

## **Integration Joint Board Meeting**

**Thursday 14 December 2017 at 10.00 a.m.**

**Council Chambers,  
Cunninghame House  
Irvine**

**1. Apologies**

Invite intimation of apologies for absence.

**2. Declaration of Interest**

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

The accuracy of the Minutes of the meeting held on 16 November 2017 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

**3.1 Matters Arising**

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

**Presentations**

**4. NAHSCP Website**

Receive presentation from Eleanor McCallum, Partnership Engagement Officer.

**Quality and Performance**

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

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

**Strategy and Policy**

**6. Veterans First Point Service (Page 21)**

Submit report by Lindsay Kirkwood, Clinical Lead V1P, on the Veterans First Point Service based in Irvine (copy enclosed).

## **Governance**

### **7. Integration Joint Board Governance and Reporting Arrangements (Page 35)**

Submit report by Karen Andrews, Team Manager (Governance) on the new reporting duties placed on Integration Joint Boards (IJBs) as public bodies (copy enclosed).

## **Minutes**

### **8. IJB Performance and Audit Committee (Page 39)**

Submit the Minutes of the IJB Performance and Audit Committee held on 7 September 2017 (copy enclosed).

### **9. Strategic Planning Group (Page 45)**

Submit the Minutes of the Strategic Planning Group meeting held on 2 October 2017 (copy enclosed).

### **10. Urgent Items**

Any other items which the Chair considers to be urgent.

## **Exempt Information**

### **11. Exclusion of the Public**

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

#### **Non Disclosure of Information**

In terms of Standing order 19 (Disclosure of Information), the information contained within the following report is confidential information within the meaning of Section 50A of the 1973 Act and shall not be disclosed to any person by any Member of Officer.

#### **11.1 Integrated Care Fund**

Submitted report by Jo Gibson, Principal Manager (Planning and Performance) on the proposed use of the Integrated Care Fund (copy to follow).

# Integration Joint Board

## Sederunt

### Voting Members

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

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

### Professional Advisors

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

### Stakeholder Representatives

David Donaghey	Staff Representative – NHS Ayrshire and Arran
Louise McDaid	Staff Representative – North Ayrshire
Marie McWaters	Carers Representative
Robert Steel	(Chair) IJB Kilwinning Locality Forum
Fiona Thomson	Service User Representative
Nigel Wanless	Independent Sector Representative
Vicki Yuill	Third Sector Representative
Vacant	Carers Representative
Vacant	Service User Representative





**North Ayrshire Health and Social Care Partnership  
Minute of Integration Joint Board meeting held on  
Thursday 16 November 2017  
at 10.00 am, Council Chambers, Cunninghame House, Irvine**

**Present**

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

David Rowland, Head of Service (Health and Community Care)  
Margaret Hogg, Section 95 Officer/Head of Finance  
David MacRitchie, Chief Social Work Officer – North Ayrshire  
Alistair Reid, Lead Allied Health Professional Adviser  
David Thomson, Lead Nurse/Mental Health Advisor  
Louise McDaid, Staff Representative – North Ayrshire Council  
David Donaghey, Staff Representative – NHS Ayrshire and Arran  
Robert Steel, Chair Kilwinning Locality Forum  
Fiona Thomson, Service User Representative  
Nigel Wanless, Independent Sector Representative  
Vicki Yuill, Third Sector Representatives  
Marie McWaters, Carers Representative

**Also Present**

Councillor Anthea Dickson, North Ayrshire Council

**In Attendance**

Thelma Bowers, Head of Service (Mental Health)  
Eleanor Currie, Principal Manager (Finance)  
Jo Gibson, Principal Manager (Planning and Performance)  
Dale Meller, Senior Manager (Community Mental Health)  
Kate McCormack, Community Care (Mental Health/Learning Disabilities)  
Mark Gallagher, Lead Officer (North Ayrshire Alcohol and Drug Partnership)  
Cheryl Gilmour, Recovery Policy Officer  
Karen Andrews, Team Manager (Governance)  
Angela Little, Committee Services Officer

**Apologies for Absence**

Dr Paul Kerr, Clinical Director  
Stephen Brown, Interim Director NAHSCP

## Chair's Remarks

The Chair welcomed Robert Steel, Chair of the Kilwinning Locality Forum to the Integration Joint Board.

1.	<b>Apologies</b>  Apologies were noted.	
2.	<b>Declarations of Interest</b>  In terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies there were no declarations of interest.	
3.	<b>Minutes/Action Note</b>  The accuracy of the Minutes of the meeting held on 17 August 2017 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973, subject to the following addition, shown in <b>bold</b> :-  10. Ensuring Alignment of Advice Services in North Ayrshire  The Board agreed, Councillor Billings and Barbara Hastings dissenting, <b>on the basis that they considered that the proposal did not take appropriate account of the risk to existing non-council advice services because of the change to the way in which they are funded</b> , to (a) develop the capacity of the Money Matters Team within the totality of the financial .....	
3.1	<b>Matters Arising</b>  <b>Public Partnership Forum</b> – a meeting has taken place with the PPF. Further meetings will take place with the PPF as the Locality Forums are developed and are likely to take place in February and August 2018.  F. Thomson advised of the large number of meetings that require attendance by service user and carer representatives that would be assisted by appointments to the vacant posts. F. Thomson to further discuss with S. Brown and J. Gibson.  Technology Enabled Care (TEC) and Innovation – the financial viability has been examined and requires to be reported to NHS Scrutiny. An update will be provided as soon as NHS Scrutiny have considered the report.	S. Brown/J. Gibson and F. Thomson   Kathleen McGuire
4.	<b>Café Solace</b>	

	<p>Mark Gallagher, Lead Officer (Alcohol and Drugs Partnership) and Cheryl Gilmour, Recovery Policy Officer gave a presentation on the work of Café Solace.</p> <p>The presentation provided information on Café Solace which is a community resource providing low cost, good quality food and opportunities for the people of North Ayrshire. Operating in Ardrossan, Irvine and Kilbirnie, the cafés are run by volunteers in recovery, all with appropriate training, experience and qualifications, who want to support their local community. It provides an opportunity to build social networks in a safe and welcoming place and an ideal chance to find out information about services and supports, about what's going on in North Ayrshire and how to get involved.</p> <p>Mark Crombie and Hugh Reid, both volunteers at Café Solace described their involvement in Café Solace, outlining their experiences and the positive impact on their lives.</p> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> <li>• The success of the project and the interest from other locality areas for this initiative; and</li> <li>• The development of the café into a model of community engagement that cuts across all age groups and tackles inequality and early intervention.</li> </ul> <p>The Chair and Board Members thanked the officers and volunteers for their presentation and noted that the Heads of Service would explore social enterprise options for Cafe Solace to make it more sustainable in the longer term.</p>	
5.	<p><b>Director's Report</b></p> <p>Submitted report by Stephen Brown, Interim Director NAHSCP, on development within the North Ayrshire Health and Social Care Partnership.</p> <p>The report highlighted works underway in the following areas:-</p> <ul style="list-style-type: none"> <li>• National Reference Group – thematic scrutiny of adult protection;</li> <li>• Chief Officers/CSWA Meeting on children's services;</li> <li>• Education and Skills Committee</li> <li>• Children and Young Persons Mental Health;</li> <li>• Woodland View Official Opening;</li> <li>• Health and Social Care pressures;</li> <li>• Care experienced young people – Council Tax exemptions;</li> <li>• Children's Challenge Fund;</li> <li>• Child Protection and Safeguarding Team;</li> <li>• NAHSCP Infographic;</li> <li>• Celebrating Success Again - Ward 3 Woodland View, Irvine, Café Solace, Mental Health Pilot – Ayrshire Police Scotland Awards and care experienced young people event;</li> <li>• Review of Integration Scheme.</li> </ul>	7

	<p>The Board was also advised that the Dirrans Centre has been awarded the Investors in People Award and had also gained Grade 6 from the Care Inspectorate.</p> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> <li>• The findings from the review of the Integration Scheme that had been shared with South Ayrshire;</li> <li>• The range of awards that have been achieved by services whilst embracing the change agenda and delivering core business.</li> </ul> <p>The Board agreed (a) that a table of the awards achieved be prepared to highlight the number and range of success within the partnership; and (b) to otherwise note the report.</p>	S. Brown
6.	<p><b>Meeting Dates 2018</b></p> <p>Submitted report by Angela Little, Committee Services Officer on the proposed dates for meetings of the Integration Joint Board and the IJB Performance and Audit Committee for 2018. Appendices 1 and 2 to the report provided details of the key dates for meetings of the IJB and the IJB PAC in 2018. A calendar of Council, CPP, NHS Board and IJB and IJB PAC meetings was attached for information at Appendix 3.</p> <p>The Board agreed (a) that a calendar be prepared listing all other relevant group meetings dates; and (b) the dates for meetings of the Integration Joint Board and the Integration Joint Board Performance and Audit Committees for 2018, as outlined in the report.</p>	A. Little
7.	<p><b>Period 6 Financial Performance</b></p> <p>Submitted report by Eleanor Currie, Principal Manager and Margaret Hogg, Chief Finance Officer on the projected financial outturn for the financial year 2017/18 as at 30 September 2017.</p> <p>The detailed position against the full year budget of £224.540m was set out at Appendix A to the report. Appendix B detailed some savings at risk from delivery and included £1.165m of NHS savings shortfall still to be agreed. The forecasted net position, including the projected underspend of £0.497m was outlined in Appendix C. Appendix D provided full details of previously approved mitigations, which if delivered will reduce the deficit to £4.094m. Further mitigations have been develop, which if approved would reduce the deficit to £3.614m and were detailed in Appendix E. Appendix F detailed underspends which have been allocated to the NHS savings target. The Budget Reconciliation was attached at Appendix G and Appendix H outlined the Annual Financial Statement for 2017/18.</p> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> <li>• The NHS underspend that had not been known in April 2017;</li> <li>• The removal of underspends from budgets;</li> </ul>	



	<ul style="list-style-type: none"> <li>• The overall financial headline for each budget and that the sub sections only highlight the larger variances and therefore may not total the headline figure;</li> <li>• Further information that will be provided to Members on the application of the Integration Scheme to the projected overspend in 2017/18;</li> <li>• One out-of-authority care package that Legal Services confirmed required to be backdated for 5 years at a cost of £392,000;</li> <li>• Additional care packages that have been put in place to assist delayed discharges;</li> <li>• A review of those savings that have not been achieved that has been undertaken to identify when the savings will be delivered;</li> <li>• The responsibility of the partnership for the Set Aside Budget which is managed in-year by the Health Board;</li> <li>• Information that has been provided to the Child and Sport Committee on the financial position and projections;</li> <li>• The financial overspend by 20 other IJBs;</li> <li>• Proposed mitigating actions that will waitlist new clients based on need for equipment, a delay in recruiting 10 staff for care at home and additional savings to be secured from Challenge Fund projects;</li> </ul> <p>The Board agreed to (a) note the projected financial outturn for the year; (b) approve the proposed mitigation actions detailed in Appendix E; (c) approve the savings identified to date against the NHS target (Appendix F) and note that this will be further refined as part of an update to the Board in December; (d) note the Annual Financial Statement for 2017/18 as outlined in Appendix H; and (e) to provide further information to Members on the application of the Integration Scheme to the projected overspend in 2017/18;</p>	E. Currie
8.	<p><b>Chief Social Work Officer Annual Report</b></p> <p>Submitted report by David MacRitchie, Chief Social Work Officer on the annual report of the Chief Social Work Officer to the local authority on the statutory, governance and leadership functions of the role, as detailed at Appendix 1, which included information in relation to:-</p> <ul style="list-style-type: none"> <li>• Partnership structures/governance arrangements;</li> <li>• Social Services landscape/market;</li> <li>• Resources;</li> <li>• Service Quality and Performance including delivery of statutory functions;</li> <li>• Statutory Duties – Protection; and</li> <li>• Workforce.</li> </ul> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> <li>• The partnership approach that will provide a robust care plan for all young people to facilitate a return to the local community;</li> <li>• An increase of 31% in Community Payback Orders which has not seen an increase in budget to reflect the demand; and</li> </ul>	

	<ul style="list-style-type: none"> <li>Information that will be provided to Members to provide a landscape picture of the projections outlined the report and their associated budgets.</li> </ul> <p>The Chair thanked the Chief Social Work Officer for the quality and clarity of his report.</p> <p>The Board agreed (a) that information be provided to Members of the projections highlighted in the report and their associated budgets; and (b) to note and endorse the Chief Social Work Officer Annual Report as set out in Appendix 1 to the report.</p>	D. MacRitchie
**	Councillor Foster left the meeting at this point.	
<b>9.</b>	<p><b>Service Review of Pan Ayrshire Psychological Services</b></p> <p>Submitted report by Thelma Bowers, Head of Service (Mental Health) on the progress of the Service Review of Pan Ayrshire Psychological Services. The draft Review of Pan Ayrshire Psychological Services was attached at Appendix 1 to the report.</p> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> <li>A presentation that will be made to North, East and South IJBs on the Service Review of pay Ayrshire Psychological Services;</li> <li>Two posts that will be lost within the senior leadership structure as a result of natural wastage; and</li> <li>The review has been led by the Director of Psychological Services. Extensive engagement has been undertaken as part of the wider process with staff by the Director of Psychological Services and the Heads of Service.</li> </ul> <p>The Board agreed to (a) approve the establishment of a pan-Ayrshire and Arran professional lead role to provide strategic leadership for Psychological Services across the region and at senior Partnership level; and (b) Operational integration: Psychological Services staff to be integrated and embedded in operational teams for Adult community mental health and child specialities CAMHS/community paediatric services.</p>	T. Bowers
<b>10.</b>	<p><b>HSCP Strategic Plan 2018-21 (1<sup>st</sup> Draft)</b></p> <p>Submitted report by Scott Bryan, Team Manager (Planning) on the current status of the development of the partnership's new three year Strategic Plan for the period April 2018 – March 2021, which was attached at Appendix 1 to the report.</p> <p>Members asked questions and were provided with further information in relation to:-</p>	

	<ul style="list-style-type: none"> <li>• The finalised Strategic Plan that will shortly be circulated to IJB Members for their feedback;</li> <li>• The engagement of Board Members in the consultation; and</li> <li>• The provision of an Executive Summary of the Strategic Plan.</li> </ul> <p>The Board agreed (a) that an Executive Summary be prepared; and (b) the proposed content and layout of the 1<sup>st</sup> draft of the Strategic Plan 2018-21.</p>	Jo Gibson
**	Councillor Sweeney left the meeting at this point.	
11.	<p><b>Peer Support Services Specification for People with Mental Health Problems in North Ayrshire</b></p> <p>Submitted report by Dale Mellor, Senior Manager (Community Mental Health) on the outcome of an options appraisal undertaken in relation to the future commissioning model for a peer support, recovery and employability service. The report provided details of the three options that had been examined:-</p> <ul style="list-style-type: none"> <li>• Option 1 – status quo – re-tender utilising the current service specification;</li> <li>• Option 2 – re-tender as one service specification with the addition of the recovery college; and</li> <li>• Option 3 – re-tender each aspect of the service specification separately – peer support, employability and recovery college.</li> </ul> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> <li>• The new contract that will be like-for-like and split £85,000 for peer support, £50,000 for employability support services, with a scoping exercise being undertaken for the recovery college element; and</li> <li>• A report that will be made to a future meeting of the IJB on the scoping exercise that will be undertaken.</li> </ul> <p>The Board agreed (a) that a report be provided to a future meeting on the scoping exercise undertaken in respect of the recovery college; and (b) to approve Option 3 as the commissioning model for the peer support, recovery and employability service.</p>	D. Meller
12.	<p><b>Valedictory</b></p> <p>The Chair advised Members that Margaret Hogg, Section 95 Officer, would be leaving the Council and the North Ayrshire Health and Social Care Partnership to take up a new post.</p> <p>The Chair thanked Margaret for her outstanding contribution to the work of the partnership and wished her the very best in her new role. Members of the Board joined the Chair in paying tribute to Margaret.</p> <p>Margaret thanked the Chair and the Board for their kind words.</p>	

	The meeting ended at 12.30 p.m.	
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Signed in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2015

Signed by

Date

DRAFT

## North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 16 November 2017

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Volunteering Strategy	11/2/16	Agenda – prior to end 2016	Guidance letter from the Scottish Government received - will develop new volunteering strategy. A first draft will be circulated in October/November for initial comment with a final draft being submitted to the IJB in December.	V. Yuill
2.	Public Partnership Forum	15/12/16	Director to liaise with Service User Representative to investigate matter  14/9/17 - IJB agreed to adopt the nomination for the service user representative	Discuss the appointment of a service user and carer representatives to the vacant posts	S. Brown/J. Gibson and F. Thomson
3.	Technology Enabled Care (TEC) and Innovation	22/6/17	A report on the financial plan will be presented to the August meeting	Requires to be reported to NHS Scrutiny before an update can be provided to IJB	Kathleen McGuire

4.	Director's Report	16/11/17	A table of the awards achieved be prepared to highlight the number and range of success within the partnership.		S. Brown
5.	Meeting Dates 2018	16/11/17	A calendar of all relevant group meetings to be circulated to IJB Members		A. Little
6.	Chief Social Work Officer Annual Report	16/11/17	Information be provided to Members of the projections highlighted in the report and their associated budgets.		D. MacRtichie
7.	HSCP Strategic Plan 2018-21 (1 <sup>st</sup> Draft)	16/11/17	An Executive Summary be prepared.		J. Gibson
8.	Peer Support Services Specification for People with Mental Health Problems in North Ayrshire	16/11/17	A report be provided to a future meeting on the scoping exercise undertaken in respect of the recovery college.		D. Meller

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**Integration Joint Board**  
**14<sup>th</sup> December 2017**  
**Agenda Item No. 5**

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

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

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

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<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

## **1. EXECUTIVE SUMMARY**

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

## **2. CURRENT POSITION**

### **National Developments**

#### **2.1 General Medical Services Contract**

The Scottish Government and the Scottish General Practitioners' Committee of the British Medical Association (BMA) have agreed the terms of the 2018 General Medical Services Contract. The contract offer can be accessed through the link below <http://www.gov.scot/Publications/2017/11/1343>

A session was held on 21<sup>st</sup> November with the National Team, to present the contract and receive feedback from GPs. Paul Kerr, Clinical Director will lead on engagement with GPs in North Ayrshire to gather their views. A poll of BMA membership will be held during December 2017 to seek agreement on the new contract. The results of the poll will be announced in early January 2018 to allow the new Regulations to be laid in February, which will enable the contract to come into effect in April 2018.

The contract will provide more focus and authority to support primary care in a more robust way going forward.

## 2.2 Universal Credit Digital Service

Universal Credit Digital Service rolled out in North Ayrshire on 22<sup>nd</sup> November 2017. This means claimants will no longer be able to make new claims to Income Support, Income Based Job Seekers Allowance (JSA), Income Based ESA, Housing Benefit, Working Tax and Child Tax Credit (these are known as Legacy Benefits) and will now require to claim Universal Credit instead.

Due to the significant problems claimants were experiencing in claiming and receiving Universal Credit :

- not being paid for first 7 days of claim,
- waiting over 6 weeks for first payment
- Housing costs included in payments

The following changes to Universal Credit were announced earlier this year :-

- abolishing the 7 waiting day period to reduce the wait for payment from 6 weeks to 5 from February 2018
- extending the repayment of advances from 6 to 12 months, and allowing people to receive 100% of their payment upfront from January 2018
- making it possible for people to apply for advances online from spring 2018,
- paying an additional 2 weeks' of housing costs after the end of someone's Housing Benefit claim and into their Universal Credit claim from April 2018
- making it easier for claimants to continue having their housing costs paid directly to landlords once they are on Universal Credit
- amending Universal Credit full service rollout for 3 months from February 2018 to 10 jobcentres a month.

These changes, whilst welcome, will not assist any North Ayrshire resident who claims Universal Credit between now and February 2018.

HSCP service users experiencing problems with Universal Credit should be referred to our Money Matters team for assistance; or staff can contact Money Matters Helpdesk (01294 -310456) for advice in assisting service users.

### **Ayrshire Developments**

## 2.3 Adult Support & Protection (ASP) – Pan Ayrshire ASP Annual Conference

Each of the Ayrshire Adult Protection Committees (APCs) take it in turn to host an annual ASP event. The focus for the event is agreed by the Ayrshire Independent APC Chairs and ASP Lead Officers, informed by discussions at the three Adult Protection Committees. The North Ayrshire Partnership hosted the most recent Annual Conference on 23rd November 2017 and was attended by over 82 delegates.

The focus for the morning session was an 'issue based' topic - Sexual Harm. In the afternoon, the event focussed on reflection on ten years of the 2007 ASP Act.



The morning had input from

- 'Safe to Say' Project – this focussed on the signs, symptoms and impacts of Sexual Harm.
- A short film 'Safe to Say' had produced, focussing on the experience of a young man who is a survivor of institutional harm - including sexual harm.
- An anonymous story of a local woman who had survived childhood sexual abuse and this had impacted hugely on her life as an adult.

The afternoon session commenced with an 'academic' report from Kathryn Mackay from the University of Stirling on her research 'Reflecting Back and Thinking Forward' on the first ten years of the ASP Act. Kathryn's input suggested that generally the initial concerns around the Act and it being somewhat 'Paternalistic' and leading to a large volume of Protection Orders being enacted, were unfounded and that the Act has instead acted as a catalyst for some very good practice in relation to supporting and protecting adults in multi-agency forums.

Evaluation from the day was largely positive. Some delegates commented that the afternoon session was more relevant and valuable than the morning session.

The evaluation suggests that the 3 Case Study inputs (one each from North, South and East) were the most popular part of the day, with the Carer from South Ayrshire with lived experience (as a Parent of an Adult at Risk of Harm) being by far the most informative and impactful element of the entire day - a real story which highlighted the complexity of the issues faced by some Adults at Risk of Harm and a real success story in relation to the positive impact that ASP and the multi-agency working it facilitates, can have on an individual and their family.

### **North Ayrshire Developments**

#### **2.4 Corporate Parenting Workshop**

North Ayrshires Corporate Parenting Plan 2017-20 was completed and published on the 31<sup>st</sup> October 2017. This plan outlines how North Ayrshire's Corporate Parents will collaborate with one another and how they will take forward six new duties within the Children and Young People (Scotland) Act 2014. This is a legal requirement and will be reported on to the Scottish Government every three years with the first report due in April 2018.

Looked After children and Young People helped put this plan together and will be critical in taking the plan forward. Existing governance structures, although fit for purpose at the time, participation of Looked After and Care experienced young people was limited due to the way in which our governance arrangements were structured.

A Development session with Senior Managers from North Ayrshire's Corporate Parents and Care experienced young people took place on 22<sup>nd</sup> November to design a model of governance that facilitates the participation of Looked After children and young people and Care Leavers.

Young people will have their own forums to discuss their issues and to escalate ideas and solutions to strategic groups where they will not only actively participate but will set the agenda to guide activities around Corporate Parenting. As Young People will be the drivers to improving their own support, progress will be reported to them on a regular basis.

The outcomes from this session are still being analysed but a clear direction has been established where there will be a much greater focus on involving young people in decisions that impact on their lives and we are currently exploring initiatives such as having Young Advisors and mentors for our young people.

## 2.5 Parent and Baby Cafes

Parent and Baby cafes were introduced in April 2017 providing an informal locality group for parents to attend. The facilitated sessions provide information and advice on topics chosen by parents such as infant nutrition, parenting topics, income management. The cafés are based in Saltcoats and Kilbirnie and between April 2017 and September 2017 33 families have been supported. 46% of the parents attending the groups live in SIMD 1 and 2. Discussions have taken place around a social enterprise model for future sustainability and expansion.

## 2.6 North Ayrshire Staff Partnership Awards

Following the success of last year's awards event, nominations will week commencing 27<sup>th</sup> November 2017 for the 2018 Staff Partnership Awards. A new category will be introduced – asking people to nominate colleagues and teams that do really innovative work.

## 2.7 North Ayrshire Strategic Plan

A second draft of the plan has now been compiled, taking account of the feedback received from a number of engagement events, including the workshop with the IJB.

Draft 2 has been circulated to IJB members and will form the basis of a discussion event with staff on 7th December. It is planned to commence public consultation on the draft plan on 13 December.

The consultation phase will incorporate a number of ways for people to have their say, including an online survey, community workshops and through peer researchers.

The next draft of the plan will come to the IJB in March, with highlights from the consultation reported in February, before final publication in readiness for April 1st 2018.

## 2.8 Financial Update

On 16 November 2017, the Financial Performance report identified a forecasted deficit of £3.6m for 2017/18, after taking account of all mitigations approved to date. This will result in a cumulative deficit of £6.8m. The Management Team agreed to undertake further work to develop mitigations, the outcome of which would be reported to the IJB. The Management Team has considered this and has been unable to identify further cash releasing mitigations which can be delivered prior to the 31st March 2018.

The position across Scotland is challenging for IJB's with the majority of Partnerships forecasting an overspending position for 2017/18. It is important that the partnership develops plans which are financially sustainable and the focus for the Management Team over the next three months will be to develop a medium term financial strategy which will secure this moving forward.

### 3. IMPLICATIONS

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

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

### 4. CONSULTATION

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

### 5. CONCLUSION

- 5.1 Members of the IJB are asked to note the ongoing developments within the North Ayrshire Health and Social Care Partnership.

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



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**Integration Joint Board**  
**14<sup>th</sup> December 2017**  
**Agenda Item No. 6**

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**Subject:** **Veterans First Point Service**

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**Purpose:** The IJB is asked to consider and approve the provision of necessary funding to allow the continuation and development of the Veterans First Point Service based in Irvine.

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**Recommendation:** For each Health & Social Care Partnership to make the necessary financial commitment required to match the Scottish Government 50% offer to fund the Veterans First Point Service.

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

## **1. EXECUTIVE SUMMARY**

- 1.1 The Ayrshire & Arran V1P celebrated their official launch on the 9th of March 2017. The team includes staff with personal experience of military life, and professionals with extensive knowledge of psychological issues often encountered by veterans. V1P assist with any concerns a Veteran and/or their family member may have, including issues with housing, addictions, careers, family matters, relationship difficulties, mental health, physical health, finances and social support. V1P acts as a signposting service and helps veterans access appropriate mainstream services and/or to point them in the right direction of specialist organisations. There is also a small in-house provision to see veterans for Psychological assessment and evidence based psychological treatments.
- 1.2 The paper sets out the need for the ongoing running of this service within the Ayrshire community and lays out the risks and implications to patients and existing services should the board not make the financial commitment to fund this service.

### **Key Messages:**

- If this service was not to be funded, it could not be absorbed within current General Adult services due to the specific model employed, which would not easily fit within the mainstream services. Additionally there are currently no third sector organisations in Ayrshire who can currently offer the same service offered by V1P.
- This service is successfully providing a service to a large proportion of clients who are male and come from SIMD 1 and SIMD 2 areas, factors which have historically been shown to have a negative impact on client engagement with services.
- Each Health and Social Care Partnership and Boards are expected to play a key role in delivering the commitments set out in the Community Covenant.

## 2. BACKGROUND

Veterans First Point (V1P) Ayrshire & Arran joined a well-established national network in February this year following the success of the 7 other V1P centres within Scotland. These centres are based on the service model delivered by the original flagship centre, V1P Lothian. This was a service created in 2009 in response to the needs of Veterans and their families. It provides support and services in four main areas:

- Information and Signposting
- Understanding and Listening
- Support and Social Networking
- Health and Wellbeing - including a comprehensive mental health service delivered by a multi-professional team on site

Funding was secured from the Mental Health and Protection of Rights Division of the Scottish Government (£200,000) and NHS Lothian Strategic Programme Budget for Mental Health and Wellbeing. (£60,000.)

The success of V1P Lothian was recognised by the UK Military and Civilian Health Partnership Awards as a double award winner in 2011 and single award winner in 2013.

A strength and key component of the V1P model has been the employment of veterans as peer support workers. In addition, V1P therapists deliver a range of quality evidence based assessment, treatment and support to veterans and their families. This includes the delivery of evidence based therapies including:

- Cognitive Behavioural Therapy
- Eye Movement Desensitisation and Reprocessing Therapy
- Cognitive Analytic Therapy

The expertise which V1P has built up over the last seven years is significant both in terms of creating and sustaining partnership relationships and understanding that until basic needs are met, a person will not feel or be ready to deal with mental health issues or problems. This is something that we have now successfully brought to Ayrshire.

### The LIBOR Proposal

Building on the success of V1P Lothian, a comprehensive proposal was submitted to the LIBOR fund in October 2012. The stated objective was to *“To work in partnership to deliver high quality evidence based care, treatment and support for veterans and their families across Scotland”*.

Using the knowledge and experience gained to date as an NHS provider, the proposal at this time set out how a hub and spoke model – supported by a small development team, would establish **a further three centres in Inverness, Dundee and Aberdeen** to support all territorial health boards in Scotland. The V1P model in Lothian with the combination of highly skilled mental health professionals and veterans with personal experience of military life, working in partnership with local veterans' agencies and organisations to ensure maximum value, impact and minimum duplication of effort had steadily build up a robust evidence of success demonstrated by:

- Credibility of the model evidenced by over 50% of all referrals to V1P are self-referrals.
- Sheffield University independent evaluation and twice awarded Military and Civilian Health Partnership Awards
- Recommendations of the Murison Report - "Follow-up and management should be as close to home as possible"
- Scottish Government and Veterans Scotland advocating the rollout of VIP Lothian

In addition to the three centres, a national education and training programme delivered by the VIP Scotland team would be developed and would include arrange of training and educational opportunities for the wider community of practice involved in veterans issues. The proposal was successful and £2,560,586 was awarded to NHS Lothian to develop and deliver this model.

### **What has been achieved?**

The VIP Scotland development surpassed the original intent to develop an additional three centres. Instead, due to the commitment to partnership working and relationship building, **a total of eight centres were established**, supported by a vibrant education and training network led and coordinated by the V1P Scotland team.

The Network meets three to four times a year and provides a forum for continuing professional development and supervision of all staff groups. In 2017 the focus has been on research and expanding the range of evidenced based psychological therapies and employability interventions that the Centres can provide for the veteran communities, based on international evidence and best practice. The Network is open to all health board and local authority regions across Scotland. It also provides a forum for the Centres to share their experiences and learning within a supportive and productive setting.

The team has also established two successful test concepts focusing on employability and veterans working with veterans in the criminal justice system.

Regular progress updates are produced and disseminated to all organisations working with veterans in Scotland and the recently revitalised VIP Scotland website will greatly assist with the dissemination of information and provide a valuable resource for veterans their families and friends and agencies working with veterans across Scotland.

### **A brief overview of V1P Scotland Centres and the Network**

The eight centres reflect the local needs, priorities, service landscape and partnerships and are therefore quite different in their staff composition, premises and partnership arrangements. However, each of the three principles of the VIP model:

- Credibility
- Accessibility
- Coordination

These three principles have been the focus within the development of each Centre and underpin the service model.

The starting point for each of the Centres was the convening of focus groups with local veterans and facilitated by a VIP Scotland development Team member. These were invaluable to explore local issues, challenges and opportunities and to ensure that the subsequent developments were being informed by veterans. Each area then established a VIP Steering Group with leadership and support from the central VIP Scotland team.

The clinical staff in each VIP Centre are employed by the local NHS Board, peer workers may be employed by the local Board, or key partnership agency reflecting the best fit for that area. Regardless of employer, the teams work to a single operational policy underpinned by an agreed Memorandum of Understanding with V1P Scotland which clearly sets out all partners' key roles and responsibilities, the governance and finance structure. All centres received a week long induction from the V1P Scotland Team and a comprehensive six month review which highlights learning and good practice developments.

Each Centre, in addition to operating welfare and mental health support and interventions to veterans and their families, have developed, or are developing, particular approaches or initiatives to meet their clients' needs and reflecting the local geography and infrastructure. The developments, their implementation and learning are all shared across the partnership areas.

### **V1P Scotland Evaluation**

Queen Margaret University were commissioned to conduct the evaluation of Veterans First Point Scotland. A standard data set to measure quantifiable improvements of veterans and their families across three domains:

- Physical health
- Mental health
- Financial health

This data set is collected by all 8 V1P Centres.

A number of standardised assessments are being collated for each client along with standardised demographic and service information including:

- EuroQol - EQ5D
- SF-12® Health Survey veteran and carer - SF1
- Patient Health Questionnaire - PHQ9
- Core 10
- Social Adjustment Scale - WSAS
- Outcome Star

### **Activity**

The Centres all began accepting referrals at different times and all are contributing to the evaluation which was commissioned with Queen Margaret University. In reviewing the activity to date it is clear that each Centre is building up substantial numbers of veterans who they are actively working with. The number of veterans and contacts has steadily increased as the Centres become established.



		Calendar year 2015		Calendar year 2016		As at 30 September 2017
Centre	Operational from	No of veterans seen	No of contacts offered	No of veterans	No of contacts	No veterans active on VIP centre Caseload
Lothian	23.04.09	157	2,394	163	2,507	435
Tayside	01.09.15	49	184	71	707	160
Fife	18.01.16	NA	NA	138	774	208
Borders	01.03.16	NA	NA	42	655	86
Highland	13.06.16	NA	NA	82	TBC	76
Lanarkshire	05.09.16	NA	NA	65	365	128
<b>Ayrshire and Arran</b>	<b>17.02.17</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>164</b>
Grampian	04.01.17	NA	NA	NA	NA	6

Highland & Grampian centres now closed due to being time limited projects from the outset.

This would suggest that the current mainstream services and forces charities are not able to meet the specialist needs of veterans.

Referral Source	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sept-17
Acorn Workshop				3				
Army 51X PRU	1							
ASAP				1				1
Blesma			1					
CMHT Psychology		1						
Combat Stress	2	1	3			1	1	3
DMWS	1							
Family/Friend	1		1	3		1		2
Help for Heroes Hidden Wounds	2							1
MHS Addiction Services			2					
MHS East CMHT	1					3		1
MHS East PCMHT		1		2	1			1
MHS South CMHT	1		2		1			
NHS Hospital Links Practitioner		1						
Poppy Scotland		1		1				
SACRO			1	1	1	1		
Self	6	34	16	23	13	9	18	9
Soldiers off the Street			1		1			
V1P OOA	3	1						
<b>TOTAL</b>	<b>18</b>	<b>40</b>	<b>27</b>	<b>34</b>	<b>17</b>	<b>15</b>	<b>19</b>	<b>18</b>

The table below shows the number and type of appointments offered within the V1P Ayrshire & Arran since opening to date.

	Feb -17	Mar -17	Apr- 17	May -17	Jun- 17	Jul -17	Aug -17	Sep t -17
Psychology Assessments	1	2	11	10	13	4	1	2
Psychology Review Assessments			3	6	9	1	1	
Psychology Treatment Appointments				3	12	30	26	13
PSW Registration Attended	8	32	23	30	18	15	10	16
PSW Review Registration Attended		1			1	1	2	
PSW Review Appointments	3	6	30	10	45	51	37	51
TOTAL	12	41	67	59	98	10 2	77	82

**\*Peer Support Worker (PSW)**

### **V1P Scotland Partnership Working**

In addition to the eight geographical centres the LIBOR funding was also used to test different ways of working with veterans and the armed services on particular priority areas.

### **Improving the Offending Pathway**

The aim of this test concept was to support the Armed Forces Covenant by recognising Veterans whose offending can be identified as connected to disadvantage from their service in the Armed Forces. The project delivers appropriate joint action to address the “root” cause of offending, as part of a Community Payback Order (Supervision Order), thus reducing the likelihood of reoffending. This was delivered as a partnership between Community Justice, City of Edinburgh Council, V1P Lothian and Veterans Scotland. There has been an increase in the broad number of referrals to V1P from Criminal Justice Social Work in recent months in addition to those being directed by the Courts. The Test of Concept has highlighted the necessity of building good and robust working relationships with those working in the criminal and judicial field. All other centres are now building links with local Community Justice and Community Safety Partnerships as part of core business.

### **Individual Placement Support (IPS) Pilot**

The IPS model is internationally recognised as a model of best practice which supports people to enter back into, to begin or to achieve necessary skills and education to achieve and sustain employment. The model aims to find jobs consistent with Veterans preferences, and liaises with local employers on the Veterans behalf to create sustainable employment opportunities. The IPS team works as part of the Veterans First Point Clinical and Peer Support Team and provides individually designed support for the Veteran and their future employers. Moving forward with the sustainability plan, the intention is to embed the IPS model within all the Centres. This will also create career development opportunities for current Peer Workers across the network.

### **Working with the Armed Services - Proactive and anticipatory planning**

A Partnership arrangement whereby the Clinical Lead and Veteran Peer Support Worker from regional V1P Teams attend the Personnel Recovery Unit (PRU) discharge meeting of wounded, injured or sick soldiers who are to be discharged to their area has been established. This aims to facilitate access to V1P centres if required and to facilitate effective working relationships with our military partners. V1P Scotland will also sit on the Army Recovery Delivery Group meeting to improve transition of wounded, injured and sick military personnel.

A Memorandum of Understanding between V1P Scotland and the Defence Medical Welfare Service a military charity whose aim in Scotland is to support Veterans whilst in hospital and to assist in their discharge is currently being agreed.

### **Raising Awareness and contributing to the worldwide evidence base**

VIP Scotland is committed to ensuring that good practice and evidence based practice is disseminated across with wider Veterans Community not just in Scotland but across the UK and further afield.

The 1st Annual Veterans First Point Scotland Conference was held on Wednesday, 23<sup>rd</sup> March 2016 at Edinburgh International Conference Centre. The Event was opened by Lord Provost of Edinburgh, Donald Wilson and MSP Keith Brown, Cabinet secretary and Veterans Minister with strong endorsement and warm words of congratulations of the progress made to establish and implement the V1P model across Scotland. Two world renowned key note speakers Professor Neil Greenberg and Simon Weston shared their practice and the workshops and seminars that followed were inspiring to all who attended. The 2<sup>nd</sup> Annual Conference was held on the 11<sup>th</sup> of May this year, with the focus being on Scotland's Armed Services and Veterans health, mental health and citizenship, past present and future.

Representatives from all 8 centres presented the aspects of their centres, individual to the local needs. In addition, there were esteemed guest speakers, Professor Chris Freeman from The Rivers Centre in Edinburgh, discussing Military Psychiatry in the 20<sup>th</sup> century, Dr Jeya Balqakrishna from DPHS, Dr Neil Kitchener from NHS Wales and Dr Gregory Hinrichsen from the Icahn School of Medicine at Mount Sinai, New York amongst others.

### **Existing Services currently available for Veterans within Ayrshire**

#### **Mainstream NHS services**

Many of the veterans who have self-referred to V1P have already had contact with mainstream NHS services in Ayrshire but have not engaged. This seems to be due to :

- Accessibility of mainstream services
- Stigma often associated with mainstream services (such as mental health services)
- Waiting times (despite prioritisation given to Veterans)
- Credibility of the service – veterans being solely treated by civilians with no knowledge, understanding or experience of combat/military life.

Often, the reluctance of veterans to access mainstream services leads to conditions going untreated. This in turn, can cause issues to become more chronic in nature, meaning that even if a veteran does present to mainstream services, it is often when in crisis or only after the condition has become more chronic in nature, taking longer and being more expensive to treat.

### **Third Sector Organisations/Charities**

There are several third sector veteran support organisations operating within Ayrshire. Such organisations offer a range of specialities from providing emergency funding support for veteran families to support for veterans to access/apply for welfare. However, such organisations cannot cater for physical or mental health needs of the veterans, nor do they have strong links with the current mainstream NHS services.

### **Combat Stress**

Whilst this organisation currently offers intensive mental health treatment from professionally trained staff, it is only offered on an inpatient basis. For many veterans this has been a barrier to treatment. Many veterans are unable to commit to a 6 week stay due to work/family commitments. The amount of places on this treatment programme available for Scottish Veterans is sometimes limited as the service delivers to both NHS England and Wales.

### **The new Poppy Scotland Welfare Centre – Kilmarnock**

A new Welfare centre is due to open this month in Kings street Kilmarnock. It is anticipated that Poppy Scotland will serve as a host to a variety of veteran charity organisations such as SSAFFA, VETS UK, ASAP. In addition, V1P Ayrshire & Arran have been invited to also use the premises to run a satellite clinic 2 days a week.

Whilst this will be an excellent provision for Veterans living within Ayrshire, Poppy Scotland itself, will not be providing veteran peer support, nor are they able to offer any clinical provision. Poppy Scotland have been very clear to state that this new service has been developed to host and facilitate other Veteran services only.

### **One Stop Shop Model**

There are currently **no other services** within Ayrshire that can offer the multiple range of services that V1P Ayrshire & Arran offers. This model is an excellent example of partnership working within the Health & Social Care Partnerships.

Veterans will often present with one issue to V1P but then following registration, feel more able to access the other services available, such as treatment for psychological issues. Again, this is another way that this model serves to increase accessibility of services to the veteran population.

## **3. PROPOSALS**

- 3.1 The Mental Health Division at the Scottish Government have funded VIP Lothian from its inception in 2009 through to March 2017 and actively encouraged the submission to the LIBOR fund to support the development of the VIP Scotland hub and spoke model. The VIP centres are now all established and a robust network is in place. However, the problem of sustainability is now a significant issue.

In May this year, the Scottish Government made an offer to NHS Boards and Partnerships for funding of the local network of V1P services to the end of this year on the basis that this will be matched 50/50 by Partnerships. This is with a view to considering further support in 2018-19 while the transition is made from use of the LIBOR funds to full integration of the V1P services in local areas.

Previously to this, NHS Ayrshire & Arran agreed to meet the costs incurred to extend the service to run until the 31<sup>st</sup> of March 2018 (an extension from 31.10.17). However, the Scottish Government have honoured their offer to include NHS Ayrshire & Arran and now the costs of this extension has been met by 50:50 matched funding from the Scottish Government and NHS Ayrshire and Arran.

In addition, the Scottish Government agreed to fully fund the V1P Scotland Central Team on a continuing basis in recognition of the valuable governance and training role it has played and can continue to play in the future supporting the wider national Network.

In September 2017, Scottish Ministers made a further funding offer to NHS Boards and Partnerships for 2018-19 and 2019-20 on the basis that this will again be matched 50/50 by Partnerships. The offer made is on the clear understanding that funding would end in 2019-20 with local partnerships taking responsibility for sustainability thereafter.

This offer from the Scottish Government will only be for those Centres where NHS Boards and Partnership can offer a firm commitment to the future of the local V1P Services in their area. A request was made by the Scottish Government that a firm statement of the intentions or commitment towards the future of the V1P service was given by each health board by October 2017.

The current cost of VIP Ayrshire & Arran is set out below (based on pay figures for 2016/2017). The service is currently run from a Council owned "shop front" which was given as a good will gesture with reduced rent for 1 year, therefore limited funding for accommodation has been included. It is of note that the importance of being centrally located in easily accessible, mainstream accommodation is demonstrated by the number of drop in self referrals.

<i>Role</i>	<i>Grade</i>	<i>WTE</i>	<i>Cost</i>
<b>Clinical Lead</b>	8b	0.6	49,661
<b>Psych Therapist</b>	7	1	55,625
<b>Peer Workers</b>	3	1.5	41,661
<b>Office Manager</b>	4	1	32,186
<b>Travel</b>			6,000
<b>Start-up costs</b>			10,000
<b>Rates</b>			22,000
<b>Rent</b>			<b>7,000</b>
<b>Total</b>		<b>4.1</b>	<b>224,133</b>

### **Costs associated with Sustaining the service and future development**

Given the high demand of the service, based on the current rate of referrals, it would be hoped to sustain the existing service with scope to develop the service further, in a similar way to that of V1P Lothian. This would see the expansion of the existing staff complement to include an occupational therapist and employment specialist.

Due to the awareness of the rent of current accommodation facilities being hugely discounted and time limited, discussions have already taken place between the clinical lead and Poppy Scotland. There is now an agreement in place to work in partnership with Poppy Scotland with plans of them hosting satellite clinics for V1P staff within East Ayrshire. This is a similar model to that previously used by V1P Highland being hosted by Poppy Scotland.

The cost associated with sustaining the current service with scope for further development is given below:-

Ayrshire and Arran			
Role	Grade	WTE	Cost
Clinical lead	8b	0.9	61,947
Psych Therapist	7	1	49,660
Peer Worker	3	2	48,594
Occupational Therapist	5	1	33,404
Employment Specialist	4	0.6	16,554
Administrator	4	1	27,590
Travel			9,300
Rates			22,000
Rent			<b>7,000</b>
Supplies			<b>2,000</b>
Total		<b>6.2</b>	<b>278,049</b>

In terms of considering funding sources required to fund the above service for 2018/19 it is suggested that the following amounts each from the Scottish Government and Social Care Partnership be considered.

	Scottish Government	Health & Social Partnership
Contribution required	£139,024.50	East Ayrshire HSCP £46,341.50 North Ayrshire HSCP £46,341.50 South Ayrshire HSCP £46,341.50
		Total £139,024.50
	(50% matched)	(50% matched)

It would be hoped that each Health & Social Care Partnership would make an equal contribution, meaning that **each Partnership would contribute £46,341.50**

The Scottish Government have already agreed to explore full funding for the Central Development team (V1P Scotland) (see table below). All team members with the exception of the Administrator have substantive posts with NHS Lothian.

VIP Scotland			
Role	Grade	WTE	Cost
Strategic lead	Senior Manager	0.1	8,968
Clinical lead (Psych)	8c	0.4	35,871
Con Psych	Con	0.1	22,000
Service Dev lead	8a	0.4	24,777
Administrator	4	1	28,355
Travel			3,000
Non pays			26,360
		<b>2</b>	<b>149,330</b>

### 3.2 **Anticipated Outcomes**

Should funding not be approved to allow for the continuation of the running of V1P, there are several risks that should be considered:-

#### **Costs**

It would be naive for those considering funding options to see V1P as a new and additional specialist service. Instead it should be fully recognised as an **early intervention and prevention** service which should be considered as **complimenting efficiency savings**, required to be made across all 3 Health & Social Care partnerships.

V1P facilitates the care and support of Veterans at an earlier onset of difficulty by:-

- Being so easily accessible due to veteran peer working and generic location.
- Providing early support and intervention which can (and has) prevented involvement with other services (and the associated costs) such as Community mental health teams, criminal justice and prison services.

In addition, should V1P not be funded, other mainstream services would incur the costs of veteran patients who have had problems for longer, often leading to the need for longer term intervention.

#### **Patient Safety**

- If this service was not to be funded, it could not be absorbed within current General Adult services due to the specific model employed, which would not easily fit within the mainstream services.
- There are currently no third sector organisations in Ayrshire who can currently offer the same service offered by V1P. (Peer support & clinical intervention and/or links with other NHS services)

#### **Addressing Inequalities**

- VIP Ayrshire & Arran is reaching those it needs to, demonstrated by high self-referral rates and the demographics of those using the service in the short time it has been open. This service is successfully providing a service to a large proportion of clients who are male and come from SIMD 1 and SIMD 2 areas, factors which have historically been shown to have a negative impact on client engagement with services.
- There are increasing numbers of younger veterans who have completed two tours are coming forward. Armed Service changes will see an influx of new veterans to Scotland. (current number of Veterans living in Ayrshire make up 10% of the population)



- There will be limited capacity for peer working which is a key component of the service model which promotes engagement and offers wide ranging welfare and social support.

### Reputation

- Already, the services that V1P Ayrshire & Arran is able to offer are greatly valued and the high volume of referrals in the short time it has been open demonstrates the demand within the local community within Ayrshire.
- Each Health and Social Care Partnership and Boards are expected to play a key role in delivering the commitments set out in the Community Covenant. In addition, V1P is set out as a key development within the Local Delivery plan.

### 3.3 Measuring Impact

This is an internal paper and does not require to be impact assessed.

## 4. **IMPLICATIONS**

V1P is currently meeting the needs of Veterans within Ayrshire. If this service is not continued, there will be implications to both service users and mainstream services.

<b>Financial :</b>	The financial implications are outlined in the paper. These being that funding is required to allow the continuation of this service.
<b>Human Resources :</b>	Currently there are 3 members of the V1P team that are seconded from other services. ( 0.6 WTE Psychologist, 1.0 WTE Administrator and 1.0 WTE Psychological Therapist)  Should funding be agreed a decision would have to be made regarding the extensions of these secondments.  In addition, there are 2 peer support workers on fixed term contracts (due to end 31 <sup>st</sup> March 2018) which would need to be extended.
<b>Legal :</b>	No Legal issues
<b>Equality :</b>	See section "Addressing inequalities"
<b>Environmental &amp; Sustainability :</b>	None identified
<b>Key Priorities :</b>	V1P is set out as a key item within the Local Delivery plan.
<b>Risk Implications :</b>	This has been included within the paper (see Anticipated outcomes)
<b>Community Benefits :</b>	Not applicable

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

## **5. CONCLUSION**

- 5.1 The IJB is asked to consider this report and approve the following:
- Identify preferred model: current service or extended to meet demand
  - Funding approval to be confirmed subject to NHS Board agreement

**For more information please contact Lindsay Kirkwood, Clinical Lead V1P on 01294 310 400 or [Lindsay.kirkwood2@aapct.scot.nhs.uk](mailto:Lindsay.kirkwood2@aapct.scot.nhs.uk)**

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**Integration Joint Board**  
**14<sup>th</sup> December 2017**  
**Agenda Item No. 7**

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**Subject:** **Integration Joint Board New Reporting Arrangements**

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**Purpose:** This report outlines four new reporting responsibilities placed on Integration Joint Boards by the Public Bodies (Joint Working)(Scotland) Act 2017. These are in addition to the existing governance framework which includes Health & Safety, Risk Management, Complaints and Feedback and Clinical and Care Governance.

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**Recommendation:** IJB are asked to note the progress in relation to the new reporting duties placed on IJBs in relation to :-

1. Complaints Handling Procedure (CHP)
  2. Model Publication Scheme
  3. Climate Change Reporting
  4. Records Management Plan (RMP)
- 

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
IJB	Integration Joint Board
CHP	Complaints Handling Procedure
RMP	Records Management Plan
HSCP	Health and Social Care Partnership
SPSO	Scottish Public Services Ombudsman
CSA	Complaints Standards Authority
FOISA	Freedom of Information (Scotland) Act 2002
SSN	Sustainable Scotland Network
SRO	Senior Responsible Officer
ORM	Operational Records Manager

## **1. EXECUTIVE SUMMARY**

- 1.1 This report outlines the new reporting duties placed on the North Ayrshire Integration Joint Board in relation to the Public Bodies (Joint Working)(Scotland) Act 2014. The oversight and monitoring of the implementation of these requirements will sit with the Governance Team within the HSCP.

- 1.2 This report details the duties placed on IJBs, and the arrangements in place in relation to :-
- Complaints Handling Procedure (CHP)
  - Model Publication Scheme
  - Climate Change Reporting
  - Records Management Plan (RMP)

## **2. BACKGROUND**

- 2.1 The Scottish Government delegated duties to Integration Joint Boards under the Public Bodies (Joint Working)(Scotland) Act. Under this legislation, Integration Joint Boards are designated as “public bodies” and as such are subject to a range of requirements. IJB’s must ensure that arrangements are established to comply with their duties as set out in legislation.

## **3. PROPOSALS**

### **3.1 Complaints Handling Procedure**

The Scottish Public Services Ombudsman’s Complaints Standards Authority (CSA) required all IJBs in Scotland to adopt their own model Complaints Handling Procedure (CHP) and submit to them, for approval, by 6<sup>th</sup> September 2017.

This procedure relates specifically to :-

- Dissatisfaction about the IJB’s action or inaction,
- The standard of service the IJB has provided in fulfilling its responsibilities as set out within the Integration Scheme.
- IJB policies,
- IJB decisions and/or,
- Administrative or decision making processes followed by an IJB in coming to a decision.

It will sit alongside the CHPs for North Ayrshire Council (incorporating social work complaints) and NHS Ayrshire and Arran.

The draft model Complaints Handling procedure for North Ayrshire IJB, a compliance statement and self assessment was submitted to the Complaints Standards Authority on 6<sup>th</sup> September 2017 for approval. The CSA confirmed on 22<sup>nd</sup> November that the North Ayrshire IJB CHP was fully compliant.

The CHP can be accessed through this link <https://www.north-ayrshire.gov.uk/Documents/SocialServices/ijb-complaints-handling-procedure.pdf> and the procedures have been published on the NAHSCP/North Ayrshire Council websites, alongside the CHPs for each parent body.

### **3.2 Model Publication Scheme**

The Freedom of Information (Scotland) Act 2002 (FOISA) requires Scottish public authorities to produce and maintain a publication scheme. Authorities are under a legal obligation to :-

- Publish the classes of information that they make routinely available;
- Tell the public how to access the information and what it might cost.

North Ayrshire Integration Joint Board (IJB) became subject to FOISA on 1<sup>st</sup> April 2015. NAIJB has adopted the Model Publication Scheme produced by the Scottish Information Commissioner. This scheme has the Commissioner's approval until 31 May 2019.

The Scottish Information Commissioner wrote to all IJBs in July 2017 asking them to update the Model Publication Scheme to include key changes in Classes 3, 6 and 7. The Model Publication Scheme for NAIJB was updated in October 2017 to include these changes. A copy of the scheme can be accessed through this link <https://www.north-ayrshire.gov.uk/Documents/SocialServices/ijb-publication-scheme.pdf>.

### 3.3 Climate Change Reporting

In 2009, the Scottish Parliament passed the Climate Change (Scotland) Act. Part 4 of the Act states that a "public body must, in exercising its functions, act in the way best calculated to contribute to the delivery of (Scotland's climate change) targets; in the way best calculated to help deliver any (Scottish adaptation programme); and in a way that it considers most sustainable".

The Climate Change (Duties of Public Bodies : Reporting Requirements)(Scotland) Order 2015 came into force in November 2015 as secondary legislation made under the Climate Change (Scotland) Act 2009 . The Order requires bodies to prepare reports on compliance with climate change duties. This includes "An Integration Joint Board established under the Public Bodies (Joint Working) (Scotland) Act 2014".

Scottish Government issued guidance was issued to Integration Joint Boards in May 2017 setting out the duty to produce an annual Climate Change report. This report will be submitted on the Sustainable Scotland Network (SSN) online portal by 30<sup>th</sup> November 2017 each year. North Ayrshire IJB submitted their report by the deadline of 30<sup>th</sup> November. A copy of the report is attached at Appendix 1. Once agreed by SSN, the North Ayrshire IJB report will be published on their website.

At present both North Ayrshire Council and NHS Ayrshire and Arran submit reports to the Sustainable Scotland Network and these are published online.

North Ayrshire Integration Joint Board has no responsibility for employees, buildings or fleet vehicles and therefore the IJB Climate Change report does not include detail of these but instead reference is made to the two respective parent bodies plans as they have retained responsibility for these.

The IJB are asked to note and endorse the Climate Change report submitted on behalf of the IJB.

### 3.4 Records Management Plan

The Public Records (Scotland) Act 2011 (the Act) came into force on 1<sup>st</sup> January 2013. Part 1 of the Act, states that a named authority is required to prepare a records management plan (RMP) setting out arrangements for the management of the authority's records, and to submit the plan to the Keeper of the Records of Scotland for agreement. The Act also requires that RMPs identify and name Senior Responsible Officer (SRO) for Records Management and an Operational Records Manager (ORM).

North Ayrshire IJB is a named authority under the Act and is therefore obliged to prepare and implement a records management plan which sets out the arrangements for the management of their records and appoint an SRO and ORM

At the IJB Meeting on 12<sup>th</sup> July 2017 Stephen Brown, Chief Officer was appointed as SRO and Juliana Davis, Principal Manager (Business Support) was appointed as ORM.

The Keeper will formally engage with IJB Chief Officers early in 2018 inviting them to submit their RMP within that year. Work is now underway to draft a Records Management Plan for North Ayrshire by end of 2018. The draft plan will be submitted to the IJB for approval before submission to the Keeper of the Records of Scotland.

#### 4. IMPLICATIONS

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

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

<b>5.</b>	<b>CONCLUSION</b>
5.1	IJB are asked to note the progress in relation to the new reporting duties placed on Integration Joint Boards.

For more information please contact Karen Andrews, Team Manager (Governance) on 01294 317725 or [kandrews@north-ayrshire.gcsx.gov.uk](mailto:kandrews@north-ayrshire.gcsx.gov.uk)

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

**Thursday 7 September 2017 at 10.00 a.m.  
Council Chambers, Cunninghame House, Irvine**

**Present**

Councillor Timothy Billings, North Ayrshire Council (Chair)  
Mr Bob Martin, NHS Ayrshire and Arran (Vice-Chair)  
David Donaghey, Staff Representative, NHS Ayrshire and Arran  
Louise McDaid, Staff Representative, North Ayrshire

**In Attendance**

Stephen Brown, Interim Director of the North Ayrshire Social Care Partnership (NAHSCP)  
Paul Doak, Integration Joint Board Chief Internal Auditor, NAHSCP  
Margaret Hogg, Section 95 Officer, NAHSCP  
Jo Gibson, Principal Manager (Planning and Performance) NAHSCP  
Angela Little, Committee Services Officer  
Hayley Clancy, Committee Services Support Officer

**Also in Attendance**

Garry Hecht, Information Services Division

**1. Apologies**

The Committee noted apologies from Marie McWaters, Carers Representative.

**2. Declarations of Interest**

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

**3. Minutes**

The accuracy of the Minutes of the meeting held on 9 March 2017 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

#### 4. **Presentation: Annual Performance Report: 2016-17**

The Committee received a presentation by Jo Gibson, Principal Manager (Planning and Performance) on the Annual Performance Report 2016-17.

The presentation provided information on:-

- How the report was prepared;
- The structure of the report;
- The highlights and challenges;
- Change Programme;
- Finance;
- A summary of our challenges and strengths.

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

- The need to create more capacity within the Mental Health Team;
- Interventions and initiatives to reduce the Mental Health waiting list times;
- Community connector work that includes a dedicated Mental Health resource in the Kilwinning GP practice;
- Work that is being done to analyse and theme the 2,500 responses gathered at the 'What Matters to You' day
- Follow up work that will be done in participatory budgeting that will bring groups together to share information and progress; and
- An invitation that will be extended to John Burns to attend a future meeting of the Committee.

Jo Gibson

Noted.

#### 5. **Presentation: Summary Report: Emergency Beds and A & E Analysis**

Submitted report and received presentation by Garry Hecht, Information Services Division (IDS) Analyst on a range of health service data that included:-

- The Background to the Ministerial Strategic Group for Health and Community Care (MSG);
- The 6 (MSG) indicators which are unplanned admissions, unscheduled hospital bed days, A&E performance, delayed discharges, end of life care; and the balance of spend across institutional and community services.



- Projections on the % change in bed days and emergency admissions based on an increase of the 70+ population of 29.4%;
- MSG annual summary that provided data on the rates and % change of emergency admissions, admissions from A&E, unplanned bed days, A&E attendance and delayed discharge bed days
- Future landscape.

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

- A publicity campaign that is underway to educate the public in the range of health services that should be used instead of visiting A&E;
- Analysis of the MSG data that can be undertaken to breakdown the information into specific categories, such as age groups/ reasons for hospital admissions
- Work that is being done to map poverty and hospital admissions; and
- The use of the 6 indicators within future performance reports.
- Further analysis being provided in Performance Reports to better understand reasons for admission e.g. diagnosis.

Noted.

## 6. Q1 Performance Report 2017/18

Submitted report by Debbie Campbell, Team Manager (Performance) on the Q1 Performance Review Report for the Partnership.

The report provided (a) a high level overview of the progress made by the Health and Social Care Partnership in delivering the five strategic priorities as set out in the Strategic Plan and also against the national outcomes; and (b) details of mitigating action in relation to underperformance.

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

- the current system in place to plan for hospital discharges and changes to this system to help alleviate the impact of cancelled hospital discharges on the care at home system and reduce the lost care at home hours;

- the use of Twitter and social media that generated 70 applicants for the vacant care at home posts;
- work that is being done to establish a career structure for care at home staff;
- further information that will be provided on the Indicator - percentage of looked after young people entitled to aftercare in employment, education or training has fallen since the last quarter;
- changes in relation to the criteria of how young people progress within the Activity Agreement Framework; and
- a reduction in funding for Community Payback Orders as a result of the Scottish Government's new formula and method for allocating funds to local authorities.-

The Committee agreed to note the report.

## **7. Internal Audit Plan 2017/18**

Submitted report by Paul Doak, IJB Chief Internal Auditor on the approved audit plans for North Ayrshire Council and NHS Ayrshire and Arran and the proposed audit work for the North Ayrshire Integration Joint Board.

Appendix 1 to the report provided details of the proposed audit plan for the IJB. Appendix 2 and 3 outlined the approved audit plans for North Ayrshire Council and NHS Ayrshire and Arran respectively.

The Committee agreed to (a) approve the 2017/18 IJB Audit Plan, as detailed at Appendix 1 to the report; and (b) noted the audit plans for North Ayrshire Council and NHS Ayrshire and Arran as detailed at Appendices 2 and 3 respectively.

## **8. Annual Accounts**

The Committee received a verbal update from Margaret Hogg, Section 95 Officer/ Head of Finance on the annual audit report prepared by Deloitte.

The Committee was advised that significant risks identified related to:-

- management override of controls; and
- completeness and accuracy of income.

The report commented on the Medium Term Financial Plan that had been put in place to bridge the funding gap and the Challenge Fund that supports transformational change. No issues were identified in respect of the level of scrutiny, challenge and transparency of decision making.

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

- the Mitigation Plan that proposed the repayment of £3.24m over a three year period; and
- a review that will be undertaken by the Section 95 Officer to assess the effectiveness of the operation budget management.

Noted.

The meeting ended at 11.45 a.m.



**Minutes of North Ayrshire Strategic Planning Group Meeting**  
**Held on Monday 2<sup>nd</sup> October 2017, 10.00am**  
**Greenwood Conference Centre**

**Present:**

Councillor Robert Foster, Chair,  
Jo Gibson, Principal Manager, Planning & Performance, NAHSCP  
Christine Speedwell, Service Coordinator, Unity Enterprise NA Carers Centre  
Robert Steel, Locality Lead, Kilwinning Area  
Fiona Comrie, KA Leisure  
Sharon Bleakley, Local Officer, Scottish Health Council  
Mark Gallagher, Alcohol & Drugs Partnership  
Elaine Young, Assistant Director of Public Health, NHS  
Gavin Paterson, Engagement Officer, NAHSCP  
Brenda Knox, Health Improvement Lead, NHS A&A  
Marion Gilchrist, Community Nurse, NHS A&A  
Louise McDaid, Staff Representative  
Sam Falconer, Community Pharmacist NHS A&A  
Geoff Coleman, Public Support Manager, NHS  
Simon Morrow, Dental Representative  
David Bonellie, Optical Representative  
Clive Shephard, NA Federation of Community Associations  
Lynne McNiven, Consultant in Public Health, NHS  
Regina Mcdevitt, Public Health, NHS  
Louise Gibson, Dietetic lead, integrated services, NHS A&A

**In Attendance:**

Scott Bryan, Team Manager – Planning, NAHSCP  
Debbie Campbell, Team Manager, Performance, NAHSCP  
Lawrence McMahon, Clerical Officer, NAHSCP  
Sharna Lynn, Planning & Performance assistant, NAHSCP

**Apologies Received:**

David Rowland, Head of Service, Health & Community Care, NAHSCP  
Eleanor McCallum, Partnership Engagement Officer, NAHSCP  
David Thomson, AND/ Lead Nurse, NHS A&A  
Dr Chris Black, GP, Bourtreehill Medical Practice  
Thelma Bowers, Head of Service, Mental Health, NAHSCP  
Trudy Fitzsimmons, Housing Manager  
David Donaghey, Partnership Representative, NAHSCP  
Norma Bell, Manager, Planning & Performance, Mental Health, NAHSCP  
Vicki Yuill, Operations Manager, Arran CVS



1.	<b>WELCOME &amp; APOLOGIES</b>	
1.1	Councillor Robert Foster welcomed all to the meeting.  Apologies were noted and accepted.	
2.	<b>MINUTES/ACTION NOTE OF PREVIOUS MEETING (02.08.17)</b>	
2.1	Minute was agreed as accurate with no amendments.	
2.2	<u>Action 1 – Item 4.4</u> The presentation on the review of the Scheme of integration would be distributed to the group along with a link to the survey- <b>Complete.</b>	
2.3	<u>Action 2- Item 7.1</u> Presentation on Annual Performance Report to be delivered at next meeting. <b>Presented at today's meeting. Complete.</b>	
	<u>Action 3- Item 9.0</u> Agenda Items for next meeting: <ul style="list-style-type: none"> <li>• Annual Performance Report</li> <li>• Child Poverty Presentation</li> <li>• Pharmacy Update</li> </ul> <b>All above agenda items were presented at today's meeting. Complete.</b>	
3.	<b>MATTERS ARISING</b>	
3.1	There were no matters arising to be discussed.	
<b>Focus on: Information and Performance</b>		
4.	<b>What matters to you Day- Findings (Presentation)</b>	
4.1	John Burns, HSCP Evaluation Officer provided a presentation on "What Matters To You" Findings.	
4.2	The presentation gave in depth detail of the key findings and feedback received from service users and staff regarding "What Matters" in regards to the NAHSCP services. The presentation covered: <ul style="list-style-type: none"> <li>• Feedback from the day</li> <li>• Demographics</li> <li>• Analysis Methodology</li> <li>• Perspective</li> <li>• Sentiment</li> <li>• Content Analysis</li> <li>• Conclusions</li> </ul>	
4.3	<b>Annual Performance Report (Presentation)</b>	
4.4	Debbie Campbell, NAHSCP Interim Team Manager Performance provided a brief presentation on the Annual Performance Report.  Debbie informed the group that the report was published on-line 31 <sup>st</sup> July 2017. The presentation gives an in depth overview on the annual performance of the partnership for 2016-17. A copy of the report is available at:	

	<a href="https://www.northayrshire.gov.uk/Documents/SocialServices/NAHSCP-annual-report-2016-17.pdf">https://www.northayrshire.gov.uk/Documents/SocialServices/NAHSCP-annual-report-2016-17.pdf</a>	
4.5	<b>Child Poverty (Presentation)</b>	
4.6	<p>Regina McDevitt and Lynne McNiven gave a short presentation in relation to child poverty within the North Ayrshire and Arran area. The presentation highlighted the main points regarding child poverty. Slides covered in the presentation were as follows:</p> <ul style="list-style-type: none"> <li>• The geography of child poverty</li> <li>• Who is affected</li> <li>• The social security system</li> <li>• Causes of Child Poverty</li> <li>• Examples of Local Authority and CPP actions to provide sufficient income support to keep families out of poverty</li> <li>• What can we do?</li> </ul> <p>Regina provided the group with a response template in regards to initiatives to Reduce Child Poverty. Any information, feedback or ideas to go to Scott Bryan at <a href="mailto:sbryan@north-ayrshire.gcsx.gov.uk">sbryan@north-ayrshire.gcsx.gov.uk</a> within 2 weeks if possible.</p> <p>Jo Gibson advised that Elaine Young proposes child poverty as an agenda item at the next CPP meeting.</p>	
<b>Focus on: 2018-21</b>		
5.1	<b>New Strategic Plan- First Draft (Presentation)</b>	
5.2	<p>Jo Gibson, Principal Manager, Planning &amp; Performance gave a short detailed presentation on the first draft of the development of the strategic plan 2018-21.</p> <p>Jo advised the group that the first draft is for discussion with the SPG group and stated that the draft plan should stay confidential within the group for the time being.</p> <p>Slides covered in the presentation were as follows:</p> <ul style="list-style-type: none"> <li>• Where are we going?</li> <li>• Timescale</li> <li>• Building Blocks for a new Strategic Plan</li> <li>• Review of current policy landscape</li> <li>• The policy context (National and Local Policy)</li> <li>• Local need (Deprivation and Health Inequalities)</li> <li>• IMatter Directorate Report 2017</li> <li>• Summary (Our Challenges &amp; Strengths)</li> <li>• Each Strategic Priority</li> <li>• Additional Sections</li> <li>• Action Plan</li> <li>• Group Discussion</li> </ul>	



5.3	<b>Group Discussion</b>	
5.4	<p>At the end of the presentation it was requested that the SPG attendees have a short discussion, in groups, to discuss the draft Strategic Plan and give back any feedback or ideas on the following:</p> <ul style="list-style-type: none"> <li>• Have we got the right building blocks?</li> <li>• Does the structure work?</li> <li>• Broadly, is the direction right?</li> <li>• Feedback on specific content</li> <li>• Is there anything crucial missing?</li> </ul> <p>From the short group discussion there were few comments brought forward from members:</p> <p>Louise McDaid related to the statistics within the report as being very formal and stated that she believes they are not user friendly.</p> <p>Louise suggested that accountability on community money regarding housing/private renting needs to be clarified within the report.</p> <p>Gavin Patterson that he believes the draft plan reflects more so on the public sector rather than the partnership.</p> <p>Gavin suggested that IMatters &amp; What Matters To You projects could be managed more so from the public's views.</p> <p>Gavin also brought forward the suggestion of reducing the wording within the draft plan.</p>	
6.	<b>Focus on: Member's Input</b>	
6.1	<p>Pharmacy Update</p> <p>Sam Falconer, Community Pharmacist presented a presentation on achieving excellence in Pharmaceutical Care. Sam informed the group that the presentation mainly focuses on Community Pharmacist and GP Practice-based pharmacies.</p> <p>The presentation slides covered were as follows:</p> <ul style="list-style-type: none"> <li>• Achieving Excellence In Pharmaceutical care- A strategy for Scotland</li> <li>• Community Pharmacy</li> <li>• Community Pharmacy (Going Forward)</li> <li>• GP Practice-based pharmacy</li> </ul> <p>Sam spoke of the current IT restrictions relating to Community Pharmacists having no access to the GP systems and emphasised that this causes difficulty and work base complications.</p>	





<b>7.</b>	<b>Focus on: Localities</b>	
7.1	<p>Update from Locality Planning Forums</p> <p>The chair asked if any of the Locality Leads had any matters of urgency they would like to discuss, as there were no urgent matters needing discussed the meeting was brought to a close due to time constraints.</p>	
<b>8.</b>	<b>AOCB</b>	
8.1	There was no other business to be discussed, therefore the meeting was brought to a close.	
<b>9.</b>	<b>DATES AND VENUES FOR 2017/18</b>	
	<p>Thursday, 2<sup>nd</sup> November 2017 at 10.00am within Fullarton Connexions, Irvine</p> <p>Thursday, 11<sup>th</sup> January 2018 at 10.00am within Greenwood Conference Centre, Dreghorn</p>	

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