

**Cunninghame House
Irvine**

Thursday 16th April 2015

North Ayrshire Integration Joint Board

You are requested to attend a meeting of the Integration Joint Board to be held on **Thursday 16th April 2015 at 10.00 a.m.**, in the **Council Chambers, Cunninghame House, Irvine**, to consider the following business.

Business

1. Apologies

Invite intimation of apologies for absence.

2. Declaration of Interest

3. Minutes / Action Note

Submit the minutes of the meeting of the Shadow Integration Board held on 12th March 2015 and action note and minutes of the Inaugural IJB held on 2nd April 2015 (copy enclosed).

4. Matters Arising

Reports for Approval

5. Change Programme Update

Submit report by Jo Gibson, Planning & Performance Manager on the progress of the Change Programme (copy enclosed).

6. Carers and Young Carers Support Service

Submit report by John McCaig, Senior Manager (MH & LD) in relation to the contract for the above service (copy enclosed).

7. Appointment of Chief Internal Auditor

Submit report by Lesley Aird, Chief Finance Officer on the appointment of the Chief Internal Auditor of the Integration Joint Board

8. Standing Orders

Submit report by Andrew Fraser, Head of Democratic Services on proposed changes to Standing Orders 14 to 16

Reports to Note

- 9. North Ayrshire Health & Social Care Partnership Management Structure**
Submit report by Iona Colvin, Director NAHSCP on the proposed management arrangements for the NAHSCP (copy enclosed).
- 10. Director's Report**
Submit report by Iona Colvin, Director NAHSCP on developments within the NAHSCP (copy enclosed).
- 11. Any Other Competent Business**
- 12. Date of Next Meeting**

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

Integration Joint Board

Sederunt

Voting Members

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

Professional Advisors

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

Stakeholder Representatives

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

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**North Ayrshire Health and Social Care Partnership
Minute of Shadow Integration Board meeting held on
Thursday 12th March 2015 at 10.00 a.m.,
Council Chambers, Cunninghame House, Irvine**

Present :

Councillor Anthea Dickson (Chair)
Derek Barron, Lead Nurse/Mental Health Advisor
Stephen Brown, Chief Social Work Officer, NAHSCP
Iona Colvin, Director, NAHSCP
Dr Carol Davidson, NHS Ayrshire & Arran
David Donaghey, Staff Representative, NHS Ayrshire & Arran
Martin Hunter, Service User Representative
Councillor Ruth Maguire, North Ayrshire Council
Bob Martin, NHS Ayrshire & Arran
Louise McDaid, Staff Representative, NAC
Dr Janet McKay, NHS Ayrshire & Arran
Marie McWaters, Carers Representative
Jim Nichols, Third Sector Representative
Councillor Robert Steel, North Ayrshire Council
Fiona Thomson, Service User Representative
Nigel Wanless, Independent Sector Representative

In Attendance :

Lesley Aird, Head of Finance
Elizabeth Allan, Administrative Assistant
Karen Andrews, Business Support Officer
Andrew Fraser, Head of Democratic Services, NAC
Janine Hunt, Principal Manager Business Support, NAHSCP
Eunice Johnstone, Planning Manager, NHS Ayrshire & Arran
Lisbeth Raeside, Project Manager
David Rowland, Head of Health & Community Care, NAHSCP
Annie Weir, Programme Manager

1.	APOLOGIES	
	Apologies were received from Dr Ken Ferguson, GP Representative, Kerry Gilligan, Lead AHP, Derek Lindsay, Director of Finance, NHSAA, Stephen McKenzie, NHSAA, Councillor Peter McNamara, NAC, Fiona Neilson, Senior Finance Manager, NHSAA, Sally Powell, Carers Representative.	
2.	DECLARATION OF INTEREST	
	No declarations of interest.	

3.	MINUTES/ACTION NOTE – 12th FEBRUARY 2015	
	Agreed without amendment.	
4.	REVISED STRATEGIC PLAN	
	Jo Gibson, Principal Manager (Planning & Performance) gave a presentation on the revisions to the Strategic Plan and feedback received following the consultation period which ended on 28 th February 2015. The feedback received was discussed in detail, and agreements reached, as detailed below.	
	<ul style="list-style-type: none"> • Money Advice – this also relates to people on low income as well as those people on benefits. The wording within the Strategic Plan to be amended to reflect this. 	
	<ul style="list-style-type: none"> • Protected Characteristics – as detailed in the Equalities Act. It was agreed that the document should list the categories under this heading. 	
	<ul style="list-style-type: none"> • Grants - discussion took place about whether the £100k contingency fund for the Integrated Care Fund would be used for grant funding. After discussion it was agreed the term “grant” could raise expectations as the ICF money would only be available for one year. It was agreed to amend to “local development funding”. 	
	<ul style="list-style-type: none"> • Community Transport – Director, NAHSCP advised that the transport hub will be developed separately between the NHS and local councils. It was acknowledged however that this work should link in with existing arrangements within the community. 	
	<ul style="list-style-type: none"> • Integrated Care Fund Contingency – clarification was sought about the process for bidding into the ICF contingency money. It was agreed that any bids should go through the ICF agreed process and, where appropriate, proposals brought to the IJB for agreement. 	
	<ul style="list-style-type: none"> • Terminology - <ul style="list-style-type: none"> ➢ “integration” to be changed to “bringing services together”. ➢ “lead officer/professional” – this term to be reconsidered as this has a different meaning within different organisations. 	

	<ul style="list-style-type: none"> • Mental Health & Wellbeing Strategy – this strategy has been approved by NHS Board and will be circulated to SIB members. Concerns were expressed by the Chair that the SIB were not consulted on the strategy prior to approval by the NHS Board. 	
	<ul style="list-style-type: none"> • TCAT/GPs/Mental Health Primary Care Services/Police – it was acknowledged that work is required to develop better ways of responding within the community. Work is ongoing with Police Scotland on a Concerns Hub. A report on the Concerns Hub will be brought to the IJB early Summer. 	Stephen Brown Agenda – IJB – 2-7-15
	At the end of the presentation Jo Gibson confirmed that the final changes will be made and the report submitted for print on Tuesday 17 th March 2015. The plan will be available for the Inaugural IJB meeting on 2 nd April 2015.	Jo Gibson Agenda – IJB – 2-4-15
	An engagement/communication strategy will also be presented to the IJB at a future date.	Agenda – IJB - tbc
5.	REMODELLING REHABILITATION SERVICES ON ARRAN	
	Submitted report by David Rowland in relation to the proposed remodelling of rehabilitation services on the Isle of Arran.	
	A stakeholder working group was established in November 2014 to consider the direction of rehabilitation services on Arran. The group produced a list of principles that the rehabilitation services on Arran should have.	
	The group also produced a joint action plan for approval by the IJB. IJB members were asked to agree the direction of travel for the remodelling of rehabilitation services and the timescales within the plan.	
	Members asked questions and received clarification in relation to :-	
	<ul style="list-style-type: none"> • Respite - there is no respite included within the action plan. David Rowland confirmed that this needs to be clarified. There are ten beds within Montrose House that have yet to be defined. The needs on the island have yet to be determined, but there will be respite facilities on the island. 	

	<ul style="list-style-type: none"> • Staff Side Involvement – assurance was sought that staff side would be involved in this process. David Rowland confirmed that staff side representation will be sought for the working group. 	
	It was agreed that an interim report be brought back to the IJB on 13 th August 2015 and a final report on 8 th October 2015.	David Rowland Agenda – IJB – 13-8-15 Agenda – IJB – 8-10-15
6.	SHADOW INTEGRATION BOARD/INTEGRATION JOINT BOARD - MEETING DATES & FINANCIAL REPORTING	
	Submitted report by Lesley Aird, Head of Finance in relation to the above.	
	It was agreed that Karen Andrews will check availability for the meeting on 9 th April 2015. The meeting on 7 th May will be cancelled as this clashes with the General Election. A revised schedule of meetings will be circulated to IJB members.	Karen Andrews
7.	CARE AT HOME REVIEW	
	Submitted report by David Rowland, Head of Health & Community Care in relation to a review of care at home services.	
	Members raised concerns about the tight timescales detailed within the report. David Rowland advised that an external management consultancy firm will be recruited to manage the review. This firm have confirmed that they will be able to meet the timescales.	
	The report was agreed.	
8.	ESTABLISHMENT OF NORTH AYRSHIRE INTEGRATION JOINT BOARD	
	Submitted report by Lisbeth Raeside, Interim Project Manager detailing the process for establishing the Integration Joint Board. It was noted that each IJB member will receive a letter asking them to sign the Code of Conduct.	
	The Chair thanked all NAC and NHS staff involved in working through the processes for the IJB, particularly Eunice Johnstone and Allan Gunning.	

	The report was agreed.	
9.	DIRECTOR'S REPORT	
	Submitted report by Iona Colvin, Director, NAHSCP on the developments within the NAHSCP.	
	The report was noted.	
10.	FINANCIAL MANAGEMENT REPORT AS AT 31ST JANUARY 2015	
	Submitted report by Lesley Aird/Fiona Neilson, Head of Finance/Senior Finance Manager on the budget position at Period 10.	
	The areas of movement within the budget were discussed in detail. Lesley Aird advised that a report on Due Diligence will be presented to the IJB on 2 nd April 2015. This report will identify the risks and concerns within the budget.	Lesley Aird Agenda – IJB – 2-4-15
	The budget allocations to Health & Social Care Partnerships will be confirmed at the NHS Board meeting on 30 th March 2015.	
	The report was noted.	
11.	APPOINTMENT OF CHAIR AND VICE CHAIR	
	Submitted report by Lisbeth Raeside, Interim Project Manager on the appointment of Chair and Vice Chair to the Integration Joint Board.	
	North Ayrshire Council have proposed Councillor Anthea Dickson as the first Chair of the IJB and the NHS Board have proposed Stephen McKenzie as the first Vice Chair.	
	The appointment of Chair and Vice Chair is carried out on a rotational basis. The term of office for the first Chair and Vice Chair will be to the local government elections in 2017, thereafter the term of office will be for a period of two years.	
	The appointment of the Chair and Vice Chair was noted.	

12.	EXCLUSION OF PUBLIC AND PRESS	
	The Board resolved, in terms of Section 50(A)4 of the Local Government (Scotland) Act 1973, to exclude from the meeting, the press and the public for the following item(s) of business on the grounds that it involved the likely disclosure of exempt information as defined in Paragraph 9 of Part 1 of the Schedule 7A of the Act.	
12.1	VERBAL UPDATE ON CARE AT HOME	
	Update received from David Rowland, Head of Health and Community Care in relation to a Care Home within the North Ayrshire area. This was noted.	
13.	DATE OF NEXT MEETING	
	The next meeting will be held on Thursday 4th June 2015 at 10.00 a.m, Council Chambers, Cunninghame House, Irvine.	

**North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on Thursday 2nd April
2015 at 10.00 a.m., Council Chambers, Cunninghame House, Irvine**

Present :

Councillor Anthea Dickson, North Ayrshire Council (Chair)
Derek Barron, Lead Nurse/Mental Health Advisor
Stephen Brown, Chief Social Work Officer, NAHSCP
Iona Colvin, Director, NAHSCP
Dr Carol Davidson, NHS Ayrshire & Arran
David Donaghey, Staff Representative, NHS Ayrshire & Arran
Councillor Alex Gallagher, North Ayrshire Council
Kerry Gilligan, Lead AHP, NHS Ayrshire & Arran
Martin Hunter, Service User Representative
Councillor Ruth Maguire, North Ayrshire Council
Louise McDaid, Staff Representative, NAC
Dr Janet McKay, NHS Ayrshire & Arran
Stephen McKenzie, NHSAA (Vice Chair)
Marie McWaters, Carers Representative
Jim Nichols, Third Sector Representative
Sally Powell, Carers Representative
Councillor Robert Steel, North Ayrshire Council
Fiona Thomson, Service User Representative
Nigel Wanless, Independent Sector Representative

In Attendance :

Lesley Aird, Head of Finance
Karen Andrews, Business Support Officer
Thelma Bowers, Head of Mental Health, NAHSCP
Andrew Fraser, Head of Democratic Services, NAC
Janine Hunt, Principal Manager Business Support, NAHSCP
Eleanor McCallum, Engagement Officer, NAHSCP
Fiona Neilson, Senior Finance Manager, NHSAA
David Rowland, Head of Health & Community Care, NAHSCP
Annie Weir, Programme Manager

1.	APOLOGIES	
	Apologies received from Bob Martin, NHSAA; Councillor Peter McNamara.	
2.	DECLARATION OF INTEREST	
	No declarations of interest.	

3.	WELCOME & INTRODUCTIONS	
	Councillor Dickson welcomed those present to the Inaugural meeting of the Integration Joint Board. Cllr Dickson welcomed Thelma Bowers, Head of Mental Health to the meeting.	
4.	MEMBERSHIP OF THE INTEGRATION JOINT BOARD	
	Submitted report by Andrew Fraser, Head of Democratic Services on the membership of the Integration Joint Board. The IJB members agreed to :-	
	<ul style="list-style-type: none"> • Agree the prescribed membership as detailed in Appendix 1 of the report; • Agreed the discretionary membership; and • Agreed the approach to identifying deputy members 	
5.	APPOINTMENT OF CHIEF OFFICER	
	Submitted report by Andrew Fraser, Head of Democratic Services on the appointment of the Chief Officer to the IJB.	
	The IJB approved the recommendation that Iona Colvin, Director, North Ayrshire Health and Social Care Partnership be appointed as Chief officer of the Integration Joint Board.	
6.	INTEGRATION SCHEME/ESTABLISHMENT ORDER/ SCHEME OF DELEGATION	
	Submitted report by Andrew Fraser, Head of Democratic Services on the Integration Scheme, Establishment Order and Scheme of Delegation for the Integration Joint Board.	
	The proposals and recommendations contained within the report were accepted and agreed.	
7.	APPOINTMENT OF CHIEF FINANCE OFFICER	
	Submitted report by Andrew Fraser, Head of Democratic Services on the appointment of the Chief Finance Officer for the Integration Joint Board.	
	The IJB agreed with the proposal to appoint Lesley Aird as the Chief Finance Officer for the IJB.	

8.	MEMBERSHIP OF THE STRATEGIC PLANNING GROUP	
	Submitted report by Jo Gibson, Principal Manager (Planning & Performance) on the legislative requirements for the membership and proceedings of the Strategic Planning Group.	
	<p>Stephen McKenzie has been formally appointed as Chair of the Strategic Planning Group.</p> <p>The membership proposals contained within Appendix 1 were discussed. Locality representatives and non-commercial members have still to be appointed. Proposals for these representatives will be brought to a future IJB meeting for approval.</p>	Jo Gibson Agenda – IJB - tbc
	The membership proposals in Appendix 1 will be amended to include staff partnership representation, as agreed at the IJB meeting on 12 th March 2015.	Jo Gibson
9.	STANDING ORDERS	
	Submitted report by Andrew Fraser, Head of Democratic Services on the Standing Orders for Meetings detailed in Appendix 1 of the report.	
	Members asked questions and received clarification in relation to :-	
	<ul style="list-style-type: none"> Clarification on Section 14.1 relating to “motions”. It was agreed that this section be reworded, removing the term “motion”. 	Iona Colvin/ Andrew Fraser
	<ul style="list-style-type: none"> Standing Orders were approved subject to revision of Section 14. 	Andrew Fraser Agenda – IJB – 4-6-15
	<ul style="list-style-type: none"> Further work will be undertaken to clarify the pre-agenda process. 	
10.	SCHEME OF ADMINISTRATION TO INTEGRATION JOINT BOARD (IJB) AND SCHEME OF DELEGATION	
	Submitted report by Andrew Fraser, Head of Democratic Services on the Scheme of Administration to IJBs and Scheme of Delegation.	

	The IJB approved the Scheme of Delegation to Officers and the functions delegated from North Ayrshire Council attached at Appendix 1;	
	The IJB agreed to adopt the delegations to the Chief Officer detailed in the NHS Ayrshire and Arran Local Scheme of Delegation to Integration Joint Boards and Chief Officers;	
	The IJB agreed that the scheme of delegation to the Chief Finance Officer in Appendix 1 shall apply to both Council and NHS derived functions;	
	The IJB noted the position in relation to a Scheme of Administration and it was agreed that a further report detailing the remit of an Audit Committee be submitted to the IJB at a future date.	Andrew Fraser Agenda – IJB - tbc
11.	STRATEGIC PLAN	
	Submitted report by Jo Gibson, Principal Manager (Planning & Performance) on the North Ayrshire Health & Social Care Partnership Strategic Plan consultation, and to seek approval on the Strategic Plan.	
	The final version of the Strategic Plan was tabled at the meeting for approval. The IJB agreed to formally adopt the Strategic Plan.	
	Jo Gibson advised that the final plan was only received today and will now be circulated widely across the partnership. All NAC Elected Members and NHS Board members will receive a copy of the plan. Copies will also be available at the marketplace event on 8 th June 2015.	
	Councillor Dickson conveyed a vote of thanks to all those involved in producing the Strategic Plan.	
12.	FINANCIAL REGULATIONS	
	Submitted report by Lesley Aird, Head of Finance on the proposed Financial Regulations. Lesley Aird advised that these regulations were developed jointly by NHS Ayrshire and Arran and the 3 Ayrshire Councils, through the Financial Controls, Assurance and Risk (FCAR) workstream.	

	Members asked questions and received clarification in relation to procurement. Lesley Aird confirmed that procurement will be undertaken through the Chief Officer. Reports seeking permission to procure will be submitted to the IJB for approval. If approved, these will be procured through either the NAC or NHS Procurement teams.	
	The IJB approved the Financial Regulations.	
14.	NORTH AYRSHIRE HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) DUE DILIGENCE PROCESS AND 2015/16 TO 2017/18 BUDGETS	
	Submitted report by Lesley Aird, Head of Finance on the Due Diligence process and the 2015/16 and 2017/18 budgets.	
	Members asked questions and received clarification in relation to :-	
	<ul style="list-style-type: none"> Resources available within the partnership and NHS to meet the demands detailed within the report. Efficiencies/Savings identified relate mainly to the savings agreed by North Ayrshire Council. The work will be monitored through the Change Programme. A report on the Change Programme will be submitted to the next IJB meeting. 	Jo Gibson Agenda – IJB – 16-4-15
	The IJB agreed to :- <ul style="list-style-type: none"> noted the due diligence work undertaken as the basis for the 2015/16 to 2017/18 budgets approve the 2015/16 budget and note the indicative 2016/17 and 2017/18 budgets. 	
15.	CLINICAL NEGLIGENCE AND OTHER RISKS INDEMNITY SCHEME (CNORIS)	
	Submitted report by Lesley Aird, Head of Finance to seek approval from the Board to submit an application to become a member of the Clinical Negligence and Other Risks Scheme (CNORIS).	

	Lesley Aird advised that CNORIS is a risk transfer and financing scheme which was established in 1999 for NHS organisations in Scotland, the primary objective of which is to provide a cost effective risk pooling and claims management arrangement for those organisations which it covers.	
	It was agreed that the Board applies to Scottish Ministers to join the CNORIS scheme.	
16.	INFORMATION SHARING	
	Submitted report by Janine Hunt, Principal Manager (Business) in relation to the invitation to join the Ayrshire Data Sharing Partnership.	
	<p>The IJB agreed to</p> <ul style="list-style-type: none"> • Accept the invitation to join the Ayrshire Data Sharing Partnership and become a party to the Ayrshire & Arran Protocol for Sharing Information. • Accept the invitation from the Chief Executives of North Ayrshire Council and NHS Ayrshire & Arran to become a party to the Information Sharing Protocol between North Ayrshire Council and NHS Ayrshire and Arran. • Authorise the Partnership Director to sign all relevant documentation 	
17.	CODE OF CONDUCT	
	Submitted report by Andrew Fraser, Head of Democratic Services on the Code of Conduct for IJB members.	
	The report highlighted the requirement of IJB members to sign the Code of Conduct for Devolved Public Bodies.	
	Andrew Fraser advised that an induction session is planned for IJB members which will discuss the Code of Conduct in more detail.	
	The IJB agreed that members would adhere to the Code of Conduct.	

18.	VOTE OF THANKS	
	Cllr Dickson closed the first Integration Joint Board meeting with a vote of thanks, with particular reference to :-	
	<ul style="list-style-type: none"> • Chief Executives of NHS and NAC • Iona Colvin, HSCP Director • Senior Officers of all disciplines • Strategic Planning Group • Strategic Plan Writing Group 	
	Cllr Dickson thanked Stephen McKenzie for Chairing the SIB through the Shadow year.	

The meeting closed at 12.00

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Integration Joint Board
16th April 2015

Agenda Item No. 5

Subject: **Change Programme**

Purpose: For the IJB to approve commencement of the Change Programme.

Recommendation: For the IJB members to approve :-
 (a) Creation of a Change Programme Steering Group which will report directly to the IJB;
 (b) the proposed membership of the Steering Group;
 (c) the proposed year one priorities for redesign for the Partnership;
 (d) the proposed components of the Change Team.

For members to note :
 (d) The proposed members and structure of the Change Team.

1. Background

- 1.1 The development of our Strategic Plan and the supporting Integrated Care Fund (ICF) have created the context in which we can define our key redesign priorities for 2015/16. This paper gives a high level overview of these priorities, which will make up our Change Programme.
- 1.2 The HSCP took an innovative approach to the use of the Integrated Care Fund to maximise opportunities for creativity and improvement. This involved splitting the fund in to three distinct parts; Reshaping Care for Older People (the Change Fund Legacy), Innovation & Creativity Fund and a Change Team to support our ambitious programme of redesign of services.
- 1.3 The creation of a Change Team will support and enable the process of change across the partnership in the coming year. All change/redesign projects are linked directly to one or more of the Strategic Plan's 5 priorities of tackling inequalities, prevention and early intervention, bringing services together, engaging communities and improving mental health and well being. It is expected that the Change Programme may take 3-5 years to fully complete through clear milestones will be set for delivery within 2015/16.

- 1.4 It has recently been announced that the ICF fund, which was originally badged as non- recurrent funding for 1 year, will now be made recurring for 3 years. The IJB will have the opportunity to discuss use of the funding over 2016/17 and 2017/18 at future meetings.

2. Proposals

- 2.1 The Partnership Senior Management Team (PSMT) recently held two sessions to identify year one priorities. Service change ideas were put forward following discussion with staff. The PSMT mapped service change ideas against the strategic plan priority themes:

- Tackling inequalities
- Engaging communities
- Bringing services together
- Prevention and early intervention
- Improving mental health and wellbeing

This also included mapping against property requirements and savings plans.

- 2.2 Detailed discussions took place on the phasing of each of the projects, based on the inter-dependencies between projects, current savings programmes and the state of readiness of the team.

- 2.3 The outcome of this session is a Programme Schedule attached at Appendix 1. This shows the priority level of each planned project for each care group, their dependencies, corporate sponsors and proposed timescales

- 2.4 Following approval of the Change Programme, A Project Initiation Document (PID) will be created for each project. This document will highlight the actions, timescales, costs, risks and outcomes. For each project, detailed discussions will take place involving all stakeholders, including staff representatives, the Third and Independent sector and users and carers.

- 2.5 This draft Change Programme allowed us to profile the skills and expertise necessary to delivery this level of redesign, and therefore identify the roles required within the Change Team.

- 2.6 The Change Team comprises 3 broad areas of expertise, these are:

- Programme and project management
- Service champions from within the service areas
- A range of specialist skills including:
 - Data analysis
 - Service improvement
 - Organisational development
 - Evaluation
 - Communication
 - Public engagement
 - Performance and planning

These skills will be drawn from some existing staff roles, a number of fixed term secondments, with cover for backfill provided, and a small number of external appointments

- 2.7 It is vital to recognise the value and competencies of staff working already in partnership teams which can be used to assist the change programme. It will also be vital to ensure that skills developed as part of the change team can return to services to ensure the sustainability of the Change Programme after the first year, using those partnership staff.
- 2.8 A breakdown of the Change Team and associated costs will be provided at the meeting.
- 2.9 In order to ensure that the Change Programme has strong governance it is proposed that a Programme Steering Group be created, which reports directly to the IJB. Arrangements will be made to also ensure regular reports to North Ayrshire Council and NHS Ayrshire & Arran.
- 2.10 It is proposed that the Change Programme Steering Group has the following membership:
- Iona Colvin, Director (Chair)
 - Stephen Brown, Head of Service
 - David Rowland, Head of Service
 - Thelma Bowers, Head of Service Mental health
 - Jo Gibson, Principal Manager
 - Janine Hunt, Principal Manager
 - Derek Barron, Lead for Nursing and Mental Health
 - Kerry Gilligan, Lead AHP
 - Michelle Sutherland, Programme Manager
 - Fiona Neilson/Lesley Aird, Finance
 - Third Sector TBC
 - Staff Representatives TBC
 - Service User, TBC
 - Yvonne Baulk, Head of Physical Environment

As required:

- Dr John Taylor, Assoc. Medical Director Mental Health
 - Dr Paul Kerr, Clinical Director, H&SCP
- 2.11 The Change Programme and Change Team will work to the following aims:
- Projects will relate directly to our strategic plan
 - Where possible, using existing capacity, capabilities and resources within the partnership to ensure sustainability and a mainstreamed approach
 - Gaps in capabilities will be enhanced by short term market place recruitment
 - Use of existing governance and accountability systems to reduce bureaucracy and support mainstreaming
 - Recognise the value and contribution of partnership services which are not part of the initial change programme, and ensure shared learning.
- 2.12 Discussion will take place with colleagues in Third Sector Interface to identify how progress within the Innovation & Creativity Fund will be linked into the Change Steering Group.

3. Implications

Human Resource Implications

- 3.1 Human Resource Teams from both North Ayrshire Council and NHS Ayrshire and Arran have been involved to ensure staff with the relevant competencies within a redeployment position can secure a secondment opportunity in the Change Team.

Financial Implications

- 3.2 The cost of the Change Team will be met in full through the Integrated Care Fund and a small contribution from Delayed Discharge monies.

Legal Implications

- 3.3 There are no legal implications arising from this report.

Equality Implications

- 3.4 There are no equality implications arising from this report.

Environmental Implications

- 3.5 There are no environmental implications arising from this report.

Implications for Key Priorities of the IJB

- 3.6 This process will progress the priorities identified within the Strategic Plan.

4. Consultations

- 4.1 Public, staff and stakeholder engagement took place to identify our Strategic Plan priorities. The PSMT used these as a basis for ranking their change ambitions.
- 4.2 PSMT consultation took place to identify key priorities and to clarify the supporting resources required from the Change Team.
- 4.3 Consultations have also taken place with Finance and Human Resources.

5. Conclusion

- 5.1 The first year of the Change Programme will be considerable and lay the foundation for change as the partnership moves forward. It will be vital that learning from the Change Programme is built in to the partnership as a whole to ensure sustainability.

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

North Ayrshire Health & Social Care Partnership - Change Programme 2015/16																										
				JAN 15	FEB 15	MAR 15	APL 15	MAY 15	JUN 15	JUL 15	AUG 15	SEP 15	OCT 15	NOV 15	DEC 15	JAN 16	FEB 16	MAR 16	APL 16	MAY 16	JUN 16	JUL 16	AUG 16	SEP 16	OCT 16	
Area of Work	Sponsor	Start	Finish																							
Health and Community Care	David Rowland																									
Pavilion 3 - Rehabilitation and enablement Hub (CofE)	David Rowland	01/01/15	01/05/16																							
GP Practice HSCP Services - 6 practice pilot	David Rowland	17/02/15	31/03/16																							
Care at Home Redesign	David Rowland	01/02/15	31/03/16																							
Equipment and adaptations	David Rowland	01/06/15	01/01/16																							
Single point of contact/Integrated Locality Teams	David Rowland	01/06/15	31/03/16																							
Review Arran Model of Care	David Rowland	01/09/15	31/03/16																							
Review Cumbrae Model of Care	David Rowland	01/01/16	01/10/16																							
Children's Services	Stephen Brown																									
Teams around children (Dartington)	Stephen Brown	01/06/14	31/03/16																							
Children placed in care review pathways and processes (linked to contact centre)	Stephen Brown	01/05/15	01/12/15																							
Contact centre for accommodated children	Stephen Brown	01/04/15	31/03/16																							
Children with disabilities - policy and redesign	Stephen Brown	01/04/15	31/03/16																							
Mental Health	Thelma Bowers																									
NACH redevelopment - capital, service model, OD, workforce (including older people)	Thelma Bowers	01/05/15	01/05/16																							
Joint Forensic Team	Thelma Bowers	01/09/15	01/05/16																							
Community MH Teams/Adult MH/Primary Care MH/Social Service - Integrated Team	Thelma Bowers	01/10/15	31/03/16																							
CAMHs - neurological pathways	Thelma Bowers	01/06/15	31/03/16																							
Addictions	Thelma Bowers																									
Integrated processes and single team	Thelma Bowers	01/02/15	01/12/15																							
Opiate Replacement Therapy - Implementation of new model	Thelma Bowers	01/06/15	31/03/16																							
Learning Disabilities	Thelma Bowers																									
Review of tier 4 purchased services for people outwith Ayrshire, including core & cluster housing	Thelma Bowers	01/05/15	31/03/16																							
Business Support	Janine Hunt																									
Business support review with OD and LEAN support	Janine Hunt	01/04/15	01/03/16																							
System Wide																										
Transforming Care after Cancer	Stephen Brown	01/04/15	31/03/16																							
Pan Ayrshire																										
Multi-agency Police concern hub - Child concern & adult protection	Stephen Brown	01/04/15	31/03/16																							
Review of residential, nursing and continuing care	Iona Colvin	01/06/15	31/03/16																							
Change Programme 2016/17																										
Community LD Teams co-located and single integrated team	Thelma Bowers	01/04/16	01/11/16																							
NAC Capital plan Hazeldene and Fergushill - day services integrate on to a single site	Thelma Bowers	01/04/16	31/05/17																							

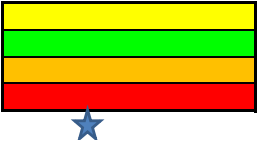
Tasks Planned

Green-On track

Amber-Risk of falling behind

Red - Behind schedule

Paper Due



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Integration Joint Board 16th April 2015

Agenda Item No. 6

Subject: Carers and Young Carers Support Service

Purpose: To advise the Integration Joint Board of the outcome of the tender exercise for the Carers' and Young Carers' Support Service.

Recommendation: That the Integration Joint Board note and approve the recommendation to award the contract for the appointment of a provider organisation to provide a Carers' and Young Carers' Support Service to Unity Enterprise.

1. Introduction

- 1.1 On August 2013 North Ayrshire Council's Cabinet approved the tender exercise to advertise the contract to provide the above service.
- 1.2 The Service is currently provided by Unity Enterprise and required to be advertised in accordance with EU Procurement Directives, Public Contracts (Scotland) Regulations 2012 (SSI 2012/88) (as amended) and the Council's Standing Orders Relating to Contracts and Contract Procedure Rules for North Ayrshire Council.

2. Current Position

- 2.1 As stated above, the current provider for the Service is Unity Enterprise who operates from their base at the Princess Royal Trust North Ayrshire Carers' Centre in Irvine.
- 2.2 A tender exercise to appoint a provider to continue to operate a Carers' and Young Carers' Support Service has been completed.
- 2.3 The contract term will be for three years, with the option to extend for a further two years on an annual basis, subject to contract review, funding and requirements.
- 2.4 The total contract value for the five year period is £1,039,524.40, which equates to an annual budgetary spend to North Ayrshire Health and Social Care Partnership (NAHSCP) of £207,904.88. The annual spend is unchanged from the current contract value, and because of this, the decision was made to publish the tender with budgetary information, as the incumbent provider is aware that the contract value was unlikely to change.

- 2.5 A formal contract notice was advertised in Public Contracts Scotland Procurement Portal on 13th January 2015 with a return date of 12 noon on the 15th February 2015.
- 2.6 The submissions were assessed in terms of Quality of Service (70%) and Cost (30%). The bias towards quality reflects the importance of ensuring that the successful tenderer has the necessary expertise to provide the service.
- 2.7 The Quality element was assessed using a scoring framework based on the following criteria:
- Service delivery (17.5%)
 - Outcomes (17.5%)
 - Partnership (14%)
 - Social Inclusion (14%)
 - Quality Assurance (7%)
- 2.8 The tender evaluation panel consisted of a Senior Manager from Mental Health and Learning Disabilities NAHSCP, a Senior Manager from Children and Families (Family Placement and Disability) NAHSCP, the Voluntary Organisations' Contracts NAHSCP (formerly Health based) and a Carers' Representative.
- 2.9 Unity Enterprise scored the highest against the evaluation criteria and a tender outcome report is attached at Appendix 1.

3. Proposals

- 3.1 It is proposed that the Integration Joint Board award the contract to Unity Enterprise.

4. Implications

4.1 Financial Implications

There are no financial implications as the budget will remain unchanged.

4.2 Human Resource Implications

There are no human resource implications as the provider is unchanged from the current one.

4.3 Legal Implications

The procurement process has been undertaken in accordance with the Council and European Union Procurement procedures.

4.4 Equality Implications

The equality credentials of the tender submission have formed part of the evaluation process.

4.5 Environmental Implications

There are no environmental implications.

4.6 Implications for Key Priorities

The proposal contributes to the Health and Social Care Partnership's priorities of 'supporting vulnerable people within the community'.

5. Consultations

- 5.1 The tender exercise has been undertaken in consultation with the Council's Corporate Procurement Unit and Legal Services.
- 5.2 A Carers' Representative formed part of the evaluation panel and the Carers' Advisory Group were consulted with regards to the content of the Service specification.

6. Conclusion

- 6.1 The tender exercise has identified Unity Enterprise as the preferred provider organisation. The award of this contract will allow Carers and Young Carers to be supported in their caring roles.

For more information please contact John McCaig, Senior Manager, Community Care (Mental Health and Learning Disabilities) on 01294 317718 or jmccaig@north-ayrshire.gcsx.gov.uk

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Integration Joint Board 16 April 2015

Agenda Item No. 7

Subject: **Appointment of Chief Internal Auditor**

Purpose: To consider the appointment of the Chief Internal Auditor of the Integration Joint Board

Recommendation: The Integration Joint Board agrees to appoint the Senior Manager (Internal Audit and Risk Management), North Ayrshire Council, currently Paul Doak, as the Chief Internal Auditor of the Integration Joint Board.

1. Introduction

- 1.1 The Integration Joint Board is required to comply with Article 7 of The Local Authority Accounts (Scotland) Regulations 2014. The regulation states -
“7(1) A local authority must operate a professional and objective internal auditing service in accordance with recognised standards and practices in relation to internal auditing.”
- 1.2 In order to comply with the Regulations it is proposed that the Integration Joint Board appoints a Chief Internal Auditor.

2. Current Position

- 2.1 North Ayrshire Integration Joint Board's Financial Regulations which were approved on the 2nd of April 2015 state that the Integration Joint Board will establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This includes nominating a Chief Internal Auditor.
- 2.2 The Financial Regulations state that Internal Audit Services will be provided by North Ayrshire Council. It is proposed that the Senior Manager (Internal Audit and Risk Management), North Ayrshire Council, currently Paul Doak, is appointed to act as Integration Joint Board Chief Internal Auditor in addition to his post with North Ayrshire Council.

- 2.3 On or before the start of each financial year the Integration Joint Board Chief Internal Auditor will prepare and submit a strategic risk based audit plan to the Integration Joint Board for approval. In addition, they will also submit an annual audit report of the Internal Audit function to the Chief Officer and the Integration Joint Board indicating the extent of audit cover achieved and providing a summary of audit activity during the year. The annual audit report and the Chief Internal Auditor's opinion will also be reported to the Audit Committees of the NHS Ayrshire and Arran Board and North Ayrshire Council.

3. Proposals

- 3.1 It is proposed that Paul Doak is appointed the Chief Internal Auditor of the North Ayrshire Integration Joint Board.

4. IMPLICATIONS

4.1 Financial Implications

The appointment of a Chief Internal Auditor is one of the key components of good financial governance

4.2 Human Resource Implications

None, it is recommended that Paul Doak is appointed as Chief Internal Auditor who is an employee of North Ayrshire Council.

4.3 Legal Implications

Approval of the appointment of the Chief Internal Auditor will provide procedures to ensure the IJB complies with The Local Authority Accounts (Scotland) Regulations 2014.

4.4 Equality Implications

There are no equality implications.

4.5 Environmental Implications

There are no environmental implications.

4.6 Implications for Key Priorities

There are no implications for key priorities.

5. Consultations

- 5.1 Consultation has taken place between North Ayrshire Council and NHS Ayrshire and Arran regarding the appointment of the Chief Internal Auditor.

6. Conclusion

- 6.1 In appointing the Chief Internal Auditor the Integration Joint Board is putting in place procedures to ensure compliance with Article 7 of The Local Authority Accounts (Scotland) Regulations 2014 which applies to Integration Joint Boards.

For more information please contact Lesley Aird, Chief Finance Officer on 01294 324560 or lesleyaird@north-ayrshire.gcsx.gov.uk.

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Integration Joint Board
16th April 2015

Agenda Item No. 8

Subject: **Standing Orders**

Purpose: To report to the Integration Joint Board on proposed changes to Standing Orders 14 to 16 which deal with the procedures for dealing with items of business.

Recommendation: That the Integration Joint Board approves new Standing Orders 14 to 16 as detailed in Appendix 1.

1. Introduction

- 1.1 At the meeting of the Integration Joint Board on 2 April 2015 the Board agreed to adopt Standing Orders to regulate procedure at meetings of the Board and its Committees, subject to receiving a report on revised Standing Orders relating to the procedure for dealing with items of business.

2. Current Position

- 2.1 The key issue raised by the Board at its meeting on 2 April 2015 was how to ensure that, wherever possible, we achieve decisions by way of consensus and how to deal with items of business which require formal processes.

Members were also clear that, if there was no consensus, there needs to be a clear procedure as to how decisions are made.

- 2.2 The new Standing Order 14 deals with decisions made by the normal consensus process. It proposes the following steps:-

- An officer will speak to the terms of a report
- There will be the opportunity for Board Members to raise questions regarding any such report
- Thereafter there will be an opportunity for Board Members to discuss the report
- Once the Chair thinks there is consensus she will confirm with the Board the decision which is to be made. It is expected that almost all of the business will be dealt with in this fashion.

- 2.3 The new Standing Order 15 deals with the rare occasion when a decision cannot be made by consensus.
- In the event it is clear there is no consensus, the Chairperson will ask those persons who have differing views to clearly identify the decision that they wish the Board to make. These competing positions are known as the recommendation and amendment.
 - Members of the Board are also entitled to bring an issue to an end by way of recommendation and amendment if discussion on an item has gone on for longer than 30 minutes.
 - Members will then have the opportunity to debate the respective positions detailed in the recommendation and amendment. In practice it is unlikely that they will do so as the issue will have been fully canvassed during the discussion stage. However the opportunity for further debate has been included in the Standing Orders to cover the eventuality that a recommendation or amendment has arisen which has not been subject to prior discussion
 - The proposer of the motion or amendment get to sum up
- 2.4 Standing Order 16 deals with voting. It is unchanged apart from the reference to achieving consensus being moved to the start of Standing Order 14.
- 2.5 Members were keen to avoid the use of the words 'motion' and 'amendment', The term 'recommendation' has been used instead of 'motion', reflecting the terms used in NHS Standing Orders.
- 2.6 At the meeting on 2 April 2015 Members also asked for clarity as to whether they could raise motions in advance of a meeting which would then require to be included on the Agenda. There is no provision for this in Standing Orders. Officers of the Board would determine the business placed before the Board. In practice they would liaise very closely with the Chair and Vice Chair of the Board. Officers will review the pre-agenda process with the Chair and Vice-Chair to ensure an inclusive process is developed.

If Members were unhappy that something was not being discussed then, in terms of the Standing Order 4.3, two thirds of the voting Members can requisition a meeting.

3. Proposals

- 3.1 It is recommended that the IJB approve the amended Standing Orders 14 to 16 as detailed in Appendix 1.

4. IMPLICATIONS

4.1 Financial Implications

There are no financial implications arising from this report.

4.2 Human Resource Implications

There are no human resource implications arising from this report.

4.3 Legal Implications

The IJB is required to adopt Standing Orders for Meetings under the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014. The Standing Orders at Appendix 1 are drafted to comply with this obligation.

4.4 Equality Implications

There are no equality implications arising from this report.

4.5 Environmental Implications

There are no environmental implications arising from this report.

4.6 Implications for Key Priorities

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

4.7 Community Benefit Implications

There are no community benefit implications arising from this report.

5. Consultations

- 5.1 The amended Standing Orders 14 to 16 have been developed by the Pan-Ayrshire Legal Workstream which support integration.

6. Conclusion

- 6.1 This report recommends the adoption of Standing Orders 14 to 16 as contained in Appendix 1.

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

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14. Procedures for Dealing with Items of Business

- 14.1 Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.
- 14.2 Officers of the Board will speak to the terms of any report drafted by them which is on the agenda for a meeting. Thereafter it will be open to any Member to ask a question or questions concerning the item of business under consideration. Such questions must be relevant to the item of business under consideration and may be directed to any senior officer seeking clarification of the terms of a report
- 14.3 When the Chairperson is satisfied that there are no more questions to be raised he or she will invite the Board to discuss the item of business. Such discussion must be relevant to the item of business and should attempt to achieve a decision by consensus. As part of the Chairperson's role to manage the meeting, the Chairperson shall attempt to ensure that Members who wish to speak have a fair opportunity to do so. The Chairperson shall have power to determine when Members can speak, and will determine the number of occasions and length of time that a Member is able to speak.
- 14.4 When the Chairperson is satisfied that a decision can be made by consensus he or she will clarify the terms of that decision with the Board.

15. Procedure where there is no Unanimous Decision

- 15.1 If the Chairperson is satisfied that a decision cannot be made by consensus, he or she will invite those of differing views to state the decision they wish the Board to make. The first such statement will be known as the recommendation. Any member may seek an amendment to the recommendation. Any recommendation and amendment must relate to the item of business under discussion. No recommendation or amendment will be accepted unless it is seconded. It will be open to any Member to ask a question or questions or to the mover of any recommendation or amendment seeking clarity of their recommendation or amendment.
- 15.2 In the event that discussion on any item has exceeded 30 minutes it will be open to any Member to propose a recommendation. If this is not seconded the recommendation will fall and discussion shall continue, subject to 15.1. If it is seconded, the Chairperson will ascertain if there are any amendments, which also require to be seconded.
- 15.3 For the avoidance of doubt, non-voting members can propose or second a recommendation or amendment and speak to its terms, but cannot vote on it.

- 15.4 Debate - When the Chairperson is satisfied that there are no more recommendations, or amendments to be raised he or she will state that the Board is in debate.
- 15.5 Subject to the right of the mover of a recommendation, and the mover of an amendment, to reply, no Member will speak more than once on the same question at any meeting of the Integration Board except:-
- On a question of Order
 - With the permission of the Chairperson
 - In explanation or to clear up a misunderstanding in some material part of his/her speech.
- 15.6 The mover of an amendment and thereafter the mover of the original recommendation will have the right of reply for a period of not more than 3 minutes. He/she will introduce no new matter and once a reply is commenced, no other Member will speak on the subject of debate. Thereafter the discussion will be held closed and the Chairperson will call for the vote to be taken.
- 16. Voting**
- 16.1 Only the four Members nominated by the NHS Board, and the four Members appointed by the Council shall be entitled to vote.
- 16.2 Every question at a meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question. Voting shall be by a show of hands. In the case of an equality of votes the Chair shall not have a second or casting vote.
- 16.3 Where there is an equality of votes the voting members may agree that the decision will be made by a cut of cards or some other equitable method. If the voting members do not agree such a method of breaking the deadlock then no decision will be taken and the status quo shall prevail. Standing Order 12 shall not preclude reconsideration of any such item within a 6 month period.

Integration Joint Board 16th April 2015

Agenda No. -

Subject:	Proposals for Partnership Management Structures and Arrangements
Purpose:	To seek endorsement of the Integration Joint Board to implement management structures and support arrangements specifically relating to: <ul style="list-style-type: none"> (i) Delivery of Community Health and Care Services (ii) Delivery of Children's Health Care and Justice Services and; (iii) Delivery of Mental Health Services
Recommendation:	The Integration Joint Board is asked to: <ul style="list-style-type: none"> (i) Endorse the Management Structures as outlined in Appendices 2, 3 and 4.

1. Background

- 1.1 In April 2014, North Ayrshire Council and NHS Ayrshire and Arran approved the arrangements for the Leadership, Management and Governance of services delegated to the Partnership. This encompasses the range of posts reporting to the Chief Officer including Heads of Service, Support Services and Professional Governance arrangements (Appendix 1).
- 1.2 The Scheme of Delegation for both North Ayrshire Council and NHS Ayrshire & Arran delegates authority to each of the Chief Executive Officers. This report is presented to the Integration Joint Board (IJB) for endorsement.
- 1.3 The management arrangements replace existing posts within Social Work Services, and also replace core functions which were previously located in pan-Ayrshire NHS posts. These posts combine responsibility for health and social work services under specific Heads of Service posts. This allows flexibility in managing service provision and risk across the partnership and will facilitate the removal of barriers between services to meet the local and national aspirations and priorities for integrated services.
- 1.4 To supplement line management functions, arrangements are in place to monitor and develop professional and clinical governance within the partnership. This includes Social Work, Medical Leadership, Nursing and Allied Health Professionals.

- 1.5 The proposals contained within this report integrate the management arrangements for Community Care services, Children and Families and Criminal Justice Services and Mental Health Services. The proposal for Mental Health Services includes a number of posts which will fulfil Ayrshire-wide functions and a interim 18 month post to complete the work around North Ayrshire Community Hospital.

Three further interim posts at service manager level are proposed for a period of 12 to 18 months within Community Mental Health and Learning Disability Services and CAMHS.

It is proposed that these will be reconfigured into joint operational leadership posts over the next 12 to 18 months and a process to move to this position will be agreed with our staff side in due course.

- 1.6 Allied Health Professionals management and governance arrangements are subject to a separate process and therefore not mentioned in this report.

2. Local and National Priorities

- 2.1 At a local level in North Ayrshire, like so many other communities, there are significant challenges facing our communities and this is reflected within our Single Outcome Agreement, the Council's Strategic Priorities, the NHS Delivery Plan and the Health and Social Care Partnership Strategic Plan. These challenges include:

- The impact of changes in demography with a growing older population requiring higher levels of support;
- The inequalities in health, life expectancy and healthy life expectancy experienced in our community;
- The negative impact of misuse of alcohol and drugs has on individuals, their children, their families and communities, and;
- The need to support and nurture children in their early years and beyond.

- 2.2 The integration of health and social care will be a further opportunity to address the deep seated inequalities by focusing social care and wellbeing in the regeneration of our communities. The factors that contribute are complex and tackling inequalities requires action across a wide range of policy areas including employment, housing, public services, education and the economy, with specific focus on disadvantaged groups and deprived areas. The emphasis on early intervention and prevention will be key to addressing these inequalities along with the provision of services which seek to alleviate the impact of the inequalities on individuals and communities.

3. NATIONAL 2020 VISION FOR HEALTH AND SOCIAL CARE

- 3.1 The Scottish Government's 2020 Vision is that, by 2020 everyone is able to live longer healthier lives at home, or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

- 3.2 The 2020 Vision recognises the vital role of the workforce in responding to the challenges Partnerships will face. It sets out a vision for the workforce, the values

that are shared across, and asks everyone who works for a Partnership to play their part in supporting the changes and to live the values. Scottish Social Services Council (SSSC) and NHS Education for Scotland (NES) have been working together and have identified 5 areas that will support workforce development:

- understand, promote and achieve better outcomes for people,
- engage in meaningful co-production with people and communities,
- affirm professional values and identity, and take responsibility for career long development,
- demonstrate authentic and collaborative leadership behaviours,
- actively engage in locality planning and service improvement.

3.3 To realise the 2020 Vision, significant public sector reform has taken place within the Scottish public sector landscape. The Public Bodies (Joint Working) (Scotland) Act 2014 will bring about the establishment of Integration Joint Boards as separate legal entity by 1 April 2015.

3.4 In June 2013, NHS Ayrshire and Arran and North Ayrshire Council put in place transitional arrangements to establish the Shadow Integration Board who were tasked to oversee the management and delivery of delegated services from April 2014 and to make arrangements for the creation of the Integration Joint Board by April 2015.

3.5 The Shadow Integration Board has been integral to the appointment of leadership arrangements for the Partnership. Following the appointment of a Chief Officer in December 2013, the focus was establishment of the Senior Management Team from September 2014. This Senior Management Team comprises three Heads of Service;

- Head of Health and Community Care;
- Head of Children's Health , Care and Justice Services;
- Head of Mental Health Services.

It also includes key senior management posts including Finance, Planning and Performance and Business Support.

3.6 A number of professional lead posts are also in place and include Associate Nurse Director / Lead Nurse, Chief Social Work Officer, Lead Allied Health Professional and most recently, Clinical Director. The Associate Medical Director, Mental Health Services, will continue to provide medical management and leadership across mental health services as part of the partnership senior management team.

4. PROGRESS WITH MANAGEMENT / LEADERSHIP ARRANGEMENTS

4.1 In recent months work has been undertaken on a bilateral basis between North Ayrshire Council and NHS Ayrshire and Arran and where appropriate on a pan-Ayrshire basis to develop management proposals to support the delivery of our local Strategic Priorities and the 2020 Vision. The aim is to provide assurance of safe and innovative service delivery, and sound staff, financial and care governance across all service areas.

4.2 Throughout the rest of this report indicative level of post are:

- Senior Manager: NHS band 8b, Social Services grade 15/16 - referred to as 8b
- Service Manager: NHS band 8a, Social Services grade 14 - referred to as 8a

- 4.3 The table below outlines the progress made to date in joint appointments:

Table 1: Timeline of Key Management Appointments

Action	Outcome	End Date
Chief Officer appointed	In place	01/12/13
Heads of Service appointed	Head of Health and Community Care	01/09/2014
	Head of Children, Families and Criminal Justice	01/09/2014
	Head of Mental Health Services	01/04/2015
Senior Support Service arrangements	Principal Manager Business Support	29/10/2014
	Principal Manager Planning and Performance	01/12/2014
	Principal Manager Finance	
Professional Leads	Chief Social Work Officer	01/09/2014
	Associate Nurse Director / Lead Nurse	01/04/2014
	Clinical Director	07/04/2015
	Lead Allied Health Professional	01/04/2014
	Associate Medical Director - Mental Health Services	01/04/2014
3 rd Tier Management Structures	CEO approval	01/04/2015
3 rd Tier Management Structures	IJB Endorsement	16/04/2015

5. CURRENT HEALTH AND COMMUNITY CARE SERVICES

- 5.1 Community Care Social Work services are delivered within six localities in North Ayrshire with teams dedicated within Irvine, Kilwinning, the Three Towns, the Garnock Valley, the North Coast and on Arran.
- 5.2 The current management arrangements in Social Work comprise a team covering services for adults, including those over 65, covering a full range of community-based assessment and support services, including mental health and learning disability services. Further the team work closely with colleagues from the Third and Independent Sectors to secure and monitor the effectiveness of a wide range of commissioned services.

5.3 North Ayrshire Community NHS Services (non-Mental Health Services) are delivered through pan-Ayrshire management arrangements. The services include:

- Community Hospital services
- Rehabilitation in-patient services
- NHS Continuing Care in-patient services
- Integrated Care and Enablement services
- Allied Health Professions
- District Nursing
- Health Visiting

6. NEW MANAGEMENT ARRANGEMENTS TO SUPPORT HEALTH AND COMMUNITY CARE SERVICES

Senior Managers	
Current	Proposed
3 x G15	3 x G15/16
1 x 8b	2 x 8b (1 from Mental Health)

6.1 The new management structure for Health and Community Care Services in North Ayrshire will be underpinned by two key principles.

Firstly, the organisation, development and delivery of services will be based on the needs of those who require assessment, support, treatment and care.

Secondly, those services will, wherever possible be delivered in a fair and equitable manner regardless of age.

This necessitates the development of a management structure that is function based and reflects the full spectrum of need from assessment and short-term intervention, through longer-term community-based support to complex needs and end of life care. Further, in recognising the specific challenges and opportunities associated with the delivery of services on both Arran and Cumbrae, the structure includes dedicated senior management capacity to provide the required leadership and direction.

Given the complexity of the integration agenda, the challenges of bringing health and social care teams together and the move towards the delivery of services based on a continuum of needs, there is a need to consolidate and sustain the level of senior management required that has historically been available across the two parent organisations.

6.2 With that in mind, existing posts will be redesigned and complemented with the realignment of an Elderly Mental Health management post, to manage both health and social care services across the Health and Community Care functions within the North Ayrshire localities. This will result in the appointment of five Senior Manager posts, supported by a total of 23 Service Manager / Team Manager / Team Leader posts drawn from the existing cohort of staff who currently fulfil these roles. Managers have been involved in developing this function based structure and positive feedback with the new posts has been frequently expressed.

6.3 The alignment of the new integrated functions across these five senior manager posts will be as follows:

Senior Manager Post	Key Functions
Locality Services	<ul style="list-style-type: none"> • Integrated Locality Teams, including: <ul style="list-style-type: none"> ○ Assessment, Care Home Reviews, District Nursing • Sensory Impairment and Physical Disability Services • GP Liaison • Adult Support and Protection
Rehabilitation and Rehabilitation	<ul style="list-style-type: none"> • Rehabilitation and Reablement Services, including: <ul style="list-style-type: none"> ○ The new integrated hub, outreach services & ICES • Dirrans Centre • Aids and Adaptations • Acute Hospital Liaison
Community Care Services	<ul style="list-style-type: none"> • Community-based services, including: <ul style="list-style-type: none"> ○ Care at Home; Day Services; Respite Services • Out of Hours Care • Housing / Facilities Development • Specialist Nursing and Third Sector Liaison
Long Term Care	<ul style="list-style-type: none"> • Long-term care services, including: <ul style="list-style-type: none"> ○ Frail Elderly and Elderly Mental Health Continuing Care, Care Home Development, Palliative Care • Community Elderly Mental Health Services • Anam Cara • Ayrshire Hospice Liaison
Island Services	<ul style="list-style-type: none"> • Island-based Hospital and Residential services, including: <ul style="list-style-type: none"> ○ Arran War Memorial Hospital, Montrose House, Lady Margaret Hospital • District Nursing Services • Adult Social Work Services • GP and Third Sector Liaison

6.4 The Management Structure is attached at Appendix 2. All of the posts have a management responsibility for integrated health and social care services.

6.5 There are clear managerial and professional lines of accountability from frontline staff to professional leads such as the Chief Social Work Officer and Lead Nurse. These are outlined in Appendix 5 and 6.

7. CHILDREN'S HEALTH CARE AND CRIMINAL JUSTICE SERVICES

Senior Managers	
Current	Proposed
6 x G15	6 x G15/16
1 x G14	1 x 8a/b
1 x 8a	

- 7.1 Children's Social Work services and Criminal Justice are delivered across six localities in North Ayrshire covering Irvine, Kilwinning, the Three Towns, the Garnock Valley, the North Coast and on Arran. There are a variety of functions within this provision including Child Protection; services to the Scottish Children's Reporters Authority; Fostering and Adoption services; Residential Child Care; Children with Disabilities; Youth and Youth Justice Services; and Criminal Justice services including Public Protection.
- 7.2 North Ayrshire Community Children's NHS services are currently delivered through pan-Ayrshire management arrangements and these services include:
- Health Visiting
 - School Nursing
 - Immunisation
 - Family Nurse Partnership
 - Children with Complex Needs
 - Infant Feeding Co-ordinator
- 7.3 Leadership arrangements for Children's Health, Care and Justice Services will now be aligned in a single management team under the Head of Children's Health, Care and Justice Services.
- 7.4 NHS Children's Services have been managed on a pan NHS Ayrshire and Arran basis whilst operating on distinct geographical locations across North, East and South Ayrshire, this enables delegation of school nursing and health visiting services to the Partnership with minimal disruption to delivery arrangements.
- 7.5 As part of the review of management structures reporting to the Heads of Service, a Senior Manager (Universal Early Years) post was identified from a pan NHS organisational change process and will be responsible for the bulk of the Children's nursing service in North Ayrshire. Over and above the responsibilities in North, this Senior Manager will manage the Family Nurse Partnership Programme, the Children's Immunisation programme, Community Infant Feeding outcomes and Community children with complex needs on behalf of the three Ayrshire Health and Social Care Partnerships
- 7.6 All Senior Management roles have assumed responsibility for elements of both Health and Social Care functions to varying degrees. This has been done to ensure that the provision of services remains safe through the initial establishment of the Partnership whilst aligning some key operational roles to maximise the potential of integration as early as possible. For example, the Senior Manager (Looked After and Accommodated Children) will assume operational responsibility for the LAAC nursing resource to sit alongside children's residential, fostering and adoption services.
- 7.7 The entire Children's Health, Care and Justice Service management structure can be seen in Appendix 3 and has been developed within the current financial resource for Children's services management now transferred to the Partnership from North Ayrshire Council and NHS Ayrshire and Arran.
- 7.8 Within the structure, there are clear managerial and professional lines of accountability from frontline staff to professional leads such as the Chief Social Work Officer and Lead Nurse. These are outlined at Appendix 5 and 6.

8. MENTAL HEALTH SERVICES

Senior Managers and Service Managers	
Current	Proposed
2 x 8c	6 x 8b (permanent)
5 x 8b	1 x 8b (interim NACH)
1 x G15	1 x G15/16
12 x 8a	10 x 8a
2.2 x Senior Nurse 8a	2 x Senior Nurse 8a

Proposed Distribution - Senior Managers and Service Managers		
North	East	South
4 x 8b	1 x 8b	1 x 8b
1 x 8b (interim NACH)	1 x 8a	1 x 8a
1 x G15/16		
8 x 8a		
2 x Senior Nurse 8a		

- 8.1 Within NHS A&A, mental health services encompass Community and in-patient services for Adult Mental Health; Elderly Mental Health; Learning Disability; Addictions and Community Services for Child & Adolescent Mental Health. While all services have geographically based teams, existing management arrangements also encompass specialist services and Ayrshire-wide and purchased in-patient services.
- 8.2 Each partnership has a range of local social work services for people with mental health, learning disability and addiction issues. These are currently managed within Community Care Services. North Ayrshire is the lead partnership for mental health services.

New Management Arrangements (Appendix 4)

- 8.3 It has been a complex exercise to disaggregate NHS mental health services for local areas while also retaining pan-Ayrshire arrangements for in-patient and some other specialist functions. In summary it is proposed that:
- For community mental health, primary care mental health, community learning disability teams and community addiction teams, primary responsibility for management and leadership is devolved to each Partnership.
 - Following a consultation exercise within elderly mental health and older people's community services, it is proposed that these services are aligned under the Head of Service Health and Community Care. This will allow us to meet the needs of older people on a more flexible basis. Discussion is underway with staff partnerships and clinical leaders to agree the detail of this alignment. However Elderly Mental Health Assessment and Acute wards will remain within Mental Health but Elderly Mental Health continuing care beds will transfer to Older People Services.
 - Initial consultation has taken place with the managers affected and staff partnerships and trades unions, related to the management proposals of the existing two layers of management between Head of Service and Team Leaders / Managers.

- Arrangements for Child & Adolescent Mental Health Services have been subject to an options appraisal exercise and it is proposed that CAMHS will remain managed as an Ayrshire-wide service.
- Arrangements for Psychology services have also been subject to an options appraisal exercise and it is proposed this service is retained as an Ayrshire-wide service managed through the Clinical Director for Psychological Services.
- Administration services will be managed through the Principal Manager Business Support in each of the three partnerships.
- The Keep Well Service is subject to review and within the North Ayrshire partnership will transfer to the Principal Manager Planning & Performance.
- The Prison Service and Police Custody will transfer to the East Ayrshire Health & Social Care Partnership.

Within the new legislation, the Social Work MHO service requires a line of accountability to the Chief Executive of North Ayrshire Council. This is identified at Appendix 6.

Management Arrangements East & South Partnerships

- 8.4 The proposed management arrangements for mental health, learning disability and addiction services within East and South partnerships are contained within Appendix 4. In both partnerships these services will be managed by the Head of Health & Community Care Services as part of the wider portfolio of community services.

A senior manager (8b) and service manager (8a) post will be transferred to both partnerships to contribute to the overall management arrangements of adult and elderly mental health, learning disability and addiction services. These posts will be reconfigured to become joint management posts managing the totality of NHS and Social Work resources.

Management Arrangements North Ayrshire

- 8.5 As the lead partnership for mental health, we have developed management proposals on an integrated and systemic basis wherever possible, with the exception of adult mental health in-patients. All senior manager posts will be responsible for health and social care services and for purchased services. Where appropriate senior managers will manage community, in-patient residential and day care services on a holistic basis. This will allow teams to reduce barriers, make best use of combined resources and be flexible in their responses to service users, patients and their families.
- 8.6 As lead partnership, we also have responsibility to deliver the change for in-patient services and the move to North Ayrshire Community Hospital (NACH) by April 2016. This involves closure of beds in Crosshouse and Ailsa Hospitals and developing new models of care within the NACH. In order to continue the good progress to date and ensure timescales for completion of this project, it is proposed to create a interim Programme Manager post for 18 months, working directly to the Head of Mental Health.

- 8.7 There are three posts at service manager level (indicative 8a) which we propose to establish on an interim basis for 12 to 18 months. This will allow us time to undertake work to establish integrated health and social care teams and reconfigure existing management resource from health and social work into an integrated management team. This is likely to be a service joint operational post managing social work and health team manager/s.

The interim posts will allow staff from the relevant health and social work teams to be considered for the joint leadership posts at the appropriate stage. This will be developed in consultation with our staff partnership. The relevant organisational protection will apply to individual staff members.

The posts affected are Service Manager CAMHS, Service Manager Community Mental Health and Service Manager Learning Disability.

- 8.8 In relation to in-patient services for adult mental health, in terms of delivering clinically integrated, safe and effective services, we are proposing changes to the existing structure with the addition of acute beds for Elderly Mental Health, the Acute (DGH) liaison services and the Advanced Nurse Practitioner Service. Management of the non-acute Elderly Mental Health Service will transfer to Community Care and be aligned with frail elderly services within each Partnership.

- 8.9 There are currently 2.2 senior nurses within Mental Health Services. In the proposed structure this will reduce to two posts, one aligned to Community and one to in-patients. The nursing leadership structure is outlined at Appendix 5.

- 8.10 The Senior Manager for CAMH Services and the Clinical Director will take strategic responsibility for the alignment of specialist health services alongside the Head of Service for Children's Services in each partnership. This will be a complex area, working with paediatric services as well as social work and education. It is proposed that this post also manages the Ayrshire-wide Eating Disorders service. While the Eating Disorder service spans children, young people and adult services, it is felt there is synergy around the onset of eating disorders within CAMHS.

It is likely that children's services will be subject to further redesign incorporating a multi-disciplinary approach in the future and the service manager post is proposed on an interim basis to be reviewed within 12 to 18 months.

- 8.11 The Senior Manager for Addiction Services and Clinical Director will take responsibility for the development of pan-Ayrshire strategic direction. The post holder will relate to all three Partnerships and will ensure the effective delivery of in-patient and specialist Addiction Services. They will also be responsible for the operational delivery of health and social work services within North Ayrshire and for purchased services.

Work has begun with our staff to develop a specification for an integrated Addiction Team. For this reason it is proposed that we appoint an Operational Joint Service Manager for Addictions as part of this management restructure process.

- 8.12 The Senior Manager for Community Mental Health Services will be responsible for pan-Ayrshire Crisis Resolution and home treatment services as well as the operational primary care, social work and adult mental health services and purchased services. This will include responsibility for the Mental Health Officer Services for North Ayrshire, which will be accountable to the Chief Executive of North Ayrshire Council through the Chief Social Work Officer.

Within the next 12 months, we intend to develop an integrated health and social care community mental health service. This will involve reconfiguration of operational management and as identified as paragraph 8.7, we propose the establishment of an interim Service Manager post (8a) until the integrated team arrangements are finalised.

- 8.13 The Senior Manager Learning Disability and the Clinical Director Learning Disability (8b) will take responsibility for developing pan-Ayrshire strategic approach to services for people with learning disabilities. This will include responsibility for the in-patient service within Arroll Park and for local North Ayrshire services including social work and health Community Learning Disability Teams, day care and respite services and substantial purchased services.

Within the next 12 to 18 months we intend to develop an integrated health and social care community learning disability team. This will include reconfiguration of operational management and as identified at Paragraph 8.7, we propose the establishment of an interim Service Manager post (8a) until integrated team arrangements are finalised.

9. FINANCIAL IMPLICATIONS

- 9.1 Overall the proposed management structure for North Health & Social Care Partnership is financially balanced with a saving of £71,000.
- 9.2 These figures are indicative at this stage and contain assumptions regarding salary scale points of appointees. Once all appointments have been made, the financial position will be finalised with any resultant surplus reinvested in the service.

10. LEGAL / POLICY IMPLICATATIONS

- 10.1 The proposals within this report will support the Partnership deliver on the Public Bodies (Joint Working) Scotland Act 2014 and also maintain existing duties to deliver on policy and legislative requirements for the delivery of Community Health and Social Care Services.

11. HUMAN RESOURCE IMPLICATIONS

- 11.1 A number of workstreams have been established to support staff that will be impacted by the new management structure progressed. Human Resource colleagues from across North, East and South Ayrshire Local Authorities and NHS Ayrshire and Arran have jointly prepared an HR process describing each respective organisational change policy and process and also where a joint process requires to be established. This will ensure fairness and transparency for all affected staff. Trade Union consultation has taken place in respect of the development and agreement of the management proposals.
- 11.2 Senior Manager and Service Manager job descriptions have been developed to support the new management structure. These are being evaluated by North Ayrshire Council and NHS Agenda for Change .

12. RISK IMPLICATIONS

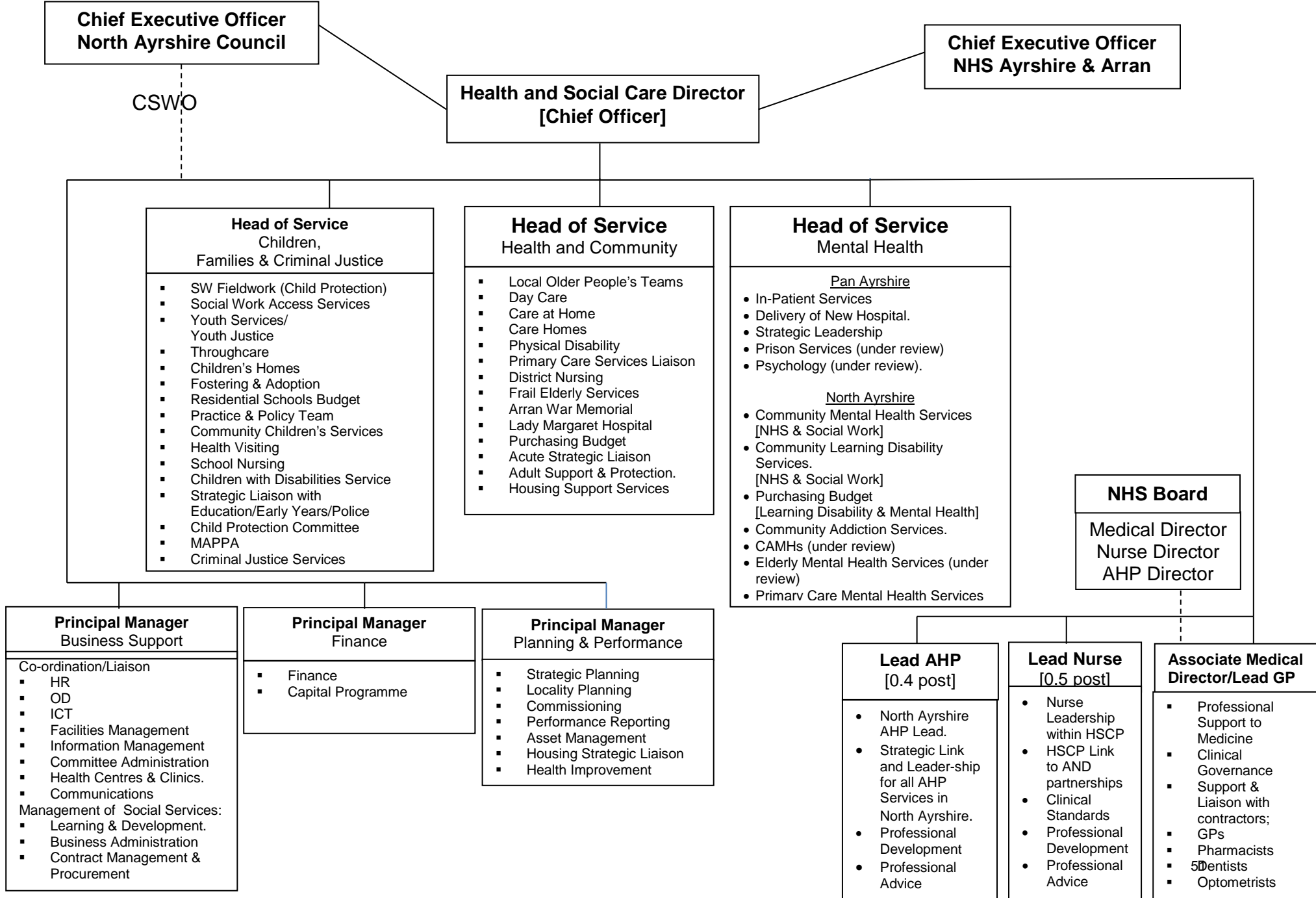
- 12.1 The Associate Nurse Director / Lead Nurse will work with the Clinical Director, Chief Social Work Officer, Lead Allied Health Professional and the Associate Medical Director to develop governance arrangements.

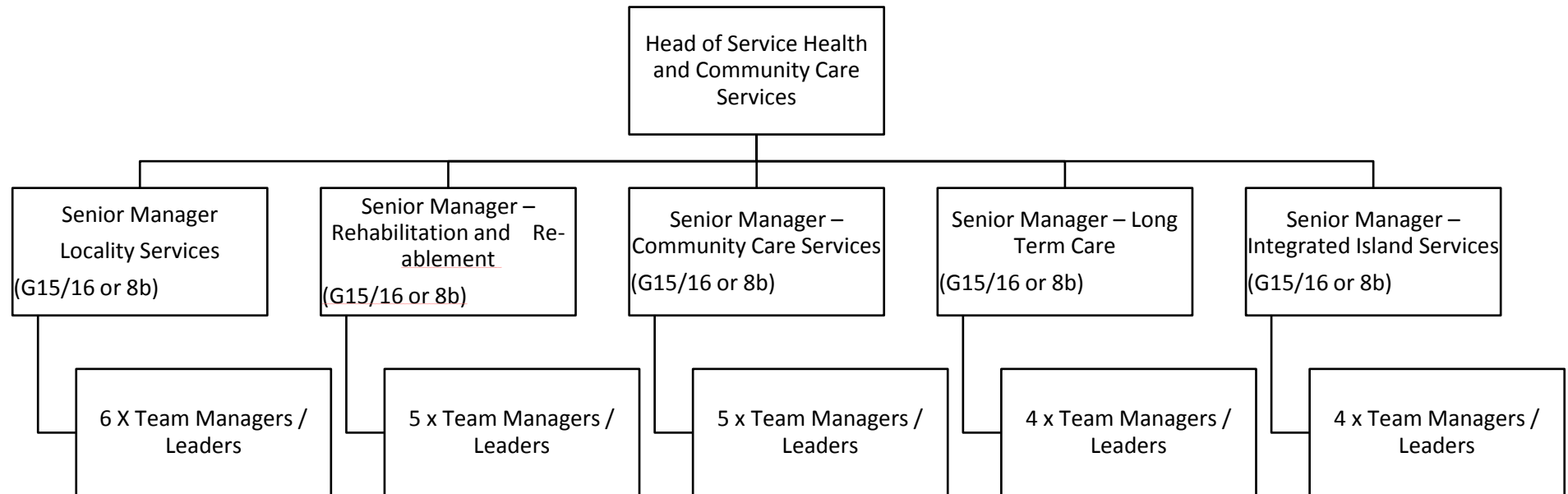
- 12.2 Through the Integrated Fund (ICF) we are funding a Change Team to support managers and their teams to deliver service redesign. The Change Team will consist of analytical resource, service improvement capacity, organisational development support, and programme and project management functions. We will also second our own practitioners to help lead change and redesign.

13. RECOMMENDATIONS

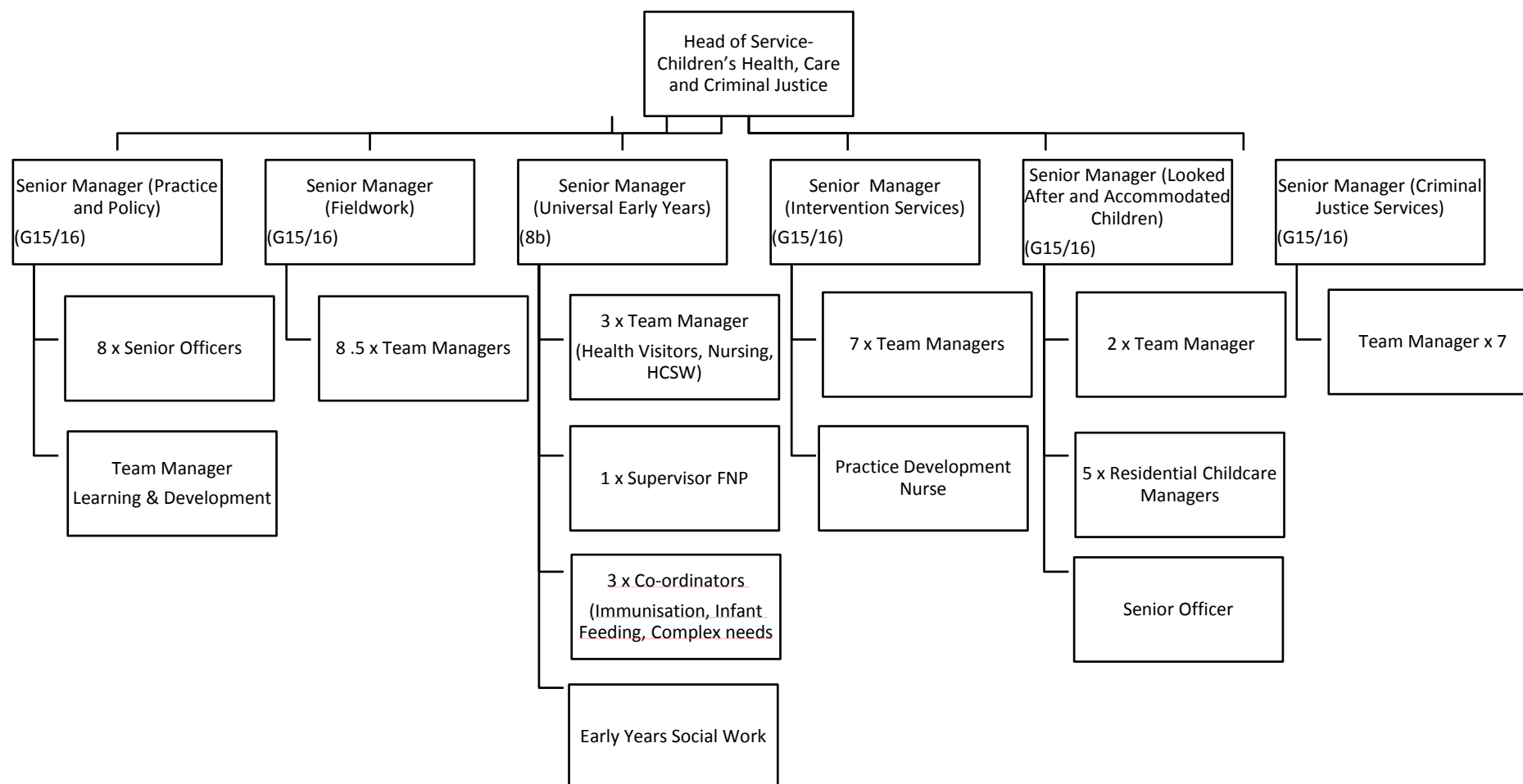
The Integration Joint Board is asked to:

- (i) Endorse the Management Structure as outlined in Appendices 2, 3 and 4.

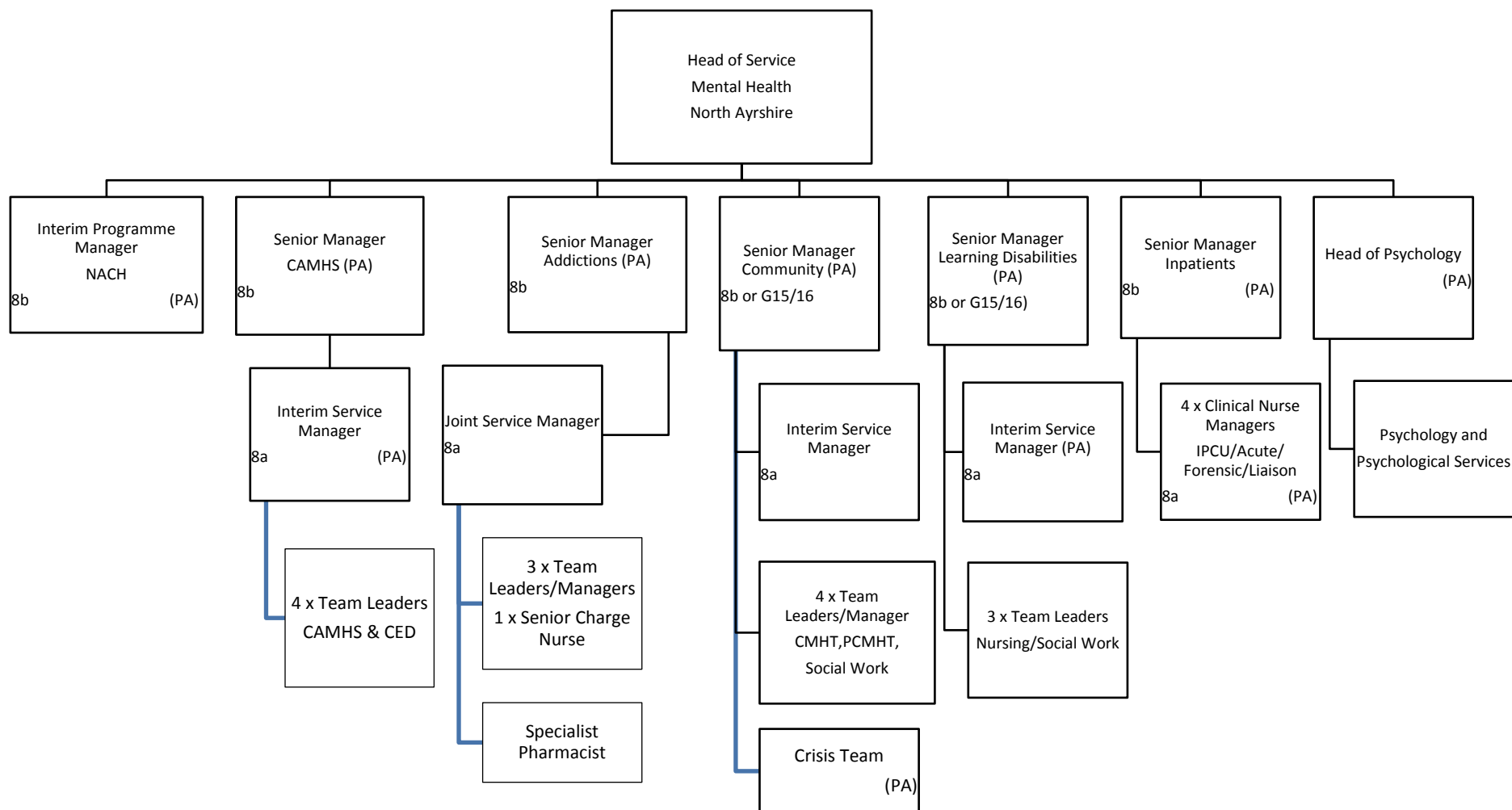


North Ayrshire Health & Social Care Partnership – Health and Community Care

North Ayrshire Health and Social Care Partnership – Children’s Health, Care and Criminal Justice Services

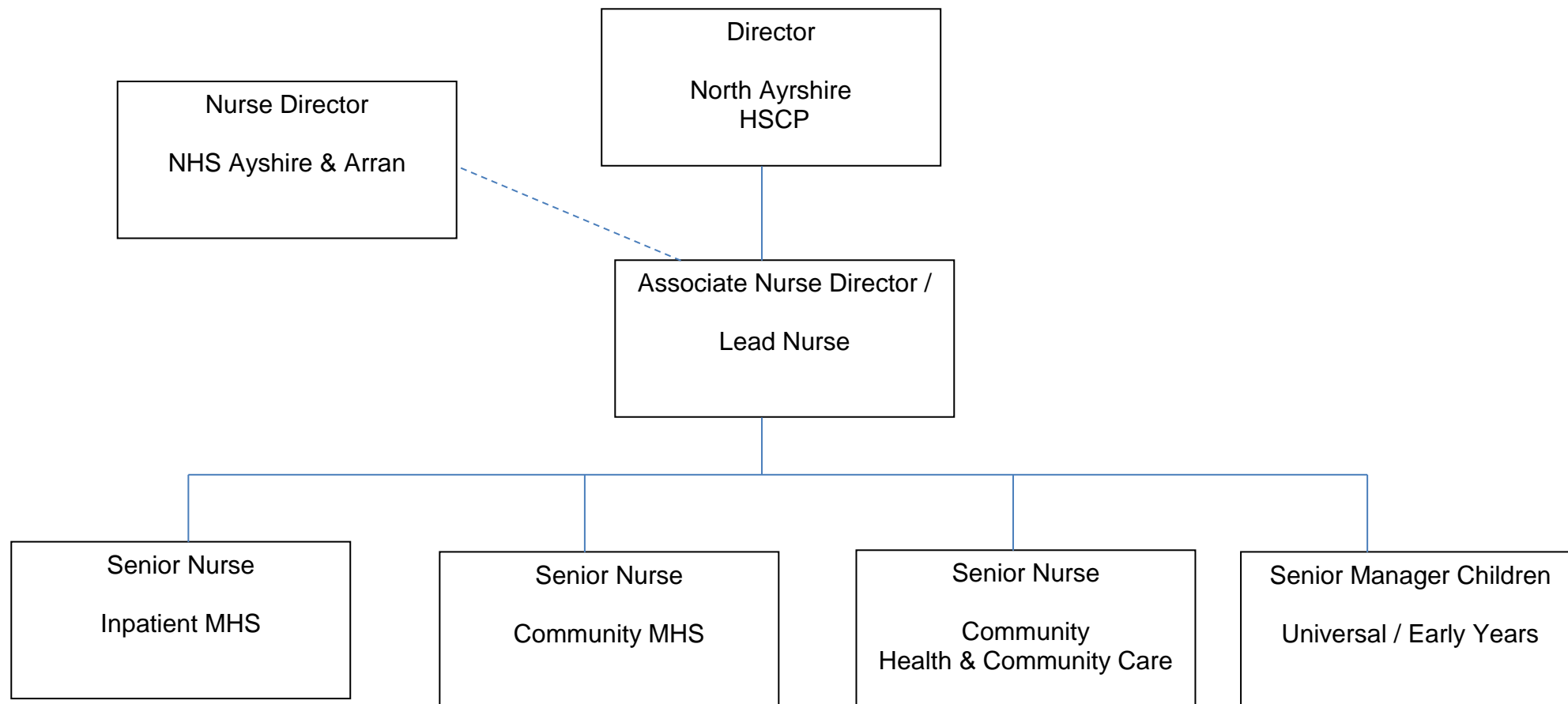


Pan-Ayrshire Health & Social Care Partnership Mental Health – Proposed Structure

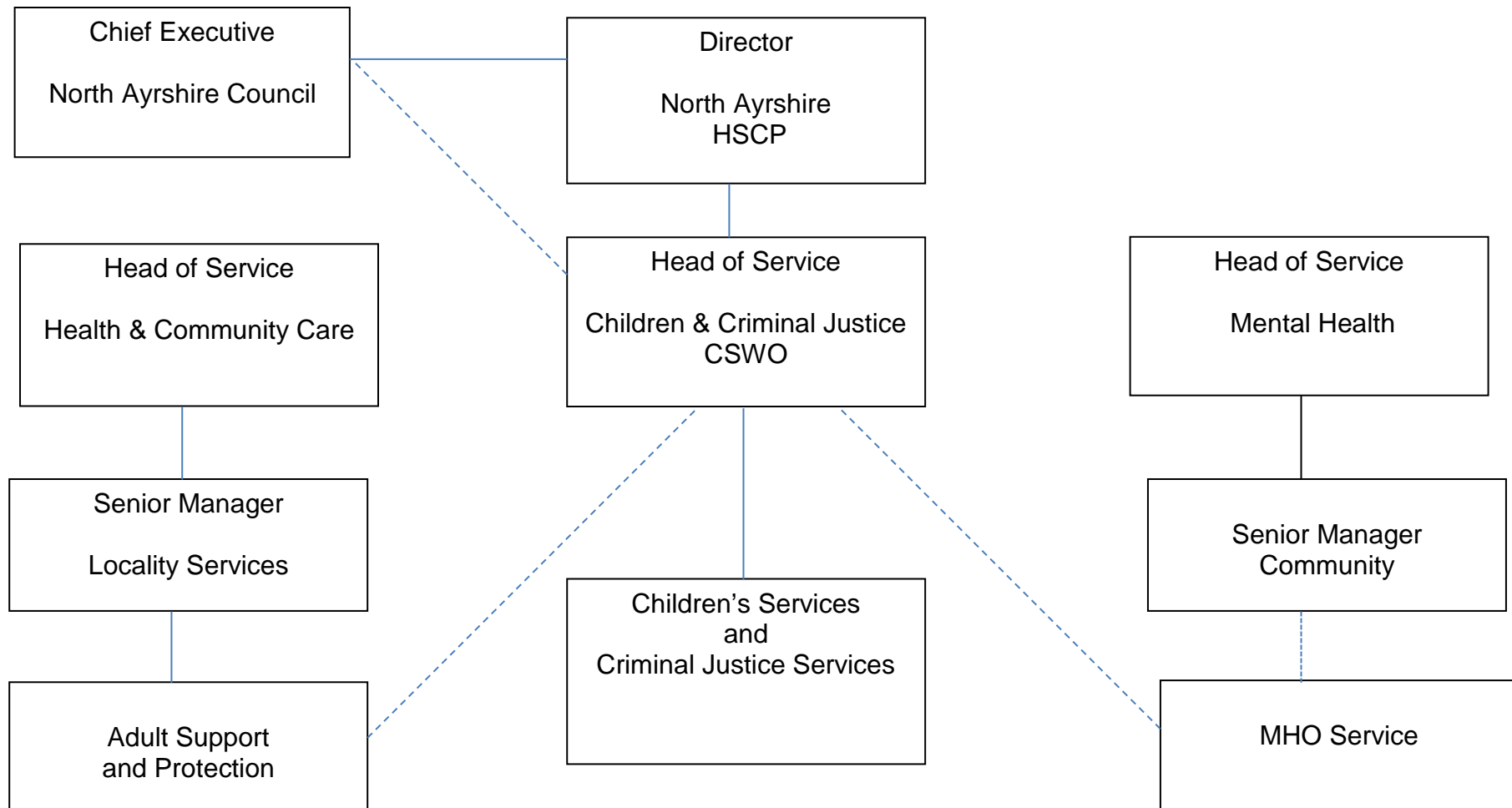


(PA) - Pan Ayrshire responsibility

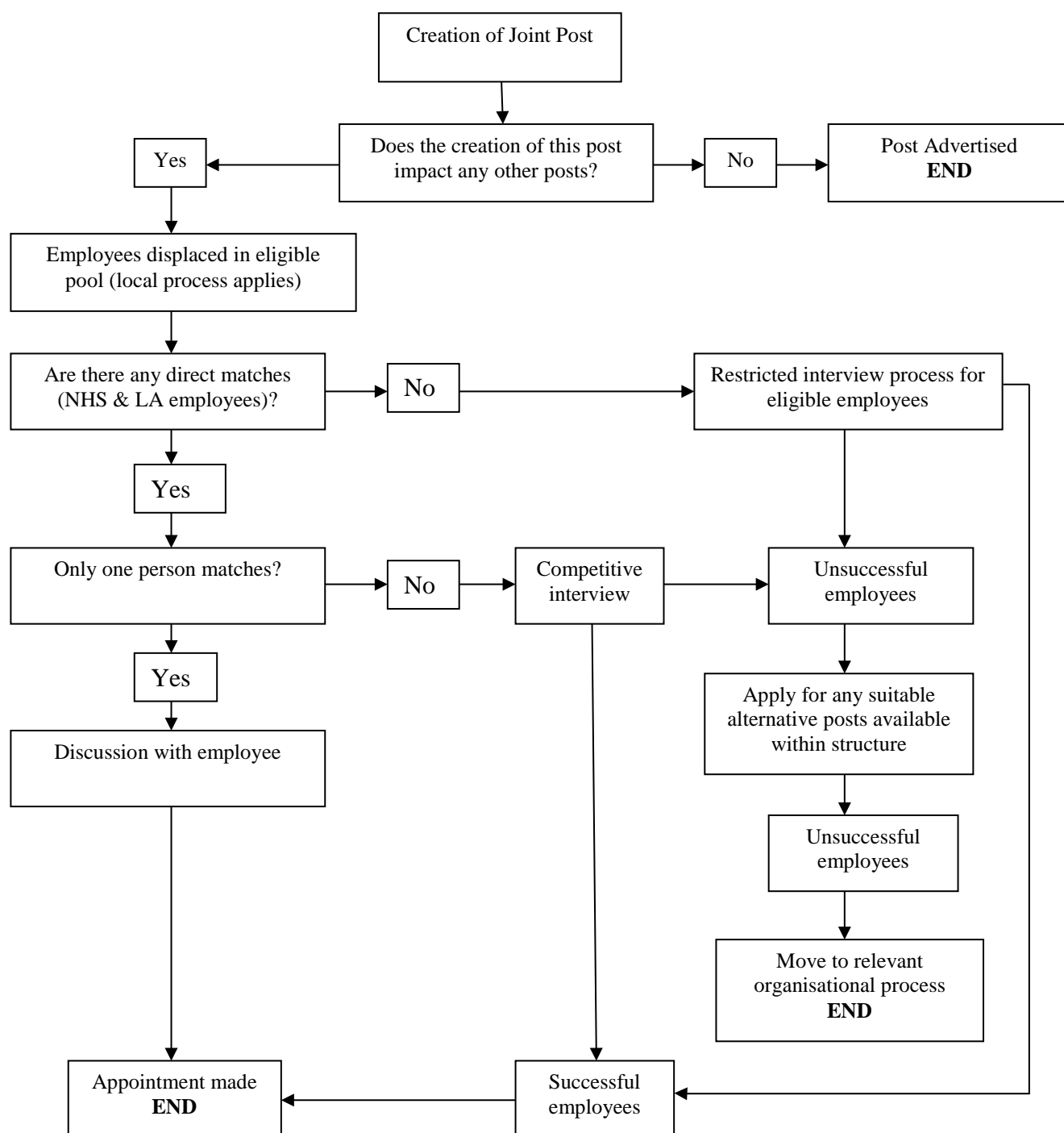
Professional Leadership: Nursing



Professional Leadership: Social Work



Change Flowchart for Joint Posts



North HSCP Management Structure								
					Per WTE			
	Service	Source	Band	WTE	Salary	On-Costs	Total	TOTAL
					£	£	£	£
Available Funding	Mental Health	Social Work	G15	1.0	48,790	13,808	62,598	62,598
		Health	8C	0.8	65,094	15,623	80,717	64,573
		Health	8B	2.0	55,548	12,902	68,450	136,900
		Health	8A	10.8	45,649	10,290	55,939	604,141
		Health	7	1.0	38,300	8,252	46,552	46,552
		ICF						70,000
		TOTAL		15.6				984,764
	Children & Justice	Social Work	G14	1.0	45,309	12,822	58,131	58,131
		Social Work	G15	4.0	48,790	13,808	62,598	250,390
		Social Work	G16	1.0	52,572	14,878	67,450	67,450
		Health	8B	1.0	55,548	12,902	68,450	68,450
		TOTAL		7.0				444,422
	Health & Community	Social Work	G15	3.0	48,790	13,808	62,598	187,793
		Health	8B	1.0	55,548	12,902	68,450	68,450
		Health	8A	3.0	45,649	10,290	55,939	167,817
		TOTAL		7.0				424,060
	TOTAL			29.6				1,853,245
New Posts								
	Mental Health		8B	5.0	55,548	12,902	68,450	354,250
			8A	10.0	45,649	10,290	55,939	559,390
			G16	1.0	52,572	14,878	67,450	67,450
		TOTAL		16.0				981,090
	Children & Justice		G16	5.0	52,572	14,878	67,450	337,249
			8B	1.0	55,548	12,902	68,450	68,450
				6.0				405,699
	Health & Community		G16	3.0	52,572	14,878	67,450	202,350
			8B	2.0	55,548	12,902	68,450	136,900
			8A	1.0	45,649	10,290	55,939	55,939
				6.0				395,189
	TOTAL			28.0				1,781,978
Saving				1.6				71,267
Notes:								
	- Funding from NHS has not yet been agreed							
	- Does not include potential costs of people on protection with exception of NACH post							

Integration Joint Board
16th April 2015

Agenda Item No. 10

Subject: **Director's Report**

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

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

1. Introduction

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

2. Current Position

- 2.1 The Strategic Alliance Integration Sub Group (SAISG) continued to meet weekly to co-ordinate the work across the three local authorities and NHS Ayrshire & Arran up until 31st March 2015. This work of the SAISG has now been concluded and will discontinue. It has been agreed that a Strategic Planning & Operational Group would replace the SAISG attended by the HSCP Directors and NHS Operational Directors.

National Developments

- 2.2 The Director attended the inaugural meeting of the Chief Officers Health and Social Care Scotland on 20th February 2015. This group has been formed by the Scottish Government to provide a forum for Chief Officers to influence government and policy decisions, represent the views of Chief Officers and share learning across the partnerships. In the initial year each partnership will be asked to pay £2000 per annum in subscriptions. The Director will provide regular feedback from the national meetings to the IJB.

- 2.3 Members of the IJB and Partnership Senior Management Team attended a National Health and Social Care Leadership event held on 30th March 2015. This event was attended by John Swinney, Deputy First Minister, Shona Robison, Cabinet Secretary for Health, Wellbeing & Sport and Marco Biagi, Minister for Local Government & Community Empowerment.

Ayrshire Developments

- 2.4 Work has been undertaken on a bilateral basis between North Ayrshire Council, NHS Ayrshire & Arran and, where appropriate, on a pan-Ayrshire basis to develop the management proposals for the NAHSCP. The draft proposals were circulated to all senior managers, staff side representatives and Trade Unions for consultation. Feedback on the proposals was collated and discussed with the staff partnership representatives and Trade Unions on 1st April 2015. The revised, agreed, structure is tabled for information to IJB members on 16th April 2015.
- 2.5 The Director has been tasked by the Area Partnership Forum to establish staff partnership arrangements for the HSCPs on a pan-Ayrshire basis. To take this forward, a workshop has been arranged with staff side representatives and trade unions, on Tuesday 21st April 2015. The workshop will focus on the issues arising from joint partnership arrangements, establishing partnership agreements and the HR frameworks for collective bargaining.

North Ayrshire Developments

- 2.6 Councillor Anthea Dickson took over the Chair of the first meeting of the Integration Joint Board held on 2nd April 2015. This meeting agreed the formal processes for the establishment of the IJB as laid out in the Establishment Order, effective from 1st April 2015. The meeting approved the Strategic Plan, Standing Orders, Scheme of Delegation, Finance Regulations, Scheme of Administration and Code of Conduct for the HSCP.
- 2.7 Dr Paul Kerr has been appointed as the Clinical Director of the NASHCP. Dr Kerr took up his new post on 8th April 2015.
- 2.8 The Partnership Senior Management team continue to work towards the creation of a Change Programme Board to support and enable the programme of work required across the partnership.
- 2.9 The PSMT held two sessions to identify the priorities for year one. These were then mapped against the priority areas within the strategic plan and a programme schedule has been produced. Full details on the programme and the projects contained within this will be submitted, for approval, to the IJB meeting on 16th April 2015.
- 2.10 The Shadow Integration Board held their second development session on 13th March 2015. The session focussed on development the IJB to deliver the priorities within the Strategic Plan. Further development sessions are planned throughout 2015/16.

Service Developments

- 2.11 Shona Robison, Cabinet Secretary for Health, Wellbeing & Sport will visit North Ayrshire on 15th June 2015 to officially open Montrose House on Arran and the new Head Injury Unit in Kilwinning. Members of the IJB will be invited to attend both opening ceremonies.
- 2.12 Mainstreet Consulting have been appointed to conduct the review of Care at Home Services in North Ayrshire. This review is now commencing with plans in place for the engagement and involvement of service users and carers in the Care at Home Review. This will involve direct engagement to understand what currently works well, what needs to be improved and the aspirations for the future. This engagement will take the form of discussions with established groups; development of survey tools; and deployment of peer researchers to seek views from individuals who use our services and with those who care for our service users.
- 2.13 Similar engagement will take place with staff, service providers, colleagues from acute care and General Practice over the coming weeks to build a comprehensive picture of the opportunities for change and the types of service model that would best meet local needs in the future. The intelligence gathered from this engagement will be set alongside a thorough analysis of likely demographic change, associated demand profiles and an assessment of operational models from across Scotland, the UK and International social care sectors with a view to recommending a future model to IJB in July 2015.
- 2.14 At the same time, a planning session with local General Practitioners is being hosted on 31 March 2015 to secure their early involvement in the design of future models for Rehabilitation and Reablement Services, ensuring this is linked to known local needs and that pathways into and out of these services dovetail seamlessly with existing service provision. The outputs from this will be incorporated into the wider planning event for the Rehabilitation and Reablement Hub on 24 April 2015.
- 2.15 The Partnership Management Team have drafted a Governance Map that begins to illustrate the relationships between the IJB, the Council and the NHS Board as well as the wider Partnership arrangements with Child Protection and Adult Protection Committees and so on. This also begins to touch upon the sub-structures for the IJB and draft remits for these sub-groups will be developed for consideration by the IJB.
- 2.16 In relation to services, the Stop Now and Plan initiative, designed to work with young people displaying challenging and aggressive behaviours in Primary School, as well as their parents, has completed a number of group cohorts now and the outcomes appear very positive. The work and the evaluation was presented to the recent Community Planning Partnership and was very well-received. The initiative has been a true collaboration of Psychological Services, Child and Adolescent Mental Health Services and the Young Persons Support Team alongside Schools and Police, and the work being done will hopefully see significant reductions in the number of young people requiring residential school placements in the longer-term.

- 2.17 Significantly, we have seen some pressure being relieved in relation to Child Protection with a 29% drop in the number of children on the child protection register over the last six months. Whilst the numbers are still far higher than we would like, indications are that progress is being made.
- 2.18 A “marketplace event” has been organised for IJB members and staff within the partnership on Monday 8th June 2015 at the Magnum in Irvine. This event will allow staff to showcase services within North Ayrshire. A timetable for the event will be issued nearer the time.

3. Implications

3.1 Financial Implications

3.2 Human Resource Implications

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

3.3 Legal Implications

Work undertaken to prepare for integration will ensure that North Ayrshire Council and NHS Ayrshire & Arran are able to comply with the requirements of the legislation.

3.4 Equality Implications

There are no equality implications.

3.5 Environmental Implications

There are no environmental implications.

3.6 Implications for Key Priorities

The integration of health and social care will contribute to the delivery of the strategic plan priorities; Tackling Inequalities; Engaging Communities; Bringing Services Together; Prevention and Early Intervention and Improving Mental Health and Wellbeing.

4. Consultations

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

5. Conclusion

- 5.1 The partners are making good progress in delivering the integration programme plan. Robust programme management arrangements are in place to ensure that key milestones are met.

For more information please contact Iona Colvin, Director, North Ayrshire Health and Social Care Partnership on 01294 317723 or icolvin@north-ayrshire.gcsx.gov.uk.

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