

Integration Joint Board

Friday 5 August 2016 at 10.00 a.m.

**Council Chambers
Cunninghame House
Irvine**

1. Apologies

Invite intimation of apologies for absence.

2. Declaration of Interest

3. Minutes / Action Note (Page 5)

The accuracy of the Minutes of the meeting held on 16 June 2016 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.

Presentation

4. National Clinical Strategy

Receive a presentation from Dr Paul Kerr, Clinical Director on the National Clinical Strategy.

Performance

5. Annual Performance Report

Submit report by Jo Gibson, Principal Manager (Planning and Performance) (copy to be tabled).

6. Final Strategic Refresh

Submit report by Jo Gibson, Principal Manager (Planning and Performance) (copy to be tabled).

7. 2016/17 Budget Update (Page 15)

Submit report by Margaret Hogg, Section 95 Officer (copy enclosed).

8. Director's Report (Page 25)

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

Governance

9. Joint Health Protection Plan (Page 33)

Submit report by the Carol Davidson, Director of Public Health on the Joint Health Protection Plan (copy enclosed).

Service Development

10. Review of Equipment and Adaptations (Page 89)

Submit report by David Rowland, Head of Service (Health and Community Care) on work being undertaken by the Equipment and Adaptations Project (copy enclosed).

11. HSCP Award Ceremony (Page 95)

Submit report by Jo Gibson, Principal Manager ((Planning and Performance) (copy enclosed).

Tenders

12. Flexible Intervention Service (Page 97)

Submit report by Dale Mellor, Senior Manager (Community Mental Health Services) on a re-tender for the Flexible Intervention Service to appoint a service provider and to extend the current contract until the tender process is complete (copy enclosed).

Minutes

13. Integration Joint Board Performance and Audit Committee (Page 101)

Submit the minutes of the meeting of the IJB PAC held on 9 June 2016 for information (copy enclosed).

14. SPOG (Page 107)

Submit the minutes of the meeting of the SPOG held on 24 May 2016 for information (copy enclosed).

15. Urgent Items

Integration Joint Board

Sederunt

Voting Members

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

Professional Advisors

Pete Gilfedder	Interim Lead Nurse/Mental Health Advisor
Ms Iona Colvin	Director North Ayrshire Health & Social Care
Dr Mark McGregor	Acute Services Representative
Ms Margaret Hogg	Section 95 Officer/Head of Finance
Mr Stephen Brown	Chief Social Work Officer- North Ayrshire
Ms Louise Gibson	Lead Allied Health Professional Adviser
Dr Paul Kerr	Clinical Director
Dr Kez Khaliq	GP Representative

Stakeholder Representatives

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

**North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 16 June 2016
at 10.00 a.m., Council Chambers, Cunninghame House, Irvine**

Present

Councillor Anthea Dickson, (Chair)
Bob Martin, NHS Ayrshire & Arran
Dr Carol Davidson, NHS Ayrshire & Arran
Councillor Robert Steel, North Ayrshire Council
Councillor Catherine McMillan, North Ayrshire Council

Iona Colvin, Director North Ayrshire Health and Social Care (NAHSCP)
Margaret Hogg, Chief Finance Officer
Stephen Brown, Chief Social Work Officer – North Ayrshire
Louise Gibson, Lead Allied, Health Professional Adviser
Dr Kes Khaliq, GP Representative
Nigel Wanless, Independent Sector Representative
David Donaghy, Staff Representative – NHS Ayrshire and Arran
Louise McDaid, Staff Representative – North Ayrshire Council
Fiona Thomson, Service User Representative
Marie McWaters, Carers Representative
Jim Nichols, Third Sector Representative

In Attendance

Thelma Bowers, Head of Mental Health
Jo Gibson, Principal Manager (Planning & Performance)
David Rowland, Head of Health & Community Care
Paul Doak, IJB Chief Internal Auditor
Eleanor Currie, Principal Manager (Finance)
Eleanor McCallum, Partnership Engagement Officer
Karen Andrews, Business Support Officer
Angela Little, Committee Services Officer

(Items 1 – 5) Kathleen McGuire, Long Term Conditions & Community Ward Manager

Apologies for Absence

Stephen McKenzie, NHS Ayrshire & Arran (Vice Chair)
Councillor Peter McNamara, North Ayrshire Council
Derek Barron, Lead Nurse/Mental Health Advisor
Dr Mark McGregor, Acute Service Representative
Dr Paul Kerr, Clinical Director
Sally Powell, Carers Representative

1.	Apologies Apologies were noted.	
2.	Declarations of Interest There were no declarations of interested in terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies.	
3.	Minutes/Action Note – 19 May 2016 The accuracy of the Minutes of the meeting held on 19 May 2016 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.	
3.1	Matters Arising Development and Implementation of a North Ayrshire Social Enterprise Strategy - Greig Robson, Senior Employability and Skills Manager will attend the IJB in August. Volunteering Strategy – should be available for the August meeting. Official opening of Woodland View – consideration is being given to a joint opening of Woodland View and the new Leisure Centre in Irvine in 2017 by a senior public figure. Noted.	G. Robson J. Nicols
4.	National Clinical Strategy The Board noted that Dr Paul Kerr, Clinical Director would provide a presentation on the National Clinical Strategy to the meeting in August 2016.	Dr Paul Kerr
5.	Strategy for Technology Enabled Care (TEC) and Innovation Submitted report by Tim Eltringham, Chief Officer, South Ayrshire Health and Social Care Partnership on the development of a strategic approach to the use of TEC across the three partnerships in Ayrshire. The draft Strategy for Technology Enabled Care (TEC) and Innovation was attached at Appendix 1 to the report (presented by Kathleen McGuire, Long Term Conditions & Community Ward Manager).	

	<p>Discussion took place on a range of issues including:-</p> <ul style="list-style-type: none"> • The development of a business case that identifies the costs and sustainable funding sources; • Identification of how to reinvest in order to disinvest in other areas; • Training and support for carers that should be built into any further work; and • A further report that will be presented to the IJBs outlining the financial framework for TEC; • The reliability of technology and the use of Apps. <p>The Board agreed (a) to approve the Strategy; (b) that a paper outlining the financial framework for TEC be provided to a future meeting; and (c) to support the recommendations and approval of the draft TEC Strategy.</p>	T. Eltringham/ K. McGuire
6.	<p>Financial Management Report</p> <p>Submitted report by Eleanor Currie, Principal Manager (Finance) on the current position of the North Ayrshire Council Health and Social Care Partnership and the outturn for 2015/16 as at period 12.</p> <p>Appendix 1 to the report provided information on the approved budget and actual outturn across the Partnership, with details of the main variances across all Partnership services provided at Appendix 1a. A summary of the actual spend on the Change Fund was outlined at Appendix 2 to the report. An Action Plan resulting from the investigation into the reasons for the overspend was provided at Appendix 3 to the report. Appendix 4 to the report detailed a full list of 2015/16 savings removed from the 2015/16 budgets and provided the year end position in delivering those savings.</p> <p>Members asked questions and were provided with further information in relation to work that will be undertaken to investigate the overspend in Prescribing.</p> <p>The Board agreed to (a) note the report; and (b) approve the Action Plan as detailed in Appendix 3 to the report, to improve the budget monitoring process.</p>	

<p>7.</p>	<p>Unaudited Annual Accounts 2015/16</p> <p>Submitted report by the Section 95 Officer which provided an overview of the Unaudited Annual Accounts 2015/16, including the £2.109m additional funding provided by North Ayrshire Council to fully meet expenditure in 2015/16. The Management Commentary, Statement of Responsibilities, Annual Governance Statement, Remuneration Report, the Financial Statements and Notes to the Financial Statement were appended to the report.</p> <p>The Board noted that the columns on P106 of the agenda pack and P15 of the report should read 2015/16 and not 2016/17.</p> <p>The Board agreed to (a) approve, subject to audit, the IJB's Annual Accounts for 2015/16; and (b) note (i) that Audit Scotland plan to complete their audit of the Accounts by the end of August 2016 and present their annual audit report to the IJB on 8 September 2016; and (ii) the unaudited position of breakeven being reported within the IJB Annual Accounts.</p>	
<p>8.</p>	<p>Final Budget</p> <p>Submitted report by the Section 95 Officer on the final proposed budget for the Social Care element of the 2016/17 Partnership budget, with a revised interim budget proposed for Health Services. The following papers were appended to the report:-</p> <ul style="list-style-type: none"> • Paper 1 – a summary of the core Partnership funding streams and the interim budget for 2016/17; • Paper 2 – details of the Partnership pressures; • Papers 3a and 3b– details of the savings which have already been approved, totalling £3.316m (Paper 3a) and details of the removal of two savings totalling £0.062m which are no longer deliverable (Paper 3b); • Paper 4 – provides a breakdown of the Integrated Care Fund (ICF) funding commitments and the final proposed use of the fund; • Paper 5 – outlines the proposed use of the 2016/17 allocation for Delayed Discharge; • Paper 6 – outlines all confirmed non core funding amounting to £1.767m; and • Paper 7 – details of one savings proposal that required a full Equality Impact Assessment 	

	<p>The Board agreed to (a) approve the proposed budget for 2016/17 for Social Care including all savings and pressures; (b) approve the recommendation that a formal request is made to the Council for additional funding of £0.387m to meet the cost of implementation of the living wage which exceeds the level of Scottish Government funding; (c) note the indicative budget for 2016/17 for Health Services; (d) approve the development of savings for Health Services which reflect options (i) and (ii) outlined in section 5.4 of the report; (e) note the proposed timeline for approval of the 2016/17 budget; (f) approve the final ICF project funding for 2016/17; (g) approve the proposals for the delayed discharge funding for 2016/17; and (h) note the non core funding awarded to date of £1.767m.</p>	
9.	<p>Director's Report</p> <p>Submitted report by Iona Colvin, Director NAHSCP on developments within the North Ayrshire Health and Social Care Partnership.</p> <p>The report highlighted works that has been underway in the following areas:-</p> <ul style="list-style-type: none"> • Purchase of the former Red Cross House premises; • Equipment, aids and adaptations; • Integrated addictions service; • Brooksby Health and Therapy Team; • Family Nurse Partnership Annual Review; • Alcohol Brief Interventions; • Nursing in Partnership; • Bad entertainment; and • Visit by Chief Nursing Officer (Scotland) and Director of Children Services (Scottish Government). <p>The Board was also advised that Derek Barron, Lead Nurse would be leaving the Partnership to take up a new post. The Board extended their thanks and appreciation to Derek for his contribution to the North Ayrshire Health and Social Care Partnership.</p> <p>Noted.</p>	

<p>10.</p>	<p>Delivering the Living Wage Commitment</p> <p>Submitted report by Eleanor Currie, Principal Manager (Finance) on the impact of implementing the Living Wage commitment as part of a positive approach to fair work practices. Information in respect of sleepovers where being present is itself part of the job and where it is not was provided at Appendix 1 to the report. Appendix 2 to the report detailed a breakdown of a fair hourly rate for care at home and housing support services. Appendix 3 provided information on the time 'bands' recalculated based on revised rates in respect of the Care at Home Providers who make use of CM2000 Call Monitoring System. Payments for sleepovers, which included pension reform and travel /time costs was outlined in Appendix 4. Appendix 5 detailed how the hourly rate was calculated for personal assistants employed via self-directed support.</p> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> • The involvement of the NAHSCP Director in a group that is examining the National Care Home Contract (nursing home side); • No existing national contract for care at home and discussions that can take place with Providers if required; • Pressures for providers as differential are not recognised between staff groups. <p>The Board agreed to (a) note the steps taken over recent weeks to ensure contractual terms which support Providers to pay the National Living Wage from April 2016 and the Living Wage from October 2016; (b) retrospectively agree the increases in rates applied at 4 April 2016 through to 25 September 2016; and (c) the proposed rate increases from 26 September 2016.</p>	
<p>11.</p>	<p>Refresh of the Strategic Plan – First Draft</p> <p>Submitted report by Jo Gibson, Principal Manager (Planning and Performance) on (a) the core content of the plan refresh that had been agreed at a joint session of the IJB and Strategic Planning Group (SPG); (b) a review of progress and the production of the first draft, drawing on the work already underway in the four service development areas and in the Locality Forums; and (c) a range of consultations that will take place to obtain feedback and inform the final draft of the plan.</p>	

	<p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> • The reporting mechanism for the production of the Strategic Plan; • Extensive consultation has already taken place to inform the plan; • The final draft that will be circulated for comment and brought back to the IJB for approval; • Reporting mechanisms in place for the three Ayrshire Mental Health Public Reference Groups and discussions that will take place to ensure consistency; and • Presentation to the IJB in August of the finalised plan and Annual Performance Report. <p>Noted.</p>	
	The meeting ended at 11.40 a.m.	

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 19 May 2016

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Development and Implementation of a North Ayrshire Social Enterprise Strategy	4/6/15	Draft Social Enterprise Strategy to be submitted to the IJB, NACMT and NAC Cabinet Meeting.	Agenda – August 2016 (Report going to Cabinet on 10/5/16) Economic Development	John Godwin
2.	Model Publication Scheme	13/8/15	Report on progress including the outcome of the options appraisal	Agenda – August 2016	Neil McLaughlin
4.	Volunteering Strategy	11/2/16		Agenda – August 2016	J. Nicols
5.	Official opening of Woodland View	11/2/16	Details of official opening to be provided to IJB Members	As soon as available	T. Bowers

Integration Joint Board

Agenda Item No. 7

Subject: **Budget 2016/17**

Purpose: To provide an update on the 2016/17 North Ayrshire Health and Social Care Partnership budget.

Recommendation: That the Board:

- (a) **approves** the proposed savings identified for 2016/17 for Health Services.
- (b) **notes** the updated indicative budget for 2016/17 for Health Services.

1.	INTRODUCTION
1.1	The report to the Integration Joint Board on 16 June 2016 confirmed interim funding from Health of £82.294m, including funding from Scottish Government. This funding excluded General Medical Services, Prescribing and Integrated Care Fund and assumed the delivery of a 5% Cash Releasing Efficiency Saving (CRES) by the partnership which equates to £2.871m for 2016/17.
2.	CURRENT POSITION
2.1	The Health Board will finalise the 2016/17 budget on 11 August 2016. The partnership have been provided with an updated indicative budget of £130.996m for 2016/17. Appendix 1 provides details of this budget including the movements from the indicative budget provided to the Board in June. This budget is for noting at this stage.
2.2	Saving proposals have been developed to meet the savings target of £2.871m set by Health for the approval of the Board. These are contained within Appendix 2.
2.3	Equality Impact Assessments (EIAs) have been carried out for all developed savings proposals. An EIA screening has taken place for each saving with no savings requiring a full EIA.
2.3	<p>Consultation with Trade Unions are currently underway. As outlined in June, the delivery of interim budgets for Health Services represent a significant risk to the IJB. To enable budgets to be confirmed to budget holders it is recommended that these savings are approved subject to consultations with Trade Unions being completed.</p> <p>If the outcome of these discussions impact on savings proposals this will be reported to a future Board.</p>

2.4	The savings proposed consist of £0.670m which are permanent recurring savings and £2.201m which is being proposed only on a temporary non-recurring basis for 2016-17. This will require permanent recurring savings to be identified of £2.201m from 2017-18 and will be in addition to any future savings targeted at these budgets.
2.4	The Partnership are actively involved in the transformation programme being developed by the Health Board. At this stage it is too early to identify the potential savings which could be generated to contribute to future year savings. However as this is developed savings secured for the Partnership will be prioritised to meet the £2.201m of permanent recurring savings still required to be identified.
3.	PROPOSALS
3.1	That the Board: (a) approves the proposed savings identified for 2016/17 for Health Services. (b) notes the updated indicative budget for 2016/17 for Health Services.
3.2	<u>Anticipated Outcomes</u>
	The savings proposed within this paper will enable services to be provided within funding which has been provided by the Health Board. Equality Impact Assessments have been undertaken on all service proposals.
3.3	<u>Measuring Impact</u>
	The delivery of these savings proposals will be included within future monitoring reports to the IJB.
4.	IMPLICATIONS
4.1	<u>Financial Implications</u>
	The financial implications are as outlined in the report. Board members require to approve a package of savings totalling £2.871m for 2016/17. The Board should note that £2.201m of savings still require to be identified on a permanent recurring basis and this will have implications for future year budgets.
4.2	<u>Human Resource Implications</u>
	Any reduction to the work force will be dealt with through effective management of vacancies, redeployment, voluntary early retirement and voluntary redundancy. This will be effected by engagement and participation with the Trade Unions on a Service by Service basis to develop and agree implementation plans.
4.3	<u>Legal Implications</u>
	There are no legal implications.
4.4	<u>Equality Implications</u>
	Equality impact assessments have been undertaken for all defined savings proposals.
4.5	<u>Environmental Implications</u>
	There are no environmental implications.

4.6	Implications for Key Priorities
	Impact on key priorities is subject to the proposals agreed.
5.	CONSULTATIONS
5.1	The report has been produced in consultation with relevant budget holders, the Partnership Senior Management Team, HSCP Local Authority and NHS partnership representatives and Stewart Donnelly NHS Employee Director.
6.	CONCLUSION
6.1	This report updates the Board on the Health Budget providing details of an updated interim budget of £130.996m. It also identifies proposals for savings in 2016/17 of £2.871m.

For more information please contact Margaret Hogg, Chief Finance Officer on 01294 324560 or MargaretHogg@north-ayrshire.gcsx.gov.uk

Partnership Budget - Objective Summary	
	Budget NHS
	£'000
COMMUNITY CARE AND HEALTH	18,102
: Locality Services	6,632
: Community Care Service Delivery	3,932
: Rehabilitation and Reablement	2,070
: Long Term Conditions	3,205
: Integrated Island Services	2,263
MENTAL HEALTH SERVICES	55,047
: Learning Disabilities	6,082
: Community Mental Health	3,672
: Addictions	1,743
: Lead Partnership	43,550
CHILDREN'S SERVICES AND CRIMINAL JUSTICE	5,676
: Intervention Services	275
: Looked After & Accomodated Children	842
: Fieldwork	1,236
: Early Years	1,721
: Policy & Practice	- 3
: Lead Partnership	1,606
PRIMARY CARE	47,876
MANAGEMENT AND SUPPORT COSTS	1,013
CHANGE PROGRAMME	3,281
TOTAL	130,996

Interim Budget 16 June 2016	82,294
Budget Movement	
Primary Care Prescribing	30,808
General Medical Services (GMS)	16,473
Integrated Care Fund Allocation	2,890
Delayed Discharge Allocation	867
CAMHS post funded from central reserve	49
Cash office adminstration funding from Corporate	35
Maternal & Infant Nutrition Allocation	18
Transfer from Acute for Ward 3 Bedmakers	5
Family Nurse Partnership	-3
Health Visiting transfer to primary care	-3
Pay & NIC Cost Pressure reduction	-10
Reduction in DEAN junior doctor funding	-14
MH Act funding transfer to medical records	-30
Croy Day hospital transfer to South HSCP	-75
Transfer of LAAC budget to South and East	-113
Child Protection transferred to Nurse Director	-220
WoS CAMHS & Psychological Therapies	-316
Alcohol & Drug Partnership transfer to South and East	-514
Keepwell double count and allocation reduction	-540
CEL 13 Health Visitors double count	-606
Total	19 130,996

Ref	Section	Area of Saving	RAG	Non Recurring	Recurring	TOTAL	FTE Change 16/17
1	Mental Health	Day Activity Team, Ailsa This will be delivered through a review of the day activities team following the opening of Woodland View opening and the interim delivery of the Acorns furniture workshop with the future development of social enterprise model. This saving requires a review of existing existing service delivery to ensure efficiency can be released and no further expansion of the service takes place in 2016/17.	Green	100,000		100,000	
2	Mental Health	Coffee Shop This proposal releases savings from the closure of the coffee shop on the Ailsa Site following the majority of MH wards transferring to Woodland view. There are refreshment and catering facilities still located at Ailsa for remaining patients to access - therefore no loss of provision.	Green		5,000	5,000	1.36
3	Mental Health	Addiction Supplies Review of supplies linked to service need post integration of team.	Green		10,000	10,000	
4	Mental Health	CAMHS supplies Review of service supplies linked to service need and ensuring efficient utilisation of resources. The service will undertake a review of supplies required as the service develops and in alignment with service transformation.	Green		20,000	20,000	
5	Mental Health	CAMHS Reserve Fund There is currently £180K service development/improvement funding held in reserve. It is proposed to use £90K for development and £90K for temporary slippage. This scheme requires the part retention of service improvement/development funding not previously utilised. This will enable service recommendations to be developed in alignment with service reviews to inform how this funding will be utilised in the future. Part of the funding will be utilised to develop the neurodevelopment pathway. The service has received government funding in 2016/17 to improve waiting times so there will be no loss of service provision or service improvement.	Amber	90,000		90,000	
6	Mental Health	Arrol Park - Payroll Turnover This proposal releases savings through Learning Disabilities inpatient nursing vacancies which have been held over the last 2 to 3 years pending review and development of tier 4 services and to reflect inpatient occupancy levels. It is recommended that these posts continue to be held on a non-recurring basis pending Red Cross development and to reflect the current service occupancy levels.	Amber	250,000		250,000	
7	Mental Health	Advocacy Post This saving relates to an advocacy post in Learning Disabilities which has remained vacant for 3 years. Advocacy services are currently being reviewed and the future requirement for this post will be informed by the service review.	Green	20,000		20,000	
8	Mental Health	LD Vacant Post This saving relates to the non-recurring retention of a community learning disability nursing post which has been vacant for some time. This will enable further review of the service in alignment with the change programme and development of the Red Cross house.	Green	35,000		35,000	

Ref	Section	Area of Saving	RAG	Non Recurring	Recurring	TOTAL	FTE Change 16/17
9	Mental Health	MH Nurse Training This funding enables access to post registration courses and has not been utilised in previous years. There is a wide variety of post registration training available to the workforce and there will therefore be no loss of training opportunities. A review of future requirement of this funding will be undertaken to reflect the training needs of the workforce in future years.	Green	30,000		30,000	
10	Mental Health	MH Project Management Post This proposal relates to a project management post which had been formed previously in mental health to enable service development and more recently to support Woodland View. There is currently sufficient programme and project management resources within the services via access to the change programme team.	Green	40,000		40,000	
11	Mental Health	Community Addictions - vacant posts This saving relates to non-recurring vacancy management. This will enable further review of the integrated service and associated workforce requirements. Vacancies will be reviewed to reflect service continuity and safe service delivery.	Green	50,000		50,000	
12	Mental Health	Arrol Park - Long Stay Discharge This proposal releases savings through a reduction of 4 inpatient beds at Arrol Park Learning Disabilities inpatient services following discharge of a long stay patient. This reduction reflects current occupancy levels within the service and reviews of the service model previously undertaken and is pending Red Cross development. This is offered as a temporary saving as it is linked to the Red Cross saving in future years.	Red	110,000		110,000	
13	Mental Health	Psychology Supplies The service will undertake a review of supplies required as the service develops and in alignment with service transformation. This will ensure service supplies are linked to service need and ensuring efficient utilisation of resources.	Green		70,000	70,000	
14	Mental Health	Whole Systems Review This proposal is related to the implementation of a service improvement/productivity exercise to ensure delivery of new ways of working and new models of care/service re-design following service reviews. This will enable release of staff capacity and re-direction of activity, reducing duplication and improve efficiency within the wider system.	Red		300,000	300,000	tbd
15	Mental Health	Community MH Vacancies up to month 3 This will be delivered through non-recurring vacancy management. A review of the workforce requirements in alignment with the wider change programme recommendations including routine analysis of the skills mix linked to wider service reviews and workforce recommendations.	Green	50,000		50,000	
16	Mental Health	External NHS Service Level Agreements There has been a reduction in referrals to outwith area hospitals with more services provided locally, resulting in a reduction in SLA payments.	Green	25,000		25,000	
17	Mental Health	Unpacs There has been a reduction in referrals to private providers with more services provided locally, resulting in a reduction in UNPACs payments.	Amber	25,000		25,000	

Ref	Section	Area of Saving	RAG	Non Recurring	Recurring	TOTAL	FTE Change 16/17
18	Mental Health	Medical Posts - Targetted Reduction This proposal will be delivered through a range of options, including the reduced use of agency locums, a review of additional recurring EPAs (without external funding) and a review of clinical management arrangements. This assumes no additional unplanned absences/vacancies and undertaking a vacancy management exercise throughout the year. All posts and locums/rates to be approved by AMD.	Red	300,000		300,000	
19	Mental Health	Slippage from Lead Nurse Vacant Post Delay in recruitment to vacant post, no impact on service short term due to colleagues.	Green	6,000		6,000	
20	Mental Health	Prescribing - Cost Reduction Savings released by review of substitute prescribing linked to service developments and new ways of working and reduction in cost of methadone. No impact on service provision.	Green	50,000		50,000	
21	Mental Health	Prescribing and Medication Saving Across Community Teams Savings to be released by the review of prescribing practice and linked to service developments and new ways of working.	Amber	30,000		30,000	
22	Mental Health	Payroll Turnover, Reduction in Staff Absence and Review of Skills Mix A 2.7% turnover target has been set for Mental Health and will result in every vacancy being assessed to determine whether delaying recruitment in-year or deferring recruitment until 2017/18 would adversely impact on service delivery and / or result in increased costs associated with agency cover. Where impact or risk of impact is minimal, a decision will be taken to delay or defer recruitment to release savings on a non-recurring basis. Staffing Absence will also be targeted with a reduction to reduce cover costs. There will also be a non-recurring review of workforce requirements in alignment with wider change programme recommendations. The skill mix to be routinely analysed linked to wider service reviews and workforce recommendations.	Amber	421,000		421,000	
23	Health and Community Care	Delayed Discharge Slippage IJB approved the allocation of Delayed Discharge funding on a recurring basis to support the mainstreaming of the Integrated Care and Enablement Service, as well as the development of Single Point of Contact; Hospital at Home; and Rehabilitation services. These developments are predicated upon the successful recruitment to new posts. These recruitment processes commenced in July 2016 and it is anticipated that the earliest appointments will be made and budget required will be period 5. This offers an opportunity to contribute to the savings on a non-recurring basis at no detriment to any service with only a short delay before the benefits intended for local people can be realised.	Green	200,000		200,000	0
24	Health and Community Care	Arran War Memorial Arran War Memorial has been consistently operating at less than 50% occupancy for over one year. Work is underway to reconfigure the site through minor modifications to the existing estate with a view to introducing co-location of health and social care teams and creation of a Single Point of Contact, in line with the agreed model for service delivery on Arran. This will be a precursor to the development of a new, purpose-built community hub. Part of this reconfiguration will see the redevelopment of the current six-bedded room in Ward 1 into a new A&E and Assessment facility to create separate streams for minor and major patients, as well as a safe, non-inpatient setting for those waiting for transfer to definitive care on the mainland. This will result in a requirement for a reduced nursing establishment within the hospital and while some nursing staff may be asked to provide outreach services to support the District Nursing Team, each vacancy will be reviewed with a view to reducing the establishment.	Amber		15,000	15,000	5

Ref	Section	Area of Saving	RAG	Non Recurring	Recurring	TOTAL	FTE Change 16/17
25	Health and Community Care	Cumbræ Lodge IJB approved the allocation of funding released from Cumbræ Lodge savings in 2015/16 on a recurring basis to support an improved level of liaison service to Care Homes. It is anticipated that the earliest appointments will be made and budget required will be period 5. This offers an opportunity to contribute to the savings on a non-recurring basis at no detriment to any service with only a short delay before the benefits intended for local people can be realised.	Green	44,326	-	44,326	0
26	Health and Community Care	Payroll Turnover and Reduction in Staff Absence A 2.7% turnover target has been set for the Health and Community Care Team and will result in every vacancy being assessed to determine whether delaying recruitment in-year or deferring recruitment until 2017/18 would adversely impact on service delivery and / or result in increased costs associated with agency cover. Where impact or risk of impact is minimal, a decision will be taken to delay or defer recruitment to release savings on a non-recurring basis. Staffing Absence will also be targeted with a reduction to reduce cover costs.	Amber	214,775	-	214,775	
27	Health and Community Care	Packages of Care This saving relates to funding that has been released from existing packages that are either no longer required or are being delivered in an alternative, more efficient way. This does not impact on other existing individuals who benefit from NHS funded packages of care and any individuals who would require such support in the future would be considered on a case-by-case basis.	Green	-	70,000	70,000	0
28	Health and Community Care	Huntington's Budget The budget required to support this project has reduced following the relocation of this project to NHS premises at no cost to the project. This has reduced the contribution required from this budget.	Green		10,000	10,000	
29	Children's Services	Health Visitor Supplies This is a budget that is no longer required for its original purpose and was unspent in 2015-16. There is no service impact in withdrawing this budget.	Green	-	20,000	20,000	
32	Children's Services	Payroll Turnover and Reduction in Staff Absence A 2.7% turnover target has been set for Children's Services and will result in every vacancy being assessed to determine whether delaying recruitment in-year or deferring recruitment until 2017/18 would adversely impact on service delivery and / or result in increased costs associated with agency cover. Where impact or risk of impact is minimal, a decision will be taken to delay or defer recruitment to release savings on a non-recurring basis. Staffing Absence will also be targeted with a reduction to reduce cover costs.	Amber	109,899	-	109,899	
33	Management and Admin	Review of Administration Target saving to be achieved through review of business support linked to wider programmes of service change and integration of services.	Red		150,000	150,000	
				2,201,000	670,000	2,871,000	

Integration Joint Board
5th August 2016
Agenda Item No. 8

Subject: **Director's Report**

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

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

1. INTRODUCTION

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

2. CURRENT POSITION

National Developments

IJB Chair/Vice Chair Event – 27th June 2016

- 2.1 The Scottish Government hosted a further IJB Chair/Vice Chair event on 27th June 2016. Councillor Anthea Dickson attended the event along with Iona Colvin, Director. The theme of the event was “Learning and Leading Together” and Iona Colvin gave a presentation on collaborative working, highlighting the work around localities and our appreciative inquiry approach.

Ayrshire Developments

Red Cross House Development

- 2.2 As previously reported to the IJB, the development of the Red Cross site and its use presents a further opportunity to establish a multi-disciplinary way of working, particularly in the rehabilitation and supported accommodation functions of the complex. Location of different services in close proximity enables an environment to be established where skills can be shared and developed to the benefit of staff and service users.

2.3 Confirmation as preferred bidder in mid-June has enabled the NAHSCP to enter the next phase of the project; that is

- to engage in wider consultation to further define the preferred options,
- refine the brief to architects to design and define the capital costs of refurbishment and prepare a programme of delivery. The outcome of this will inform the final Business Case submission to Chief Executives of NHS and NAC and respective funding bodies.

The scope and scale of the project is large, encompassing the siting of four significant services to support people in recovery, rehabilitation and opportunities to maximise their strengths and skills.

- The development of a **community mental health resource** is a new service development and will complement the recovery journey from in-patient rehabilitation units at Woodland View to the community. The workforce model and service delivery model will draw on evidence based best practice solutions. The care pathway will be developed with consultation and engagement of all relevant disciplines and agencies.
- The development of a **supported accommodation resource for individuals with complex learning disabilities and /or autistic conditions** will be as an alternative to long term hospital care or relocation from current community support arrangements. Current service provision is either independent providers in own accommodation or delayed discharge as an in-patient at Arrol park. Again, the workforce model and service delivery model will draw on evidence based best practice solutions. The care pathway will be developed with consultation and engagement of all relevant disciplines and agencies.
- The **Learning Disability Day Service** at Fergushill has a workforce who will transfer to the new site. Briefings have already been undertaken with staff affected. There are no issues raised by staff in travelling to work.

Managers of current service and the multi-disciplinary community support team have reviewed the site and informed the design brief to architects. Some of the staff have viewed the site and when ownership is confirmed, we will be able to arrange further opportunities.

- **Respite Provision** is currently provided by independent providers. The relocation of a North Ayrshire Council owned building providing residential provision and the ongoing staffing model will be evaluated.

Celebrating Success

2.4 I was delighted to attend NHS Ayrshire & Arran's, Ayrshire Achieves 2016 award ceremony on 29th June 2016. It was a great celebration of excellence across Ayrshire and I'm sure you will recognise some names;

- Tommy Stevenson (finalist, *Leading by example*),
- William Lauder (**winner**, *Leading by example*),
- Barbara Conner (finalist, *Building relationships*),
- Dr Gordon Isbister (**winner**, *Caring for people*),
- Woodland View Programme Team (finalist, *Team of the year*) and,
- Cancer Team (finalist, *Team of the year*).

My congratulations go to all the staff involved. I know they will continue to inspire colleagues and staff and caring for people in local communities.

Enterprising Minds has been selected as a finalist in the category for Best Employment and Equality Initiative in the Association for Public Service Excellence (APSE) Awards 2016.

Enterprising Minds highly innovative approach promotes the idea of 'micro-enterprise' to people with learning difficulties and those with autism, their families, support networks and support providers in North Ayrshire. It is about the stimulation of a different way of thinking that people find creative, engaging and empowering. Hansel, as the lead partner, originally made an approach to work in close and open collaboration with North Ayrshire Health and Social Care Partnership. To deliver this approach, a third partner was identified, Community Catalysts, an organisation with a reputation for radically imaginative solutions.

To date, 26 people with varying needs and very different ideas have been supported through *Enterprising Minds*; each with a unique and powerful story that often involves local relationships, connections and collaborations with others. Through these individuals and their stories, *Enterprising Minds* has brought people, groups with shared interests and local businesses in the community together to create something new.

The APSE Award winners will be announced on 8 September 2016. Well done to everyone at Hansel, Community Catalysts and to John McCaig and his team in Learning Disability Services.

North Ayrshire Developments

Appointment of Interim Lead Nurse

- 2.5 Pete Gilfedder has been appointed as our Interim Lead Nurse/Associate Nurse Director. Pete comes from his post as Senior Nurse, Mental Health Services Inpatient Team, and commenced on Monday 11th July 2016.

Embracing the Wave of Change

- 2.6 A wider Partnership Management Team event was held on Wednesday 29th June 2016 in Saltcoats Town Hall. Over 100 Partnership managers got together to reflect on Partnership successes in the past 18 months. They heard about the Locality Planning Forum developments and some of the real challenges we face going forward. The four main service development areas of focus were discussed and debated. The big 4 are :
- Building teams around children,
 - Developing a wider range of primary care services,
 - Supporting older people and people with complex care needs and,
 - Creating mental health and learning disability services to better support people to stay well.

Enable Scotland joined the meeting with a forum theatre piece that made staff think about our person-centred approach – how can we really put people at the centre of their health and care journey? Better listening, different thinking, inclusive approaches, supporting them with options and to make choices that will work with their life circumstances. Colleagues from NHS Ayrshire & Arran informed us about Public Health’s role, we heard from HR and staff representative colleagues about the Staff Partnership Forum developments it finished with impromptu twitter messaging about effective leadership – #goodendtogreatday

Vibrant Communities Event – 24th June 2016

- 2.7 A half-day session was held with the Third and Independent Sectors to explore the strengths and opportunities, from collaborative working, to support the Partnership’s four emerging service development areas.

- Develop primary care services in local communities
- Support the needs of older people and adults with complex care needs
- Build teams around children
- Develop and deliver a new strategy for mental health and learning disabilities

The event was attended by a total of 86 people; with 37 people representing carers, the third sector and the independent sectors. The feedback from this event was very detailed and will inform the Partnership journey.

Locality Roadshows

- 2.8 A series of health and social care locality roadshows are being planned for North Ayrshire. These will be for community groups, primary care teams, providers and staff from NAC, NHS, third sector and independent sector. The events will include locality needs and developing locality based solutions in partnership, the launch of our refreshed strategic plan (including the four development areas) and getting-to-know-you sessions. More information will follow (including timings), but for now here are the dates and places for you to pencil into your calendar.

12 September	Arran Locality Roadshow (Whiting Bay Hall)
15 September	Irvine Locality Roadshow (venue tbc)
21 September	Three Towns Locality Roadshow (Ardrossan Civic Centre)
26 September	North Coast Locality Roadshow (Vikingar)
11 October	Kilwinning Locality Roadshow (Nethermains Community Centre)
19 October	Garnock Valley Locality Roadshow (Bridgend Community Centre)

Carer’s week - Monday 6th June - Sunday 12th June

- 2.9 Carer's Week is an annual campaign to recognise and raise awareness about carers and their caring role.

The 13,900 North Ayrshire Carers play an astonishing role often making great personal sacrifices to support family, friends and loved ones who find themselves in difficult and demanding circumstances. The strength, devotion, care and support provided by carers is vital to the lives of so many people in communities across North Ayrshire.

Within North Ayrshire this year's focus was about people coming together to Build "Carer Friendly Communities".

An event was held on Friday 10th June 2016 to launch the North Ayrshire Carer's appreciation card.

This card entitles unpaid carers in North Ayrshire to a range of offers, concessions and discounts that we hope will be widely used and enjoyed by carers of all ages.

The card itself was the result of a request from our young carers of North Ayrshire with the purpose for them to be able to use it to present when they came across difficult circumstances in school (i.e. turning up late, not handing in homework etc.), in GP surgeries/pharmacies to facilitate their role often as the main carer for mum, dad, sibling, grandparent etc., to perhaps help them pick up prescriptions or have difficult or unique conversations about the person or the person's condition that they care for.

Change Programme Update

- 2.10 The Pan Ayrshire New Models of Care for Older People and those with Complex Needs work continues and has now developed a shared business case template which is being completed by each partnership.

In order to support this work local Partnership and a Pan Ayrshire development days have been held. It is expected that the outline broad direction business case will be signed off by the August 2016 Programme Board.

Positive feedback continues for the Community Connectors Service and a shared learning event is being held with Practice Managers on the 25th July 2016.

Three workstreams have now been identified and membership of groups agreed to take forward the community mental health team integration project. A nursing triage pilot has been agreed to relieve pressures in the Primary Care Mental Health teams. Escalation plans are now in place to address the slippage in the review of Psychological Services review.

The Lead Officers from the partnership representing health, social care, Independent Sector and the Third Sector have been working with Evaluation Support Scotland (ESS) to undertake:

- Action learning set with ICF projects, Strategic ICF Leads and Third Sector interface to assess ICF process from Strategic Planning Group to Integrated Joint Board.
- Undertake capacity building with the Third Sector by delivering evaluation training to support business case development
- Using the outcome of the Action Learning set and the capacity building training, develop a suitable template and process for commissioning using ICF monies.
- Use this learning to inform the partnerships Strategic Commissioning approaches and framework in to 2017

As a result of this work a new monitoring arrangement for ICF Ideas & Innovation Projects, which has taken account of third, independent sector and commissioning team expertise has been developed. This monitoring will be implemented on a quarterly basis and include shared project visits by the TSI and Partnership monitoring officers.

Providers Forum – Governance Arrangements

- 2.11 I recently met with Jim Nichols and Nigel Wanless to discuss the future format of the North Ayrshire Providers Forum. We agreed at that meeting to bring forward proposals for the development of an Interface Group. These proposals will be brought to a future IJB for approval.

Developing an Undernutrition Strategy for Ayrshire

- 2.12 An Ayrshire Healthy Weight Strategy is being developed with an initial focus on the prevention and treatment of overweight and obesity. The second phase will concentrate on the prevention and treatment of undernutrition. The strategy will be developed on a pan Ayrshire basis although its implementation will be tailored to the needs of those living in the three health & social care partnership areas.

The importance of this problem cannot be underestimated. Good nutrition and hydration are fundamental to health and wellbeing. Being undernourished affects people's ability to fight infection; delays wound healing and recovery from illness; impairs concentration and mood; contributes to risk of a fall; and leads to poor growth and development in children.

To date work undertaken to address undernutrition has been carried out mainly in hospitals, however the majority of those affected live at home. BAPEN (British Parenteral & Enteral Nutrition Group) estimate that 93% of the 1 million older people affected by malnutrition are in the community, 5% in care homes and only 2% in hospitals. Also the majority of Primary 1 children in Ayrshire are a healthy weight, however in 2014/15 1.2% of children were found to be at risk of underweight.

How we are addressing the problem

The causes of undernutrition are varied and complex, therefore, a multi-agency response is required. Although those working in the health and social care partnership and community planning partnerships have a key role to play in preventing and treating undernutrition, it is not their sole responsibility. Joint working with a range of local third and independent sector organisations such as charities and voluntary groups is essential. There are examples of good work already in progress, however, a more coordinated approach is needed to connect these, avoid duplication, spread the workload and make the most of the assets we can build on.

Next Steps

Three partnership events have already taken place which identified priorities; who should be involved; what are the gaps/opportunities and sharing of current examples of good practice.

A steering group with a wide membership to include stakeholders from all areas is being formed. This group will consider all the aforementioned factors including relevant local information to develop a strategy and action plan which will suit the needs of all the people of Ayrshire and Arran.

3. IMPLICATIONS

3.1 Financial Implications

There are no financial implications arising directly from this report.

3.2 Human Resource Implications

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

3.3 Legal Implications

There are no legal implications arising from this report.

3.4 Equality Implications

There are no equality implications.

3.5 Environmental Implications

There are no environmental implications.

3.6 Implications for Key Priorities

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

4. CONSULTATIONS

- 4.1 No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of consultation.

5. CONCLUSION

- 5.1 Members of the IJB are asked to note the ongoing developments within the partnership.

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



Ayrshire and Arran NHS Board

Monday 23 May 2016

Ayrshire and Arran Joint Health Protection Plan 2016- 2018

Author:

Dr Elvira Garcia, Consultant in Public Health Medicine

Sponsoring Director:

Dr Carol Davidson, Director of Public Health

Date: 28 April 2016

Recommendation

To consider and approve the Ayrshire and Arran Joint Health Protection Plan (JHPP) 2016- 2018.

Summary

The Public Health etc. (Scotland) Bill received Royal Assent on Wednesday 16th July 2008 and is now an Act of the Scottish Parliament. The Act requires health boards to prepare such plans relating to the protection of public health in its area as the board considers appropriate. The plan is to be known as the Joint Health Protection Plan (JHPP) and is required to be updated every two years. This paper has been considered and approved at the Healthcare Governance Committee meeting on 18 April 2016.

The Ayrshire and Arran Joint Health Protection Plan 2016-2018 has been produced by the Joint Health Protection Planning Group (JHPPG) comprising representatives from NHS Ayrshire & Arran (Health Protection and Resilience), the three Ayrshire Local Authorities (Environmental Health Services) and the Ayrshire Civil Contingencies Team.

Key Messages:

This plan:

- Provides an overview of health protection responsibilities, priorities, provision and preparedness within Ayrshire and Arran
- Describes how NHS Ayrshire & Arran and the three Ayrshire Local Authorities work jointly to protect public health across a range of health protection topics.
- Provides a summary of the key health protection priorities and related joint working planned for 2016-18

Glossary of Terms (insert any abbreviations referred to in your paper)

All abbreviations are listed in a table on pages 6-8 of the paper

Monitoring Form

Policy/Strategy Implications	The Public Health etc. (Scotland) Bill is now an Act of the Scottish Parliament. This JHPP is a requirement of that Act.
Workforce Implications	There are no significant workforce implications from the publication of the plan.
Financial Implications	There are no significant resource implications from the publication of the plan. Copies have to be made available on request and there may be associated costs for training exercises and learning events.
Consultation (including Professional Committees)	Officers from all three Ayrshire local authorities are involved and are discussing the JHPP with the relevant committees of the three councils. Ayrshire Civil Contingencies Team has also been involved.
Risk Assessment	<p>There are no direct risks as a result of the production of this plan.</p> <p>Any risks associated with the content of this plan are covered by NHS Ayrshire & Arran's risk management arrangements and will be managed through the Public Health Governance Group and the Corporate Management Team and thereafter overseen by the Healthcare Governance Committee.</p>
Best Value - Vision and leadership - Effective partnerships - Governance and accountability - Use of resources - Performance management	<p>In transparent reporting of performance and future priorities; demonstrates openness to external scrutiny.</p> <p>With other NHS partners and each of the three local authority partners as well as Ayrshire Civil Contingencies and Scottish Government.</p> <p>Through reporting of performance against actions.</p> <p>Through maximising existing available resource.</p> <p>Through reporting of performance against actions.</p>
Compliance with Corporate Objectives	Improving and protecting population health
Single Outcome Agreement (SOA)	Safer and Stronger Communities Health inequalities
Impact Assessment An Equality and Diversity Impact Assessment has been undertaken and no adverse impacts were identified.	

Ayrshire and Arran Joint Health Protection Plan 2016 – 2018



Foreword

The Public Health etc. (Scotland) Act 2008¹ requires NHS Boards, in conjunction with Local Authorities to co-operate with each other and with other relevant persons in exercising the functions conferred on them by the Act. This includes the protection of public health in the context of new health challenges which have arisen with modern living; for example new or emerging infectious diseases such as MERS-CoV, Ebola, Zika, Pandemic Flu and the modern environmental hazards and nuisances.

Protecting public health means the protection of the community from infectious diseases, contamination or other hazards which constitute a danger to health. The front line officers within Local Authorities and NHS Boards who must meet these challenges are Environmental Health professionals in Local Authorities and the professionals within the Health Boards' Public Health Departments. Under the legislation Local Authorities and NHS Boards must designate sufficient numbers of competent persons, officers and other staff for the purposes of carrying out the functions of the Act.

A major joint initiative for Local Authorities and the NHS Boards is to produce a Joint Health Protection Plan (JHPP) providing an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness for the NHS Board area. Guidance on the content of joint health protection plans has been published by the Scottish Government².

The Scottish Government has recently published a Review of Public Health in Scotland. The annex F of the review³ indicates that the public health input into Health and Social Care Partnerships and Community Planning Partnerships in relation to health protection includes the joint planning of health protection to ensure resilience of health protection function, and the maintenance of local links and delivery of local health protection priorities through the Joint Health Protection Plan. The Public Health Review also mentions that the current organisational arrangements for Public Health in Scotland should be reviewed, and that the Health

Protection Oversight Group and the Scottish Government should build on the creation of the Health Protection Network to ensure effective leadership and coordination for health protection in Scotland. This review may have future implications for the organisation of Health Protection in Scotland.

This plan has been produced by the Joint Health Protection Planning Group (JHPPG) comprising of representatives from NHS Ayrshire & Arran, the three Ayrshire Local Authorities (Environmental Health Services) and the Ayrshire Civil Contingencies Team (ACCT).

This plan covers the period from 1 April 2016 to 31 March 2018. It will be reviewed regularly by the group throughout its duration to ensure the contents remain relevant and appropriate. Further plans will be published every two years.

The JHPP is a public document available on the websites of NHS Ayrshire & Arran and the three Local Authorities⁴ and on request from the Director of Public Health or the Heads of Environmental Health at each of the Local Authorities⁵.

¹http://www.opsi.gov.uk/legislation/scotland/acts2008/pdf/asp_20080005_en.pdf

²<http://www.gov.scot/Topics/Health/Policy/Public-Health-Act/Implementation/Guidance/Guidance-Part1>

³<http://www.gov.scot/Publications/2016/02/8475/10>

⁴www.nhsaaa.net; www.east-ayrshire.gov.uk; www.north-ayrshire.gov.uk; www.south-ayrshire.gov.uk

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Ayrshire and Arran Joint Health Protection Plan: 2016 - 2018

Version No:

Version 1.0

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Effective from

01/04/2016

Review Date

31/03/2018

Lead reviewer

Dr Carol Davidson
(Director of Public Health)

**Dissemination
Arrangements**

NHS Ayrshire & Arran Board
Committees of East, North and South Ayrshire Councils

Amendment record

Review date	Comments	Date of next review

Abbreviations

ACCT	Ayrshire Civil Contingencies Team
ADOC	Ayrshire Doctors On Call
ADPs	Alcohol & Drug Partnerships
ADTC	Area Drugs & Therapeutics Committee
AHVLA	Animal Health and Veterinary Laboratories Agency
ALRP	Ayrshire Local Resilience Partnership
AMT	Antimicrobial Management Team
BBV	Blood Borne Virus
CCA	Civil Contingencies Act
CMO	Chief Medical Officer
COMAH	Control of Major Accident Hazards
CPD	Continuing Professional Development
CPH	Consultant in Public Health
CPHM	Consultant in Public Health Medicine
DMB	Defence Munitions Beith
EAC	East Ayrshire Council
ECOSS	Electronic Communication of Surveillance in Scotland
EHO	Environmental Health Officer
EPH	Environmental Public Health
ESA	Employment and Support Allowance
FSA	Food Standards Agency
FSS	Food Standards Scotland
GDC	General Dental Council
GP	General Practitioner
GSS	Glasgow Scientific Services
HAI	Healthcare Associated Infection
HIV	Human Immunodeficiency Virus
HPN	Health Protection Nurse
HPNS	Health Protection Nurse Specialist
HPS	Health Protection Scotland
HPT	Health Protection Team

HPV	Human Papilloma Virus
IB	Incapacity Benefit
ICM	Infection Control Manager
IMT	Incident Management Team
IPCT	Infection Prevention & Control Team
ISD	Information Services Division
JCVI	Joint Committee on Vaccination and Immunisation
JHPP	Joint Health Protection Plan
JHPPG	Joint Health Protection Planning Group
LE	Life Expectancy
MACR	Major Accident Control Regulations
MCN	Managed Care Network
MDT	Multi Disciplinary Team
MIP	Major Incident Plan
MIST	Major Incident Support Team
MSM	Men who have sex with men
NAC	North Ayrshire Council
PAG	Problem Assessment Group
PCOIC	Prevention & Control of Infection Committee
REPPIR	Radiation Emergency Preparedness and Public Information Regulations
SAC	South Ayrshire Council
SDA	Severe Disablement Allowance
SEPA	Scottish Environment Protection Agency
SEISS	Scottish Environmental Incident Surveillance System
SHPIR	Scottish Health Protection Information Resource
SHPN	Scottish Health Protection Network
SHPN-GIZ	Scottish Health Protection Network – Gastrointestinal Infections & Zoonoses
SIDSS	Scottish Infectious Disease Surveillance System
SIMD	Scottish Index of Multiple Deprivation
SOPs	Standing Operating Procedures

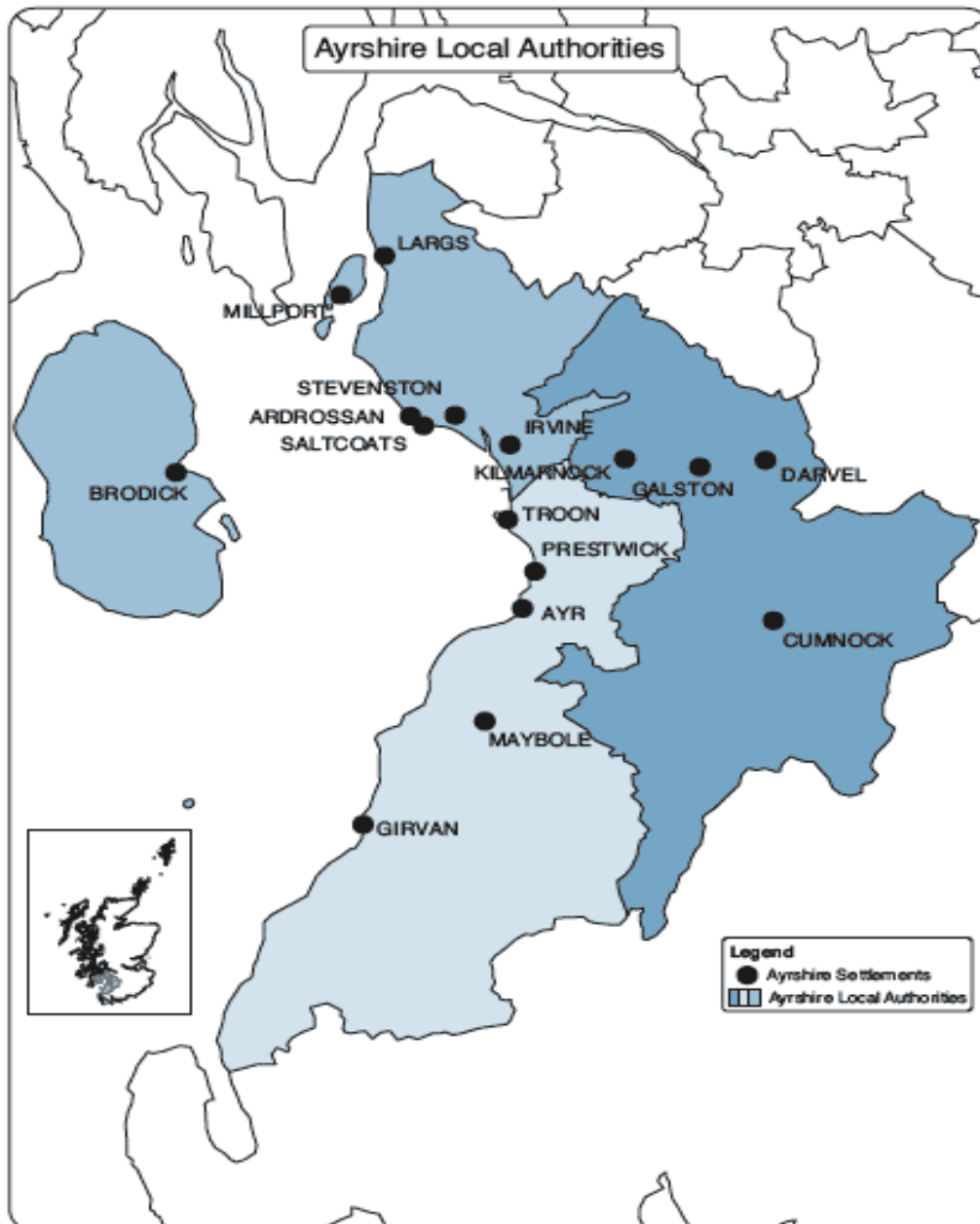
STAC	Scientific and Technical Advice Cell
SW	Scottish Water
TB	Tuberculosis
WTW	Water Treatment Works

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1 Overview of Ayrshire and Arran

1.1 Demography and geography of the population



Ayrshire and Arran consists of three coterminous local authority areas - East Ayrshire, North Ayrshire and South Ayrshire. It is located in the south west of Scotland bounded by Inverclyde, Renfrewshire and East Renfrewshire to the north, Lanarkshire to the east and Dumfries and Galloway to the south. It covers an area of 3,369 square kilometres and is a mix of rural and urban developments.

(<http://www.scotlandscensus.gov.uk>).

Table 1 shows the population in each of the three local authority areas and the change in population between the 2001 and 2014 population estimates. The population estimate in NHS Ayrshire & Arran has decreased slightly between 2001 and 2014. The population in East and North Ayrshire has increased slightly over the last ten years. However, all are below the Scottish average increase and the population increase has stopped in the last few years.

Table 1: Populations of East, North and South Ayrshire compared to Scotland, 2001, 2011 and 2014

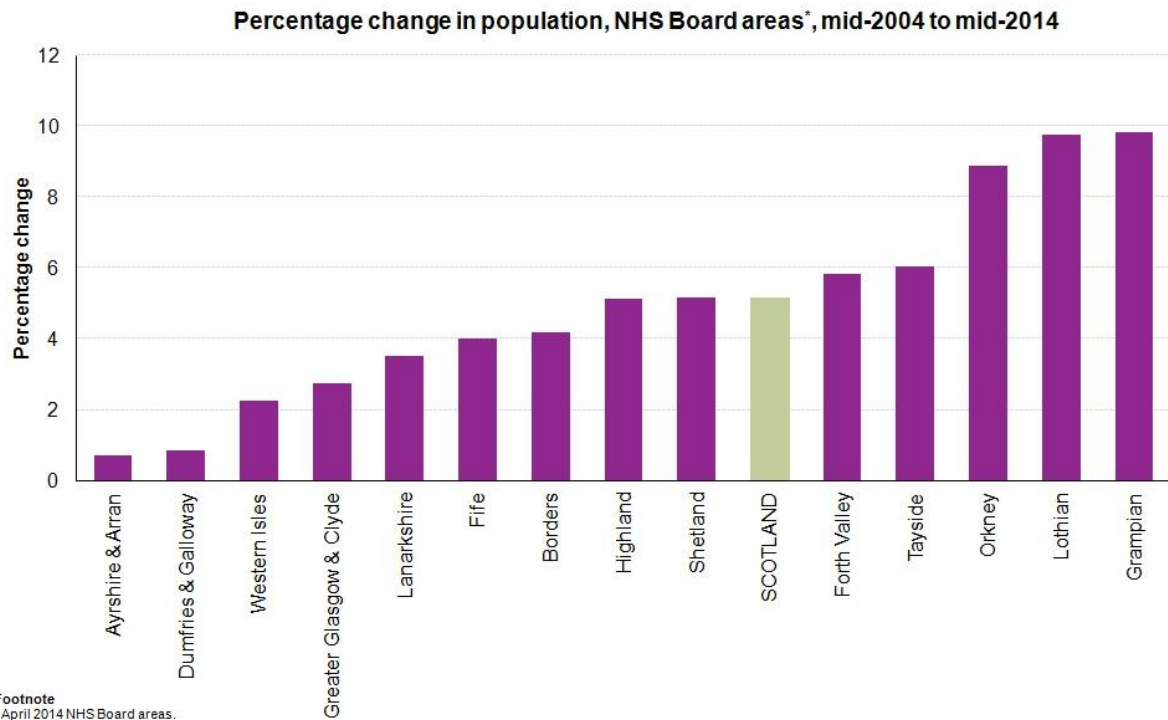
Area	Population 2001 ¹	Population 2011 ²	Mid- 2014 Population Estimate ³
Scotland	5,062,00	5,295,400	5,347,600
East Ayrshire	120,200	122,700	122,150
North Ayrshire	135,800	138,200	136,450
South Ayrshire	112,100	112,800	112,510
NHS Ayrshire and Arran	368,100	373,700	371,110

Source (1 &2): www.scotlandscensus.gov.uk/en/censusresults/downloadablefiles.html

Source (3): Table 2 <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2014>

(1 &2) Population data are rounded to the nearest hundred.

According to the mid-2014 population estimate NHS Ayrshire & Arran has had the smallest increase in population in the last 10 years compared to all other boards (see figure).

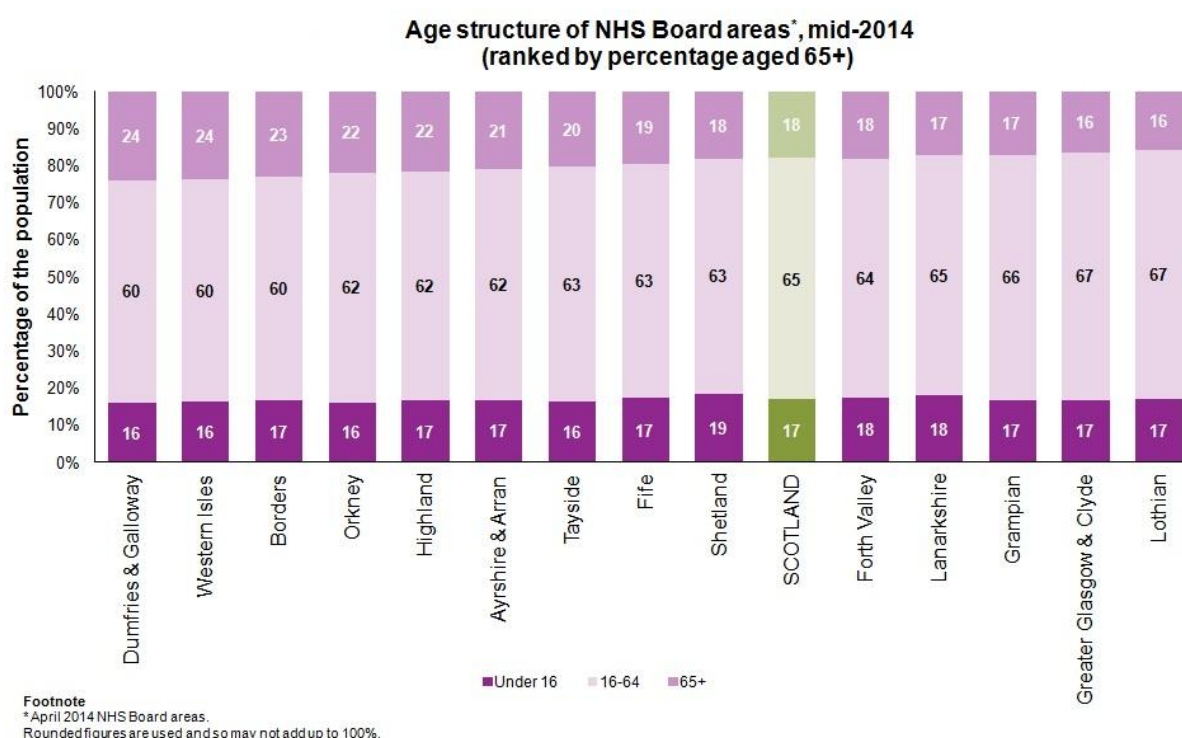


Source: Figure 13 at <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2014>

East Ayrshire covers an area of 1,262 square kilometres from Lugton in the north to Loch Doon in the south. It has an estimated population of 122,150 people living in urban, rural and isolated communities, with a population density of 97 persons per square kilometre (Scottish average=69).

North Ayrshire is situated around 25 miles south-west of Glasgow. Its total area is some 885 square kilometres (441 sq km mainland, 444 sq km islands) with a total coastline of 140 miles (42 miles mainland, 98 miles islands). A high percentage (85%) of the area is classified as rural. North Ayrshire has a total estimated population of 136,450. Its population density is 154 persons per square kilometre which is above the Scottish average but below that of nearby Glasgow City (3,433).

South Ayrshire has an extensive coastline and covers an area of 1,222 square kilometres. The north-west part of South Ayrshire is the most densely populated. South Ayrshire has a total estimated population of 112,510. The five main towns of South Ayrshire make up approximately 80% of the total population. Overall population density is 92 persons per square kilometre.



Source: Figure 10 at <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2014>

1.2 Minority ethnic population

Table 2 provides an overview of ethnicity in Ayrshire and Arran. The 2011 Census grouped information on ethnicity into two broad categories: White ethnic groups and Minority ethnic groups.

Table 2: Overview of ethnicity in Ayrshire and Arran compared to Scotland, 2011 Census

Ethnicity	Ayrshire & Arran		Scotland
	Number	Percentage	Percentage
All people	373,712	100.0%	100.0%
White – ethnic groups	369,392	98.8%	96.1%
Minority – ethnic groups	4,320	1.15%	3.9%

Source: <http://www.scotlandscensus.gov.uk/en/censusresults/downloadablefilesr2.html>

Minority ethnic groups make up 1.15% of the Ayrshire and Arran population; this is relatively small compared to 3.9% across Scotland. The Asian population is the

largest minority ethnic group at 0.7% however this is a relatively small proportion compared to the national figure of 3% (**Table 3**).

Table 3: Minority ethnic groups in Ayrshire and Arran, population numbers and percentages 2011 Census

Minority ethnic group	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic groups	Mixed or multiple ethnic groups
Number	2,752	253	181	280	854
Percentage	0.7	0.1	0.0	0.1	0.2

Source: <http://www.scotlandscensus.gov.uk/en/censusresults/downloadablefilesr2.html>

As per 2011 census, only 1.5% of the population of Ayrshire & Arran have their country of birth outside the EU (4% in Scotland).

1.3 Deprivation in Ayrshire and Arran⁴

The Scottish Index of Multiple Deprivation 2012 (SIMD) indicates that there are significant differences in socio-economic status and deprivation levels across Ayrshire, and that there are areas with high multiple deprivation adjacent to areas with low multiple deprivation. SIMD 2012 data ranks the 6,505 data zones in Scotland from 1 - most deprived to 6,505 - least deprived. Ayrshire and Arran has 480 data zones and 95 of these are within the 15% most deprived areas in Scotland. Ayrshire and Arran has the second highest proportion of data zones within the 15% most deprived category, behind Greater Glasgow and Clyde.

The most deprived data zone in Ayrshire and Arran is in the Ardrossan Central intermediate zone in North Ayrshire, ranked 21st in Scotland. The least deprived data zone is in the Stewarton East intermediate zone in East Ayrshire, ranked 6,446th in Scotland. Levels of income deprivation in East and North Ayrshire are higher than Scotland as a whole and in South Ayrshire they are lower. In 2013 15.9% of the population were income deprived, with 19.0% of children living in poverty, and 5.5%

⁴ Source: www.scotland.gov.uk/Topics/Statistics/SIMD

of adults claiming Incapacity Benefit (IB)/Severe Disability Allowance (SDA)/Employment & Support Allowance (ESA) (income-replacement disability benefits). Life expectancy (LE) for males in Ayrshire & Arran in 2011 was 76.5 years, and for females it was 80.7, both of which are close to the Scottish average (Ref: ScotPHO Health and Wellbeing Profiles 2015).

This data is also available for the individual local authorities (table 4).

Table 4: Overview of deprivation in Ayrshire and Arran compared to Scotland, SIMD 2012

Area	Male LE (years)	Female LE (years)	Income deprived	Children living in poverty	Adults claiming IB/SDA/ESA
East Ayrshire	76.1	80.2	16.4%	19.4%	5.7%
North Ayrshire	76.0	80.7	17.7%	21.5%	5.9%
South Ayrshire	77.3	81.2	13.1%	15.4%	4.9%

Source: www.scotland.gov.uk/Topics/Statistics/SIMD

2 Health protection planning infrastructure

2.1 Remit of agencies

NHS Ayrshire & Arran

The health protection remit for NHS Boards is described in the letter of 2 February 2007 from the Chief Medical Officer⁵ (CMO) and has been further clarified by the Public Health etc (Scotland) Act 2008. NHS Ayrshire & Arran delegates this responsibility to the Director of Public Health with work carried out by the Health Protection Team (HPT). This team comprises of Consultant in Public Health Medicine (CPHM), Consultant in Public Health (CPH), Associate Specialist in Public Health Medicine, Health Protection Nurse Specialists (HPNS), Health Protection Nurse (HPN) and support staff. Their health protection remit relates to communicable diseases, environmental hazards and the deliberate release of biological, chemical, radiological and nuclear hazards. The remit is delivered through the key functions of:

- surveillance
- investigation
- risk assessment
- risk management
- communication
- emergency response and management
- audit, evaluation, education, training and research.

North, South & East Ayrshire Councils

The health protection remit lies within the Environmental Health and Trading Standards Services of North, South & East Ayrshire Councils and includes communicable disease, air quality, food safety and standards, occupational health and safety, pollution control, public health, private water supplies, pest control, animal health, tobacco control, the enforcement of the Smoking in Public Places legislation and the built environment (the condition of Housing), with Port Health

⁵ See [http://www.sehd.scot.nhs.uk/cmo/CMO\(2007\)02.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2007)02.pdf)

included in the north and south of the area. In the main, this is statute-led and includes monitoring, inspection, surveillance, sampling, investigation and resolution of enquiries and complaints.

The Public Health etc (Scotland) Act 2008 has placed particular responsibilities on Local Authorities, in the area of mortuaries and the disposal of bodies, it enables Scottish Port Health Authorities to implement the International Health Regulations at ports, makes provision relating to the use of sun-beds and amends the law on statutory nuisances to include insect infestations, artificial light nuisance and water on land. It enables Local Authorities to offer fixed penalties, as an alternative to prosecution, to persons who fail to comply with abatement notices.

2.2 Multi-agency planning infrastructure

The NHS and the Local Authorities are an integral part of the West of Scotland Regional Resilience Partnership. It is through this forum that civil contingency (emergency planning) issues are addressed across the wider partner organisations, including the emergency services, military and the voluntary organisations.

2.3 Civil contingency plans

There are a number of key plans within Ayrshire and Arran on which the NHS and the Local Authorities either individually or jointly lead. A full list of plans including review and exercise dates and access details are shown at Annex A.

3. Priorities for health protection, including emerging issues

3.1 National priorities

The CMO issued a letter on 31 January 2008 detailing the main priorities for health protection in Scotland. These were:

- Pandemic influenza planning
- Healthcare associated infections (HAI) and antimicrobial resistance
- Vaccine preventable diseases and the impact on them of current and planned immunisation programmes
- Environmental exposures which have an adverse impact on health
- Gastro-intestinal and zoonotic infections.

In more recent years, new national guidance / action plans have been issued in relation to a number of areas of health protection, these include:

- UK Pandemic Influenza Preparedness Strategy. Department of Health 2011
- Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS led Incident Management Teams. Scottish Government 2011
- The Tuberculosis (TB) Action Plan for Scotland. Scottish Government 2011
- VTEC / E. Coli O157 Action Plan for Scotland. Scottish Government 2013
- Guidelines on the roles and responsibilities of agencies involved in the Investigation and Management of Zoonotic Disease in Scotland 2014
- The Vale of Leven Hospital Inquiry Report 2014: Lessons learned about C Dif Infection
- Guideline on Management of Legionella Incidents, Outbreaks and Clusters in the Community 2014
- Ebola response and guidance documents 2014-2015
- Food (Scotland) Act 2015
- Electronic cigarettes and strengthening tobacco control 2015
- A Guide to Environmental Incident Response for NHS Boards 2015

- National Infection Prevention and Control Manual 2015

These areas form important aspects of health protection work locally, details of which are given in Section 3.2.

3.2 Local priorities

3.2.1 Pandemic influenza

Local pandemic influenza plans have been updated in line with the new national guidance issued in November 2011 and informed by lessons learned during the 2009 influenza A (H1N1) pandemic.

The Scottish Government, in partnership with Resilience Partnerships, Health Boards and other partners, delivered a programme of events, to exercise Scotland's response to a Pandemic Influenza outbreak, during the period May to November 2015. This will inform the update of our local pandemic influenza plans that will need to reflect organisational changes and integration in the Health and Social Care Partnerships.

Local health protection teams remain vigilant to the possibility of imported respiratory infections such as infection from Avian Flu or the Middle East Respiratory Syndrome – Novel Coronavirus (MERS-CoV).

3.2.2 Healthcare associated infections (HAI) and antimicrobial resistance

The Nurse Director is the executive lead for the prevention and control of infection within NHS Ayrshire & Arran. The Infection Control Manager (ICM) is the “Designated Senior Manager” required under HDL (2001)¹⁰ to deliver the corporate accountabilities of the NHS Board, Chief Executive and Medical Director. The Prevention & Control of Infection Committee (PCOIC) reports to the NHS Ayrshire & Arran Healthcare Governance Committee.

The Infection Prevention & Control Team (IPCT) provides a service to all directly managed NHS Ayrshire & Arran services, including acute, continuing care and mental health services in the hospital and community settings.

There is close liaison between the IPCT and Public Health Department's HPT. A CPHM and a HPN are members of the PCOIC. The HPT may provide expert advice and guidance to care homes in relation to HAI and the prevention and control of infection.

The NHS Ayrshire & Arran Antimicrobial Management Team (AMT) is charged with ensuring a robust programme of antimicrobial stewardship in primary and secondary care. The AMT reports to the Antimicrobial Management Group which is chaired by the Medical Director and is a sub-group of the Area Drugs & Therapeutics Committee (ADTC).

The Vale of Leven Hospital Inquiry Report – lessons about Clostridium Difficile infection and the National Infection Prevention and Control Manual are relevant documents that may be used in community settings.

3.2.3 Vaccine preventable diseases and their impact on current and planned immunisation programmes

The implementation and monitoring of immunisation programmes in Ayrshire & Arran is overseen by the NHS Ayrshire & Arran Immunisation Steering Group. This is a multi-disciplinary group which is chaired by a CPHM, who is also the Immunisation Coordinator for NHS Ayrshire & Arran.

In addition to the established routine childhood and seasonal flu immunisation programmes, four new vaccination programmes were implemented across the UK from 2013 onwards. This represented a major expansion to immunisation programmes in Scotland. These programmes were:

- Rotavirus immunisation

This immunisation programme was introduced on 1st July 2013 and is now part of the routine childhood immunisation programme. The oral vaccine is given to all babies at age 2 and 3 months of age alongside the other routine immunisations given at this age. This programme has been fully implemented.

Quarterly uptake rates for two doses of rotavirus vaccine from July to September was 92.8% (93% Scotland), April to June 2015 were 94.8% in NHS Ayrshire & Arran (93.2% Scotland). Monitoring of the impact of the programme suggests the vaccine has had an early impact with a reduction in laboratory confirmed cases, General Practitioner (GP) consultations and hospital admissions for gastrointestinal infections⁶. However further seasons of rotavirus infection are needed to fully assess the impact of the immunisation programme.

- Varicella Zoster (Shingles immunisation)

The Joint Committee on Vaccination and Immunisation (JCVI) recommended the introduction of routine varicella-zoster immunisation for the prevention of shingles for individuals aged 70 with a catch-up programme for 71 to 79 year olds to be phased in over several years. The programme commenced on 1st September 2013 when the catch-up programme offered the vaccine to those who were aged 79 years old while in year 2 (2014/15) the vaccine was offered to those aged 78 years and 79 years of age (aged 77 and 78 years of age in September 2013). In year 3 the catch-up vaccine was initially offered to 78 years old but from February 2016 it was extended to those aged 76 and 77 as defined by their age on 1 September 2015 (so it was offered to those who were aged 74, 75 and 76 in September 2013).

It is expected that the catch-up programme will be extended to those who were aged 71, 72 and 73 in September 2013.

In 2014/15 uptake in the routine programme for 70 year olds in NHS Ayrshire & Arran was 52.2%, below the Scottish average of 58.7%. A lower uptake was also

⁶ See <http://www.documents.hps.scot.nhs.uk/posters/2015/rotavirus-vax-prgmm-scotland.pdf>

observed for the catch-up cohorts (50.6% for those aged 78 years and 48.4% for those aged 79 years). Practice level uptake was analysed and showed considerable variation in practice uptake. Those practices with below average uptake were contacted during the year and reminded to contact patients for vaccination. Further work is underway to examine what factors may be contributing to this variation in uptake.

The programme is delivered primarily in GP practices with patients in care homes, nursing homes and long stay wards in the eligible age groups offered the vaccine.

- Extension of seasonal flu vaccine to children

This extension to the seasonal flu programme was to be implemented in a phased manner over a few years. In year 1 of the programme (2013/14) vaccination was offered to all children aged 2 and 3 years on 1st September 2013, and to all children in primary 6 and 7 classes. In year 2 (2014/15) the programme was extended to all preschool children aged 2 to 5 years and all primary school children. The timing of the planned extension to all pupils in secondary schools has yet to be clarified. Delivery of this programme will continue to present considerable challenges, particularly in relation to staffing.

In 2015/16, the third year of the childhood flu programme, the uptake in the preschool programme (2 to 5 year olds) was 59.2% in NHS Ayrshire & Arran, which is above the Scottish average of 55.5% (week ending 24th January 2016), a slight increase from uptake in 2014-15 of 58.6% (56.4% Scotland).

Uptake among at risk children aged 2 and 3 years is much higher than in the overall cohort of 2 and 3 year olds (67.2% compared to 53%). This higher uptake was one of the expected benefits of extending the seasonal flu programme to all children. Prior to the extension of the programme to all children, uptake of flu vaccine in at-risk children aged 2 to 16 years in 2012-13 was 36.5% in Ayrshire & Arran according to figures from Information Services Division (ISD) Scotland.

In the schools programme in 2015/16, uptake in NHS Ayrshire & Arran was 76.2%, which is above the target of 75% and the Scottish average of 71.1%. Uptake of flu vaccine in at risk primary school aged children by contrast is lower than the overall primary school cohort. Preliminary data at the end of January for the 2015/16 season suggests that this uptake is 53.4%.

- Meningitis C (MenC) booster immunisation for adolescents

A teenage booster dose of MenC vaccine was introduced to pupils in S3 in 2013/14 as it was shown that protection conferred by vaccination given at 12 months of age wanes by the teenage years. In addition, from mid-August 2014, there was a catch-up programme of limited duration to offer the vaccine to first-time university entrants.

Initial uptake rates for the school leaving booster and MenC booster immunisation for 2014/15 were published at the end of December 2015. Uptake in NHS Ayrshire & Arran was above the Scottish average at 84.4% for the teenage booster (82.0% Scotland) and 84.4% for the MenC booster (81.9% Scotland).

- Other recent changes to Meningococcal Immunisation programme

In March 2014, the JCVI recommended that Meningitis B immunisation be introduced into the routine infant schedule with two doses given at ages 2 and 4 months of age with a booster dose given at age 12 months, provided a cost effective vaccine can be purchased. At the end of March 2015 a start date of 1st September 2015 was announced. Eligible children were babies born on or after 1st May 2015.

In late 2014/early 2015, epidemiological surveillance of meningococcal disease noted a steep rise in the number of cases of meningococcal disease caused by the W strain across the United Kingdom. As this affected mainly adolescents and young adults the JCVI recommended an urgent catch-up programme for all 14 to 18 year olds to commence when sufficient supplies of the quadrivalent vaccine MenACWY became available. This commenced in August 2015 with vaccination of school leavers and university freshers followed by a school-based vaccination programme for S3 to S6 pupils commencing in January 2016. The MenACWY vaccine will

replace the MenC vaccine in the first-time university entrant's programme and in the routine adolescent programme for S3 students.

Human Papilloma Virus (HPV) vaccination for Men who have Sex with Men (MSM) and Human Immunodeficiency Virus (HIV) positive patients

The JCVI has recommended the introduction of HPV vaccination to higher risk groups such as MSM via sexual health clinics and for people who are HIV positive through existing services. Working groups have been set up to plan the implementation of this programme. The JCVI will review evidence on the cost-effectiveness of introducing HPV vaccination to teenage boys.

Other possible immunisation programmes

The JCVI has recommended the introduction of universal hepatitis B immunisation for all infants. This would be introduced as part of a 6 in 1 infant vaccine to replace the current 5 in 1 vaccine once the next vaccine procurement contract is due. This may be in 2017-18.

3.2.4 Environmental exposures which have an adverse impact on health

Environmental exposures currently recognised as impacting on health range from the beneficial impact of green space on mental wellbeing to the way in which environmental exposures determine the expression of genes.

Health Protection work in this area includes responses to acute incidents and chronic contamination resulting in human exposures to physical (e.g. ionising and non-ionising radiation, respirable particulates), and chemical hazards, whether by inhalation, ingestion, or direct exposure and contact.

The recently published Guide to Environmental Incident Response for NHS Boards (2015) will help NHS Public Health / Health Protection staff in responding to environmental incidents. It sets out processes to assess the type of incident and to decide the appropriate level of NHS Health Protection response.

A further aspect of Environmental Public Health (EPH) is the assessment of proposed policy changes and infrastructure developments in order to mitigate adverse health impacts, and to promote beneficial influences on health such as assessments of developments involving hazardous emissions to air.

The three Local Authorities liaise closely with the NHS and work on a number of areas relating to environmental exposures which have an adverse impact on health.

These include:

- Air quality monitoring - provision of automatic air sampling equipment which provides continuous monitoring at locations throughout the area including particulate monitoring/investigation
- Private water supplies - monitoring, advice and inspection of private water supplies including sampling
- Health improvement measures - food hygiene and safety, food standards, infectious disease investigation, diet and nutrition advice, and healthy eating campaigns (for example salt and fat content in food)
- Smoking prohibition checks and checks on the sale of tobacco products to under 18s
- Health and wellbeing campaigns, for example noise control and antisocial noise control relative to mental health and wellbeing
- Healthy Working Lives - health and safety inspections and advice visits, accident investigations and participation in campaigns such as prevention of accidents from slips, trips and falls and working at heights
- Improving the built environment, for example identifying houses below the tolerable standard and using statutory nuisance powers to seek resolution; identifying unlicensed houses in multiple occupation and houses rented by unregistered landlords in partnership with other council services to provide accommodation that is fit for purpose
- Contaminated land use, identification and remediation strategies
- Regulation of the use of sunbeds
- Regulation of skin piercers and tattooists

- General public health issues - pest control and dog warden, litter, fly tipping control and dog fouling campaigns / enforcement, nuisance control and abatement
- Animal Health issues: including rabies, anthrax, TB

Emerging issues that can be considered include:

- Risks of exposure of workers and members of the public to carbon monoxide from solid fuel equipment in commercial catering establishments.
- Roadside emissions testing of vehicles (especially particulates from diesels) by Environmental Health Officer's (EHO) in conjunction with the police.
- Proliferation of solid fuel stoves and biomass heating plants.
- The Food Scotland Act 2015 set up Food Standards Scotland (FSS) and conferred powers against contravention of food information law. This included the emergence of food fraud as an activity where further surveillance is required.
- Air Quality – Local Authorities contingency plans, including generic contingency plan and specific emergency plans for hazardous sites. This included the new standards for air quality and the impact that may have on monitoring processes.
- Electronic cigarettes as they may contribute to levels of indoor air pollution and second hand vapour inhalation.

Joint working that has been undertaken recently in relation to environmental exposures that could have an impact to health include:

- **Radon Gas Monitoring** - work with the Scottish Government in Ayrshire to identify and reduce levels of radon gas in homes susceptible to the problem.
- **Private Water Supplies** - Arrangements between NHS Ayrshire & Arran and the three Local Authority Environmental Health Services regarding private water supplies have been reviewed and formalised.

3.2.5 Gastro-intestinal and zoonotic infections

Environmental health and public health are members of the Scottish Health Protection Network (SHPN) Gastrointestinal Infections and Zoonoses (GIZ) Group. SHPN-GIZ is part of the Scottish Health Protection Network and supports and co-ordinates a multidisciplinary considered approach to the methodology, evidence and responses to gastrointestinal and zoonotic disease threats in Scotland.

One of the most common health protection issues managed on a daily basis is gastro-intestinal infections. These are investigated and managed jointly by the HPT and the three Local Authorities to control the infections and reduce the risk of further spread. In addition, where there is any indication of an outbreak, a multi-disciplinary, multi-agency meeting convened by a CPH or CPHM will manage any incident.

In November 2013, the Scottish Government published the VTEC / E coli O157 Action Plan for Scotland 2013 – 17. The Ayrshire & Arran response to the action plan has been agreed and is being taken forward. The national group is working on the action plan and will cascade to public health and environmental health once finished.

The HPT and the three Local Authority Environmental Health Services have agreed and implemented a joint protocol for the investigation and management of cases of gastro-intestinal disease. This needs to be reviewed and updated.

3.2.6 Other priority areas

3.2.6.1 Blood borne viruses (BBV)

The risks to health arising from infection from blood borne viruses are significant and pose major public health challenges. In 2011, the Scottish Government published the Sexual Health and Blood Borne Virus (BBV) Framework (2011-15)⁷ which brings together national policy on HIV, hepatitis B, hepatitis C and sexual health for the first time.

⁷ The Scottish Government (2011). The Sexual Health and Blood Borne Virus Framework 2011-15 Edinburgh

The framework continues to focus on hepatitis C and sexual health. It also includes a renewed focus on HIV and also establishes a context through the inclusion of hepatitis B. The outcomes to be delivered by the framework include:

- Fewer newly acquired BBV infections
- Reduction in health inequalities associated with BBVs
- People affected by BBVs leading longer, healthier lives
- A society whereby the attitudes of individuals, the public, professionals and the media towards BBVs are positive, non-stigmatising and supportive.

An integrated and multi-agency approach is required to deliver these outcomes. Whilst the NHS has a critical role in preventing, diagnosing and treating infection, there is a vital role to be played by local authorities and the third sector (e.g. voluntary bodies). This is particularly important in relation to the links with other public health and health protection concerns such as drug misuse and excessive alcohol consumption.

The BBV Managed Care Network (MCN) is the local structure that has been established to support a multi-agency, collaborative approach, encouraging participation of all partners, including people living with BBVs.

NHS Ayrshire & Arran, Public Health Department leads a multi-agency and multi-disciplinary team (MDT), which is responsible for delivery of the Sexual Health & BBV Outcomes Framework. An annual workplan is agreed which builds on existing achievements, enhances partnership collaboration and embeds continuous quality improvement processes within the service delivery of all partner organisations and agencies.

3.2.6.2 Tuberculosis

The complex nature of TB requires a multidisciplinary approach from respiratory nurses, clinical teams in primary and secondary care, microbiology and public health to prevent the spread of TB, and to reduce the burden of disease. NHS Ayrshire and Arran is implementing the TB Action Plan for Scotland which was published in 2011.

Since late 2011, quarterly multidisciplinary (MDT) TB meetings have been initiated to review all TB cases. The MDT is developing local TB guidelines. A local initiative to improve case-finding for latent TB infection in new entrants was established, however this has been paused owing to staffing and resource issues.

The public health department has been engaging with Alcohol and Drug Partnerships (ADPs) to highlight the increased risk of TB amongst heavy alcohol users. This started with a joint ADP and Public Health led awareness building exercise. Following this, Public Health is producing TB information leaflets for partnership workers, to encourage symptom identification and support early referral of symptomatic individuals.

The three Local Authority Environmental Health Services continue to work in partnership with Animal Health and Veterinary Laboratories Agency (AHVLA) to prevent milk from TB reactor animals being used in unpasteurised dairy products. The rise of artisan cheesemakers in Ayrshire has increased our surveillance although the risk to health remains low.

3.2.6.3 Other emerging issues

The HPT, in conjunction with the three Local Authorities will co-operate with each other to respond to new health challenges as needed; for example, significant joint work may be undertaken to ensure preparedness for situations that could have an impact in the public health such as Ebola and Zika Virus.

Trading Standards will continue to seek to work even more closely with health partners across the full range of health-related legislation they enforce. Particularly, in respect of the spread of animal disease, age-restricted sales (Tobacco / Solvents) and the abuse of products (New Psychoactive Substances). The collaborative work with the Ayrshire Tobacco Control Group continues to support the joint work in addressing tobacco related health issues (including e-cigarettes, smoking ban enforcement, counterfeit tobacco controls and age related sales).

4. Civil protection risks

Procedures for responding to public health incidents at seaports were reviewed and updated.

4.1 Ayrshire risk registers

The Ayrshire Local Resilience Partnership (ALRP), Community Risk Register⁸ has been compiled in accordance with the Civil Contingencies Act 2004 (CCA) and its associated Regulations and Guidance as outlined in the Scottish Government document *Preparing Scotland*⁹.

This register has been created to provide public information about the hazards that exist within the Ayrshire area and the control measures in place to mitigate their impact. These hazards do not represent forecast or predictions relating to particular incidents or sites but rather indicate the scale of potential problems relating to that type of hazard and for which relevant services and agencies may be expected to plan.

4.2 Off site contingency plans

Within Ayrshire there are four top tier sites as defined by the Control of Major Accident Hazard Regulations 1999 (COMAH sites), two sites covered by the Radiation Emergency Preparedness and Public information Regulations 2001 (REPPIR sites) and one site covered by the Major Accident Control Regulations (MACR).

COMAH sites:

- Chivas Bros Ltd, Balgray Bonded Warehouse, Beith
- Chivas Bros Ltd, Willowyard Bonded Warehouse, Beith
- William Grant & Sons – Distillery and Maturation Warehouse, Girvan.
- DSM Nutritional Products Ltd – manufacture of vitamins , Dalry

⁸ See www.firescotland.gov.uk/your-area/west/local-senior-officers.aspx

⁹ See www.scotland.gov.uk/Publications/2012/03/2940

REPPIR sites:

Hunterston A, West Kilbride – decommissioning site

Hunterston B, West Kilbride – civil nuclear power station used to generate electricity

MACR site:

Defence Munitions Beith (DMB) - maintenance and storage facility.

5. Significant events (1 January 2014 - 31 December 2015)

The table below contains examples of incidents dealt with jointly by NHS Ayrshire & Arran and the Environmental Health Services of East, South and North Ayrshire Councils which have been significant and / or where lessons have been learned together with improvements made over the period.

Date	Incident / outbreak	Key points, learning points and improvements made to plans and services
2013-2014	Dental notification exercise	<p>A large patient notification exercise was undertaken in Ayrshire following alleged infection control breaches in two dental practices. An Incident Management Team (IMT) was called to examine the alleged breaches in order to assess any risk to patients. A variety of information was gathered from the practice to inform the risk assessment. In response to the findings, control measures were put in place and 5,100 patients were informed by letter that risk of infection was very low and testing was not recommended. A patient helpline was set up. In response to this notification exercise more allegations emerged from another source. A further risk assessment was carried out using the new information. Patients were informed by letter again. Although risk was still very low, BBV testing was offered as a precaution. A patient helpline was set up. Approximately 2,250 tests were carried out. No HIV or hepatitis B cases were identified. Less than five new cases of hepatitis C were identified. There is no evidence indicating that a dental patient who underwent BBV testing as part of the patient notification exercise, acquired a BBV in the dental practice. However, BBV transmission within the dental practice cannot be ruled out. A hearing was held by the GDC (General Dental Council).</p> <p>Lessons learned that are being disseminated include: There are concerns about the ability to assure infection control standards are being met within dental practices. Patient notification exercises can have an adverse impact on patients. The benefits of patient notification are unclear in instances such as this, where risk to patients is very low. The financial cost (and opportunity cost) was substantial.</p>
Jun-14	Preparedness for the Glasgow Commonwealth Games 2014	Regular joint meetings were held ahead of and during the Commonwealth Games. Information on local training camps, team accommodation at Ayrshire and Arran and event venues were shared with updates from the HPT and the three Local Authority Environmental Health Teams. The meetings also discussed communicable disease surveillance, healthcare provision for teams, transport and reporting arrangements.

		Environmental Health Officers (EHOs) conducted inspections of relevant accommodation. Emails were circulated to local GPs asking for heightened awareness for potential communicable disease outbreaks. The HPT were also involved with regular national teleconferences hosted by Health Protection Scotland (HPS). Coordination among agencies ahead of situations like this was found to be particularly helpful.
Jul-14	National Salmonella outbreak	<p>Following notification of three cases of Salmonella from the same geographical area over the course of one week, a Problem Assessment Group (PAG) meeting was convened to investigate. The PAG involved NHS Ayrshire & Arran HPT, NAC Environmental Health Service and HPS. Testing revealed that the cases were infected with an indistinguishable strain of Salmonella Typhimurium. All cases had eaten at the same restaurant in North Ayrshire. However, this strain of salmonella was indistinguishable from recent cases associated with a Glasgow restaurant.</p> <p>A second PAG was held, chaired by HPS, and with additional involvement of NHS Greater Glasgow & Clyde HPT, Glasgow City Council Environmental Health and the Food Standards Agency (FSA). Further investigations of the supply chains to the two restaurants were conducted. Two further outbreak control meetings were chaired by HPS. Investigations revealed seven confirmed cases, four were Ayrshire residents. All cases had eaten salad.</p> <p>Dates of onset suggested a once-off event associated with a supplier.</p> <p>Other health boards were alerted and an ECDC enquiry was made.</p>
Sep-14	Coagulation failure at Bradan WTW	<p>Coagulation failure for 15 hours at water treatment works (WTW) in Ayrshire resulting in discoloured water and decreased chlorine levels. Samples taken by Scottish Water (SW) at a number of locations across the distribution area and checks carried out at service reservoirs. PAG held by teleconference with Scottish Water, NHS Ayrshire & Arran HPT, SAC environmental health service, EAC environmental health service, NAC environmental health service and HPS. Risk assessment of potential health risks including cryptosporidium assessed as low. Hospital supply chlorine levels normal but discoloration noted in some areas the following day. No microbiological failures in all water samples tested.</p> <p>There were delays in the information provided by SW regarding the size and location of the population served by the water treatment works, the names of hospitals served by the water</p>

		<p>treatment works, the estimated turnover time of water within the distribution, information about the catchment area of the water treatment works. As a result of this incident, SW is working to have this information pre-prepared for each of their water treatment works to be used in future incidents.</p>
Sep-14	E.Coli O157 cases with links to farm park	<p>Ayrshire and Grampian cases of E.Coli O157 both reported to have visited Ayrshire farm park within their incubation period. Two family clusters, total of 7 confirmed cases, some of which were through secondary spread. PAG held to discuss cases with NHS Ayrshire & Arran HPT, SAC environmental health services, EAC environmental health services, NHS Grampian HPT, E.Coli O157 reference lab and HPS in attendance. Control measures included closure of animal feeding area within farm park, new hand-washing facilities and signage installed, and increased supervision of animal feeding area.</p> <p>Liaison with farm park on appropriate measures is key to ensure that appropriate advice was provided to visitors.</p>
Nov-14	Norovirus outbreak at Inverclyde Sports Centre, Largs during the Commonwealth Fencing Championships	<p>Ten individuals involved with an international sporting event hosted in Ayrshire were reported to have symptoms of diarrhoea and vomiting over a 48 hour period with similar dates of onset. Cases were residents from a wide-range of countries and staying in a number of different Ayrshire hotels. An IMT was held with representation from NHS Ayrshire & Arran HPT, SAC environmental health service, EAC environmental health service, NAC environmental health service, HPS and the event organisers. Initial investigations carried out by the HPT and EHOs reviewed cases and relevant venues. An information letter was prepared for event participants, staff and volunteers and the HPT liaised with the venue medical centre. There was potential for significant media interest and as such communication with NHS 24, local GP services, Scottish Government and other NHS boards was initiated at an early stage. No common food source was identified amongst cases. Two further IMT meetings were held; agreed control measures included enhanced cleaning of hotel rooms to reduce the risk of transmission to new arrivals with the arrival of further competitors at a second stage of the event, along with written advice for new arrivals. Despite written advice to competitors it emerged that some symptomatic individuals continued to participate in the event and not self-isolated until 48 hours clear of symptoms. Samples were arranged from symptomatic cases and confirmed norovirus infection.</p> <p>Following this incident EHOs wrote to all hotels involved advising they should have formal norovirus protocols in place.</p>

Dec-14	Health concerns related to the scrap yard and the seaport at the Newton area of Ayr	Health concerns regarding cancer incidence and mortality in area close to metal recycling scrap-yard at the dockside in Ayr. Analyses of dust content, soil samples, monitoring of noise levels, and local cancer epidemiology conducted. Three reports assessing the situation were developed. 2 PAG meetings held with NHS Ayrshire & Arran HPT, SAC Environmental Health Services and HPS. Several meetings with residents and elected members.
Apr-15	Elevated levels of phytoplankton in shellfish	In April 2015, FSS reported that there were elevated levels of toxin-producing plankton in shellfish samples taken from Prestwick Bay and Barassie Bay. SAC placed closure notices, banning shellfish harvesting, on the shorelines of the affected areas. A PAG was convened to review the situation. This was attended by representatives from the HPT, SAC EHOs, FSS, Scottish Environment Protection Agency (SEPA) and HPS. It was concluded that there was no risk to human health from recreational bathing in the water. SAC issued an agreed press release advising the public of this closure and that bathing was safe (although dogs swimming in the affected sea water should be hosed down with clean fresh water afterwards). The shellfish harvesting closure notices were withdrawn in late May, following two sets of shellfish samples which showed that toxin-producing plankton had fallen to safe levels.
Jun-15	Norovirus outbreak with links to restaurant	Nineteen individuals out of 40-50 people who attended a function at a hotel in Ayrshire were reported to have symptoms of diarrhoea and/or vomiting. Environmental Health Officers visited the hotel to initiate investigations and implement immediate control measures. An IMT with representation from NHS Ayrshire & Arran, SAC Environmental Health Service, and HPS was convened. Following detailed investigation, including inspection of procedures in place at the hotel and examining the food histories of affected and unaffected guests, the IMT concluded that this outbreak was most likely the result of person-to-person spread and that there was no indication that food was the source of infection. The outbreak was later confirmed as being due to norovirus infection. This outbreak demonstrated the transmissibility and high attack rate associated with norovirus infection. The outbreak was limited to a single group of guests using the hotel on a single day; this may have been due to the timely response of SAC Environmental Health Services and the HPT, and prompt implementation of control measures by the hotel. Coordination among agencies is essential to ensure that information is shared consistently to communicate with members of the public.
2014-2015	Local response to Ebola outbreak in	Local Ebola guidance produced. Need to inform EHO if appropriate (e.g. likelihood of local community concern, need for decontamination in community, involvement of community

	West Africa	setting e.g. school, care home).
Sep-15	Diarrhoea and vomiting outbreak at school	A large number of pupils at a primary school in East Ayrshire reported symptoms of diarrhoea and/ or vomiting. Initial infection control advice was given. Numbers steadily increased to a total of 44% of pupils and 43% of staff. The primary school shared facilities with the secondary school, therefore the sharing of facilities was postponed where possible to try and limit the affected children. An IMT with representation from NHS Ayrshire & Arran, EAC Environmental Health Service, and HPS was convened. Control measures were agreed including taking the opportunity to deep clean the affected primary school and early years centre during a planned holiday. Further to this significant outbreak, an informal debrief meeting was held with EAC Environmental Health Service and NHS Ayrshire & Arran HPT where it was agreed that there should be a review of guidance on the management of Norovirus for schools across Ayrshire & Arran. The HPT will continue to maintain good communication with the Environmental Health department during suspected outbreaks. To assist in this the HPT has prepared a reporting form to enable schools to accurately document numbers of new cases affected (date of onset, classes, period of absence etc).
Sep-15	Skin infection associated with hot tub	During September 2015 The HPT received a report from Ayrshire Doctors On Call (ADOC) of mild skin infections identified in eight patients who had used a hot tub at a hotel. Initial follow up of the situation and contact with cases was carried out by the CPHM. Investigation of the hot tub was carried out by Environmental Health. The HPT worked closely with environmental health and communicated with HPS and NHS Ayrshire and Arran Communications departments regarding the situation. A total of eighteen potentially exposed people were identified. All of the eighteen were informed and advised.
Oct-15	Investigation of Giardia cases living in same area	<p>Giardia infection is a gastrointestinal infection often causing diarrhoea and abdominal cramps in affected individuals. It is a relatively uncommon infection among Ayrshire residents.</p> <p>During 2015, the HPT worked closely with the Environmental Health department of NAC and HPS to investigate a small cluster of Giardia cases reported from the same geographical area in North Ayrshire. Following extensive investigation and enhanced surveillance it was concluded that there was no common source for the infections identified.</p>
Sep-15	National outbreak of E. Coli O157	During 2015 a national outbreak of E.coli O157 infection associated with the consumption of venison products was confirmed by HPS. As there were a small number of associated cases in an Ayrshire family, the HPT worked closely with the

		Environmental Health department of SAC and HPS to investigate further. A national multidisciplinary IMT led by HPS was established and the HPT and EHOs participated in IMT meetings. This outbreak resulted in FSS reviewing current guidance on the handling and preparation of venison products.
2014-2015	Several family outbreaks of E. Coli O157	During 2014 there were two family outbreaks of E.coli O157, and four family outbreaks in 2015. The HPT worked closely with Environmental Health Departments, microbiology and reference laboratories as well as HPTs in other Board areas. In order to prevent spread to others, the complicated follow up process of the family and investigation into each case took several weeks. To maintain close contact, frequent telephone communication with the cases and their families was required.

6. Health protection: resources and operational arrangements

6.1 Resources

Staffing information, including a note of designated competent persons, can be found at Annex B.

The availability of adequate information and communications technology is essential for the day-to-day work of health protection and is detailed at Annex C.

During a larger incident or outbreak there may be a decision taken to activate the NHS Control Centre. The control centre is resourced with telephones, computers, printers and a fax machine. The computers have internet access to allow access to specialist information. Facilities are also available for video and teleconferencing.

Where required during an incident, a dedicated helpline for the public can be provided by NHS 24.

6.2 Organisational arrangements to facilitate collaborative working

Organisational arrangements for collaborative working are in place between NHS Ayrshire & Arran, EAC, NAC, SAC and other health protection agencies.

These are:

- The JHPPG. This group provides strategic oversight and is responsible for agreeing and setting joint priorities for health protection activity in Ayrshire & Arran.
- The Ayrshire and Arran Water Liaison Group. This is a subgroup of the JHPPG and has representation from NHS Ayrshire & Arran HPT, the three Local Authority Environmental Health services, Scottish Water, SEPA and HPS. The group meets 6 monthly to discuss water-related issues in Ayrshire and Arran, to share learning, and take forward any joint pieces of work.

A number of other formal and informal arrangements are in place to facilitate good collaborative working including ad hoc meetings, phone calls and emails.

There are also arrangements in place within EAC, NAC and SAC to ensure appropriate sharing of information and learning across teams and departments. In addition, Glasgow Scientific Services (GSS) provides specialist assistance to each of the three Local Authorities.

Joint exercises also contribute to building and maintaining good working relationships. Recently tested exercise scenarios include an incident on the Arran ferry, large crowd event, pandemic flu and an incident in the prison. Debriefs are held following every exercise and are used to identify areas of both good practice and areas for improvement to inform changes in practice, plans and procedures.

6.3 Arrangements to respond in office hours and out-of-hours

In NHS Ayrshire & Arran, a Consultant in Public Health is always available out-of-hours through Crosshouse Hospital switchboard. There is a one in five consultant-led rota for health protection. The NHS also operates a strategic directors' rota to support both the duty managers and health protection rota.

The NHS Ayrshire & Arran HPT can be contacted by phoning 01292 885858 during office hours.

The three councils have staffing levels to deliver the full Environmental Health and Trading Standards remit. Team Leaders have responsibility for Food / Health and Safety enforcement or Public Health / Pollution or Trading Standards

Contact during office hours:-

North Ayrshire Council

Office hours number is 01294 324339

East Ayrshire Council

Office hours number is 01563 553538 / 553520

South Ayrshire Council

Office number is 03001230900

Ayrshire Civil Contingencies Team

Single contact number is 07659183863

6.4 Arrangements for reviewing health protection Standard Operating Procedures (SOPs) and guidance

NHS Guidance and SOPs have been developed locally and are subject to regular review. These documents are contained in the HPT shared drive available in the office and out of the office through remote access enabled laptops.

Other guidance and information documents can be accessed through the Scottish Health Protection Information Resource (SHPIR) website provided by HPS. SHPIR is an on-line resource which provides NHS board health protection teams with access to the most up to date and relevant guidance which can be used in an outbreak or incident situation.

From 2014, HP Zone Scotland – a health protection information and case management IT system – has been implemented by all health protection teams across Scotland. Work to ensure that this system is adapted to our local arrangements is ongoing.

The three Local Authorities have SOPs and guidance covering food, occupational health and safety, animal health and public health enforcement activities. These have been developed based on national frameworks and adapted for local circumstances. They are subject to review and audit.

6.5 Corporate arrangements for the maintenance of knowledge, skills and competencies of staff with health protection duties

Within NHS Ayrshire & Arran there is an annual cycle of personal development planning and review and performance appraisal for all staff.

In addition to annual performance appraisal, medical staff are required to undertake annual consultant appraisal. All staff registered with the Faculty of Public Health are required to demonstrate their maintenance of Continuing Professional Development (CPD) records.

Under the Public Health etc (Scotland) Act 2008, NHS Ayrshire & Arran must designate a sufficient numbers of competent persons for the purposes of carrying out the functions of the Act (see Annex B).

In each of the three Councils there is an annual professional development review process based on a competency framework for officers within Environmental Health. This ensures that technical and personal development objectives are agreed to maintain the necessary competencies. The process is recorded formally.

FSS also carries out periodic audits of Food Safety / Food Standards Inspections and Enforcement carried out by this service. This provides feedback on the maintenance of standards by the Environmental Health services.

In terms of The Public Health etc (Scotland) Act 2008, Local Authorities must designate sufficient numbers of EHOs for the purposes of carrying out the functions of the Act. This list has to be kept updated and staff numbers adequate (see appendix B).

7 Health protection services: capacity and resilience

7.1 Assessment

There are no nationally set levels of staffing for health protection services in either the NHS or local authorities. Within NHS Ayrshire & Arran the capacity of the HPT to deal with service requirements is subject to ongoing assessment.

There has also been an ongoing focus on building resilience across the Department of Public Health with both formal and informal training. In exceptional circumstances, staff from across NHS Ayrshire & Arran will also assist in a variety of capacities, dependent on their skills.

7.2 Mutual aid arrangements

A memorandum of understanding exists between the West of Scotland NHS Boards (NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Forth Valley, NHS Greater Glasgow & Clyde and NHS Lanarkshire) to provide mutual aid in public health emergency situations. In addition, NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Greater Glasgow & Clyde and NHS Lanarkshire have agreed to work together to provide appropriate personnel to form a Scientific and Technical Advice Cell (STAC) to advise the West of Scotland Regional Resilience Partnership in emergency situations.

A similar memorandum of understanding exists between the thirteen Local Authorities of the West of Scotland Regional Resilience Partnership. This enables councils to support each other during emergencies if required.

8 Public involvement in the planning and delivery of health protection services

There is public representation on the PCOIC, the BBV MCN, the Immunisation Steering Group, and the Public Health Communications Group.

Day to day work of the HPT involves contact with the public on a regular basis, and this in turn informs the planning process.

The three Local Authorities consult and engage with the public in a number of ways including by telephone or written questionnaire enquiry on various topics, including the use of resident's panel, internal processes of each council or feedback for businesses and customers.

9 Summary and actions

This plan gives an overview of health protection responsibilities and priorities, provision and preparedness within Ayrshire and Arran and describes how the Board and the Local Authorities deal with the range of health protection topics.

Working together, the Board and Local Authorities will continue to:

- Review the joint health protection planning process and mechanisms required to support this work
- Review organisational arrangements for collaborative working
- Consolidate and continue to review joint priorities for 2016/7 and for 2017/8.

Joint actions identified by the JHPPG for the period 2016/18 are as follows:

- **Pandemic Influenza** - Update of the Local Pandemic Influenza Plan
- **HPZone** – Adaptation to local arrangements and SOPs.
- **TB** – Review process for screening of new entrants.
- **Ayrshire and Arran Blue/Green Algae plan** - Plan to be reviewed and updated.
- **Legionella** – A joint learning event on Legionella to be arranged.
- **Ayrshire & Arran Incident Management Plan** – A training exercise to be held.
- **Ayrshire & Arran Gastro-Intestinal protocol** – to be reviewed and updated
- **Air Quality** – Local Authorities contingency plans including new standards.
- **Norovirus** – Review of Guidance available and propose a Joint Ayrshire Norovirus Guidance Document.

Many of the planned actions depend on joint working with other agencies or Departments. Health Protection local priorities could change as a result of a significant incident or a change in national priorities. Implementation of new areas of work would depend of the provision of adequate resources.

Annex A Contingency plans for incidents within Ayrshire and Arran

NHS Ayrshire & Arran Major Incident Plan (MIP)

(A) Plan	(B) Date of last review	(C) Scheduled date for next review
NHS Ayrshire & Arran MIP		
Part 1 – Background	March 2014	March 2017
Part 2 – NHS response	April 2010	Currently under review
Scene	February 2012	Currently under review
Part 3a - Crosshouse	February 2012	Currently under review
Part 3b - Ayr	February 2012	Currently under review
Part 3c - Procedures for decontamination	January 2013	Currently under review
Part 3d – Procedures for self presenters “white powder”	February 2012	Currently under review
Part 3e – CT response plan	March 2014	March 2017
Part 4 – Hazardous sites in Ayrshire	March 2014	March 2017
Part 5 – MIST	March 2014	March 2017
Part 6 – CBRN	March 2014	March 2017
Part 7 – Incident Management Plan	March 2014	March 2017
Part 8 – NHS Control Centres	April 2013	April 2016
Pandemic Influenza Plan	August 2012	August 2015

These plans are available by writing to the Director of Public Health, NHS Ayrshire & Arran, Afton House, Ailsa Hospital, Dalmellington Road, Ayr KA6 6AB or by emailing carol.davidson@aapct.scot.nhs.uk

Ayrshire Civil Contingencies Team led Plans

Plan	Date of last Review	Scheduled date for next review	Date of last test
NAC Civil Contingencies Response and Recovery Plan	November 2015	June 2017	August 2013
SAC Civil Contingencies Response and Recovery Plan	November 2015	June 2017	March 2013
EAC Civil Contingencies Response and Recovery Plan	November 2015	June 2017	January 2013
NAC Flood Response Plan	June 2013	April 2016	December 2013
SAC Flood Response Plan	July 2013	April 2016	December 2013
EAC Flood Response Plan	September 2015	September 2018	December 2013

These plans are available by writing to Ayrshire Civil Contingencies Coordinator, ACCT, Building 372, Alpha Freight Area, Robertson Road, Glasgow Prestwick International Airport, Prestwick, KA9 2PL or by emailing acct@south-ayrshire.gov.uk

Multi agency Contingency Plans:

(A) Plan	(B) Date of last review	(C) Scheduled date for next review	(D) Date of last test	(E) Scheduled date for next test	Comments
COMAH Plans					
Chivas Bros, Willowyard, Beith	November 2014	November 2017	November 2014	November 2017	COMAH plans are subject to a review every three years
Chivas Bros, Balgray, Beith	November 2014	November 2017	November 2014	November 2017	
DSM, Dalry	May 2015	January 2016	February 2013	April 2016	
William Grant & Sons, Girvan	January 2015	January 2018	January 2015	January 2018	
REPPiR Plans					
Hunterston B Power Station	Currently under review	September 2016	September 2013	September 2016	Annual review

(A) Plan	(B) Date of last review	(C) Scheduled date for next review	(D) Date of last test	(E) Scheduled date for next test	Comments
MACR Plans					
Defence Munitions Beith (DMB)	Currently under review	May 2016	May 2013	May 2016	
Port Plans					
Prestwick Airport Plan	February 2015	February 2017	March 2013	November 2016	
Girvan Harbour – LA	November 2014	November 2017	May 2013	May 2016	
Ayr Harbour – (ABP)	Currently under review	December 2016	May 2013	May 2016	
Troon Harbour – (ABP)	Currently under review	December 2016	May 2013	May 2016	

Annex B Health protection: staffing levels (as at 1st April 2016)

NHS Ayrshire & Arran Health Protection Team

Consultant in Public Health Medicine	1.0 wte
Consultant in Public Health	0.8 wte
Associate Specialist Public Health Medicine	0.4 wte
Health Protection Nurse Specialist	2.0 wte
Health Protection Nurse	1.0 wte
Secretary	1.0 wte

In addition, at times of high demand, support from other staff in the Department of Public Health can be obtained by releasing them temporarily from non-essential duties. During significant public health incidents, staff from the wider NHS can also provide support if required.

Ayrshire and Arran Designated Competent Persons

<i>Designated competent persons</i>	<i>NHS</i>	<i>EAC</i>	<i>NAC</i>	<i>SAC</i>
Consultant in Public Health	6			
Health Protection Nurse Specialist	2			
Environmental Health Officers (EHO)		8	9.1	
Team Leaders		2	2	2
Environmental Health & Trading Standards Manager		1		

Local Authority staffing

<i>Local Authority management, technical and professional staff not included above</i>	<i>EAC</i>	<i>NAC</i>	<i>SAC</i>
Environmental Health Manager			0.5
EHOs (food, health, safety and pollution control)			8
Contaminated land officer	1	1	
Food Safety Officers	1	1	3.5
Health and safety technical staff	0.5	0	
Environmental Health Technical Staff			
Pollution control technical staff	1		
Corporate Enforcement Unit Staff	4	0	
Pest control/dog warden staff	2	3	2
Enforcement Officer		2	1

**Annex C Information and communications technology resources available in NHS
Ayrshire and Arran and the three Local Authorities**

	<i>NHS</i>	<i>EAC</i>	<i>NAC</i>	<i>SAC</i>
Hardware				
Desktop and laptop computers	✓	✓	✓	✓
Printers (black and white and colour)	✓	✓	✓	✓
Photocopiers	✓	✓	✓	✓
Fax machines	✓	✓	✓	
Office and mobile telephones	✓	✓	✓	✓
Blackberry / Smartphone available	✓	✓	✓	✓
Single page scanner	✓	✓	✓	✓
Document feed scanner	✓	✓	✓	✓
Mobile broadband access – for Specialist Registrars in Public Health	✓	—	—	—
VPN token	✓	—	—	—
Pagers (with text screen)	✓	—	—	—
Audio-teleconferencing equipment	✓	✓	✓	✓
Video-conferencing equipment	✓	✓	✓	✓
On-call laptops with access to public health drive	✓	—	—	—

	<i>NHS</i>	<i>EAC</i>	<i>NAC</i>	<i>SAC</i>
Software				
MS Office (Word, Excel, PowerPoint, Access)	✓	✓	✓	✓
E-mail	✓	✓	✓	✓
Dictaphone	✓	—	—	—
SIDSS (Scottish Infectious Disease Surveillance System)	✓	—	—	—
Access to local computer networks and to the internet	✓	✓	✓	✓
Access to electronic information resources and databases – HPZone ECOSS (Electronic Communication of Surveillance in Scotland) SCI Store (to access laboratory results) SCI Gateway SHPIR (Scottish Health Protection Information Resource) TRAVAX (travel advice) Toxbase (toxicology database) SEISS (Scottish Environmental Incident Surveillance System) NHS Scotland e-library NHS Education for Scotland	✓	—	—	✓ ✓
Access to resources provided by NHS24	✓			
M3 Northgate system		✓		
FLARE system to record details of all food businesses along with enforcement actions.			✓	
IDOX UNI-form EH Management System	—			✓

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Integration Joint Board

5 August 2016

Agenda Item No. 10

Subject: **Review of Equipment and Adaptations**

Purpose: To provide an update of the work being undertaken by the Equipment and Adaptations Project

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

1. Introduction

- 1.1 Equipment and adaptations play a vital role by allowing people to live independently in their own homes. Interventions vary from simple devices, such as grab rails, to major adaptations, such as stair lifts and bespoke bath and shower rooms.
- 1.2 The Equipment and Adaptations Project currently being undertaken through the NAHSCP Change Programme and supported by the Equipment and Adaptations Steering Group originally forward on the provision of high volume, low cost equipment and is now looking at three key areas of provision:
- specialist provision
 - standard provision
 - self-management
- 1.3 At its meeting on the 11 February 2016 the IJB were provided with an update of the High Volume Low Cost Equipment Lean Six Sigma review and where it sits with the wider Equipment and Adaptations Project. This paper provides an update of the work of the project and proposed next steps.

2. Current Position

- 2.1 Phase one of the Equipment and Adaptations Project focussed on the development and roll out of the High Volume Low Cost Equipment Lean Six Sigma review. This resulted in training of all Community Alarm staff to supply and fit smoke detectors and CO2 detectors as part of the Community Alarm process as well as competency based training for health OT staff to enable for them to directly assess and refer for community equipment.

- 2.2 Phase two of the Equipment and Adaptations Project has involved a range of investigative approaches in order to better understand where future work should be focused in order to achieve best value for the partnership and make the most difference to people who use our services. This has included:
- Process mapping of the equipment and adaptations process
 - Carefirst document streamlining
 - Children's OT Services Pilot
 - Handrails and bannisters review
 - Equipment Competency Training
- 2.3 A process mapping session held in April the 20th 2016 to identify the current provision for equipment and adaptations across North Ayrshire with a wide variety of services and staff in attendance. The subsequent report is outlined in appendix one and highlighted whilst the process affects several departments and organisations, it is unnecessarily complex, results in bottlenecks and duplication and highlights discrepancies in criteria of the provision of adaptations across housing tenures. The report has been reviewed by the Equipment and Adaptations Steering Group who agreed key areas of work in the next six months – please see page 9 of the report. These will be drawn together into a PID for the next Steering Group meeting. All work of the Equipment and Adaptations Project is linked to the pan-Ayrshire Equipment Store for which there is representation on the Steering Group. It is estimated that this store will be operational from 2017.
- 2.4 One of the quick wins from the process mapping was to undertake streamlining of three Carefirst document – the budget request and housing adaptations and grant forms have all been amalgamated into one. The process has now been rolled out for four weeks but early indications indicate a much more streamlined approach for OT staff.
- 2.5 The initial phase of the Children's OT Services Pilot undertook streamlining of existing waiting lists by putting in place an 'opt-in' process. The second phase established a clinic style appointment system for parents with OT's from health and social care in order to triage through a single point of contact. The learning from this pilot is still being compiled however initial benefits have seen the waiting list reduced significantly from 51 weeks to 8.8 weeks and resulted in shared skills between OT's, better joined up working and reduction in duplication of assessment. Whilst the pilot raises some issues in terms of risk management we feel there are helpful lessons to help us design out single point of contact.
- 2.6 The handrails and bannister review was an analysis of a sample of the 300 outstanding handrails/bannisters currently on the waiting list to identify any risks and concerns from a clinical point of view. Key findings were:
- 2 out of 10 went ahead with private installation
 - 9 out of 10 had long term chronic conditions
 - Majority (8/10) mobility worsened
 - Large portion (7/10) experienced subsequent falls
 - Majority did not have benefits maximised

The Steering Group have agreed that this highlights the needs for

- a Single Point of Contact and triage
- improved self-assessment – including falls screening
- review of charging policy around equipment and adaptations
- review of procurement of handrails and bannisters (which has the potential to save £15k on current waiting list)

This is being built into future work of the project. In addition, work will be carried out with Housing and the Property Management and Investment Teams to revisit the Housing Adaptations Process Review and consider how this links to the mapping process.

- 2.7 The Equipment Competency Training was piloted as part of the High Volume Low Cost Equipment Lean Six Sigma review. Since then all health OT staff have been trained in order to directly refer and in addition Arran also has undergone training for District Nurses and Physios.

Further analysis has been undertaken on referral sources into OT teams to identify target audience for equipment training. This identified 30% of OT referrals coming from Service Access OT (SAOT) Of the 2112 referrals handled by SAOT, 399 (16%) are passed onto OT teams.

A sample (30) of these duplicated 399 visits showed:

- 6 of had low risk equipment provided at that visit
- 24 passed onto the OT Team without any intervention
- 25 had a major adaptation discussed at point of contact

A review of the next highest referrers into OT service
30% coming from Social Work teams
21% self-referral or relative/friend
7% from Care at Home.

A review of equipment provision by NAC OT service noted 70% of all equipment provided (3284 of 4705 items) were “low risk high volume” pieces i.e. items that could be provided by other professionals with competency based training.

This has highlighted the need for more effective triage, and single point of contact and the need to widen competency based training to range of staff within the partnership. Again, this is being built into future work of the project.

- 2.8 Finally the project team has been successful in bid for a three month Agile Technology Pilot in partnership with Sopra Steria. The equipment and adaptations appreciative enquiry highlighted the need for mobile working for staff in order to provide information about equipment and self-management techniques and reduce the need for duplicate assessment processes and travel time. This project starts mid-July and updates will be provided to the IJB.

3. Proposals

- 3.1 It is proposed that the integration Joint Board support the proposed work for the Equipment and Adaptations project.

3.2 The following timescales are proposed:

Area of Work	Timescale
Handrails/Banisters- Review self-referral form and process	July-August 2016
Handrails/Banisters – SPOC for procurement	September-October 2016
Equipment Access – Further roll out of Competency Training	July-December 2016
Equipment Access – Review of Service Access function	July-December 2016
Equipment Access – review standard/non-standard thresholds and access	August-October 2016
Review processes for all adaptations with housing across all tenures	July-December 2016
Grab rails – devise singular form	July-August 2016
Grab rails fitting training and include in assessments	September-October 2016
Grab rails – asbestos training	November-December 2016
Grab rails – Review request process	November-December 2016
Adaptations - moderate – Review approval process	September-December 2016
Adaptations – moderate – streamline access and process	July-December 2016
SPOC for moderate and complex adaptations	July-December 2016
Joint Equipment Store	July-December 2016

3.3 It is proposed that the integration Joint Board support the development of these proposals into a project initiation document for future work of the project team.

4. IMPLICATIONS

4.1 Financial Implications

The paper outlines potential cost savings around the provision of handrails and bannisters.

4.2 Human Resource Implications

Some of the workforce may be trained in competency based equipment training to reduce the need for a second assessment visit and potentially free up more time to be spent with the service user

4.3 Legal Implications

There are no legal implications

4.4 Equality Implications

The review of the adaptations process could potentially result in fairer allocation of adaptations across housing tenures.

4.5 Environmental Implications

There are no environmental implications

4.6 Implications for Key Priorities

The proposals fully support and underpins our early intervention and prevention strategic priority by delivering:

- More timely assessment of service user needs
- Reduced duplication and bureaucracy in securing the support, aids and/or adaptations required by service users
- More timely provision of equipment, aids and adaptations
- Reduced demand for more complex aids and adaptations
- Individuals being supported in their own homes for longer
- Reduced emergency admissions resulting from falls or mobility issues

5. Consultations

- 5.1 An appreciative inquiry was undertaken in October 2015 and all work from the equipment and adaptations project underpins this.

6. Conclusion

- 6.1 It is anticipated that the outcomes this phase of the Equipment and Adaptations Project will support work around the New Models of Care, reduce waiting times for equipment for service users and lead to costs reduction in terms of supply of handrails and bannisters.

Integration Joint Board

Agenda Item No. 11

Subject: **PARTNERSHIP RECOGNITION AND AWARDS EVENT**

Purpose: To outline the proposal to plan and design a Partnership Recognition And Awards Event

Recommendation: That the IJB supports the proposal to hold a Partnership Recognition And Awards Event

1. INTRODUCTION

- 1.1 The Partnership has been established formally for 16 months with an additional year in shadow. The strategic plan has already realised significant benefits to local communities and the people of North Ayrshire.
- 1.2 NAHSCP senior leaders have expressed a desire for an annual Partnership recognition and award event. This was discussed with Staff partnership Forum who fully supported the concept and highlighted that this should be inclusive of all individuals working and involved in the partnership.
- 1.3 The benefit of hosting such an event includes recognition and celebration of the work of individuals and teams, an opportunity to showcase innovative and creative practices, values and appreciates the importance of people and communities and creates a sense of partnership identity.

2. CURRENT POSITION

- 2.1 The existing planned engagement includes a staff event on 13 February 2017 to celebrate partnership success through a range of medium that recognises the significant contributions of individuals and teams.
- 2.2 There are a number of factors to take into consideration when organising and planning such an event including existing organisational awards, budget, location, hospitality and type of award.

3. PROPOSALS

- 3.1 To extend the existing staff engagement event planned for 13 February 2017 in St Matthews Academy to incorporate an early evening Partnership Recognition and Awards Event.

- 3.2 To establish a recognition awards committee with representation from the Staff Partnership Forum and other partners. The recognition awards committee will design the event and take responsibility for finding additional funding as well as the promotion and marketing of the event.

4. IMPLICATIONS

4.1 Financial Implications

It is anticipated that the cost of an event will be around £4500. The committee will investigate funding streams such as NHS Endowment funds to help supplement the costs, where possible.

4.2 Human Resource Implications

There are no Human Resource implications

4.3 Legal Implications

There are no legal implications

4.4 Equality Implications

There are no equality implications

4.5 Environmental Implications

There are no environmental implications

4.6 Implications for Key Priorities

The Partnership Recognition and Awards Event will support and embed the vision and values of North Ayrshire Health and Social Care Partnership.

5. CONSULTATIONS

- 5.1 This proposal has been discussed with the Partnership Senior Management Team and the Staff Partnership forum 18th July 2016. The proposal was well accepted and recognised the value of such an event.

6. CONCLUSION

- 6.1 The Partnership Recognition and Awards Event will reflect the partnership vision and values and further enhance collaborative working and celebrate best practice.

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

Integration Joint Board
5 August 2016
Agenda Item No. 12

Subject:	Flexible Intervention Service (Mental Health and Learning Disabilities)
Purpose:	To seek IJB approval for NAC to re-tender for the Flexible Intervention Service to appoint a service provider and to extend the current contract until the tender process is complete.
Recommendation:	That IJB agrees to NAC undertaking a re-tender exercise to appoint a service provider to provide a flexible support service to individuals with mental health problems and learning difficulties / disabilities and extend the existing contract with the Richmond Fellowship Scotland.

1.	INTRODUCTION
1.1	The Flexible Intervention Service (FIS) has been in operation since March 2014 – it is provided by the Richmond Fellowship Scotland who were commissioned to provide the service following the initial tender exercise in December 2013.
1.2	FIS currently provides effective short term interventions (up to 12 weeks) to people with mental health problems and / or learning disabilities in the form of crisis response or early intervention. The service has been fully utilised throughout 2014-16.
1.3	Additional funding of £300,000 for 2 years was secured in 2014-2016 to provide this service. Funding expired in March 2016.
1.4	A pressure bid has recently been agreed for an additional £175,000 to fund the service on an ongoing basis in line with NAHSCP and NAC strategic priorities: <ul style="list-style-type: none"> • Prevention and early intervention • Improving mental health and wellbeing • Protecting vulnerable adults.
1.5	In order to comply with the Council's Standing Orders and Public Contracts (Scotland) Regulations 2015 (SSI 2015/446) (as amended), a formal tendering exercise must be undertaken.

2.	CURRENT POSITION
2.1	FIS has been delivering appropriate and effective short term support to individuals in crisis or experiencing difficulties since March 2014. Data from the service (see Appendix 1) demonstrates that service users are referred for a variety of reasons and that a wide range of individual outcomes have been met. The source of referrals has widened over time and is now representative of services across the Health and Social Care Partnership, further demonstrating the effectiveness of the service.
2.2	<p>Referrals include:</p> <ul style="list-style-type: none"> • Individuals experiencing less severe forms of anxiety disorder and/or depression • Individuals who have recently experienced loss or trauma • Individuals who are experiencing domestic violence or other forms of abuse • Individuals who are experiencing financial or housing difficulties • Individuals who have experienced past trauma which has had a detrimental effect on their current life circumstances • Individuals who may have had involvement with criminal justice services • Individuals who have experienced difficulties engaging with services in the past • Individuals who are presently unable to cope with the tasks of everyday living as a result of mental health problems or learning difficulties <p>Individuals experiencing such difficulties often have difficulty in accessing appropriate services or support. FIS is totally flexible and can be provided immediately, thus it has been successful in meeting short term needs and providing crisis intervention.</p>
2.3	FIS complements longer term assessment and care management processes by providing early intervention to stabilise the individual's situation whilst also supporting the assessment process. Thus an additional outcome has been a more effective assessment of the individual's longer term needs and a reduction in commissioned support hours.
2.4	FIS is currently commissioned to provide up to 200 hours of support per week. In July 2015, the service reached a point where it was over capacity and a waiting list required to be implemented. Additionally, the service occasionally provides overnight support. The cost of sleepovers and hourly rates will rise in 2016-17 due to recent European and UK legislation changes. For these two reasons, FIS will require additional financial resources to meet demand in the future.
2.5	FIS underwent a full service review in March 2015. The review identified outcomes met and included positive feedback from referrers and service users. The review concluded that the service should continue and this conclusion was ratified by the Head of Service for Mental Health in May 2015.
3.	PROPOSALS
3.1	That IJB gives approval for a re-tender exercise to be undertaken to appoint a service provider to deliver the Flexible Intervention Service to individuals with mental health problems and learning disabilities.

3.2	That IJB gives approval for a contract extension for the current service from July 2016 to April 2017 to ensure continuity of service provision until the re-tender exercise is completed (this is estimated to take 6-9 months).
4.	IMPLICATIONS
	Financial Implications
4.1	<p>The FIS service which was procured in 2014 now represents an essential part of the range of services offered to adults in distress and crisis through NAHSCP. It was originally anticipated that ongoing service delivery costs for FIS would be met from existing resources. However, both mental health and learning disability base budgets were overspent in 2015-16, therefore a pressure bid for £175,000 per annum has been agreed to meet ongoing requirements.</p> <p>Funding for the re-tender of the service will cost £175,000 per annum and the duration of the contract will be for a period of 3 years.</p>
	Human Resource Implications
4.2	There are no human resource implications as the proposed staff group will be employees of the appointed service provider.
	Legal Implications
4.3	The procurement is above EU thresholds for services as classified within the Public Contracts (Scotland) Regulations 2015. The Service Design and Procurement Team as well as the Council's Legal and Finance Services will be involved in the procurement process.
	Equality Implications
4.5	The ongoing provision of FIS will offer appropriate support to people with mental health problems or learning disabilities who are experiencing difficulties at a point in their lives. These individuals are not expected to be disadvantaged through the provision of this service, rather through early intervention they will be supported at the right time in order to reduce future service requirements.
	Environmental Implications
4.6	There are no environmental implications in connection with this proposal.
5.	CONSULTATIONS
5.1	Consultation has taken place with referrers and service users during the service review process and as part of the 6 monthly contract monitoring. Consultation has also taken place on a quarterly basis through the FIS Implementation Group which includes NHS, Council and Richmond Fellowship Scotland staff.
5.2	Consultation has also taken place with Service Design and Procurement officers and Legal Services as part of the re-tender process.

6.	CONCLUSION
6.1	Individuals with mental health problems or learning disabilities often experience difficulties accessing appropriate services or support in times of crisis. FIS has provided short term preventative support to such individuals since March 2014 – support has been immediate, flexible and adaptable to respond effectively to an individual's changing circumstances.
6.2	FIS has been fully reviewed and now requires to be re-tendered to appoint a Service Provider to provide ongoing flexible support.
6.3	<p>Therefore, it is recommended that IJB:</p> <ol style="list-style-type: none"> 1) Note the requirement for this re-tender 2) Note that the revenue funding is above EU Public Procurement Threshold (although comes under Part B) 3) Approve the procurement of this service using the Open Procedure via the Public Contract Scotland Tender System

For further information please contact Dale Meller – Senior Manager Community Mental Health on 01294 317790.

**North Ayrshire Health and Social Care Partnership
Performance and Audit Committee**

**Thursday 9 June 2016 at 10.00 a.m.
Council Chambers, Cunninghame House, Irvine**

Present

Mr Bob Martin, NHS Ayrshire and Arran
Councillor Robert Steel, North Ayrshire Council
Mr Stephen McKenzie, NHS Ayrshire and Arran
Marie McWaters, Carers Representative

In Attendance

Iona Colvin, Director of the North Ayrshire Social Care Partnership
Margaret Hogg, Section 95 Officer
Paul Doak, Integration Joint Board Chief Internal Auditor
Jo Gibson, Principal Manager (Planning & Performance)
Karen Andrews, Team Manager (Governance)
Angela Little, Committee Services Officer

Gordon Neill, Audit Scotland
Paul Craig, Audit Scotland
Stephanie Harold, Audit Scotland

Apologies

Councillor Peter McNamara, North Ayrshire Council
Louise McDaid, Staff Representative (North Ayrshire)

1. Declarations of Interest

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

2. Minutes

The accuracy of the Minutes of the meeting held on 3 March 2016 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

3. Audit Scotland: Integration of Health and Social Care Services

The Committee received a presentation from Gordon Neill, Audit Scotland on the integration of Health and Social Care Services.

The presentation provided information on the following:-

- Significant reform;
- Three planned audit of integration;
- Emerging risks;
- Governance and accountability;
- Number of board members;
- Finance;
- Service redesign;
- Workforce; and
- Performance management.

Discussion took place on a range of issues including the pace of progress, funding and meeting the costs of the living wage, engagement by Audit Scotland with agencies prior to future audits, and areas where an audit would be useful such as IT, information governance and the operation of the Strategic Planning Group in other areas

Noted.

4. Audit Scotland: Annual Audit Plan

Submitted report on Audit Scotland's Annual Audit Plan on the overview of the national report by Audit Scotland on the integration of Health and Social Care services.

The report summarised the key challenges and risks facing North Ayrshire IJB and set out the audit work that Audit Scotland propose to undertake in 2015/16.

Noted.

5. Annual Governance Statement

Submitted report by the Chief Finance Officer on the Partnership's Annual Governance Statement for 2015/16.

The Annual Governance Statement was attached at Appendix 1 to the report and outlined the governance framework in place. The statement requires to be signed by the Chief Officer and the IJB Chair prior to its inclusion within the Partnership's draft annual accounts.

The Committee approved the Annual Governance Statement as attached at Appendix 1 to the report.

6. Accounting Policies 2015/16

Submitted report by the Chief Finance Officer on the requirement for the Partnership to adopt Accounting Policies most appropriate to its particular circumstances for the purpose of giving a true and fair view. The Accounting Policies of the NHS and the Council have been reviewed and the relevant policies for the IJB accounts have been extracted and merged to form a new set of Accounting Policies, attached as Appendix 1 to the report

The Committee agreed to approve the Accounting Policies as detailed in Appendix 1 to the report.

7. Internal Audit Plan 2016/2017

Submitted report by Paul Doak, IJB Chief Internal Auditor on audit plans for the Council and NHS (Appendices 2 and 3) and the proposed audit work for the Integration Joint Board (Appendix 1).

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

- A meeting that has been arranged with Ayrshire colleagues and PriceWaterhouseCoopers (PWC) in respect of access to the PWC audit reports for NHS Ayrshire and Arran;
- Enquiries into the allocation by PWC of 30 audit days for Health and Social Care Integration; and
- Information that will be provided by the IJB Chief Internal Auditor to the Chair and Vice Chair to enable discussions with NHS Ayrshire and Arran in respect of the areas outlined above

The Committee agreed to approve the 2016/17 IJB Audit Plan, P. Doak as detailed at Appendix 1 to the report.

8. Internal Audit Reports Issued

Submitted report by the Paul Doak, IJB Chief Internal Auditor on the outcomes of internal audit work undertaken up to 3 May 2016.

The appendix to the report provided information on the key findings from audit work carried out within North Ayrshire Council in services areas that fall within the remit of Health and Social Care and relevant audit work completed within NHS Ayrshire and Arran. The findings from each audit assignment have been reported to senior management.

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

- A review that has been undertaken into the areas highlighted in relation to revenue budget monitoring;
- Audit information that will be shared with Audit Scotland; and
- Work that is ongoing to agree sharing of audit information between the Council and NHS Ayrshire and Arran.

Noted.

9. Internal Audit Annual Report 2015/16

Submitted report by Paul Doak, IJB Chief Internal Auditor on the work of Internal Audit during 2015/16 for the North Ayrshire Integration Joint Board and an opinion on the governance, risk and internal control environment of the IJB.

The Committee noted that reasonable assurance can be placed on the adequacy and effectiveness of the IJB's systems of governance, risk and internal control.

10. Performance Review Report: Quarter 4

Submitted report by Debbie Campbell, Team Manager (Performance) on progress made by the Health and Social Care Partnership in delivering the five strategic priorities as set out in the strategic plan and also against the national outcomes (presented by Jo Gibson, Principal Manager, Planning and Performance).

A table summarising performance against the strategic priorities was provided at 2.1 of the report. Actions that were identified in the Strategic Plan are on target.

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

- An improvement plan that will be put in place in respect of Montrose House;
- A Child Protection improvement team that will be put in place;
- A range of budget pressures as a result of increased costs in areas such as Kinship Care and children with disabilities; and
- The introduction of a Named Person that will come out of the work of the Change Programme.

Noted.

11. Urgent Item

The Chair agreed that the following item be considered as a matter of urgency in order to update Members.

11.1 Clinical and Care Governance Arrangements

A report submitted to the NHS Ayrshire and Arran Strategic Planning and Operational Group on 6 May 2016 in relation to the Clinical and Care Governance Arrangements was circulated to the Committee.

The report outlined proposals for specific elements of governance for consideration by the Strategic Planning and Operational Group (SPOG) to meet statutory requirements and the commitments outlined in each IJB's Integration Scheme. The following documents were attached as appendices to the report:-

- Appendix 1 – the proposed Clinical and Care Governance framework;
- Appendix 2 - the proposed Managing Customer Feedback: Service Requests, Comments, Concerns and Complaints;
- Appendix 3 – the proposed single Risk Management Strategy; and
- Appendix 4 – the proposed process to be adopted and criteria for a Significant Adverse Events Review.

The report has been circulated for consultation till the end of July 2016. Copies will be made available to Members of the IJB and the Council. K. Andrews

The Committee will receive a further report in September 2016.

Noted.

12. Date of Next Meeting

The next meeting will be held on Thursday 1 September 2016 at 10.00 a.m.

The meeting ended at 12.20 p.m.

Minutes of North Ayrshire Strategic Planning Group Meeting
Held on Tuesday, 24th May 2016 at 9.30 am
Nethermain Community Centre, Nethermain Road, Kilwinning

Present:

Stephen McKenzie, Chair, Strategic Planning Group
Norma Bell, Independent Living Manager, HSCP
David Bonellie, AOPC Representative
Sharon Bleakley, Scottish Health Council
Scott Bryan, Team Manager – Planning, HSCP
Debbie Campbell, Team Manager, Performance, HSCP
Geoff Coleman, Public Support Manager, NHS
Freddie Crawford-Grundy, Member of the NHS MH Public Reference Group
Sam Falconer, NHS Pharmacy Representative
Jo Gibson, Principal Manager, Planning & Performance, HSCP
Dr. Louise Gibson, Allied Health Professional Representative, NHS
Marion Gilchrist, Team Leader LD Community Team, NHS (Co-ordinator of Kilwinning Locality Forum)
Eunice Johnstone, Planning Manager, Policy, Planning & Performance, NHS
Louise McDaid, Staff Side
Heather Molloy, Independent Sector Development Officer
Elaine Young, Assistant Director of Public Health, NHS
Lynne McNiven, Consultant in Public Health, NHS
David Rowland, Head of Service, Health & Community Care, HSCP
Clive Shepherd, Community Associations Representative
Councillor Robert Steel, North Ayrshire Council (Chair of Kilwinning Locality Forum)
Fiona Thomson, PPF Representative
Louise Wilson, GP Kilwinning Medical Practice (GP of Kilwinning Locality Forum)

In Attendance:

Fiona Combrie, KA Leisure on behalf of Laura Barrie
Gillian McNulty, Personal Secretary (Minutes)

Apologies:

Marjorie Adams, Programme Manager, Children's Services
Laura Barrie, KA Leisure
Derek Barron, Associate Nurse Director/Lead Nurse, HSCP
Yvonne Baulk, Head of Physical Environment (Housing)
Thelma Bowers, Head of Mental Health Services, HSCP
Linda Brough, Policy & Community Planning Officer, NAC
Stephen Brown, Head of Service, Children & Families & Criminal Justice, HSCP
David Donaghey, Podiatrist (Staff Side)
Mark Gallagher, Alcohol & Drugs Partnership Representative
Morag Henderson, Mental Health, NAC
Martin Hunter, PPF Representative
Dr. Paul Kerr, Clinical Director, HSCP
David MacRitchie, Criminal Justice, NAC



Helen McArthur, Senior Manager, Community Care Services
Dr Janet McKay, Chair of Garnock Valley Locality Forum
Gordon McKay, APF Representative
Simon Morrow, Dental Representative, NHS
Margaret Hogg, Finance, NAC
Jim Nichols, Third Sector Representative
Christine Speedwell, NA Carers Centre
Dr John Taylor, Mental Health, NHS
Nigel Wanless, Independent Sector Representative
Allan Weaver, Criminal Justice, Social Work, NAC
Annie Weir, Programme Manager, Integration of Health & Social Care, HSCP

1. Welcome

- 1.1 Stephen McKenzie welcomed everyone to the meeting and advised that the Agenda will be altered as a result of problems with the projector for the presentations.

2. Minutes of Meeting held on Thursday, 14th April 2016

- 2.1 The Minutes of Meeting held on Thursday, 14th February 2016 were approved as an accurate record. Sharon Bleakley requested her name be added to the list of apologies.

3. Matters Arising from Meeting held on Thursday, 14th April 2016

- 3.1 Agenda Item 5.5 Locality Planning Forums Irvine – Norma Bell provided Fiona Thomson with dates of the Irvine Locality Forum Meetings.
- 3.2 Agenda Item 5.9 Locality Planning Forums – Scott Bryan forwarded Locality Profiles to Locality Forum Members by internal/external mail.
- 3.3 Agenda Item 6 Performance – Agenda item at today's meeting.
- 3.4 Freddie Crawford-Grundie raised the issue of 50 different IT systems within the Partnership and their compatibility. Stephen McKenzie advised that this would be dealt with under "Any Other Business".

4. Introduction to Locality Representatives

- 4.1 Jo Gibson provided the following update with regards to the Locality Planning Forums (LPF):



- The six Locality Forums have been requested to complete a Locality Planning Forum Collection Template detailing two or three issues which they are focusing on to include in the Strategic Plan refresh.

2.

- A half day Workshop for Locality Forum Development Group Members has been arranged for June 2016 to discuss Terms of Reference and work through scenarios, which the Locality Forums might encounter.

The group were advised of the Community Planning Partnership (CPP) Locality Partnerships and their link to the Locality Forums.

4.2 North Coast Locality Forum

Louise McDaid, Chair, provided an update on the North Coast LPF. Their first formal meeting was held on Tuesday, 10th May 2016, which was energetic with lots of ideas being provided. Meetings will be held on a monthly basis. Forum membership consists of Dr. Rachel Fraser, GP, Father Joe Borland, Daniella Rossi, Community Connector, a representative from Cumbrae Elderly Forum and a representative from the Fairlie area.

The three main issues which the Forum are focussing on are:

- Social isolation;
- Mental Health amongst young people, in particular young males;
- Financial exclusion (First Alliance have been contacted with regards to establishing a Credit Union).

4.3 Kilwinning Locality Forum

Councillor Robert Steel, Chair, provided the following update. The Forum is very enthusiastic and membership consists of Dr. Louise Wilson, GP, Sam Falconer, Pharmacist and Marion Gilchrist, Locality Co-ordinator.

The four main issues which the Forum are focussing on are:

- Engaging with local early years nurseries to gather views of parents.
- Undertake a networking event to understand locally available health and social care provision
- Introducing GP visiting sessions in local nursing homes
- Make Occupation Therapy advice available in local pharmacies

3.

4.4 Irvine Locality Forum

Fiona Thomson, Chair, provided the an update on the Arran LPF. To date, three meetings have taken place and the group has identified the following areas for focus



- Social isolation;
- Low Level Mental Health and Wellbeing;
- Muscular Skeletal Pathway, with the intention of having Physiotherapists in GP Practices.

4.5 There were no representatives from the Garnock Valley, Three Towns or Arran Locality Forums.

Action: Each Locality Forum to ensure there is representation at the SPG Meetings.

4.6 The Locality Forums were advised that the priority templates, returned from each LPF will be used to inform the refresh of the Strategic Plan. It was underlined that the Forums are an integral part of the SPG and any issues within their localities can be raised at this meeting.

4.7 Louise McDaid questioned whether locality issues could be raised with Heads of Service. It was also noted that the three Heads of Service attend this meeting and all are happy to provide support

4.8 It was questioned whether there should be housing representation at this meeting. The group was advised that the CPP is developing its own locality groups and housing are represented there.

4.9 Sharon Bleakley questioned how each Locality Forum decided on their chosen priorities and how they consulted. The members of the Locality Forums live within their respective areas and bring knowledge and expertise to their Forum. The Locality Forums would not exclude any person who wished to raise an issue.

4.10 The group was advised that the CPP Chairs meet with Elma Murray, Chief Executive, North Ayrshire Council, every six weeks with the HSCP Locality Forum Chairs attending every other meeting. Councillor Robert Steel advised that he is the Chair of the Kilwinning Locality Planning Forum and CPP Locality.

4.11 Freddie Crawford-Grundie provided feedback from Townhead Surgery Patient Participation Group Meeting; clinical staff's perception to the Partnership. Discussion ensued in relation to GPs. Dr. Louise Gibson agreed to provide feedback to GPs.

5. Strategic Plan Refresh

5.1 Jo Gibson delivered a presentation on the refresh of the Strategic Plan for the next 18 months and the Annual Performance Report. The Strategic Plan will be published in August 2016.

- 5.2 The members of the group were asked to discuss the Strategic Plan within their tables. Groups provided feedback which was gathered for future reference.

6. Overview of Quarterly Performance Report

- 6.1 Debbie Campbell delivered a presentation on the overview of the Quarterly Performance Report. Twice a year a Joint Performance Report is prepared for Elma Murray, Chief Executive, North Ayrshire Council and John Burns, Chief Executive, NHS Ayrshire & Arran. The Report will be tabled at the Performance & Audit Committee Meeting on Thursday, 9th June 2016 and the Integrated Joint Board on the 16th June.

7. Planning for the Future

- 7.1 The next meeting is scheduled to take place on Thursday, 21st July 2016 within Brodick Hall, Brodick, Isle of Arran. Discussion ensued with regards to ferry times and time of meeting. It was agreed that the group would get the 9.45 am ferry with the meeting commencing at 11.00 am until 1.00 pm. There is a short walk to the Brodick Hall.

Action: Group Members to advise Jo Gibson/Gillian McNulty of their intention to travel to Arran in order to arrange ferry tickets.

8. AOB

- 8.1 Stephen McKenzie advised that he will speak to Freddie Crawford-Grundie regarding the IT systems.

9. Additional Dates and Venues for 2016/2017

The group were asked to note the dates of future meetings:

Thursday, 15th September 2016 at 9.30 am (venue to be confirmed).
Thursday, 10th November 2016 at 9.30 am (venue to be confirmed).
Thursday, 26th January 2017 at 9.30 am (venue to be confirmed)
Thursday, 23rd March 2017 at 9.30 am (venue to be confirmed)
Thursday, 18th May 2017 at 9.30 am (venue to be confirmed)
Thursday, 13th July 2017 at 9.30 am (venue to be confirmed)
Thursday, 7th September 2017 at 9.30 am (venue to be confirmed)
Thursday, 2nd November 2107 at 9.30 am (venue to be confirmed)
Thursday, 11th January 2018 at 9.30 am (venue to be confirmed)