead
Louise Gibson, Dietetic lead, integrated services, NHS A&A
Louise McDaid, Unison Representative
Marion Gilchrist, Interim Manager/Senior Nurse LD Services
Jacqui Greenlees, Policy & Community Planning Officer
Dalene Sinclair, Senior Manager, Universal Years, NAHSCP
Laura Barrie, KA Leisure
Dr Paul Kerr, Clinical Director, NAHSCP
Lynne McNiven, Consultant in Public Health, NHS
Sharon Bleakley, Scottish Health Council
Lorna McGoran, Primary Care Manager, NAHSCP
Heather Malloy, Independent Sector Representative
Andrew Keir, GIRFEC Team Manager, Three Towns Locality Planning Representative
Barbara Conner, Interim Irvine Locality Planning Lead
Scott Bryan, Team Manager, Planning, NAHSCP
Louise Harvie, Governance Assistant (Minutes) NAHSCP

In Attendance:
Elaine Caldow – Public Health Programme Lead (Presentation)
Kerry Allison – Improvement Adviser (Presentation)

Apologies Received:
Donna McKee, Head of Service, Children & Families and Justice Services, NAHSCP
Caroline Whyte, Chief Finance and Transformation Officer, NAHSCP
Thelma Bowers, Head of Service, Mental Health, NAHSCP
Michelle Sutherland, Strategic Planning & Transformational Change Lead, NAHSCP
Annie Robertson, Business Planning Manager, NAHSCP
David MacRitchie, Chief Social Work Officer & Senior Manager, Justice Services, NAHSCP
Eleanor McCallum, Partnership Communication & Engagement Officer, NAHSCP
David Bonellie, Optical Representative
Dr Janet McKay, Garnock Valley Locality Planning Lead
Alistair Reid, Allied Health Professions Lead, NAHSCP
Elaine Young, Assistant Director of Public Health, NHS
David Hammond, Senior Manager, Housing
David Thomson, Associate Nurse Director/Lead Nurse, NAHSCP
Isabel Marr, Senior Manager, Long Term Conditions, NAHSCP
Ruth Betley, Senior Manager, Island Services, NAHSCP

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<table>
<tr><td>1.</td><td><u>WELCOME & APOLOGIES</u></td><td></td></tr>
<tr><td>1.1</td><td>Councillor Foster welcomed all to the meeting.
Apologies were noted and accepted.</td><td></td></tr>
<tr><td>2.</td><td><u>MINUTES/ACTION NOTE OF PREVIOUS MEETING (05.12.18)</u></td><td></td></tr>
<tr><td>2.1</td><td>Minutes of the previous meeting dated 5th December 2018 were approved as accurate with no amendments required.</td><td></td></tr>
<tr><td>3.</td><td>MATTERS ARISING</td><td></td></tr>
<tr><td>3.1</td><td>There were no matters arising for discussion.</td><td></td></tr>
<tr><td>4.</td><td>Integration Joint Board (IJB) - Feedback</td><td></td></tr>
<tr><td>4.1</td><td>Agreed that relevant items from IJB meetings would be shared with group on future basis.

<u>Budget</u>
Councillor Foster reported that the IJB meeting scheduled for January 2019 was cancelled and replaced with a Private Budget Briefing Session to discuss the budget for the next financial year. A budget briefing will be shared at the next Strategic Planning Group to analyse and discuss in detail</td><td>Agenda – 06.03.19
All</td></tr>
<tr><td colspan="3">Focus on: Mental Health & Wellbeing</td></tr>
<tr><td>5.</td><td>Public Health – Population Mental Health Strategy and National Indicators</td><td></td></tr>
<tr><td>5.1</td><td>Elaine Caldow, Public Health, Programme Lead, delivered a presentation on Mental Health and Wellbeing – one of the six national priorities for Public Health.</td><td></td></tr>
<tr><td>5.2</td><td>The presentation covered the following areas:
• Population Mental Health & Wellbeing
• Local Population Mental Health and Wellbeing Strategy (2015) Key Areas:
- Promoting health & healthy behaviours
- Increasing social connectedness, relationships and trust in families and communities
- Increasing social inclusion and decreasing inequality and discrimination
- Increasing financial security and creating mentally healthy environments for working and learning
- Promoting a safe and supportive environment at home and in the community
• Adult Mental Health Indicators and the varying levels they can be reported (from national to community level):
• Details of Scoring broken down by geographical area, gender and comparisons to Scotland (2013 – 2016) on:
- Warwick-Edinburgh Mental Wellbeing Scale
- Adult Life Satisfaction
- Self-Reported Health
- Volunteering
- Influencing Local Decisions
- Social Support
- Income Inequality
- Financial Security/Debt
- Neighbourhood Satisfaction
- Greenspace
• Information on North Ayrshire Risk and Protective Factors</td><td></td></tr>
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Focus on: Ayrshire Mental Health Strategy		
6.	**Mental Health Conversation and Strategy**	
6.1	Gavin Paterson, Engagement Officer delivered a presentation on the Ayrshire Mental Health Conversation. Gavin provided an overview of the Ayrshire and Arran Mental Health Implementation Framework.	
6.2	Presentation slides included: • Key Audience and Survey Questions • Methods - 6 Local Conversations Events across Ayrshire - Questionnaires - Ayrshire College Sessions - Large public event to finalise priorities in December 2018 • Analysis –team of 6 undertaking analysis - 777 questionnaire responses - 93 face to face conversations - 120 attendees at final event - 990 total reach Findings included: • Things that Challenge Mental Health (top 5): - Work Related - Relationships - Money/Debt - Body issues/self-image - Isolation/loneliness • Things to Improve Mental Health (top 5): - Spend time with family/friends - Go for a walk - Listen to music - Physical Exercise - Talking to people The information presented is now being used to inform the development of the North Ayrshire Mental Health Strategy and priorities. Gavin also highlighted that the comments received from respondents, will be fully published and responded to. Each comment received has significant value and merits an adequate response from services.	
6.3	Following the above presentations, the group had the opportunity to ask Elaine and Gavin questions relating to Population Mental Health and Mental Health Conversation and Strategy. Group discussion took place: • Acknowledged that North Ayrshire is in unique position with Volunteering – 26 Community Centres are managed by Local Volunteers • Acknowledgement of the importance of work related stress – future work to be undertaken managing stress at work and issues of unemployment • Appointed Mental Health Practitioners will base themselves within GP Practices. This will roll out over 12 – 18 months. • Understanding of difficulty in ‘diagnosis’ on wellbeing. • Benefits of social/online groups such as ‘Fit Ayrshire Dads’	

	Overall, the group praised the work ongoing around supporting Mental Health in the community.	
Focus on: Members Input		
7.	**SPG Discussion**	
7.1	To fit in with the theme of focusing SPG meetings on the HSCP Priorities and in this instance, Mental Health & Wellbeing, the following questions were put forward to the group: (1) **What good examples are there in your area of improving Mental Health & Wellbeing?** (2) **How can you further support the improvement of Mental Health in North Ayrshire?** Please refer to Appendix 1 for group feedback received.	Appendix 1
Focus on: New Service Development		
8.	**Child and Adolescent Mental Health (CAMH) – Kilwinning Project**	
8.1	Kerry Allison, Improvement Adviser attended the meeting to provide a presentation on Children and Young People Improvement Collaborative Across Services – Kilwinning Locality Wellness Model.	

8.2	The presentation covered the following areas:
	• Whole System Model of Mental Health Support
	• How the work has progressed
	• Stakeholders involved
	• Access and Pathways
	• Top reasons for referrals to CAMHS from the Kilwinning area:
	  - General Anxiety
	  - Low Mood
	  - Suicide Ideation/Attempt
	  - Self-Harm
	  - Behavioural Problems
	• Number of Counselling Referrals received within Kilwinning from Aug 2017 – July 2018
	  - 78 referrals
	  - 25 young men
	  - 53 young women
	• Communication
	  - Regular Newsletters
	  - Picnic in McGavin Park, Kilwinning
	  - Joint Family Engagement Events within Primary and Secondary schools within Kilwinning area
	• Wellbeing Issues facing Kilwinning Academy
	• Associated Impact on Young People within a Classroom Setting
	
	Impact of the Kilwinning Wellness Model
	• Improved Communication with CAMHS and School
	• Less referrals into CAMHS
	• Named CAMHS Clinicians identified for Schools
	• Data Sharing across Services/Agencies
	• Identifying services that schools could suggest before referring to Specialist Mental Health Services
	• GP's referring through SCI Gateway to Named Person Service	

8.3	Louise McDaid asked when this model would be rolled out within other locality areas to which Kerry advised the aim is to roll this out as soon as	

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	possible. Kerry further noted it has taken a year of building relationships etc. to get to the current position for Kilwinning. Going forward, Kerry added that Deputy Teachers and engaging GP's may be able to support in spreading good practice across localities. Work is ongoing and CAMHS referrals within Schools are being mapped out.	
Focus on: Locality Planning Forums (LPF)		
9.	**Update from LPF Leads**	
9.1	North Coast The next North Coast Locality Forum is scheduled to take place on 15th February 2019 within Brooksby, Largs. On reviewing the Terms of Reference, an array of invites have being extended to CPN's, staff members and young persons. Louise added that the GP is also on board. Following the meeting on 15th February, a more detailed update will be available at the next meeting.	
9.2	Irvine Barbara Conner outlined that the Irvine LPF continues to focus on the priorities identified. Bruce McMaster attended the latest forum to discuss fairer food, specifically in the Irvine area. Work is ongoing to look at cross working and linking in with Libraries, sewing clubs etc. to make services more readily available.	
9.3	Arran No update from Arran locality. Update required at next meeting.	
9.4	Garnock Valley No update from Garnock Valley locality. Update required at next meeting.	
9.5	Three Towns Councillor John Sweeney advised that the Three Towns Locality group have been liaising with Secondary Schools to discuss the Three Towns priorities. This was so well received at Auchenharvie Academy, Stevenston, they have been invited to speak to the Parent Council and Senior Pupil group. Work is ongoing with Scott Bryan to look at the Alleviating Poverty Index to help identify and target gaps across the locality. The group is also looking at ways to work collaboratively with other Organisations within the Three Towns to look at family inclusion and healthy eating.	
9.6	Kilwinning No update from Kilwinning locality. Update required at next meeting.	
Focus on: Other Relevant Updates		
10.	**Primary Care Services Update**	
10.1	Due to time constraints, item deferred to the next meeting dated 6th March 2019.	
11.	**Garnock Valley MDT Local Care Model**	
11.1	Due to time constraints, item deferred to the next meeting dated 6th March 2019.	
12.	**AOCB**	
12.1	Future Agenda Items Any agenda items to be forwarded to Michelle Sutherland or Scott Bryan for inclusion within future agenda.	

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12.2	There was no other business to be discussed, therefore the meeting was brought to a close.	
13.	**Future Meetings**	
13.1	Wednesday, 6th March 2019, at 10:00am within Fullarton Hub, Irvine.	

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Mental Health & Wellbeing

Feedback received from the Strategic Planning Group in response to:

1) **What good examples are there in your area of improving Mental Health & Wellbeing?**

2) **How can you further support the improvement of Mental Health in North Ayrshire?**

Table 1

- Volunteering
- Third Sector Interface
- Community Groups
- Intergenerational Projects
- Using existing publications to start getting positive messages out to the public i.e. 'It's ok not to be ok" and "We all have Mental Health"
- Perinatal Mental Health – expanding the service across all localities

Table 2

- Care Home
    - Activity Co-ordinators keeping people engaged in physical/social activities
    - Volunteering opportunities
    - Health Promoting Care Framework – physical activity
    - Care Home Physical Activity (CAPA)
    - National Programme starting in North Ayrshire
- KA Leisure
    - Mind & Be Active
    - Self-Referrals (8,800 people attended in 2018)
- Community Link Workers
    - 12 in every practice – numbers increasing
    - Primary Care Implementation Plan
    - Beith Trust Be-friending phone line for isolation for all in North Ayrshire
- Living life to the full – support people to plan for their own Mental Health & Wellbeing
- Kilwinning Wellness Model – Building resilience in young people
- Peer support for young people
- Fit Ayrshire Dads
- Champions Group – care experienced young people
- Two people in every school who are Mental Health trained

Table 3

- Pharmacy Training in Mental Health
- Share information more widely
- Working more closely with Mental Health Practitioners – tapping into this specialist resource as MDT.
- NHS/HSE Project Managing Stress
- Action 15 money – OT/Physio posts
- Community Link Workers – Referring patients to appropriate services.
- Ailsa Workshop
- Occupational Health
- AHP work in Woodland View with inpatients and others
    - Cooking groups
    - OT groups
    - Art groups
- OT links with Ayrshire College – working with clients to improve wellbeing and new skills
- Links to national AHP MH groups looking at training staff in more specialist/specific skills

Table 4

- MH conversation priorities are reflected well in the Public Health Strategy
- Need to ensure the two Strategies are complimentary
- Growing recognition that poor mental health can also go along with good mental health
- Need to acknowledge that physical health impacts on mental health
- Motivation – people need to have more aspirations "Poverty of Aspirations"
- Acknowledging that social media can have damaging effect on mental health
- Umbrella approach – "Fair for All", Fair Food etc.
- Research – less industrial areas – mean better health outcomes?
- Need to consider knock on effects of Policies/Activities
- Wider approaches – creating mentally healthy environments
    - Recognising that feeling low/anxious is normal
- West of Scotland – Acceptance of Authority – need greater levels of democracy