Integration Joint Board
Meeting

Thursday 14 September 2017 at 9.00 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 17 August 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.

Presentation

4. Palliative and End of Life Care

5. Director's Report (Page 14)
Submit report by Stephen Brown, Director (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).

Finance

6. Audited Annual Accounts (Page 19)
Submit report by Margaret Hogg, Chief Finance Officer on Deloitte's final report to the Members of the Board and the Controller of Audit on the 2016/17 audit (copy enclosed).

7. Financial Performance Update (Page 58)
Submit report by Margaret Hogg, Chief Finance Officer on the financial position of the North Ayrshire Health and Social Care Partnership as at 31 July 2017 (copy enclosed).

Strategy and Policy

8. Cumbrae Review of Services – Integration and whole system change (Page 78)
Submit report by David Rowland, Head of Service, Health & Community Care, on the outcome of the Cumbrae Review of Services (copy enclosed).

9. Learning Disabilities Strategic Plan 2017-2019 (Page 167)
Submit report by Thelma Bowers on the development of the Learning Disability Strategic Plan (copy enclosed).

10. Ensuring Alignment of Advice Services in North Ayrshire (Page 219)
Submit report by David Rowland, Head of Service, Health & Community Care, on the delivery of fully aligned advice services across North Ayrshire and the future role and function of the directly managed and commissioned services (copy enclosed).

11. North Ayrshire Social Enterprise Strategy (Page 261)
Submit report by John Godwin, Service Development Officer, on the new North Ayrshire Social Enterprise Strategy and potential issues and opportunities for North Ayrshire Health and Social Care Partnership within this framework (copy enclosed).

12. Planning and Delivering Care and Treatment across the West of Scotland (Page 285)
Submit report by John Burns, Regional Implementation Lead (West), on the requirement for the West of Scotland to produce a first Regional Delivery Plan for March 2018 (copy enclosed).

Tendering

13. Service for Survivors of Childhood Rape and Sexual Abuse (Page 288)
Submit report by Nicola Murphy, Senior Manager (Children, Families and Criminal Justice) on the requirement to undertake a collaborative tendering exercise to appoint a service provider to deliver a counselling service for survivors of childhood rape and sexual abuse (copy enclosed).

Governance

14. Minutes of Strategic Planning Group (Page 303)
Submit the Minutes of the Strategic Planning Group meeting held on (copy enclosed).

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

Exempt Information

16. 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 the public for the following item of business on the grounds indicated in terms of Paragraphs 3 and 9 of Part 1 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 or Officer.

16.1 Hansel Alliance (Page 309))

Submit report by Jan Thompson on services provided by Hansel Alliance (copy enclosed).

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. Mark McGregor	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
Sally Powell	Carers Representative
Fiona Thomson	Service User Representative
Nigel Wanless	Independent Sector Representative
Vicki Yuill	Third Sector Representative
Vacant	Service User Representative

North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 17 August 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
Bob Martin, NHS Ayrshire & Arran
Dr Janet McKay, NHS Ayrshire & Arran
Alastair McKie, NHS Ayrshire & Arran
Councillor John Sweeney, North Ayrshire Council

Stephen Brown, Interim Director North Ayrshire Health and Social Care (NAHSCP)
Margaret Hogg, Section 95 Officer/Head of Finance
David MacRitchie, Chief Social Work Officer – North Ayrshire
Alistair Reid, Lead Allied Health Professional Adviser
Louise McDaid, Staff Representative – North Ayrshire Council
David Donaghey, Staff Representative – NHS Ayrshire and Arran
Marie McWaters, Carers Representative
Fiona Thomson, Service User Representative
Nigel Wanless, Independent Sector Representative
Vicki Yuill, Third Sector Representatives

In Attendance
David Rowlands, Head of Service (Health and Community Care)
Jo Gibson, Principal Manager (Planning and Performance)
Thelma Bowers, Head of Service (Mental Health)
Eleanor Currie, Principal Manager (Finance)
Helen McArthur, Senior Manager (Community Care Services)
Donna McKee, Head of Service (Children, Families and Criminal Justice)
Karen Andrews, Team Manager (Governance)
Diane McCaw, Committee Services Officer

Also In Attendance
Anthea Dickson

Apologies for Absence
Dr Paul Kerr, Clinical Director
Dr Mark McGregor, Acute Services Representative
Sally Powell, Carers Representative

1.	**Apologies** Apologies were noted. The Chair indicated that Members should remember to submit their apologies if they are unable to attend Board Meetings.	IJB Members
2.	**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 the following Members declared an interest:- Nigel Wanless – Item 9 – Care at Home Outsourced Service Provision – Update on the basis that he is a care home provider.	
3.	**Minutes/Action Note** The accuracy of the Minutes of the meeting held on 20 July 2017 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.	
3.1	**Matters Arising from the Action Note** Development and Implementation of a North Ayrshire Social Enterprise Strategy – clear timescales have been set and a report will be submitted to the next meeting of the IJB. Volunteering Strategy – now in receipt of a guidance letter from the Scottish Government and will continue to develop new volunteering strategy with guidance in mind. A first draft will be circulated in October/November for initial comment with a final draft being submitted to the IJB in December. Public Partnership Forum (PPF) – a meeting has now taken place with the Assistant Director of Nursing and Acute Care to agree a way forward. Hope to meet before the end of August with PPF Members regarding the structure of PPF and also to get a view on the review of Integration Scheme. Technology Enabled Care (TEC) and Innovation – a report will now be submitted to the November meeting to enable NHS scrutiny first. Integration Joint Board Appointments – note that the Health and Care Governance Group have now had their first meeting involving service user/carer representatives. Annual Performance Report 2016-17 - hard copies available for members at the meeting.	V. Yuill

	Kilwinning Locality Partnership Forum – has been issued with an invitation to nominate a Chair who will attend future IJB meetings. There has been no response to date and this will be chased up.	Jo Gibson
4.	**Presentation: What's Important to Me** The Board received a video presentation from the Children and Families Service about children whose parents have addiction issues. The video concerned the stories of 4 young girls who had also been involved in scripting and casting for the video. The powerful video was launched last year and is now being utilised by service users within addiction services as a motivation tool around how addictions are managed. The video also won an international film award in France. Members asked questions and were provided with further information in relation to:- • the logic behind letterbox contact which is about reintroducing sibling contact at a pace that suits. The Board (a) agreed that Shannon Morrison be invited to meet informally with Members of the IJB, possibly in the October holiday period; and (b) otherwise noted the video presentation.	K. Andrews
5.	**Director's Report** Submitted report by Stephen Brown, Interim Director NAHSCP on developments within the North Ayrshire Health and Social Care Partnership. The report highlighted works underway in the following areas:- • Child and Adolescent Mental Health Service (CAMHS); • Forensic Child and Adolescent Mental Health Unit (FCAMH); • Ayrshire Achieves; • Social Enterprise Network – a paper will be provided to the next meeting of the IJB; • Woodland View – formal invitations have been issued to Members for the official opening; • Veterans 1st Point; • Joint Thematic Inspection of Adult Support and Protection in the North Ayrshire area – the Care Inspectorate will present findings from the inspection in January 2018; • Change Programme Update; • Vision for Community Mental Health; • Learning Disability Service; • North Ayrshire Drug and Alcohol Recovery Service; • Challenge Fund; and • Public Partnership Forum.	Stephen Brown

	Members were advised that there will be a private briefing for IJB Members on 28 August 2017 on reviewing the Integration Scheme. Karen Andrews will re-issue the invitation to Members highlighting the session date. Members asked questions and were provided with further information in relation to:- • confirmation that North and East Integration Schemes are being reviewed and that South are not taking part in the process; • the session with Members to discuss the review of the Integration Scheme being open and frank and highlighting potential issues to be faced; and • arrangements around the joint thematic inspection of adult support and protection which commences on 30 October 2017 with findings being presented in January 2018. Noted.	Karen Andrews
6.	**2017/18 Financial Performance Update** Submitted report by Eleanor Currie, Principal Manager (Finance) which provided an overview of the 2017/18 financial position of the NAHSCP and outlined mitigating action required to bring the budget online, which assumes the use of savings generated in 2017/18 from Challenge Fund proposals. The Board was advised that approval of the mitigation action would assist in ensuring spend is contained within the budgeted resources delegated for the commissioning of services with the exception of the £3.873m of expenditure reduction and savings still to be identified. A decision on the balance of the mitigating action would require to be made at the next meeting of the IJB. Members asked questions and were provided with further information in relation to:- • demand on services and demographic pressures; • funding against the trend of target setting; • the criteria used to set Governmental targets being different from actual demand; • the scrutinising role of the external auditors; • the accuracy of projections on where further savings can be made; • the real impact of any proposed savings; and • any future human resource implications for the third and independent sectors as well as Partnership staff. Members were advised on the wider elements around funding for the public sector in general and that a meeting will take place in mid September with the Cabinet Secretary to discuss the pressures being faced locally in balancing demand with the budget.	

	The Chair asked that mitigation proposals be provided to Members early to give time to consider the full implications of economies prior to the formal IJB meeting. Information on demographics which had been circulated to the Performance and Audit Committee would also be circulated to Members. The Board agreed (a) to note the projected financial outturn for the year; (b) to approve the action being proposed to potentially mitigate the overspend; (c) to note the savings gap in relation to Health budgets and plans to further develop proposals; and (d) to receive a further report to the September meeting detailing final mitigation plans to allow presentation of a balanced budget.	Margaret Hogg Jo Gibson Eleanor Currie
7.	**Health and Sport Committee Draft Budget: 2018/19** Submitted report by Margaret Hogg, Head of Finance on the response provided to the Scottish Government's call for views in relation to the Health and Sports Committee Draft Budget for 2018/19, prior to the submission deadline of 26 July 2017. Appendix 1 to the report, outlined in full the response provided to the Scottish Government and highlighted:- • that the focus of reporting should be on the outcomes the funding achieves or is intended to achieve; • additional resources would be most effectively deployed to community based, preventative services and transformational investment; • information on the financial pressures facing NAHSCP; and • some of the early successes which have been secured as a result of integration. The Board was advised that there may be a further opportunity to provide more evidence as a result of responses submitted. The Board agreed to (a) homologate the response submitted to the Scottish Government, as outlined in Appendix 1 to the report; and (b) note that the outcome of the Health and Sport Committee would be reported back to the Board in due course.	
8.	**Peer support, recovery and employability support services for people with mental health problems in North Ayrshire** Submitted report by Dale Meller, Senior Manager Community Mental Health on the redesign and re-commissioning of mental health peer support, recovery and employability support services in North Ayrshire. The report provided information on:- • mental health support services provided by Positive Steps and a review of Positive Steps in 2014;	

	• individualised placement support (IPS) which is a specialised intervention model which supports people with mental health problems gain paid work; • A scoping exercise into Recovery Colleges, undertaken in North Ayrshire in June 2017, which found that the development of a recovery college would encompass peer support and co-production as well as promoting recovery; and • The proposal to develop an integrated peer support, recovery and employability service, as outlined in 3.1 and 3.2 of the report. Members asked questions and were provided with further information in relation to:- • the overall cost of £279k for the Positive Steps services which is not broken down within the report; and • future options around the financial specification and the risk implications to the level of funding allocation for this service that will be provided to the Board. The Board agreed to (a) approve the development of an integrated support services; and (b) that the tender specification be brought back to the Board for approval at a future meeting.	Dale Mellor
9.	**Care at Home Outsourced Service Provision** Submitted report by David Rowland, Head of Service (Health and Community Care) on the progression of the tender exercise to appoint suitable service providers to deliver care at home services. The report provided details of the current delivery of care at home services in North Ayrshire, Framework Contracts that had been in place and included information on:- • contracts that had been extended by Cabinet in 2017; • the tender exercise for a 2 year multi-lot Framework Agreement with an option to extend by 2 twelve month periods that had been approved by the IJB in March 2017; • the Framework shall include quality measures and mange this via the Partnership's Contract Management Framework; • the percentage split of inhouse/outsources provision will change to a maximum of 70% (inhouse) and 30% (outsourced), as determined by the market; • the Provision of Care at Home Services Specification, as detailed in Appendix 1 to the report; and • the timetable and projected dates for the tender process. Members asked questions and were provided with further information in relation to:- • the service undertaken by North Ayrshire in relation to the procurement exercise; • an assurance around the financial implications related to the 9% service delivery returning to inhouse provision and arrangements to align resources accordingly;	

	• service provider expectations in relation to what they will be delivering; and • clear performance indicators and expectations in relation to staff of providers within the tender specification. The Board agreed to support the progression of the tender exercise to appoint suitable Service Providers to deliver flexible care and support services to individuals who require care at home services.	
10.	**Minutes** Submitted the minutes of the meeting of the North Ayrshire Strategic Planning Group held on 23 March 2017. The Board agreed (a) to note the minutes of the meeting; and (b) that in future the Minutes of the Strategic Planning Group will feature under the main business of the Board and not simply be noted.	
	The meeting ended at 12.20pm	

Signed in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2015
Signed by
Date

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 17 August 2017

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Development and Implementation of a North Ayrshire Social Enterprise Strategy	4/6/15	Draft Social Enterprise Strategy to be submitted to the IJB, NACMT and NAC Cabinet Meeting. Economic Development	Will be reported to meeting on 14 September 2017	John Godwin
2.	Volunteering Strategy	11/2/16	Agenda – prior to end 2016	now in receipt of a guidance letter from the Scottish Government and will continue to develop new volunteering strategy with guidance in mind. 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
3.	Public Partnership Forum	15/12/16	Director to liaise with Service User Representative to investigate matter	a meeting has now taken place with the Assistant Director of Nursing and Acute Care to agree a way forward. Hope to meet before the end of August with PPF Members regarding the structure of PPF and also to get a view on the review of Integration Scheme.	S. Brown

4.	Technology Enabled Care (TEC) and Innovation	22/6/17	A report on the financial plan will be presented to the August meeting	a report will now be submitted to the IJB to the October or November meeting to enable NHS scrutiny first.	Kathleen McGuire
5.	Presentation – Addiction Service Update	20/7/17	IJB Members to forward suggestions for learning areas		IJB Members
6.	Chairs of Locality Forums	20/7/17	(a) request the Kilwinning Locality Partnership forum to nominate a Chair, who will attend future IJB meetings	have been issued with an invitation to nominate a Chair who will attend future IJB meetings. There has been no response to date and this will be chased up.	Jo Gibson
7.	Presentation: What's Important to Me	17/8/17	Shannon Morrison to be invited to meet informally with the IJB – possibly in the October holiday		Karen Andrews
8.	Peer support, recovery and employability support services for people with mental health problems in North Ayrshire	17/8/17	The tender specification be brought back to the Board for approval at a future meeting.		Dale Mellor

Integration Joint Board
14th September 2017
Agenda Item 5

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

Glossary of Terms	
IJB	Integration Joint Board
PSMT	Partnership Senior Management Team
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

North Ayrshire Developments

2.1 Review of Integration Scheme

The first stage of the review of the North Ayrshire Integration Scheme is now well underway. As you are aware, the Integration Scheme is the legal agreement which, after approval by Scottish Ministers, established North Ayrshire Health and Social Care Partnership as a legal entity and due to the review of the strategic plans and with nearly 5 years' experience under our belts, both North Ayrshire Council and the Board of NHS Ayrshire and Arran agreed it provided a useful time to review and reflect on the scheme.

Within North Ayrshire, emails were sent to all stakeholder groups outlining the review process and welcoming feedback in the integration scheme. In addition, an ambitious face to face consultation of key stakeholders has been undertaken, to outline key areas of the scheme and encourage discussion and capture feedback. All groups have been encouraged to feedback on an online and electronic consultation questionnaire closing on 31 August 2017 to provide ample opportunity to give their views.

To date, by 23 August 2017, we have received 52 responses from the online consultation questionnaire making over 200 separate points, and undertaken 8 face to face consultation sessions with approximately 130 key stakeholders. Whilst at this time it is unclear if this will lead to a full review of the scheme, without doubt, reviewing key elements of the Integration Scheme has led us to challenge existing practices in some areas with a view to identifying areas of improvement for the future.

2.2 Budget Update

It is important to highlight that the pressure on partnership budgets continues. IJB will have the opportunity to discuss this in further detail later on the agenda today. Whilst these pressures exist, I would want to assure IJB that services continue to be delivered safety and to a high quality. Indeed, many of our services have seen significant improvement over the last couple of years, despite the financial climate within which we operate.

Our Care at Home services are currently graded higher than they have ever been with the Care Inspectorate. Montrose House, Arran continues to improve grades and our new Woodland View Hospital received very positive feedback at the fifth and final Gateway Review last week. These are just some examples of how safe and effective services continue to be delivered.

2.3 Childhood Obesity

In 2015, 33% of Primary 1 children in North Ayrshire were clinically obese. At a time in their lives when they should be healthy and active and burning as many calories as they are taking in, 1 in 3 were already significantly overweight. The increased chances of heart disease and type 2 diabetes in later life makes this a public health crisis. Indeed, nationally this is a major issue but was particularly so in North Ayrshire.

Earlier this month the Council CEO, Elma Murray, Head of Service, Donna McKee and I met with Scottish Government who wanted to know more about what was working so well in North Ayrshire in the area of childhood obesity. The national interest in North Ayrshire is due to the fact that we have reduced the levels of obesity two years running with the latest rate in Primary 1 children now at just under 25%.

This is still high but 8% lower than two years ago and the lowest level since 2009/10. We were therefore delighted to share our children's services plan and talk about the work of our midwives, health visitors, early years centres, schools and our wider Community Planning Partners in delivering a range of interventions and activities that has helped to see such a population-level improvement. It should be noted that our childhood obesity rates have also been reducing at the same time as our breast-feeding rates have been increasing!

Whilst there is still much work to be done, it is really encouraging to see such positive early results.

2.4 Business Support Review

Our administrative and clerical staff rarely receive the plaudits they deserve and yet all services, practitioners and managers are only as good as the support they receive. The role of our business support teams is therefore crucial in ensuring that we are able to provide the best quality health and care services possible. We will therefore be undertaking a full review of our business support service. This will seek to maximise the business support resource across the Partnership, help with our wider aim to reduce bureaucracy, increase patient/service user facing time for practitioners and create clear career-path structures for business support staff.

The review provides a unique opportunity for all administrative and clerical staff (as well as managers and practitioners) to influence and shape Business Support Services across the Health and Social Care Partnership.

2.5 Celebrating & Recognising Success

(a) Rosemount Duke of Edinburgh

Five young people from Rosemount were presented with a range of awards, including Activity Agreement certificates, Bronze level Duke of Edinburgh skills certificates and CODE computing skills recognition. Rosemount's Activity Agreement programme is designed to support young people to gain skills and experience to help with employability.

Activity Agreements are supported by a range of partners, some of them were there to see the young people receive their certificates, including Health and Social Care, Community Education, School Nurse and Modern Apprentice.

It seems to be awards season across the country. The partnership has, over the past few months, submitted around 20 nominations for various awards including COSLA Excellence Awards, Public Service and Herald Society Awards. Whilst we are awaiting the outcome for some those nominations, we have had the following success:

(b) COSLA Excellence Awards

Cafe Solace has reached the short list of the 2017 COSLA Excellence Awards within the Tackling Inequalities & Improving Health category. As a result we have received a Silver Award, which I am absolutely delighted with in recognition of all the hard work by everyone involved, including our North Ayrshire communities. I have included the link below with more details. 2017 Excellence Awards COSLA

The next stage in the judging process was a presentation to the judging panel on 12th September 2017 in Edinburgh. Silver Award winners will receive complimentary tickets for the Awards Ceremony on 5th October 2017 at Crieff Hydro Hotel, where the overall winners will be announced.

This award recognises and acknowledges the contributions from ADP staff, volunteers and customers involved in, a valuable asset across a number of communities. The most recent Café Solace was formally launched in the Garnock Valley in late June 2017. The numbers of people has continued to grow. At the last count, the café served 93 meals. This phenomenal, though extremely hard work, is meeting a real need within the locality.

Café Solace takes place every week in the following three localities:

IRVINE, Fullarton Connexions, every Tuesday from 5–8pm
ARDROSSAN, Church of the Nazarene, every Wednesday from 5–8pm
KILBIRNIE, Bridgend Community Centre, every Friday from 5–8pm

(c) Funky Films – shortlisted in UK film festival

Funky Films have just finished a short film for entry to the **Recovery Street Film Festival**. This is a UK-wide film festival with entrants all making films to raise awareness of recovery.

The Funky Films submission, entitled, *Our Younger Selves,* was shortlisted in the final ten entries. Written and produced by members of Funky Films, they spent weeks working on the project and enlisted the help of young actors to make their film a reality and the short film will now be screened in venues across the UK..

The crew attended the awards ceremony in London to see the winning films. I can announce that Funky Films team has been awarded 2nd place for their film 'Our Younger Selves'! Written and filmed by people in recovery. Huge congratulations to all involved!

The Funky Films team will also produce the video presentation for the Café Solace submission to the COSLA Excellence Awards.

This link takes you to all of Funky Films work so far http://bit.ly/2wq4o6H

2.6 HSCP Syrian Refugee Co-ordinator

North Ayrshire Council's Syrian Task force has enabled the North Ayrshire Health and Social Care Partnership to employ a Syrian Refugee Coordinator. This exciting post has been taken up by Zoe Clements as of the 18th of July.

Zoe comes with a wealth of experience of supporting displaced people within Health Visiting in Glasgow, and will coordinate Health and Social Care services for new and existing Syrian families. A key element of this post with be partnership working with Housing, Education, Police Scotland and the NHS. This coordinating role with ensure that we work together to meet the holistic needs of those seeking refuge in North Ayrshire. Please make Zoe welcome as she makes herself known across the Partnership. Zoe is based in Cunninghame House, Irvine on the 4th Floor West and can be contacted on 01294 317811 or 07773 219385 (zoeclements@north-ayrshire.gov.uk).

2.7 Change Programme Update

The Change Programme Steering Group met on the 7th August 2017. It was agreed that group would act as both the scrutiny and governance route to the IJB to provide updates on the challenge fund.

Given the scale of work involved to deliver both the objectives of the strategic and medium term financial plans, the group agreed that more time was required to undertake a 'deep dive' in to each directorates transformational change programme.

As a result Health and Community Care will showcase their work on the 30 October 2017.

All other service areas will provide exception reports to ensure that where there are system wide barriers or delays remedial actions are taken. Both finance and risk will remain as standing items.

3. IMPLICATIONS

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

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

4. CONSULTATION

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

5. CONCLUSION

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

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

Integration Joint Board
Date of Meeting
Agenda Item 6

Subject:	**Deloitte LLP: 2016/17 Annual Audit Report**
Purpose:	The Board is invited to note the annual audit report for 2016/17 and consider a verbal report by the external auditor.
Recommendation:	That the Board: (a) notes the findings of the 2016/17 audit as contained in the External Auditor's annual report at Appendix 1; (b) notes the agreed action plan as outlined on page 31 of the annual report; (c) considers a verbal report by the External Auditor; and (d) approves the audited Annual Accounts for signature

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MTFP	Medium Term Financial Plan

1.	**EXECUTIVE SUMMARY**
1.1	The Integrated Joint Board's (IJB's) accounts for the year to 31 March 2017 were submitted to Deloitte LLP for audit on 26 May 2017, in accordance with the agreed timetable. The external auditor is required to complete his audit by 30 September 2017 and to report on certain matters arising to those charged with governance in sufficient time to enable appropriate action to be taken before the financial statements are approved and certified.
1.2	The 2016/17 audit of the IJB was conducted by Deloitte LLP. There are no changes to the financial position reported to the IJB in June.
1.3	Deloitte LLP's report includes an action plan in relation to recommendation for improvement identified during the course of the audit.

2.	**BACKGROUND**
2.1	As part of their audit work, Deloitte LLP assessed the key financial and strategic risks being faced by the IJB, as well as auditing the financial statements, reviewing the IJB's financial position and aspects of financial management, sustainability, transparency, governance and value for money.
2.2	Deloitte's annual report, which summarises the finding of their 2016/17 audit, is attached at Appendix 1 and recognises the positive work done to date on the medium term financial plan (MTFP) and Challenge Fund but recognises that this needs to be progressed to realise savings in future years. It also identifies the need to ensure that when the medium term financial plan is updated that the assumptions which underpin the budget are reflective of demand, taking into account the funding available to deliver services. It is also recommends that the IJB assess the effectiveness of operational budget management to secure delivery of services within the budget which has been set. Management response to these actions is contained on Page 31 of the Audit Report in Appendix 1.
2.3	Pages 11 to 14 in the annual report outline the significant risks and other matters identified in the audit plan for 2016/17 together with the auditors' view of the key judgements and controls in place. These risks relate to: • Completeness and accuracy of income • Management override of controls
2.4	The report confirms that no material issues were identified in relation to these matters.
2.5	Deloitte notes that the IJB has appropriate governance arrangements in place and that they are operating effectively.
2.6	Deloitte have given an unqualified opinion that the 2016/17 financial statements give a true and fair view of the financial position and expenditure and income of the IJB for the year, concluding that the accounts have been properly prepared in accordance with relevant legislation, applicable accounting standards and other reporting requirements. No monetary adjustments have been identified and the IJB's position remains as reported to the IJB on 22 June 2017.
2.7	The auditors recommend that the IJB considers case studies provided in the report which highlight the lessons learned from their wider health transformation work in the sector including work on increasing productivity and cost reduction.

2.8	Representatives from Deloitte will be in attendance at the Board and will present a verbal report highlighting the main findings of the 2016/17 audit.
2.9	A copy of the final audited accounts will be published on the North Ayrshire Council's website and a link will be issued to all Board Members for their information.
3.	**PROPOSALS**
3.1	The Board is invited to :- (a) notes the findings of the 2016/17 audit as contained in the External Auditor's annual report at Appendix 1; (b) notes the agreed action plan as outlined on page 31 of the annual report; (c) considers a verbal report by the External Auditor; and (d) approves the audited Annual Accounts for signature
3.2	**Anticipated Outcomes**
	Implementing the action plan will improve the financial management arrangements of the partnership by ensuring that when the medium term financial plan is updated that the assumptions which underpin the budget are reflective of demand, taking into account the funding available to deliver services. It will also ensure more effective operational budget management to secure delivery of services within the budget which has been set.
3.3	**Measuring Impact**
	Progress against the action plan will be reviewed by the Performance and Audit Committee during 2017/18 and the IJB will continue to receive regular financial management reports.
4.	**IMPLICATIONS**

Financial :	There are no financial implications arising from this report.
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	None

Risk Implications :	None

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

5.	**CONSULTATION**
5.1	The Chief Officer, Chief Financial Officer and officers of the IJB have been consulted during the audit process.
6.	**CONCLUSION**
6.1	Deloitte have issued an unqualified opinion on the 2016/17 annual financial statements. Two issues have been identified during the course of the audit and actions agreed to address these.

For more information please contact Margaret Hogg, Chief Finance Officer on 01294 314560

Deloitte.

NORTH AYRSHIRE INTEGRATION JOINT BOARD

(North Ayrshire Health and Social Care Partnership)

Delivering care together

Final report to the Members of the Board and the Controller of Audit on the 2016/17 audit

14 September 2017

Contents

Director introduction

The key messages in this report

Audit quality is our number one priority. We plan our audit to focus on audit quality and have set the following audit quality objectives for this audit:

- A robust challenge of the key judgements taken in the preparation of the financial statements.
- A strong understanding of your internal control environment.
- A well planned and delivered audit that raises findings early with those charged with governance.

I have pleasure in presenting our final report to the Performance and Audit Committee for the 2016/17 audit.

As detailed in our plan presented to the Performance and Audit Committee in March 2017, the new Code of Audit Practice, which came into force for the 2016/17 audits, sets out our responsibilities under core audit and wider scope requirements. A reminder of the requirements is set out below.

- *Opinion on the financial statements and regularity*
- *National performance audits and Best Value audits*

- *Opinion on management commentaries, remuneration reports and governance statements*

- *Public reporting and audit findings*
- *Wider scope reporting*

Director introduction (continued)

The key messages in this report (continued)

I would like to draw your attention to the key messages of this paper:

Statutory audit	
Conclusions from our testing	• The significant risks, as identified in our audit plan, related to: - management override of controls; and - completeness and accuracy of income. • A summary of our work on the significant risks is provided in the dashboard on page 11. • From our work undertaken to date we have not identified any audit adjustments. • Based on the current status of our audit work, we envisage issuing an unmodified audit opinion.
Insight	• We have utilised Spotlight, Deloitte's patented analytics tool, to perform analytics on the journal entries posted in the year to mitigate the risks of fraudulent activity. As the main transactions are processed through the ledger of either North Ayrshire Council (NAC) or NHS Ayrshire and Arran (NHSAA), the actual number of journals posted to the Integration Joint Board (IJB) are minimal. Insights from our analytics have been noted for management as part of our reporting to the NAC and NHSAA.
Status of the audit	• The audit is substantially complete subject to the completion of the following principal matters: • Finalisation of our internal quality control procedures; • Receipt of signed management representation letter; and • Review of subsequent events since 31 March 2017.

Director introduction (continued)

The key messages in this report (continued)

Best Practice	

Overall conclusion	• We have reviewed the management commentary with reference to the statutory guidance set out in Regulation 8(2) of The Local Authority Accounts (Scotland) Regulation 2014 and Finance circular 5/2015 (The Local Authority Accounts (Scotland) Regulations 2014 – management commentary). We have confirmed that the management commentary complies with the statutory guidance.
	
	• As a new requirement in 2016/17, we are required to provide an opinion on whether:
	  • information given in the management commentary is consistent with the financial statements;
	  • the management commentary has been prepared in accordance with the statutory guidance;
	  • information given in the annual governance statement is consistent with the financial statement; and
	  • the annual governance statement has been prepared in accordance with proper practice.
	
	• Based on the current status of our audit work, we envisage issuing unmodified opinions on the above.
	
	• In addition to the opinion, we have read the management commentary and confirmed that the information contained is materially correct and consistent with our knowledge acquired during the course of performing the audit, and is not otherwise misleading.
	
	• We have also audited the auditable parts of the remuneration report and confirmed that it has been prepared in accordance with the Regulation 8(2) of The Local Authority Accounts (Scotland) Regulation 2014.

Director introduction (continued)

The key messages in this report (continued)

Adds Value	
Financial Sustainability	Total outturn net expenditure for 2016/17 was £220.266m, which was £3.245m over the approved budget. The overspend, which was largely in relation to social care services, has been carried forward and will need to be recovered by the IJB in future years. This differs from the results reported in the Comprehensive Income and Expenditure Statement as a result of accounting adjustments required to comply with the Code and proper accounting practice. For 2018/19 and 2019/20, the budget shortfall increases to £24.9m and £39.2m respectively. The Medium Term Financial Plan has set out plans under five key strands to start to bridge the gap, with £15.3m of options identified. In addition, in support of the clear recognition for the need for change, North Ayrshire Council, working with the Partnership, has established a Challenge Fund which will be accessed by the Partnership to undertake Transformation Projects. This fund is jointly funded by the Council and the Partnership and will be used to pilot new models of delivery which will seek to deliver innovative services for the local community, within a community setting, whilst also delivering a service which is financially sustainable going forward. It is positive to note the work done to date on the medium term financial plan and the Challenge Fund, therefore it is critical that this is progressed to realise the savings in future years. The most up to date financial position for 2017/18 has highlighted a potential closing deficit of £8.110 million. It is therefore also critical that the Board agree and implement mitigating actions as a matter of urgency to address this and ensure that services are delivered within the resources delegated. We recommend that the IJB considers from a Board wide perspective the case studies on page 19, which highlights the lessons learned from our wider health transformation work in the sector including our work on increasing productivity and cost reduction.

Director introduction (continued)

The key messages in this report (continued)

Adds Value	
Financial Management	We have reviewed internal audit reports issued in the year, both for the IJB itself and from the two partner bodies and from our testing throughout the audit, we note that the IJB has adequate systems of internal controls in place. Budget setting reflects the delivery of services by the two parent entities and takes into consideration a number of factors including: legislative requirements, additional funding from the Scottish Government and cost pressures such as living wage requirements. Responsibility for maintaining an effective system of internal financial control rests with the Chief Financial Officer. The system of internal financial control is based on a framework of regular management information, financial regulations, administrative procedures (including segregation of duties), management and supervision, and a system of delegation and accountability. Development and maintenance of the system is undertaken by NHS Ayrshire and Arran and North Ayrshire Council as part of the operational delivery of the Health and Social Care Partnership. The Finance Team is lead by the Chief Financial Officer (CFO) who has worked in local government for a number of years. The CFO is supported by the finance teams at both NHSAA and NAC. We are satisfied that the team has a strong and in depth understanding of the Board. Both partner bodies have appropriate fraud procedures, which details the steps to follow in the event of a fraud. They also participate in the National Fraud Initiative (NFI). The IJB has appropriate arrangements in place for the prevention and detection of fraud and corruption. While the IJB reported an overall overspend for 2016/17, this was regularly reported to the Board throughout the year in the management accounts. A similar position is emerging in 2017/18, with a projected overspend of £4.865 million. The Board therefore need to ensure that when the Medium Term Financial Plan is updated, that the assumptions which underpin the budget are reflective of demand, taking into account the funding available to deliver services. The Board should also assess the effectiveness of operational budget management to secure delivery of services within the budget which has been set. We are comfortable with the arrangements in place for detecting fraud.

Director introduction (continued)

The key messages in this report (continued)

Adds Value	
Governance and transparency	The IJB has governance arrangements that are appropriate and operating effectively. It is transparent in its decision making with reports discussed at Board meetings being made available on-line along with the minutes of the meetings. The Board meets monthly to review the performance (both financial and non-financial) of the IJB. From review of the board meeting minutes, we note there is scrutiny and challenge by both executive and non-executive members of the IJB. Internal audit is provided by the Chief Internal Auditor of North Ayrshire Council. The internal audit plan for the year was agreed by the Performance and Audit Committee, and reviewed by the Board, with the aim of providing assurance over the adequacy, efficiency and effectiveness of the local governance, risk management and internal control framework. Internal Audit concluded that the systems of internal control relied upon by the IJB continue to provide reasonable assurance against loss.
Value for money	The Performance and Audit Committee self-evaluates through the performance reports, which are reviewed on a quarterly basis. The overall approach adopted is that performance management is integral to the delivery of quality and effective management, governance and accountability. The need for transparent and explicit links of performance management and reporting within the organisational structure at all levels is critical. There is a framework of measures which clearly link the five strategic priorities with the nine national health and wellbeing outcomes. From review of the 2016/17 annual performance report, the IJB can be seen to be improving overall. Financial Monitoring reports review savings plans and detail progress and any remedial actions which are to be taken.

Pat Kenny
Audit Director

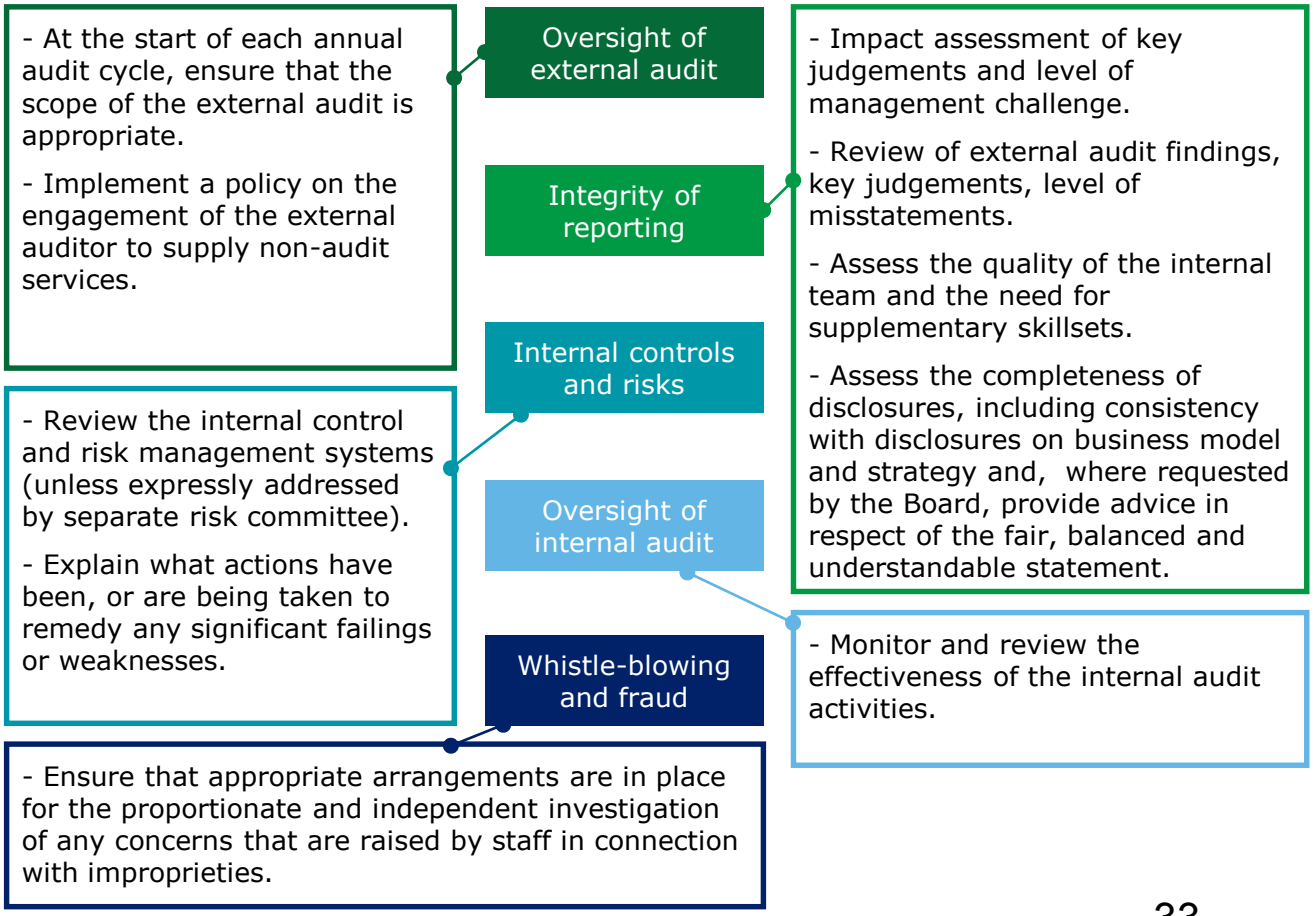
Responsibilities of the Performance and Audit Committee

Helping you fulfil your responsibilities

The primary purpose of the Auditor's interaction with the Performance and Audit Committee:

- Clearly communicate the planned scope of the financial statements audit.
- Provide timely observations arising from the audit that are significant and relevant to the Performance and Audit Committee's responsibility to oversee the financial reporting process.
- In addition, we seek to provide the Performance and Audit Committee with additional information to help them fulfil their broader responsibilities.

As a result of regulatory change in recent years, the role of the Performance and Audit Committee has significantly expanded. We set out here a summary of the core areas of Performance and Audit Committee responsibility to provide a reference in respect of these broader responsibilities and highlight throughout the document where there is key information which helps the Performance and Audit Committee in fulfilling its remit.



Our audit explained

Area dimensions

In accordance with the 2016 Code of Audit Practice, we have considered how you are addressing the four audit dimensions, being:

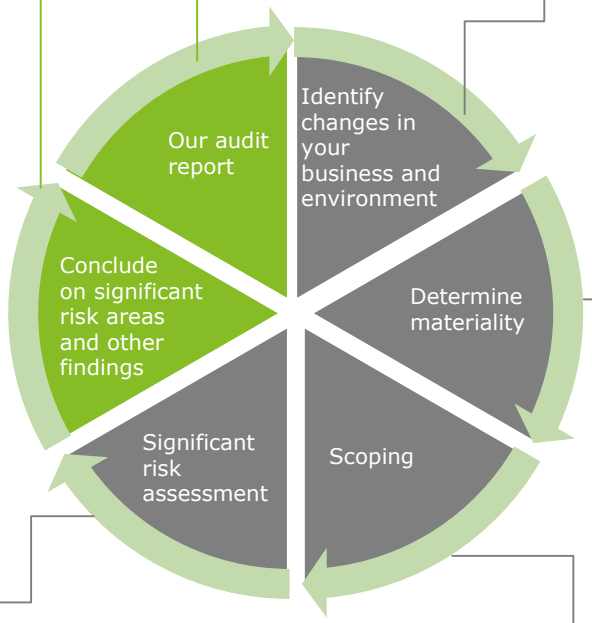
- Financial sustainability
- Financial management
- Governance and transparency
- Value for money

Final audit report

In this report we have concluded on the audit risks identified in our planning report and any other key findings from the audit.

Key developments in your business

As noted in our planning report, the Board continues to face significant financial challenges due to an increase in costs whilst facing increased demand for services along with reduced funding.



Materiality

The materiality of £3.9m and performance materiality of £2.9m has been based on the benchmark of gross expenditure and this has been updated from the figures reported in our planning paper to reflect the actual expenditure reported in the year end accounts.

We have used these as the basis for our scoping exercise and risk assessment. We have reported to you all uncorrected misstatements greater than £78k.

Significant risks

Our risk assessment process is a continuous cycle throughout the year. Page 11 provides a summary of our risk assessment of your significant risks.

Scope of the audit

We have audited the financial statements for the year ended 31 March 2017 of the North Ayrshire Integration Joint Board.

Quality and Independence

We confirm we are independent of North Ayrshire Integration Joint Board. We take our independence and the quality of the audit work we perform very seriously. Audit quality is our number one priority.

Timeline 2017

November 2016 – February 2017
Meetings with management and other staff to understand the processes and controls.

9 March 2017
Planning paper presented to the Performance and Audit Committee

July – August 2017
Review of draft accounts, testing of significant risk and performance of substantive testing of results.

March 2017
Year end

23 August 2017
Audit close meeting

14 September 2017
Board Meeting

14 September 2017
Accounts sign off

Significant risks
Dashboard

Risk	Material?	Fraud risk identified?	Planned approach to controls testing	Controls testing conclusion	Consistency of judgements with Deloitte's expectations	Comments	Slide no.
Completeness and accuracy of income	✓	✓	D+I	Satisfactory	●	No issues identified	12
Management override of controls	✓	✓	D+I	Satisfactory	●	No issues identified	13

Overly prudent, likely to lead to future credit

Overly optimistic, likely to lead to future debit.

D+I: Testing of the design and implementation of key controls

Significant risks (continued)

Completeness and accuracy of income

Risk identified

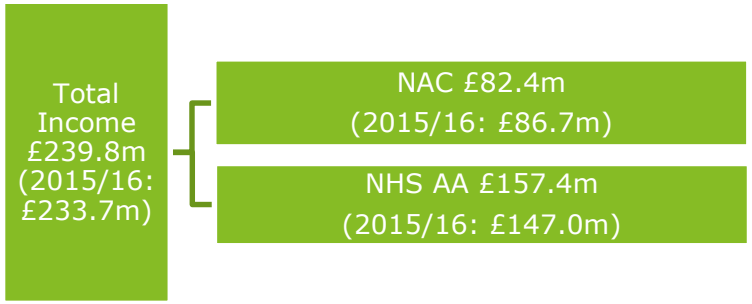
ISA 240 states that when identifying and assessing the risks of material misstatement due to fraud, the auditor shall, based on a presumption that there are risks of fraud in revenue recognition, evaluate which types of revenue, revenue transactions or assertions give rise to such risks.

The main components of income for the Board are contributions from its funding partners, namely North Ayrshire Council and NHS Ayrshire and Arran. The significant risk is pinpointed to the recognition of this income, being completeness and accuracy of contributions received from the NHS and the Council.

Our Audit Approach

We have performed the following:

- Tested income to ensure that the correct contributions have been input and received in accordance with that agreed as part of budget process and that any discounts or reductions have been appropriately applied;
- Compared income recorded with expectations, based on amounts agreed as part of the budget process;
- Confirmed the managements accounts performed during 2016/17 have been reviewed on a regular basis to monitor the income due from the constituent authorities; and
- Assessed management's controls around recognition of income.



Deloitte view

We have concluded that income has been recognised correctly in accordance with the requirements of the Local Authority Code of Audit Practice.

Significant risks (continued)
Management override of controls

Risk identified
International Standards on Auditing requires auditors to identify a presumed risk of management override of control. This presumed risk cannot be rebutted by the auditor. This recognises that management may be able to override controls that are in place to present inaccurate or even fraudulent financial reports.

Deloitte view
- We have not identified any significant bias in the key judgements made by management or any examples of management overriding controls.
- The control environment is appropriate for the size and complexity of the Board.

Deloitte response
We have considered the overall sensitivity of judgements made in preparation of the financial statements, and note that:
- Budgeted against actual income and expenditure was monitored closely throughout the year, consistently projecting an overspend; and
- Senior management's remuneration is not tied to particular financial results.

We have considered these factors and other potential sensitivities in evaluating the judgements made in the preparation of the financial statements.

Journals
We have made inquiries of individuals involved in the financial reporting process about inappropriate or unusual activity relating to the processing of journal entries and other adjustments. We have used Spotlight data analytics tools to test a sample of journals, based upon identification of items of potential audit interest.

As the main transactions are processed through the ledger of either NAC or NHSAA, the actual number of journals posted to the IJB is minimal. Insights from our analytics have been noted for management as part of our reporting to the NAC and NHSAA.

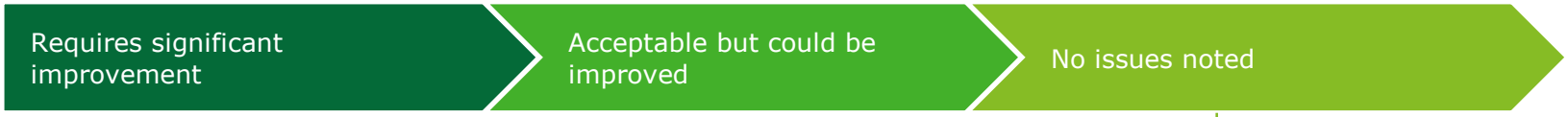
Significant transactions
We did not identify any significant transactions outside the normal course of business or transactions where the business rationale was not clear.

Other significant findings

Internal control and risk management

ISA 315.12 (UK and Ireland) requires we obtain an understanding of internal control relevant to the audit. It is a matter of the auditor's professional judgment whether a control, individually or in combination with others, is relevant to the audit. We do not test those controls we do not consider relevant to the audit. Below we provide a view, based on our audit procedures, on the effectiveness of your system of internal control relevant to the audit risks that we have identified.

Given the Board is again projecting an overspend in 2017/18 after ending 2016/17 with a deficit position, the budgetary control arrangements should be reviewed to ensure that the assumption which underpin the budget are reflective of demand, taking into account the funding available to deliver services.



Recognising the relative early stage of the Board, we were pleased to note that many of the financial management disciplines and controls, operating in the Council and NHS are also operating for the Board. We also noted that there was evidence of the Board governance function and that the Board had been subjected to internal audit review.

Deloitte view

In our view, financial management, governance and general control in the Board is of a reasonable standard, however, improvements can be made to the budgetary management system to ensure that the assumption which underpin the budget are reflective of demand, taking into account the funding available to deliver services.

Your annual report

We welcome this opportunity to set out for the Audit & Performance Committee our observations on the annual report. We are required to provide an opinion on the remuneration report, the annual governance statement and whether the management commentary has been prepared in accordance with the statutory guidance.

	Draft Annual Report	Deloitte response
Management Commentary	The Management Commentary comments on national health and wellbeing outcomes, operational review and financial performance in line with issued guidance. The commentary included both financial and non financial KPIs and makes good use of graphs and tables.	We have assessed whether the management commentary has been prepared in accordance with the statutory guidance. No exceptions noted. We have also read the management commentary and confirmed that the information contained within is materially correct and consistent with our knowledge acquired during the course of performing the audit, and is not otherwise misleading.
Remuneration Report	The remuneration report has been prepared in accordance with the 2014 Regulations, disclosing the remuneration and pension benefits of the Chair, Vice Chair and Senior Employees of the Board.	We have audited the disclosures of remuneration and pension benefit, and pay bands for all Senior Employees of the Board. No exceptions noted.
Annual Governance Statement	The Annual Governance Statement reports that the IJB's governance arrangements provide assurance, are adequate and are operating effectively.	We have assessed whether the information given in the Annual Governance Statement is consistent with the financial statements and has been prepared in accordance with the accounts direction. No exceptions noted.

Wider scope requirements

Financial sustainability

Audit dimension

As part of the annual audit of the financial statements, we have considered the appropriateness of the use of the going concern basis of accounting. Going concern is a relatively short-term concept looking forward 12 to 18 months from the end of the financial year. Financial sustainability interprets the requirements and looks forward to the medium (two to five years) and longer term (longer than five years) to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

Areas considered

- The financial planning systems in place across the shorter and longer terms
- The arrangements to address any identified funding gaps
- The affordability and effectiveness of funding and investment decisions made

Deloitte response

We have monitored the Board's actions in respect of its short, medium and longer term financial plans to assess whether short term financial balance can be achieved, whether there is a long-term (5-10 years) financial strategy and if investment is effective.

We have also assessed the Board's performance in undertaking transformational change, reliance on reserves and achievement of savings targets.

Deloitte view

As with all IJBs, North Ayrshire IJB has challenging savings targets to meet moving forward to continue to be financially sustainable.

It is positive to note the work done to date on the medium term financial plan and the Challenge Fund, therefore it is critical that this is progressed to realise the savings in future years. The most up to date financial position for 2017/18 has highlighted a potential closing deficit of £8.110 million. It is therefore critical that the Board agree and implement mitigating actions as a matter of urgency to address this and ensure that services are delivered within the resources delegated.

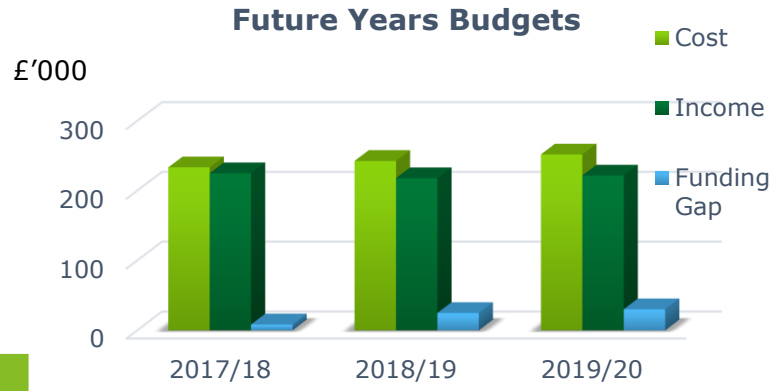
We recommend that the IJB considers from a Board wide perspective the case studies on page 19, which highlights the lessons learned from our wider health transformation work in the sector including our work on increasing productivity and cost reduction.

Wider scope requirements (continued)
Financial sustainability (continued)

Short to Medium-term

The Medium Term Financial Plan (MTFP) was approved by the Board in March 2017, which included an approved budget for 2017/18 of £233.3 million. This incorporated savings of £9.8 million to deliver a balanced budget. For 2018/19 and 2019/20, the budget shortfall increases to £24.9 million and £39.2 million respectively.

	2017/18 £'000	2018/19 £'000	2019/20 £'000
Transformation programme – Service redesign	1.350	0.475	1.719
Transformation programme – Shift in the Balance of Care	0.312	3.463	0.575
Efficiency savings	3.192	0.317	0.189
Prevention and early intervention	0.000	0.092	0.096
Lead Partnership Mental Health Recovery Plan	1.292	0.000	0.000
Continued wait listing in services to manage spend within available resources	2.222	0.000	0.000
Total	**8.368**	**4.347**	**2.579**



The Partnership has recognised that the funding gap over the next three years is challenging, but despite this, recognise this as a real opportunity to change things for the better. Plans have therefore been developed over the medium term to start to bridge the gap, along five main strands as summarised in the table.

This has identified £15.3 million of options which will start to address this gap. Of this, £8.4 million relates to 2017/18. While there is a significant reliance on wait listing in 2017/18, we note that this is a short term measure and is not planned for future years.

Wider scope requirements (continued)
Financial sustainability (continued)

Update as at August 2017

We note from the most recent monitoring reports to the Board in relation to the 2017/18 financial position that there is a projected overspend of £4.865 million if mitigating action is not taken. This, together with the deficit position brought forward from 2016/17 (as discussed on page 20), could result in a closing deficit of £8.110 million.

An update on the savings incorporated within the 2017/18 budget was also reported which noted the following:

BRAG Status	2017/18 Savings – Projected Position
Red	£1.974m
Amber	£2.119m
Green	£1.774m
Blue	£0.359m
Total	**£6.226m**

£0.678 million of amber savings and £0.230 million of red savings have been assumed to be achieved in the projected outturn. If these are not achieved, the projected outturn referred to above will increase.

It is critical that the Board agree and implement mitigating plans to address this deficit as a matter of urgency in order to achieve a balanced position for 2017/18.

In addition, plans for future years need to be agreed working in partnership with both the NHS and the Council to ensure savings plans are met and budgets are delivered within the resources delegated.

Challenge Fund
In support of the clear recognition for the need for change, North Ayrshire Council, working with the Partnership, has established a Challenge Fund which will be accessed by the Partnership to undertake Transformation Projects. This fund is jointly funded by the Council and the Partnership and will be used to pilot new models of delivery which will seek to deliver innovative services for the local community, within a community setting, whilst also delivering a service which is financially sustainable going forward. The total fund available will be £4 million, with £1.4 million being funded by the Partnership.

From the most recent monitoring report, £0.992 million of savings are expected to be achieved in 2017/18 as a result of Challenge Fund projects.

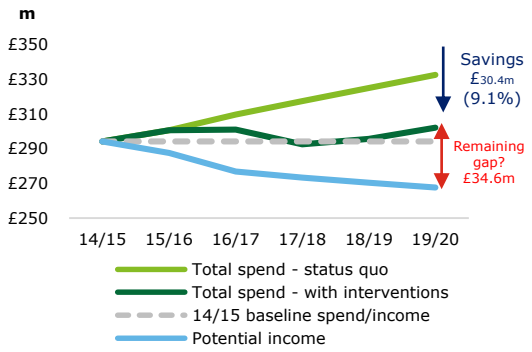
Wider scope requirements (continued)
Financial sustainability (continued)

Case Studies

Deloitte has been involved in cost reduction work with a number of NHS bodies. We recommend that the Board reviews these case studies and considers them as opportunities for improvement going forward as potential areas for cost reduction.

Early Intervention

A case study was carried out on an organisation which had an early intervention programme and assisted living service within local communities. We estimated the benefits that might be possible from the programme, looking forward at the financial position on a "do nothing" baseline and then applying assumptions around reductions in activity based on best practice evidence available. We were then able to advise on the make up of the programme and make recommendations on the best approach to delivering the projects and on the governance structures and resourcing required to enable the programme to achieve its ambitions.



From this work we estimated that the programme could deliver £30m in savings as illustrated in the following diagram, which should at the same time improve outcomes.

We recommend that the Board consider applying a similar analysis to help identify how best to target its work on interventions and to deliver better outcomes from the new pooled budgets. We can provide further details on this if required.

Agency Cost Reduction

We undertook a review of nurse rostering practices for an NHS client with the aim of reducing premium agency use as well as bank expenditure.

This involved a ward by ward review of rostering protocols working with all lead nurses which highlighted a range of issues for the Board to address, including how best to use data from rostering systems, issues associated with ward performance statistics as well as opportunities to tighten up internal cost controls.

The work was a delivered by a team with both nursing and operational management experience to make sure our recommendations and insight were relevant and bespoke to the NHS.

Wider scope requirements (continued)

Financial management

Audit dimension

Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

Areas considered

- Systems of internal control
- Budgetary control system
- Financial capacity and skills
- Arrangements for the prevention and detection of fraud

Deloitte response

We have reviewed internal audit reports in relation to their work on the key financial controls, including reports for NAC and NHSAA.

We have reviewed the budget and monitoring reporting to the IJB during the year to assess whether financial management and budget setting is effective.

Our fraud responsibilities and representations are detailed on pages 30.

The final outturn for 2016/17 was an in-year deficit of £3.245 million, which is due to be paid by North Ayrshire Council.

The Board's Comprehensive Income and Expenditure Statement reported expenditure against income as shown in the table below.

	2016/17 Budget (£000)	2016/17 Actual (£000)	Variance (Fav)/Adv (£000)
Community Care & Health	59,664	60,982	1,318
Mental Health	69,752	70,544	792
Children's Services & Criminal Justice	31,027	32,289	1,262
Primary Care	48,095	47,929	(166)
Management & Support Costs	4,825	5,083	213
Change Programme	3,458	3,284	(174)
Lead Partnership & Set Aside	200	200	-
Total	**217,021**	**220,266**	**3,245**

Deloitte view

While the IJB reported an overall overspend for 2016/17, this was regularly reported to the Board throughout the year in the management accounts. A similar position is emerging in 2017/18, with a projected overspend of £4.865 million as discussed on page 18. The Board therefore need to ensure that when the Medium Term Financial Plan is updated, that the assumptions which underpin the budget are reflective of demand, taking into account the funding available to deliver services. The Board should also assess the effectiveness of operational budget management to secure delivery of services within the budget which has been set. We are comfortable with the arrangements in place for detecting fraud.

Wider scope requirements (continued)
Governance and transparency

Audit dimension

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making, and transparent reporting of financial and performance information.

Areas considered

- Governance arrangements
- Scrutiny, challenge and transparency on decision making and financial and performance reports
- Quality and timeliness of financial and performance reporting

Deloitte response

We have reviewed the financial and performance reporting to the Board during the year as well as minutes of the Performance and Audit Committees to assess the effectiveness of the governance arrangements. Our attendance at Performance and Audit Committees also inform our work in this area.

Evidence has been identified of the Performance and Audit Committee's review of key aspects of the Boards activities and performance.

The membership of the Board is split into; members nominated), professional advisors (i.e. Nurses, Chief Officer, Chief Finance Officer, Public Health Consultants), stakeholder members which cover representatives of both sides and additional local members. As such, we would consider there to be sufficient diversity to provide effective balance and scrutiny in leadership.

Appropriate Governance arrangements exist and we have obtained evidence of Board and Management scrutiny and challenge relating to the Financial and performance management of the Board.

Deloitte view

We confirm that we have reviewed the governance arrangements, the level of scrutiny, challenge and transparency of decision making and the quality and timeliness of financial and performance reporting and have identified no issues in this regard.

We have no concerns around the arrangements with internal audit. We have reviewed the reports issued by internal audit and considered the impact of these on our audit approach.

Wider scope requirements (continued)
Governance and transparency (continued)

Internal Audit

North Ayrshire Council's Chief Internal Auditor provides the Internal Audit function for North Ayrshire IJB. Internal Audit concluded that "the system of internal control relied upon by the IJB continue to provide reasonable assurance against loss".

In the year the following specific internal audit reviews were conducted:

Governance arrangements "All the expected governance arrangements for the IJB are in place, although some are still developing. Arrangements for Risk Management appear to be in hand, but the IJB has not yet received a Strategic Risk Register". We have confirmed that this was subsequently approved by the Board in March 2017.

Organisational development "The Health and Social Care Partnership has undertaken a great deal of work in Organisational Development in its first year of existence. They laid out a clear and detailed Organisational Development Plan and have completed, or at least made progress against, all of the actions in the plan. The Organisational Development plan has been varied and included IJB members, staff at all levels and partners such as providers, voluntary organisations and patients' and carers' groups. There are plans to update the plan and review it on a cyclical basis".

Leadership

We note there were no significant changes in Leadership in the year. However, in May 2017 a new Chair and Vice Chair of the Board were elected following the local government election. The new Chair, Stephen McKenzie, was previously the Vice Chair during 2016/17.

Wider scope requirements (continued)
Value for money

Audit dimension

Value for money is concerned with using resources effectively and continually improving services.

Areas considered

- Value for money in the use of resources
- Link between money spent and outputs and the outcomes delivered
- Improvement of outcomes
- Focus on and pace of improvement

Deloitte response

An accountable officer has a specific responsibility to ensure that arrangements have been made for the Board to secure Best Value, including arrangements for scrutinising performance and holding partner organisations to account.

Financial monitoring and performance reports are submitted four times a year to the Board. These reports include progress in achieving savings and performance targets. Reporting in this regard cover all required indicators and assess them on a traffic light system of green, amber and red.

Deloitte view

The overall approach adopted is that performance management is integral to the delivery of quality and effective management, governance and accountability. The need for transparent and explicit links of performance management and reporting within the organisational structure at all levels is critical. There is a framework of measures which clearly link the five strategic priorities with the nine national health and wellbeing outcomes.

The Board had a performance management framework in place, with performance regularly considered by management, and the Board.

We are satisfied that the performance is appropriately disclosed within the Management Commentary in the Annual Accounts and management have introduced plans to address areas where progress has not been satisfactory.

Wider scope requirements (continued)

Value for money

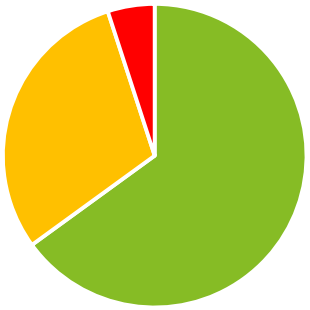
Overview of performance targets in 2016/17

The board's performance against its targets and standards is reported within its Annual Performance Report 2016/17. This reports how the Board has measured its performance in relation to:

- Scottish Government National Health and Wellbeing Outcomes
- Childrens' and Criminal Justice Outcomes
- Local Measures

The chart below summarises the status of the local indicators monitored to help evidence the National Health and Wellbeing outcomes and the Strategic Priorities. One indicator is flagged as red, which is in relation to care at home capacity lost due to cancelled hospital discharges (shared target with acute hospital services). The impact of integration is also being measured using a suite of indicators, which are summarised below showing long term trends.

Status of local indicators



Long Term Trend

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Best Value audit work

The Accounts Commission agreed the overall framework for a new approach to auditing Best Value in June 2016. Best Value will be assessed over the five year audit appointment, as part of the annual audit work. In addition a Best Value Assurance Report (BVAR) for each council will be considered by the Accounts Commission at least once in this five year period.

The Best Value audit work carried out within this year focussed on North Ayrshire Council's arrangements, including the IJB, for demonstrating Best Value in financial and service planning, financial governance and resource management.

Purpose of our report and responsibility statement

Our report is designed to help you meet your governance duties

What we report

Our report is designed to help the Performance and Audit Committee and the Board discharge their governance duties. It also represents one way in which we fulfil our obligations under ISA 260 (UK and Ireland) to communicate with you regarding your oversight of the financial reporting process and your governance requirements. Our report includes:

- Results of our work on key audit judgements and our observations on the quality of your Annual Report.
- Our internal control observations.
- Other insights we have identified from our audit.

What we don't report

As you will be aware, our audit was not designed to identify all matters that may be relevant to the Board.

Also, there will be further information you need to discharge your governance responsibilities, such as matters reported on by management or by other specialist advisers.

Finally, our views on internal controls and business risk assessment should not be taken as comprehensive or as an opinion on effectiveness since they have been based solely on the audit procedures performed in the audit of the financial statements and the other procedures performed in fulfilling our audit plan.

We welcome the opportunity to discuss our report with you and receive your feedback.

The scope of our work

Our observations are developed in the context of our audit of the financial statements.

We described the scope of our work in our audit plan and the supplementary "Briefing on audit matters" circulated to you with the planning report.

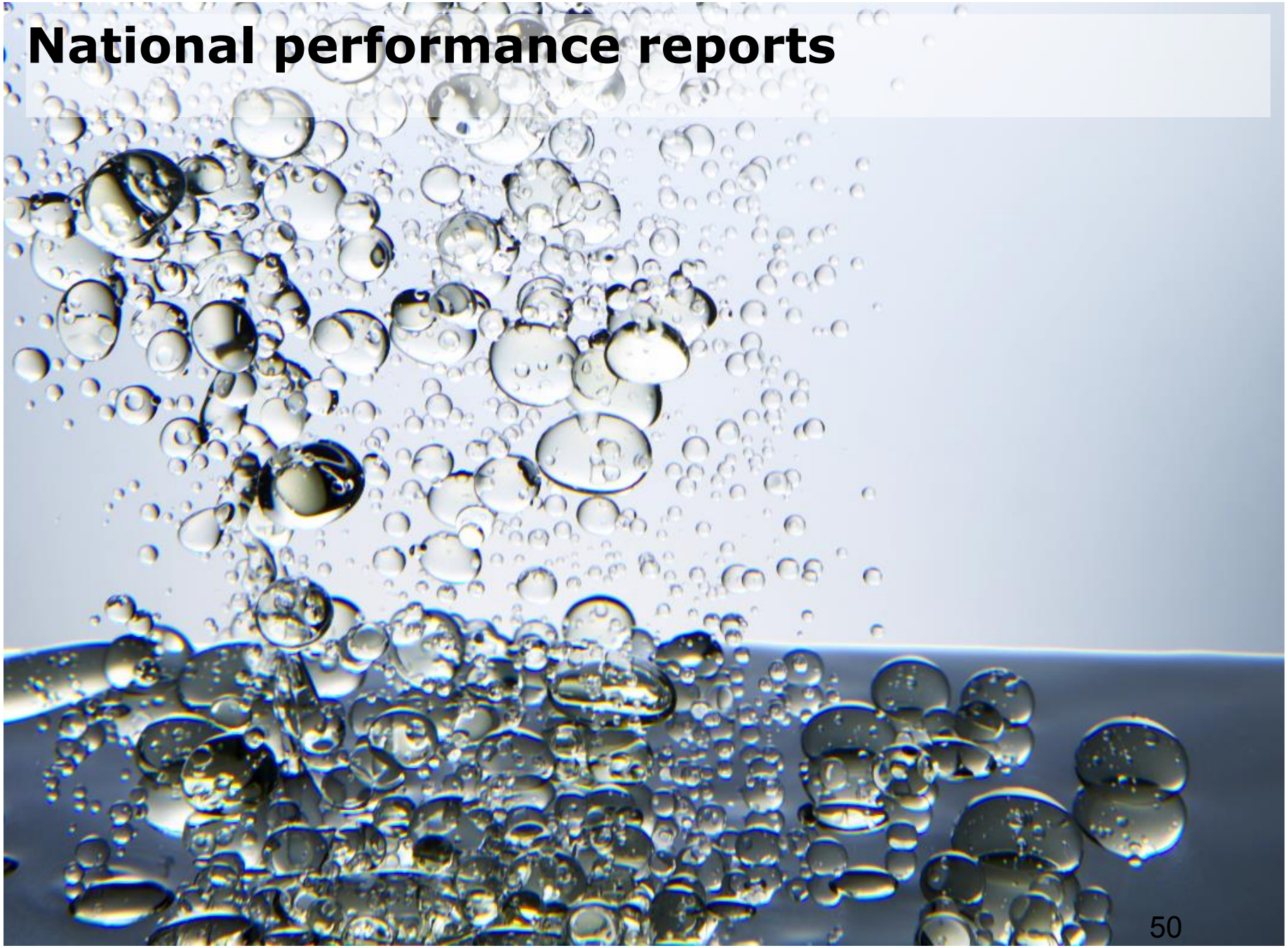
This report has been prepared for the Performance and Audit Committee and Board, as a body, and we therefore accept responsibility to you alone for its contents. We accept no duty, responsibility or liability to any other parties, since this report has not been prepared, and is not intended, for any other purpose.

Deloitte LLP

Glasgow

5 September 2017

National performance reports



National performance reports

Summary of reports issued over the past year

NHS Scotland 2016

Published October 2016

Headline messages

A combination of increasing costs, staffing pressures and unprecedented savings targets mean that Scotland's NHS boards are finding it difficult to balance demand for hospital care with investing in community-based services to meet future need.

Impact on North Ayrshire IJB

In partnership with NHS Ayrshire and Arran, the IJB should take ownership of changing and improving services in their local area, working with relevant partner organisations.

In addition, they should work with the public about the need for change in how they access, use and receive services and to take more responsibility for looking after their own health and managing their long-term conditions.

Local Government in Scotland: Financial Overview 2015/16

Published November 2016

Headline messages

Councils have remained within their overall budgets, increased their reserves slightly and reduced their debt in 2015/16. Each Council has its own particular challenges but all Councils face financial shortfalls requiring further savings or using reserves. They need to change the way they work if they are to make the savings needed.

Impact on North Ayrshire IJB

Throughout the report, Audit Scotland identify questions that Councillors may wish to consider to help them better understand their Council's financial position and to scrutinise financial performance. These are available in the self assessment tool for Councillors. This is equally relevant for members of the Integration Joint Board to help them better understand the Board's position.

National performance reports (continued)

Summary of reports issued over the past year (continued)

Local Government in Scotland: Performance and Challenges 2017

Published March 2017

Headline messages

Councils overall have maintained or improved their performance in the face of a long-term decline in Scottish Government real term funding and continued increasing pressures on services. However, public satisfaction is declining and complaints are increasing. Looking ahead, they need to better involve their communities in service design and delivery.

There are wide variations between Councils. Some have grasped the nettle in finding new ways to provide services more efficiently. Others have been slower off the mark. Councils have made savings by cutting jobs but half of them still don't have organisation-wide workforce plans.

Impact on North Ayrshire IJB

The IJB should consider the recommendations made in the report (copied here for reference), when setting priorities and budgets for future periods.

Recommendations

IJBs should:

- Set **clear priorities** supported by **long-term strategies** and **medium-term plans** covering finances, services, performance and workforce. These plans should inform all IJB decision-making, service redesign, savings and investment decisions.
- Ensure that **budgets are clearly linked** to their medium-term financial plans and long-term financial strategies. Budgets should be revised to reflect true spending levels and patterns. This requires good financial management and real-time information to ensure spending is accurately forecast and monitored within the year.
- Have an **organisation-wide workforce plan** to ensure the IJB has the people and skills to manage change and deliver services in the future.
- Ensure **workforce data** allows thorough analysis of changes to the workforce at an organisation-wide and departmental level. This will allow IJBs to better assess the opportunities and risks in staff changes.
- Thoroughly **evaluate all options for change and service redesign**, including options for investing to save, and monitor the impact of change on IJB priorities and desired outcomes
- **Support communities** to develop their ability to fully participate in setting IJB priorities and making decisions about service redesign and use of resources.
- Ensure **members** get support to develop the right **skills and knowledge** to fulfil their complex and evolving roles
- Ensure there is clear **public reporting of performance** linked to IJB priorities to help communities gauge improvements and understand reduced performance in lower priority areas.
- Continue to work to understand the **reasons for variations in unit costs and performance,** and **collaborate** to identify and adopt good practice for each other.

Appendices

Audit adjustments

Corrected misstatements

- No corrected misstatements have been identified from our audit work performed.

Uncorrected misstatements

- No uncorrected misstatements have been identified from our audit work performed.

Disclosure misstatements

- Auditing standards require us to highlight significant disclosure misstatements to enable audit committees to evaluate the impact of those matters on the financial statements. We have noted no material disclosure deficiencies in the course of our audit work.

A verbal update will be provided to the Board if anything arises from any outstanding work before financial statements are signed.

Action plan

Recommendations for improvement

Area	Recommendation	Management Response	Responsible person	Target Date	Priority
Medium Term Financial Plan	The Board should ensure that when the Medium Term Financial Plan is updated, that the assumptions which underpin the budget are reflective of demand, taking into account the funding available to deliver services.	The Medium Term Financial Plan is being updated to cover 2018-19 to 2020/21. All assumption will be reviewed as part of this refresh.	Chief Financial Officer	31 March 2018	High
Financial Management	The Board should assess the effectiveness of operational budget management to secure delivery of services within the budget which has been set.	A review of operational budget management will be undertaken focused in high risk areas and the outcome will be reported to the Performance and Audit Committee.	Chief Financial Officer	31 January 2018	High

Fraud responsibilities and representations

Responsibilities explained

Responsibilities:

The primary responsibility for the prevention and detection of fraud rests with management and those charged with governance, including establishing and maintaining internal controls over the reliability of financial reporting, effectiveness and efficiency of operations and compliance with applicable laws and regulations. As auditors, we obtain reasonable, but not absolute, assurance that the financial statements as a whole are free from material misstatement, whether caused by fraud or error.

Required representations:

We will ask the Board to confirm in writing that you have disclosed to us the results of your own assessment of the risk that the financial statements may be materially misstated as a result of fraud and that you are not aware of any fraud or suspected fraud that affects the entity.

We have also asked the Board to confirm in writing their responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

Audit work performed:

In our planning we identified the risk of fraud in revenue recognition and management override of controls as a key audit risk for your organisation.

During course of our audit, we have had discussions with management and those charged with governance.

In addition, we have reviewed management's own documented procedures regarding fraud and error in the financial statements

We have reviewed the paper prepared by management for the Performance and Audit Committee on the process for identifying, evaluating and managing the system of internal financial control.

Deloitte view:

From our year-end audit procedures and discussions with management we have noted no cause for concern around the arrangements in place for fraud detection.

Independence and fees

As part of our obligations under International Standards on Auditing (UK and Ireland) we are required to report to you on the matters listed below:

Independence confirmation	We confirm that we comply with APB Ethical Standards for Auditors and that, in our professional judgement, we and, where applicable, all Deloitte network firms are independent and our objectivity is not compromised.
Fees	The audit fee for 2016/17 is £22,434 as detailed in our Audit Plan. No non-audit fees have been charged by Deloitte in the period.
Non-audit services	In our opinion there are no inconsistencies between APB Ethical Standards for Auditors and the company's policy for the supply of non-audit services or any apparent breach of that policy. We continue to review our independence and ensure that appropriate safeguards are in place including, but not limited to, the rotation of senior partners and professional staff and the involvement of additional partners and professional staff to carry out reviews of the work performed and to otherwise advise as necessary.
Relationships	We are required to provide written details of all relationships (including the provision of non-audit services) between us and the organisation, its board and senior management and its affiliates, including all services provided by us and the DTTL network to the audited entity, its board and senior management and its affiliates, and other services provided to other known connected parties that we consider may reasonably be thought to bear on our objectivity and independence. We are not aware of any relationships which are required to be disclosed.

Events and publications

Our events and publications to support the organisation

Sharing our informed perspective

We believe we have a duty to share our perspectives and insights with our stakeholders and other interested parties including policymakers, business leaders, regulators and investors. These are informed through our daily engagement with companies large and small, across all industries and in the private and public sectors.

Recent publications relevant to the local authorities are shared opposite:

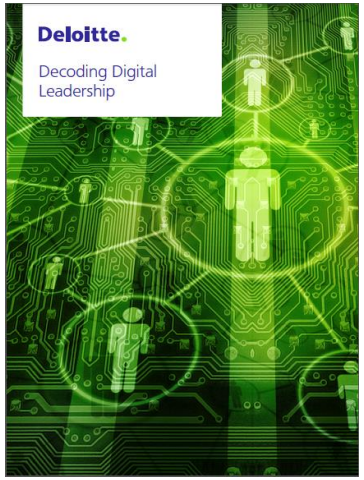
Perspectives: Health & Social Care - The great integration challenge

Bringing health and social care closer together has been a policy ambition for decades, yet it continues to be a challenge. This new piece discusses some of the key factors that affect integration and what can realistically be achieved. Read the full blog post here:
http://www2.deloitte.com/uk/en/pages/public-sector/articles/the-great-integration-challenge.html

Perspectives: The public sector's talent retention challenge – How can a talent drain be avoided?

Although global governments are increasingly conscious of the value of skills, the UK's public sector workforce has been hit hard by austerity. Job losses, low morale and pay freezes have all fuelled concerns of a potential drain. Read the full blog here:
http://www2.deloitte.com/uk/en/pages/public-sector/articles/public-sectors-talent-retention-challenge.html

Publications



Decoding Digital Leadership

Surviving Digital Transformation

Digital transformation is a hot topic in government. The 2010 Spending Review mentioned the word 'digital' only four times in its reform plans, while the 2015 Review mentioned it 58 times. With that context, are senior leaders across government setting their organisations up for digital success?

Digital transformation requires top to bottom organisational transformation, which requires leaders who are willing and able to leverage digital to innovate, fail fast and drive value in an ambiguous context. Are your leaders equipped to drive digital transformation?

Download a copy of our publication here:
http://www2.deloitte.com/uk/en/pages/public-sector/articles/decoding-digital-leadership.html

Deloitte.

Integration Joint Board
14 September 2017
Agenda Item 7

Subject:	**2017/18 Financial Performance Update as at 31 July 2017**
Purpose:	To provide an update on the projected financial outturn for the financial year 2017/18 as at 31 July 2017.
Recommendation:	It is recommended that the IJB: (a) Notes the projected financial outturn for the year; (b) Approves either option (i) or (ii) as a mitigation plan to reduce the projected deficit to £2.368m; (c) If option (ii) is approved, grant authority to the Chief Officer to seek approval from the Council use £1.400m of the Challenge Fund monies to reduce the impact of mitigation on Council commissioned services in 2017/18; and (d) Notes the intention to bring a further report to the IJB in the near future in relation to the gap in budgets for services commissioned from Health.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
CAMHS	Child & Adolescent Mental Health Services
BRAG	Blue, Red, Amber, Green
UNPACS	UNPACS, (UNPlanned ACtivities) - Extra Contractual Referrals

1.	**EXECUTIVE SUMMARY**
1.1	This report provides an overview of the 2017/18 financial position of the North Ayrshire Health and Social Care Partnership as at 31 July 2017. This report reflects the projected expenditure and income and has been prepared in conjunction with relevant budget holders. The projected outturn is £5.325m overspent for 2017/18 if not mitigated. Added to the £3.245m deficit brought forward from 2016/17 this could result in a projected closing deficit of £8.570m. It is essential that the IJB operates within the budgets delegated and does not commission services which are higher than their delegated budgets.

	This report presents two options for the IJB to approve, both of which deliver mitigation of £2.957m:- (i) £2.957m of mitigations full details of which are included within Appendix D (ii) £1.557m of mitigations full details of which are included within Appendix E and the proposed use of £1.400m of the Challenge Fund, subject to approval by North Ayrshire Council. This will leave a remaining balance of £2.368m which is the overspend within NHS commissioned services and is linked in the main to the identification of savings which have still to be completed. The management team continues to work in partnership with NHS Ayrshire & Arran to identify savings options and this will be the subject of a separate report to the IJB in the near future.
2.	**BACKGROUND**
2.1	An initial review of the 2017/18 financial position projected a £4.865m overspend and this was reported to the IJB in August. Since then the projected overspend has increased to £5.325m. This report provides an update on projections, to enable the IJB to consider the implications for services in 2017/18, including a mitigation plan to recover this overspend.
3.	**FINANCIAL PERFORMANCE**
3.1	Against the full-year budget of £222.962m there is an overspend of £5.325m (2.4%). The following sections outline the significant variances in service expenditure compared to the approved budgets. Appendix A provides the detailed position.
3.2	**COMMUNITY CARE AND HEALTH SERVICES** Against the full-year budget of £63.581m there is a projected overspend of £1.276m (2%) which is a favourable movement of £0.146m. The main reasons for the projected overspend are: • **Locality Services – projected overspend of £1.054m (favourable movement £0.011m)** This relates to care home placements. In 2016/17 there were 869 placements by the end of the financial year plus 22 clients on the waiting list. The 2017/18 budget was for 877 placements but due to the increased demand in 2016/17 the actual placements at period 2 was higher at 898. Operationally a waiting list had been operated to mitigate this overspend. As a result of this action there are currently 101 people being waitlisted for services in the community and 8 patients in Crosshouse Hospital who have been assessed as requiring Care Home placements and are experiencing a delay in their discharge while awaiting funding, with further patients experiencing delays in their discharge while awaiting funding in Wards 1 and 2 in Woodland View. • **Rehab and Reablement – projected overspend of £0.284m (favourable movement of £0.024m)** This is due to the cost of sickness and absence cover. Action has been taken to reduce ward capacity to 20 beds and staff have been offered fixed term contracts at the normal pay rate which should reduce the requirement for more costly agency staff. The impact of this will continue to be monitored and reported in the period 6 report.

3.3	**MENTAL HEALTH SERVICES** Against the full-year budget of £70.833m there is a projected overspend of £0.833m (1.2%) which is an adverse movement of £0.448m. The main reasons for the projected overspend are: • **Learning Disability – projected overspend of £0.626m (adverse movement of £0.170m).** This mainly consists of a projected overspend in community packages of £0.687m and direct payments of £0.200m. This is offset by a projected underspend in residential packages of £0.186m. At the end of 2016/17 there were 295 community packages at a cost of £11.128m and the targeted saving of £0.100m was not achieved. This has increased in 2017/18 to 296 packages in period 4 at a cost of £11.747m which is reflective of needs for those eligible for services. The forecast number of placements by the year end is 313. The 2017/18 budget included £0.311m of additional funding for demographic pressures but this has not been enough to cope with the current demand within the current model of delivery. The interim service manager is currently reviewing packages and scrutinising new packages and a care at home manager is now in post with the team to assess where benefits can be made through use of SMART technology. • **Community Mental Health – projected overspend of £0.154m (favourable movement £0.032m)** This mainly relates to community packages with four new high cost packages included in the forecast. The service is reviewing all packages over £40k but at present an estimate cannot be provided of potential savings. At the end of 2016/17 there were 128 packages at a cost of £1.255m. In 2017/18 this has decreased to 115 packages at a cost of £1.409m. Whilst there are, therefore, fewer people requiring care packages the complexity of need for those who do require support is increasing. The forecast number of placements by the year end is 125 at a cost of £1.493m. The increase in costs relates to the full year effect of a net of 44 new placements during 2016/17 and the four new high cost care packages. The 2017/18 budget included £0.037m of additional funding for demographic pressures but this has not been enough to cope with the current demand • **Lead Partnership –projected overspend of £0.116m (adverse movement of £0.392m).** a) Adult inpatients has a projected overspend of £0.465m (adverse movement of £0.009m) which relates to the phasing of the delivery of optimising bed capacity and income generation from other health board areas. This was part of the agreed mitigation plan for the Lead Partnership. Other actions in the mitigation plan included improving the sickness rate and at period 4 it is 8.47% (8.02% cumulative to date) which is below the quarter 1 target of 8.5% and in line to meet the quarter 2 target of 8%. b) There is a projected non achieved saving of £0.275m (no movement) in relation to the whole system review of MH services. This is due to difficulties in securing the required resource to implement the plan despite attempts to procure externally.

c) UNPACS – is projected to overspend by £0.176m (adverse movement of £0.176m) due to a new external secure placement being made.

d) Elderly inpatients is projected to overspend by £0.082m (adverse movement of £0.066m) due to increased spend on supplementary staffing because of new patients with very high levels of need that require constant observations.

e) Psychiatry is projected to overspend by £0.131m. (adverse movement of £0.108m due to recruitment to vacant consultant and staff doctor posts and locum junior doctor.

f) These overspends are offset by underspends in:

: MH funding allocations £0.216m
: Addictions £0.187m – reduced expenditure in substitute prescribing
: CAMHS £0.176 due to vacant posts
: Resource transfer £0.186m – funding set aside for the closure of the Lochranza ward will not be required in 2017/18.

3.4 **CHILDREN'S SERVICES AND CRIMINAL JUSTICE SERVICES**

Against the full-year budget of £34.412m there is a projected overspend of £1.069m (3.1%) which is an adverse movement of £0.144m. The main reasons for the projected overspend are:

- **Looked After and Accommodated Children – projected overspend of £1.008m (adverse movement of £0.107m).**

  Fostering – projected overspend of £0.379m (favourable movement of £0.019m) due to the number of forecast placements (141) being higher than the budgeted provision (122). In 2016/17 there were 132 placements at the year end. The increased use of fostering reflects the best option for the child and is the most economic route for meeting the demand to accommodate children.

  Residential Schools and Community Placements – projected overspend of £0.484m (adverse movement of £0.248m). Residential placements are projected to overspend by £0.619m which relates to increased costs for existing placements of £0.204m due to discharges being later than planned and £0.415m of additional costs for new placements. Some of the projected discharge arrangements have not progressed as planned due to mitigating factors such as changes in family/child situation, complexities and risks as well as external decisions such as Children Hearing System. Community Placements are projected to underspend by £0.145m which will be vired to the residential schools budget.

  Residential Units Employee Costs – projected overspend of £0.150m as the previously identified savings will be delivered later in the year than originally budgeted.

- **Fieldwork – projected overspend of £0.111m (favourable movement of £0.103m)**
  This is mainly due to payroll turnover target not being achieved but has improved since period 3.

3.5	**PRIMARY CARE – PRESCRIBING** Against a full year budget of £47.575m primary care prescribing is projected to overspend by £0.404m (0.8%). There were £2.046m of prescribing savings agreed as part of the 2017/18 budget and it is projected that £1.657m will be achieved and £0.389m not achieved. The partnership is continuing to work with primary care and pharmacy colleagues to identify options for bridging this gap.
3.6	**MANAGEMENT AND SUPPORT COSTS** Against the full-year budget of £4.045m there is a projected overspend of £1.829m. This mainly relates to the NHS savings target of £1.684m which has still to be agreed and is coded to management and support costs pending allocation. There is also an unfunded post and a shortfall in the payroll turnover achieved. The management team continues to work in partnership with NHS Ayrshire & Arran to identify savings options and this will be the subject of a separate report to the IJB in the near future.
3.7	**CHANGE PROGRAMME** Against the full-year budget of £2.516m there is a projected underspend of £0.222m. This is mainly due to the start dates of some projects. This is reflected in the forecasted net position and is shown in Appendix C.
3.8	**LEAD PARTNERSHIPS**
	North Ayrshire HSCP Services managed under Lead Partnership arrangements by North Ayrshire Health and Social Care Partnership are projected to marginally overspend by £0.077m in 2017/18. It is anticipated that this will be managed throughout the year to result in a balance budget position at the year end.
	South Ayrshire HSCP The Associate Director of AHPs is actively pursuing the identification of recurring options to meet the cost reduction target agreed. In the first quarter of 2017/18 the costs are greater than a quarter of the funding available by a relatively small amount. It is anticipated that this will be managed throughout the year to result in a balance budget position at the year end.
	East Ayrshire HSCP Services managed under Lead Partnership arrangements by East Ayrshire Health and Social Care Partnership are projected to marginally overspend by £0.106m in 2017/18. This is largely due to delayed identification of recurring options to meet the approved cash releasing efficiency target and is partially offset by anticipated savings in other lead services. Work is being progressed through the East Ayrshire HSCP Strategic Commissioning for Sustainable Outcomes Programme Board to agree proposals to reduce costs and deliver savings in order to achieve financial balance in 2017/18. Updates on progress will be included in future reports.

3.9	**SET ASIDE** The Integration Scheme makes provision for the Set Aside Budget to be managed in-year by the Health Board with any recurring over or under spend being considered as part of the annual budget setting process. In the first quarter of 2017/18 there is an overspend on Acute Services for Ayrshire of £2.8m a large proportion of which relates to the Set Aside Budget. This is mainly as a result of 72 beds which are open to manage unscheduled care demand which are not funded. It should be noted that option (i) for the proposed mitigation plan for the North Ayrshire HSCP is likely to have an impact on bed occupancy in the Acute Hospital budget. Under the Integration Scheme it is possible that the IJB may need to meet an increased charge for the Set Aside in 2018/19 based on the increased activity in 2017/18. Any impact on this will not be known until budgets are set for 2018/19.
3.10	**SAVINGS UPDATE** The 2017/18 budget included £6.226m of savings. **BRAG Status** / **2017/18 Projected Position** Red: 2.124 Amber: 1.969 Green: 1.774 Blue: 0.359 **TOTAL: 6.226** Some savings are at risk from delivery and this is reflected in the update provided within Appendix B. This includes the £1.684m of NHS savings shortfall still to be agreed. There are £0.528m of amber savings and £0.230m of red savings which are assumed to be achieved in the projected outturn. If they are not achieved this will increase the projected overspend further. £1.145m of amber and red savings (mainly care homes, prescribing saving and the redesign of children's units) are assumed not to be delivered in 2017/18. If these were delivered this would reduce the overspend currently projected.
3.11	**MITIGATION PLAN** There are two options for the IJB to consider for approval, both of which deliver mitigation of £2.957m:- (i) £2.957m of mitigations full details of which are included within Appendix D (ii) £1.557m of mitigations full details of which are included within Appendix E and the proposed use of £1.400m of the Challenge Fund, subject to approval by North Ayrshire Council.

	Option (i) presents a plan which enables the IJB to continue to utilise the Challenge Fund as originally intended, with the potential to secure £2.474m in net savings which can contribute to next year's budget exercise. This option will require a continuation of the current operational action in relation to Care Homes and would see the number of care home placements reduce by 121 to 777 by 31 March 2018. This will have implications for other parts of the Health System and these are outlined in Appendix D. There are also potential implications for the set aside budget in 2018-19 and these are outlined in section 3.9. Option (ii) presents a plan which will reduce the Challenge Fund by £1.400m, reducing the estimated net savings from this fund by £1.062m to £1.412m. This option will enable care home placements to remain at 877 to 31 March 2018 and reduces the level of reductions required to be identified within Learning Disability packages. The IJB should note that this additional funding only offers a short term solution and if demand remains higher than budgeted placements for 2018-19 further mitigations will be required. This will leave a remaining balance of £2.368m which is the overspend within NHS commissioned services and is linked in the main to the identification of savings which have still to be completed. The management team continues to work in partnership with NHS Ayrshire & Arran to identify savings options and this will be the subject of a separate report to the IJB in the near future. The mitigation plan assumes the use of savings generated in 2017/18 from Challenge Fund proposals. This has been required to mitigate the impact on services during 2017/18. This impacts on the IJBs ability to reduce the deficit brought forward from 2016/17. This will be required to be remedied in future years through the approval of savings for 2018/19 which are £1.1m higher to enable repayment of the brought forward deficit of £3.245m to North Ayrshire Council over a three year period.
4.	**Anticipated Outcomes**
4.1	Approval of the mitigating plan will assist in ensuring the overspend is minimised and that spend is contained within the budgeted resources delegated for the commissioning of services, with the exception of the £2.368m of expenditure reduction and savings still to be identified within health funded services. The Partnership continues to work alongside NHS Ayrshire & Arran, the other two Ayrshire Health and Social Care Partnerships and Price Waterhouse Cooper on the NHS side of the budgets, looking at system-wide solutions to the budgetary gap. An update on this will be presented to the IJB in the near future.
5.	**Measuring Impact**
5.1	Regular updates will be presented to the IJB throughout 2017/18.

6.	IMPLICATIONS

Financial :	The financial implications are as outlined in the report. The projected outturn is £5.325m overspent for 2017/18 if not mitigated. Added to the £3.245m deficit brought forward from 2016/17 this could result in a projected closing deficit of £8.570m. It is essential that the IJB operates within the budgets delegated and does not commission services which are higher than their delegated budgets. Two options are presented for consideration by the IJB and whichever option is approved will reduce the overspend being projected. This will leave a remaining balance of £2.368m which is linked in the main to the identification of savings which have still to be completed for some services. The management team continues to work in partnership with NHS Ayrshire & Arran to identify savings options and this will be the subject of a separate report to the IJB in the near future. It should be noted that a failure to deliver the balance will increase the overall deficit to £5.613m assuming all mitigation is delivered. Application of the Integration Scheme to the projected £5.325m overspend in 2017/18 would share the overspend as £2.809m for North Ayrshire Council and £2.516m for NHS Ayrshire & Arran.
Human Resources :	There are no Human Resource implications for staff employed by Partner bodies.
Legal :	There are no Legal implications
Equality :	The wait listing of services will impact on the equality of services offered within North Ayrshire. This is required to deliver spend within the budgeted resources available.
Environmental & Sustainability :	There are no Environmental & Sustainability implications
Key Priorities :	The mitigation plan will impact on the delivery of the following Key Priorities: Tackling Inequality and Bringing Services Together.
Risk Implications :	The Impact of Budgetary Pressures on Service Users and associated control measures are recognised in the Strategic Risk Register. The mitigation plan in Appendices C and D fully details the risk associated with each proposal.
Community Benefits :	There are no Community Benefits

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

7.	**CONSULTATION**
7.1	This report has been produced in consultation with relevant budget holders, the Partnership Senior Management Team and the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.
8.	**CONCLUSION**
8.1	It is recommended that the IJB: (a) Notes the projected financial outturn for the year; (b) Approves either option (i) or (ii) as a mitigation plan to reduce the projected deficit to £2.368m; (c) If option (ii) is approved, grant authority to the Chief Officer to seek approval from the Council use £1.400m of the Challenge Fund monies to reduce the impact of mitigation on Council commissioned services in 2017/18; and (d) Notes the intention to bring a further report to the IJB in the near future in relation to the gap in budgets for services commissioned from Health.

For more information please contact Eleanor Currie, Principal Manager – Finance on (01294) 317814 or Margaret Hogg, Chief Finance Officer on (01294) 314560.

2017/18 Budget Monitoring Report – Projected Objective Summary

Appendix A

Partnership Budget - Objective Summary	2017/18 Budget								
	Council			Health			TOTAL		
	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	**53,057**	**54,005**	**948**	**10,524**	**10,852**	**328**	**63,581**	**64,857**	**1,276**
: Locality Services	24,953	25,932	979	3,441	3,516	75	28,394	29,448	1,054
: Community Care Service Delivery	25,571	25,551	(20)	0	0	0	25,571	25,551	(20)
: Rehabilitation and Reablement	744	777	33	1,837	2,088	251	2,581	2,865	284
: Long Term Conditions	1,342	1,338	(4)	2,962	2,957	(5)	4,304	4,295	(9)
: Integrated Island Services	447	407	(40)	2,284	2,291	7	2,731	2,698	(33)
MENTAL HEALTH SERVICES	**21,430**	**22,335**	**905**	**49,403**	**49,332**	**(72)**	**70,833**	**71,667**	**833**
: Learning Disabilities	16,775	17,435	660	467	434	(34)	17,242	17,869	626
: Commmunity Mental Health	3,821	4,050	229	1,844	1,769	(75)	5,665	5,819	154
: Addictions	834	850	16	1,171	1,092	(79)	2,005	1,942	(63)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	45,921	46,037	116	45,921	46,037	116
CHIDREN'S SERVICES AND CRIMINAL JUSTICE	**29,957**	**31,032**	**1,075**	**4,455**	**4,449**	**(6)**	**34,412**	**35,481**	**1,069**
: Intervention Services	3,816	3,706	(110)	295	315	20	4,111	4,021	(90)
: Looked After & Accomodated Children	15,205	16,213	1,008	0	0	0	15,205	16,213	1,008
: Fieldwork	6,497	6,608	111	0	0	0	6,497	6,608	111
: CCSF	470	502	32	0	0	0	470	502	32
: Criminal Justice	2,902	2,902	0	0	0	0	2,902	2,902	0
: Early Years	265	304	39	1,738	1,751	13	2,003	2,055	52
: Policy & Practice	802	797	(5)	0	0	0	802	797	(5)
: Lead Partnership NHS Children's Services Area Wide	0	0	0	2,422	2,383	(39)	2,422	2,383	(39)
PRIMARY CARE	0	0	0	47,575	47,978	404	47,575	47,978	404
MANAGEMENT AND SUPPORT COSTS	4,604	4,683	79	(559)	1,191	1,750	4,045	5,874	1,829
CHANGE PROGRAMME		(50)	(50)	2,516	2,344	(172)	2,516	2,294	(222)
LEAD PARTNERSHIP AND SET ASIDE	0	0	0	0	136	136	0	136	136
TOTAL	**109,048**	**112,005**	**2,957**	**113,914**	**116,282**	**2,368**	**222,962**	**228,287**	**5,325**

2017/18 Savings Tracker

Appendix B

Service	Description	B / R / A / G	Budget Savings 2017/18	Saving assumed to be fully achieved in the projected outturn?	Update on progress to date and proposed action moving forward
Teams Around the Child	Children's unit - Service Redesign	Amber	(327,000)	No -assumes £177K achieved due to a delay in the redesign	Residential Review underway with staff, to date 17 expressions of interest in VER with 6 applications received (4 VERS agreed and progressed June) one to one interviews underway with restructure models being devised
	Full Year Impact of Contract Savings	Amber	(76,000)	Yes	£50k delivered. £26K alternative saving to be made - funding to be released from Intevention Services where SACRO contract previous sat
	Roll out of SDS in children Services	Green	(17,000)	Yes	Not yet commenced but planned for later in 2017/18
Care for Older People & those with complex needs	Whole system review of NHS provided beds in care of elderly/elderly Mental Health and purchased nursing care beds. This will be predicated on the development of a tiered model of care that offers the opportunity to continue living for longer within a community setting, with support appropriate to individual needs. This represents a 7.9% saving	Amber	(496,000)	Assumed that this will not be achieved but is included in the projected overspend.	The mitigation plan assumes that admissions to care homes are being made on a three discharges for 1 admission basis for 2017/18 to secure savings.
	Review and redesign day care for older people with a view to securing a more flexible, person centred approach that is aligned with other services to deliver greater efficiency in service provision.	Amber	(50,000)	Assumed that this will not be achieved but is included in the projected overspend.	The necessary changes to Day Services are being progressed including reducing capacity and staffing to deliver this saving.
Delivery of the Mental Health Strategy	Mental Health Care Packages baseline budget adjustment based on historic underspends	Red	(60,000)	Assumed that this will not be achieved but is included in the projected overspend.	This saving will not be achieved as the historic underspends have been subsumed by additional demand.
	Integration of Teams Management and Support	Amber	(50,000)	Yes	Integration of CMHT/PCMHT dependent on release of accomodation.. Review of LD structures in the last quarter of 2017/18 may bring further savings. MH teams integration options appraisal being considered by PSMT/accomodation group.

Service	Description	B / R / A / G Status	Budget Savings 2017/18		Update on progress to date and proposed action moving forward
Delivery of the Learning Disabilities Strategy	Learning disabilities - develop employability skills with a wide group of service users	Green	(60,000)	Yes	Review of workforce and employability schemes underway.
	Review of sleepover provision in LD	Green	(151,000)	Yes	Sleep over pilots implemented and Canary assessment tool purchased. Next steps to extend canary roll out and develop outline busines scase for development of a responder service. plan to look at Parkview (Key Housing to see if there is any scope to share staff and sleepovers). We have liaised with Moorpark and following an update from CLDT and Care Managers (after meeting with families) we plan to put assistive technology in place for three service users for a 6 week period. Current mapping of LD sleepovers, costings and areas and have identified 9 people who could transition to non sleepover provision but will require a bespoke response service and another 7 who with preparation over next year could transition from sleepover support with responder service in place.
	Introduction to SDS in LD	Amber	(100,000)	Yes	LD strategy launched on 28.06.17 and implementaion phase of SDS development. Leadership capacity to accelerate change programme agreed with challenge fund.
	Savings in LD Community Packages	Amber	(50,000)	Yes	Review of packages underway and ARG processes. Also commence initial work to implement CM2000 later in the year.
Management and Support Services	Review of Partnership business support functions	Amber	(75,000)	Yes	A full review of business support will be undetaken during 2017/18 with a view to achieving these savings.
	Review of Charging Policy	Blue	(100,000)	Yes	Complete but continue to monitor
	Review of Management and Support Across the Partnership	Red	(80,000)	Yes	Posts to be identified
	New ways of Working Across the Partnership	Red	(50,000)	Yes	Posts to be identified
	Review of Fleet Management and Catering Budgets across the Partnership	Blue	(22,000)	Yes	Complete but continue to monitor
	Workforce Modelling	Red	(100,000)	Yes	Posts to be identified
Teams Around the Child	Transfer of 12 external foster care placements to in-house carer provision, and a reduction of a further 4 external long term foster placements.	Blue	(91,520)	Yes	Complete
	Alignment and Rationalisation of Learning Development functions in Children Services	Blue	(50,000)	Yes	Complete
	A Review of Management and Support in Children Services	Blue	(65,000)	Yes	Complete
		GRAND TOTAL	**(2,070,520)**		

NHS Savings 2017/18

Service	Description	B / R / A / G	Budget Savings 2017/18	Saving assumed to be fully achieved in the projected outturn?	Update on progress to date and proposed action moving forward
Mental Health	**Review of Psychology Services**	Green	(200,000)	Yes	Psychology service review complete. Recommendations being developed. Reporting to a future IJB. Release of HR capacity to support re-design of workforce has delayed progress.
Primary Care - Prescribing	**Prescribing Annual Review**	Green	(1,346,000)	Yes	Continue to monitor
Primary Care - Prescribing	**Prescribing Incentive Scheme**	Amber	(770,000)	Assumed that this will be partly achieved with the non achieved amount included in the projected overspend.	Continue to engage with GPs including raising this at meetings that have with arranged with GPs.
Mental Health	**Phased Closure of House 4 at Arrol Park**	Amber	(125,000)	Yes	Refurb of unit to enable segregation of unit and transfer of workforce across the unit underway/reduction of beds. This will also enable the transition of an out of area patient pending a tier 4 supported accommodation solution being identified via capital bid. Business case developed.
Mental Health	**Substitute Prescribing** This proposal will result in a 1% reduction in substitute prescribing.	Blue	(30,000)	Yes	Complete
STILL TO BE IDENTIFIED			(1,684,000)		
Total			(4,155,000)		

Change Programme **Appendix C**

Integrated Care Fund Area of Spend	2017/18 Budget	2017/18 Projected Spend	Slippage	Comment
	£000's	£000's	£000's	
Funding Previously Agreed to 31/3/18	207	207	0	
Partnership Enablers	129	129	0	
Social Enterprise Development Opportunity	15	15	0	
Ideas and Innovation Fund	579	457	(122)	The Community Connectors will be funded by the Scottish Government for the second half of the year.
Reshaping Care for Older People Legacy	132	227	95	LOTS workers
Engagement and Locality Planning	123	116	(7)	
Teams around GPs	756	576	(180)	See and Treat Centre slippage
Change Team	874	844	(30)	
Low Level Mental Health	108	97	(11)	
Over allocated	(33)	0	33	
TOTAL	**2,890**	**2,668**	**(222)**	

Mitigation Actions Option (i)

Appendix D

		£000's
Forecasted Overspend Position at Period 4		**5,325**
Savings delivered from Challenge Fund projects in 2017/18		
Phase 1	Challenge Fund - Review Physical Disabilities Caseload	117
	Challenge Fund - Pilot Step Up/Step Down Beds	100
	Challenge Fund - Develop Reablement and Assessment Capacity Within Care at Home	95
	Challenge Fund - Pilot a New Approach Sleepover Provision within Learning Disability	150
	Challenge Fund - Investment in Universal Early Years, School Based Approach and Reduction in Need for Residential School Placement	200
	Challenge Fund - Expansion of MAASH	30
	Challenge Fund - Pilot Sickness Absence Taskforce	50
	Sub Total	742
Phase 2	Challenge Fund - Right Intervention at the Right Time - Review of Threshold/Criteria	100
	Challenge Fund - Review and Development of Charging Policy	25
	Challenge Fund - Roll Out of Self Directed Support	75
	Challenge Fund - Pilot a See and Treat Service	50
	Sub Total	250
Challenge Fund Total		**992**

Other Proposed Mitigating Actions	**Implications**	**£000's**
Residential Care for Older People - Wait listing	This will result in a reduction of 105 placements over the year to 777. The action is required to deliver the agreed savings of £500k, deliver budgetary balance for Care Home placements in 2017/18 and partly mitigate the risk of associated increased emergency respite spend. The waiting list will operate until the end of December 2017 subject to no material change in the overall financial position. The impact of this approach on individuals, their families and the wider system in relation to delayed discharges will be significant.	977

Learning Disability - Review of Packages (1)	The review of care packages is ongoing and required to ensure services are appropriately aligned to need. Changes to service provision should reflect new models of service delivery in alignment with the Learning Disability Strategy outcomes. There are risks identified in relation to the pace of change and development of alternative service delivery models and choices for service users to transition into (SDS, sleep over provision, supported accommodation, short breaks/respite). Changes to service delivery will be risk assessed to minimise impact. We will also introduce a clear escalation policy to ensure senior management approval for new care packages.	638
Mental Health - Review of Packages	The review of care packages is ongoing and required to ensure services are appropriately aligned to need. Changes to service provision should reflect new models of service delivery particularly in relation to development of new supported accommodation models. There are risks identified in relation to the pace of change and development of alternative service delivery models and choices for service users to transition into. There are minimal service choices available at this time with an undeveloped provider market. Changes to service delivery will be risk assessed to minimise impact. We will also introduce a clear escalation policy to ensure senior management approval for new care packages.	100
Spending Freeze on Non Essential Non Payroll Spend Not Linked to Care	The impact of this will be monitored and is likely to impact on training developments available to staff, funds available for consultation and engagement.	100
Reduction in Overtime Usage - Freeze in Non Essential Areas	The impact of this will be monitored.	100
Review of Management and Support Functions	This is being targeted in addition to savings which have been approved as part of the 2017/18 budget. This will impact on the support which can be offered to support transformational change and will require remaining resources to be prioritised.	50
Total Other Mitigating Action		**1,965**

Grand Total	**2,957**

Shortfall	**2,368**

Notes

(1) £938,000 will be targeted, with £300,000 contributing to previous year savings and £638,0000 contributing to the mitigation.

(2) All vacancies will continue to be subject to scrutiny and will only be filled for essential posts which are required to be filled to deliver services which otherwise would be covered through overtime, agency or bank staff. This is required to meet current turnover targets which are challenging and will not contribute to any further mitigation.

Mitigation Actions Option (ii)

Appendix E

		£000's
Forecasted Overspend Position at Period 4		**5,325**
Savings delivered from Challenge Fund projects in 2017/18		
Phase 1	Challenge Fund - Review Physical Disabilities Caseload	117
	Challenge Fund - Pilot Step Up/Step Down Beds	100
	Challenge Fund - Develop Reablement and Assessment Capacity Within Care at Home	95
	Challenge Fund - Pilot a New Approach Sleepover Provision within Learning Disability	150
	Challenge Fund - Investment in Universal Early Years, School Based Approach and Reduction in Need for Residential School Placement	200
	Challenge Fund - Expansion of MAASH	30
	Challenge Fund - Pilot Sickness Absence Taskforce	50
	Sub Total	742
Phase 2	Challenge Fund - Right Intervention at the Right Time - Review of Threshold/Criteria	100
	Challenge Fund - Review and Development of Charging Policy	25
	Challenge Fund - Roll Out of Self Directed Support	75
	Challenge Fund - Pilot a See and Treat Service	50
	Sub Total	250
Challenge Fund Total		**992**

Other Proposed Mitigating Actions	**Implications**	**£000's**
Learning Disability - Review of Packages (1)	The review of care packages is ongoing and required to ensure services are appropriately aligned to need. Changes to service provision should reflect new models of service delivery in alignment with the Learning Disability Strategy outcomes. There are risks identified in relation to the pace of change and development of alternative service delivery models and choices for service users to transition into (SDS, sleep over provision, supported accommodation, short breaks/respite). Changes to service delivery will be risk assessed to minimise impact. We will also introduce a clear escalation policy to ensure senior management approval for new care packages.	215

Mental Health - Review of Packages	The review of care packages is ongoing and required to ensure services are appropriately aligned to need. Changes to service provision should reflect new models of service delivery particularly in relation to development of new supported accommodation models. There are risks identified in relation to the pace of change and development of alternative service delivery models and choices for service users to transition into. There are minimal service choices available at this time with an undeveloped provider market. Changes to service delivery will be risk assessed to minimise impact. We will also introduce a clear escalation policy to ensure senior management approval for new care packages.	100
Spending Freeze on Non Essential Non Payroll Spend Not Linked to Care	The impact of this will be monitored and is likely to impact on training developments available to staff, funds available for consultation and engagement.	100
Reduction in Overtime Usage - Freeze in Non Essential Areas	The impact of this will be monitored.	100
Review of Management and Support Functions	This is being targeted in addition to savings which have been approved as part of the 2017/18 budget. This will impact on the support which can be offered to support transformational change and will require remaining resources to be prioritised.	50
Total Other Mitigating Action		**565**
Grand Total		**1,557**
Shortfall		**3,768**
Use of Challenge Fund		**1,400**
Revised Shortfall		**2,368**

Notes

(1) £515,000 will be targeted, with £300,000 contributing to previous year savings and £215,0000 contributing to the mitigation.

(2) All vacancies will continue to be subject to scrutiny and will only be filled for essential posts which are required to be filled to deliver services which otherwise would be covered through overtime, agency or bank staff. This is required to meet current turnover targets which are challenging and will not contribute to any further mitigation.

Appendix F

BUDGET RECONCILATION
MOVEMENTS SINCE THE APPROVED BUDGET

COUNCIL	Period	Permanent or Temporary	£
Initial Approved Budget	4		86,909
Resource Transfer			22,139
Period 4 reported budget			**109,048**

HEALTH	Period		£
Initial Approved Budget			136,230
Resource Transfer			(22,139)
Dean Funding for Junior Doctors	2	P	9
ANP Post to East (from ORT funding)	3	P	(49)
AHP post funded by ADP	3	T	(31)
NES Junior Doctor reduction in funding	3	P	(13)
Veterans/Carers Funding	4	T	210
ANP Funding from North to South	4	P	(49)
Arrol Park GP medical service transfer to PC	4	P	(13)
FNP Budget adjustment to match allocation	4	T	(3)
Net off payment to NAC			(238)
Period 4 reported budget			**113,914**

GRAND TOTAL	**222,962**

DIRECTION

From North Ayrshire Integration Joint Board

1.	**Reference Number**	*14092017-XX*		
2.	**Date Direction Issued by IJB**	*14th September 2017*		
3.	**Date Direction takes effect**	*15th September 2017*		
4.	**Direction to**	**North Ayrshire Council**		
		NHS Ayrshire & Arran		
		Both		X
5.	**Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)**	**Yes**	*X 17082017-XX*	
		No		
6.	**Functions covered by the direction**	*All NAHSCP delegated functions*		
7.	**Full text of direction**	*North Ayrshire Council and NHS Ayrshire & Arran are directed to deliver services in line with the IJBs strategic plan 2016-18. These services require to be delivered within budgeted resources delegated to partner bodies and should reflect the mitigating actions which have been approved by the IJB to deliver these services within these allocations.*		
8.	**Budget allocated by Integration Joint Board to carry out direction**	*North Ayrshire Council £109.048m* *NHS Ayrshire & Arran £113.914m*		
9.	**Performance Monitoring Arrangements**	*Regular financial updates will be reported to the IJB periodically during 2017/18.*		
10.	**Date of Review of Direction (if applicable)**	*n/a*		

Integration Joint Board
11 September 2017
Agenda Item 8

Subject:	**Cumbrae Review of Services – Integration and whole system change.**
Purpose:	To provide an update to the IJB on the outcome of the Cumbrae Review of Services
Recommendation:	The Integration Joint Board is asked to consider the findings of the Cumbrae Review to support the proposed model of care and endorse the detailed planning required to deliver a fully integrated hub which supports the whole island population.

Glossary of Terms	
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
NHS AA	NHS Ayrshire and Arran
TSI	Third Sector Interface

1. EXECUTIVE SUMMARY

1.1 The integration of Health, Social Care, the Third and Independent Sector Services within North Ayrshire has provided the opportunity to review how services are provided on the Isle of Cumbrae with a view to ensuring they are more seamless from the point of view from the service user.

To support this review a multiagency, multidisciplinary group was formed to engage and involve members of the public and staff in an assessment of local need and definition of a clear strategic vision for the future namely;

'A new model that provides support for the island population delivered by an enhanced and extended multi-disciplinary team that are truly integrated and co-located in a shared hub. This hub provides the opportunity for other island partners e.g. Third Sector, Scottish Ambulance Service, to work together with Partnership services to meet the health and well-being needs of the population in the most effective way. This will redefine the balance between prevention and early intervention; promotion of self-care; proactive planned care and emergency responses. This will lead to greater independence, fewer unplanned admissions and reducing delays in discharge with re-establishment of independent living in a person's own home as a norm wherever possible.'

1.2 This report summaries the assessment, findings and recommendations of the review.

2. BACKGROUND

2.1 The Cumbrae Services Review Steering Group was established on 22 February 2017. The Steering Group was co-chaired by the Third Sector Interface Lead, the Chair of the North Coast Locality Planning Forum, who are also both members of the IJB and the Charge Nurse from Lady Margaret Community Hospital. Membership of the forum included the GP from the Cumbrae Medical Practice, Scottish Ambulance Service and a range of health and social care managers and professional staff. Representation from the Older Peoples Forum also joined to share the output of their feasibility study on future models.

It was agreed at the first formal meeting of the Steering Group that the following priorities would form the initial focus:

- Exploring the current island position including social, population, health, wellbeing and other factors and projections of these impact to 2039.

- Seek the views of both the public and staff about what approaches will assist in improving health and wellbeing and their vision of a future island model.

- Mapping service user journeys to identify opportunities for new approaches which reduce duplication and improve the person's outcomes.

- Initial Workforce profiling on Cumbrae shows that there is an experienced workforce but significant challenges when recruiting staff. For example a number of vacancies remain in the Care at Home team despite numerous recruitment initiatives.

- Any new service model on Cumbrae addresses its key challenges and ensures sustainability of services.

From initial discussions there were a wide range of positive factors:

- People support one another through informal networks
- There is a wide range of activities which support health and wellbeing
- Staff routinely go above and beyond to ensure that people have access to the right levels of support
- Health and social care leaders on the island co-operate with each other and other partner agencies to problem solve together.
- Knowledge – high levels of knowledge and experience in the local community which have developed a range a community assets to support health and wellbeing.
- Experienced, well trained staff group

However the following challenges were highlighted:

- Demographics –a high dependency ratio and lower numbers of working age people to provide support.[1]
- Difficulty in recruitment and retention of staff

[1] Dependency ratio is an age-population ratio of those typically not in the labour force (the dependent part ages 0 to 14 and 65+) and those typically in the labour force (the productive part ages 15 to 64). It is used to measure the pressure on productive population.

- Infrastructure – numerous buildings with poor/lack of transport between sites and IT systems.
- Fragility/resilience on Cumbrae, with a small staff resource staff absence can have a disproportionate effect on service delivery.
- Unavailability of affordable housing and the lack of suitable amenity housing to support people across their life course including those with disabilities and as people become older.
- Current bed model at the community hospital is traditional and results in resource being focussed on an inpatient service rather than care at home with ability to offer short term inpatient care when absolutely necessary. This can mean that people have to move off island which is upsetting for them and their families.
- A growth in the numbers of people affected by alcohol and drug issues living on the island.
- Communication with the population can at times be challenging for all partners and a wide range of approaches are required on a sustained basis
- Financial resources reducing in-line with the rest of the public sector.

2.2 Population

The Isle of Cumbrae, also known as Great Cumbrae, lies on the Ayrshire coast and is roughly four miles long and two miles wide, with a population of 1376. Just a short ferry trip from Largs, Cumbrae is regarded as Scotland's most accessible island. The only settlement is Millport, a Victorian promenade which curves around an attractive hilly bay on the South Coast.

In 2014 the population of Cumbrae 1,368 people. Of those, 728 (53%) are of working age (16 – 64). Children and young people 11% of the population (145) with people of pensionable age (65+) accounting for 36% (495) of the Island's population.

Overall the number of people living on the island decreased to 1,368 in 2014, from 1,419 reported in 2004. This represents a decrease of 3.6% and this trend is expected to continue.

Cumbrae has a lower proportion of 0-15 and 16 – 59 year olds, and a higher proportion of 60 – 74 and 75+ year olds than both NHS Ayrshire & Arran and Scotland. As a result, Cumbrae has a relatively high dependency ratio of 87.7%. This is much higher than the dependency ratio for North Ayrshire as a whole which sits at 61.3%[1]. There is a small increase in the population identified between April and October each year, with a marked increase of visitors and temporary residents to the island.

The disease prevalence of certain long term conditions is considerably higher within the Cumbrae GP practice than in the whole of Ayrshire. It is unsurprising that there is a higher equivalent of Learning Disability and Epilepsy as there is a Care Home on the island that specialises in the care needs for those with learning disabilities. Epilepsy is more common in this health group. The prevalence of other long term conditions that are considerably higher within the Cumbrae GP practice than the Ayrshire and Arran average, include Mental Health, Rheumatoid Arthritis, Depression, Atrial Fibrillation, COPD, Asthma, Peripheral Vascular Disease, Hypertension and Cardiovascular Heart Disease. Dementia has a significantly lower than average prevalence on Cumbrae in comparison to Ayrshire and Arran averages. The prevalence of Mental Health needs, more specifically Depression, is markedly higher in Cumbrae than in Ayrshire and Arran as a whole. The exacerbation of any of these illnesses, common in the older person puts additional pressure on current health and social care services.

Table A: Prevalence of Long Term Conditions in Cumbrae (GP Practice)

Condition	Ratio equivalent to Ayrshire and Arran
Learning Disability	7.48
Epilepsy	3.35
Mental Health	1.63
Rheumatoid Arthritis	1.46
Depression	1.42
Atrial Fibrillation	1.36
COPD	1.16
Asthma	1.15
Peripheral Vascular Disease	1.12
Hypertension	1.02
Cardiovascular Heart Disease	1.01
Diabetes	0.95
Stroke and Transient Ischaemic Attack	0.95
Cancer	0.86
Thyroid	0.78
Heart Failure	0.63
Chronic Kidney Disease	0.6
Dementia	0.5

Red – Higher than Ayrshire and Arran Average
Green – Lower than Ayrshire and Arran Average

Service Mapping

Current service provision is complex and likely to appear confusing to service users and those who deliver treatment, care and support. This is exemplified by the mind map included in Paper 1, Page 12. There are many links and strong interdependencies necessary to ensure service delivery, some of which are tenuous and unclear.

The mind map shows services being provided by multiple providers, from a variety of locations by a large number of professionals, but often, to the same client. There are currently pressures on care at home, support for frail older people and end of life services.

See Current Service Mapping Report in additional information pack, Paper 1, for a more detailed description of these demographic factors and range of services.

2.3 A public event was held on Cumbrae on 14 July 2017 with 59 stakeholders attending. Prior to the event a large advertising campaign took place involving staff and the third sector. The event was also promoted through all of the islands social media outlet. The event used a variety of approaches to including the feedback from Cumbrae on 'what matters to you', a wishing tree, conversation cafes, a one question poll and a confidential box.

At the event there was support from the Local Health Council, Allied Health Professional Paediatric Occupational therapists, Health Improvement, the Older People's Forum and the League of Hospital Friends.

The results included suggestions that services could be improved by;

- A shared vision for Island Services
- Services designed to enable the early identification of individual needs and the swift deployment of support, care and treatment services.
- The development of a fully integrated hub to co-ordinate service delivery on Cumbrae.
- The redesign of the local workforce to meet the needs of local people
- Engagement with North Ayrshire Council around the development of suitable amenity housing models.
- Improvement in transport arrangements as no direct access currently to the community hospital site and access to GP Practice only available by bus when the ferry runs.
- Clarify the services available, how to access these, including the out of hours arrangements. There was the need to have clarity around supporting children on the island out of hours.

The third sector recognised that due to the school holidays, a small number of younger people were involved. An engagement questionnaire and joint work with the school pupils will take place.

The steering group valued having third sector involvement and a third sector working group will be developed to continue this dialogue.

See paper 2 in additional information pack, for a more detailed analysis of the public event.

2.4 A staff event was held on 14th July 2017 and a comprehensive range of participants attended from all partners and services.

Staff feedback reflected many of the public issues with both the development of a hub and amenity housing models to enable the development of a modern care pathway which meets the needs of older people.

The following themes, similar to those identified at the public engagement event, were identified :-

- Services designed to enable the early identification of individual needs and the swift deployment of support, care and treatment services.
- The development of a fully integrated hub to co-ordinate service delivery on Cumbrae including with Scottish Ambulance colleagues.
- The redesign of the local workforce to meet the needs of local people
- Engagement with North Ayrshire Council around the development of suitable amenity housing models within in which health and social care services can be deployed.

There was recognition that integrating teams with different cultures, terms and conditions and ways of working which change traditional boundaries of care and professional roles, can at times be challenging.

There was very good feedback from those attending the public events; that staff routinely go above and beyond, to ensure that people have access to the right levels of support.

See paper 3 in the additional information pack for a more detailed analysis.

2.5 In order to better understand how local people currently access services it was decided to focus on people who were known to all services on Cumbrae. A process mapping exercise for a service users journey helped to highlight the way current services are provided and showed the fragmentation, lack of coordination and duplication. This also allowed current service gaps to be highlighted.

Findings and Learning

The key findings from Mr X's journey were:

- The appreciation of informal care provision from family members and the need for services to support this more effectively.
- Lengthy waiting times for suitable housing allocation on the island/mainland which if allocation had been possible, then more family oriented care might have been provided for palliation period for Mr X and his wife.
- Multiple record systems that are not shared across partnership teams to provide a fuller picture.
- Professionals note the lack of early intervention coordination across partnership and housing services.
- Discharge planning and coordination could be improved on the island with key partners from social care and homecare provision, as an area of concern.

Learning points :

- Improved access and waiting times to suitable accomodation both on mainland and on island, providing the appropriate environment for families to support relatives.
- Where informal carers / family provide care, this should be supported by social care services if approporiate.

- Home care service provision limited within island environment, due to recruitment issues.
- Single system for communication and information sharing.
- Palliative care requires high level of support provsion at home due to the acuity and complex needs.

A future service users journey within mental health services will be mapped shortly.

See paper 4 in additional information pack for further detail.

3. PROPOSALS

3.1 These proposals have been driven by the individual's story, process mapping, staff and wider engagement on the island of Cumbrae. Based on their assessment of the intelligence, those involved in the review propose a new model for Cumbrae that focusses on;

- The development of a coherent and cohesive vision for Island Services which is clearly articulated to the island population
- Services designed to enable the early identification of individual needs and the swift deployment of support, care and treatment services. Ensuring services adapt to meet long-term needs when they arise.
- The development of a fully integrated 24-hour a day hub to co-ordinate service delivery on Cumbrae. This hub to include a range of services e.g. GP Services, with community connector support, a minor injuries service, day services and a small number of beds to support rehabilitation to frail older people, including respite and end of life care. This will require the re-location of services from Lady Margaret Community Hospital to the new hub. The hub will be open to all partner agencies on the island to improve communication and co-ordination of responses e.g. Scottish Ambulance Service and Scottish Fire & Rescue.
- The development of a single point of contact for all needs.
- The development and delivery of a single IT system to support the sharing of information relevant to an individual care between teams
- The redesign of the local workforce utilising an organisational development programme which will ensure the workforce is configured to meet the needs of local people and adopts the principle of meeting the needs of the individual they are engaging with as far as skills and competencies allow. This may require the development of generic and enhanced roles with a skills escalator to ensure equality sensitive practice.
- Engagement with North Ayrshire Council around the development of suitable amenity housing models.
- Clarify the services currently available, how to access these, including the out of hours arrangements.
- The provision of low level social care using volunteering opportunities e.g. transport, help at home, low level mental health support.
- Continue the well-maintained links with secondary care providers on mainland at Inverclyde Royal Infirmary and University Hospital Crosshouse.

This approach is shown in the diagram below:

There has been considerable debate about whether there is enough demand to support the need for a residential home on the island; given the closure of the previous 4 units and the continuing fall in the numbers of people living on the island projected to 2039. The view of the Review Team is that there are currently gaps in the care pathways available to older people on the island and the provision of rehabilitation, respite and end of life beds in the island hub, enhanced by the development of amenity housing to support rehabilitation of older people at home should close this gap. Discussions between Housing and HSCP senior management teams are ongoing to explore the national aim of supporting people at home.

This new model will enable us to deliver a whole system change that brings an integrated health, social care, third and independent sector model that is viable and sustainable.

This will allow the implementation of the emerging new model including; single point of contact, feasibility study for a Cumbrae hub and development of workforce roles. There requires to be continued joint working with all partners including the third sector to deliver the ambition.

3.2 Anticipated Outcomes

The ambition is to sustain the health, well-being and independent living of people on the island meeting the National Health & Wellbeing outcomes. The development of a hub near the centre of the town will reduce the need for transport to access services and the one-stop shop approach will reduce service duplication. A range of HSCP indicators will be used to track the phased implementation of the approach proposed:

- Reducing lengths of stay in hub beds,
- Increase in numbers of people receiving care and rehabilitation at home,

- Increase in numbers of older people supported on the island including use of respite and end of life beds,
- Increasing volunteering and social options and increasing employability.

3.3 **Measuring Impact**

The impact will be measured through the HSCP performance systems and the continued dialogue with staff, public, third sector and other partners as we move towards an integrated vision for the island.

4. IMPLICATIONS

Financial :	As part of the more detailed planning process that will follow, a full business case will be developed to clarify the capital requirements associated with proposed hub; the potential funding sources for this, including the use of capital receipts from existing facilities; the anticipated shift in the balance of care and resource from hospital to community-based models; and the associated economic case for change.
Human Resources :	There may be implication for staff working on the island as the future model develops and ongoing engagement will take place.
Legal :	None
Equality :	The proposals meet the equalities ambitions of the Strategic Plan.
Environmental & Sustainability :	Providing a hub nearer to the population creates an environment where partner services can work together more effectively, reducing duplication and allowing service sustainability.
Key Priorities :	The proposals meet the equalities ambitions of the strategic plan.
Risk Implications :	There is a risk that the current financial position will not allow partners to develop the ambition for an integrated hub approach or the development of amenity housing.
Community Benefits :	There is an opportunity to develop apprentice and building jobs with the development of a new hub offering volunteering opportunities.

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

5. CONSULTATION

5.1 The Island review has undertaken both staff and public events. It is proposed that a short life working group develops a range of communication materials to aid access to current services. Already, due to both staff and public feedback, the GP, lead for Scottish Ambulance Service and charge nurse at Lady Margaret Community Hospital have met to begin joint working on key issues.
In order to address some concerns raised at the public event quickly the Partnership Alcohol and Drug Recovery Service is arranging to visit the island to meet with the GP and Police to discuss support options. A protocol to support children out of hours is also being developed to resolve the issues highlighted at the public event.

The Cumbrae Steering group has also recommended that a public sector working group be developed to look at improving joint responses on the island and that a wider group with third sector support explore transport solutions for people requiring care off island.

There is also a need to undertake further public engagement to inform those living on the island of the outcome of the IJB paper.

6. CONCLUSION

6.1 The six month review has mapped current services and the needs of people on Cumbrae.

Utilising a wide range of consultative techniques a clear vision of a future model of care has emerged. It is likely that the development of an integrated hub approach will require to be a phased approach.

The primary aim is to place the person at the centre of planning care, building on the integration of primary care, specialist care and third sector as well as the best of a complex range of health and social care services, enhancing care and facilitating the strengthening of local health and well-being resilience.

The vision is of a redesigned service that doesn't cost more but it will be necessary to invest in planning and implementation to achieve this.

The IJB is asked to:

1. Review, assess and subject to amendment approve that the HSCP scopes the development of a hub and associated multi-disciplinary team working.

2. Endorse further work with the local community, NHS Ayrshire & Arran Estates and North Ayrshire Council Place Team to develop a fully costed plan for a hub.

3. Require a report back on all of the above by 31 March 2018.

For more information please contact David Rowland, Head of Service, on 01294 317797 or davidrowland@north-ayrshire.gcsx.gov.uk

Delivering care together

Paper 1

Cumbrae Service Review
Service Mapping

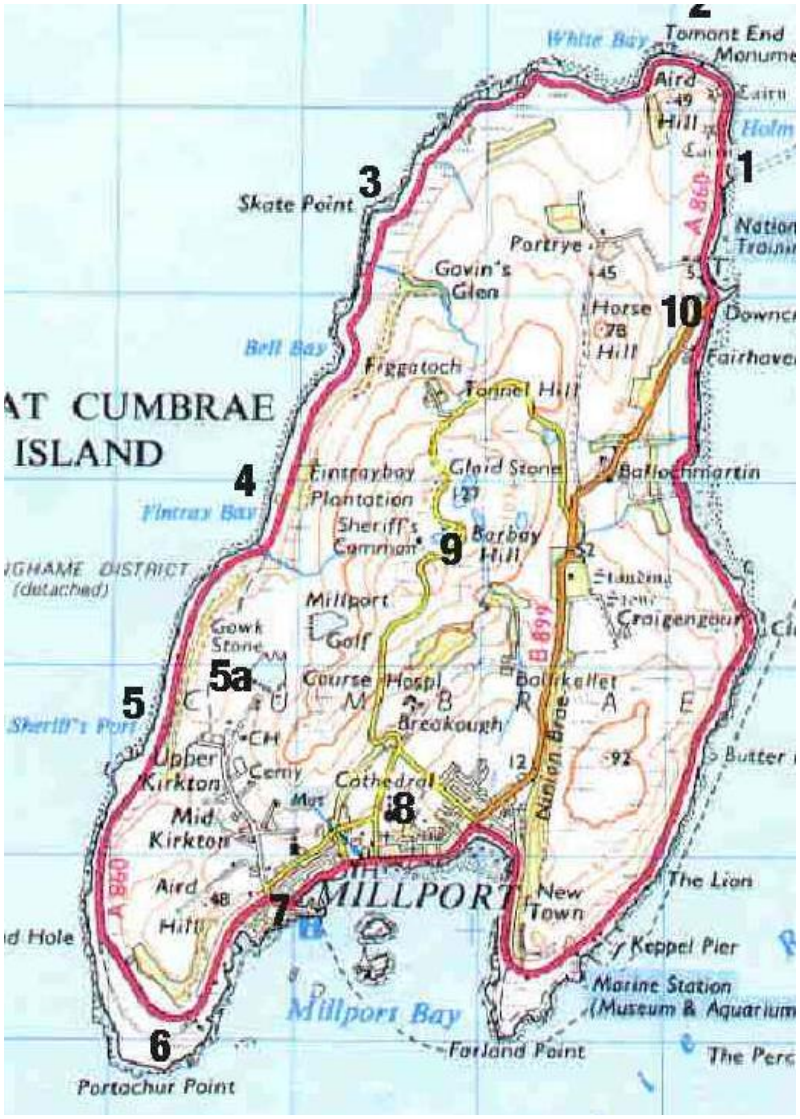
Version	Date	Author
V0.2	03.08.2017	Kirsty Nicholson/ Lorraine Kerr/Michelle Sutherland (Section 3 Scott Bryan)
V0.3	14/08/17	Kirsty Nicholson/ Lorraine Kerr/Michelle Sutherland (Section 3 Scott Bryan)

INDEX

1. Island Descriptor

	The Isle of Cumbrae, also known as Great Cumbrae, lies on the Ayrshire coast. Just a short ferry trip from Largs, Cumbrae is regarded as Scotland's most accessible island. The island is 3.9 kilometres (2.4 mi) long by 2 kilometres (1.2 mi) wide, rising to a height of 127 metres (417 feet) above sea level, with a population of 1368. The only settlement is Millport, a Victorian promenade which curves around an attractive hilly bay on the South Coast. The town is four miles south from the Largs-based Caledonian MacBrayne ferry slipway.	

2. Map of Cumbrae



3. Demographics

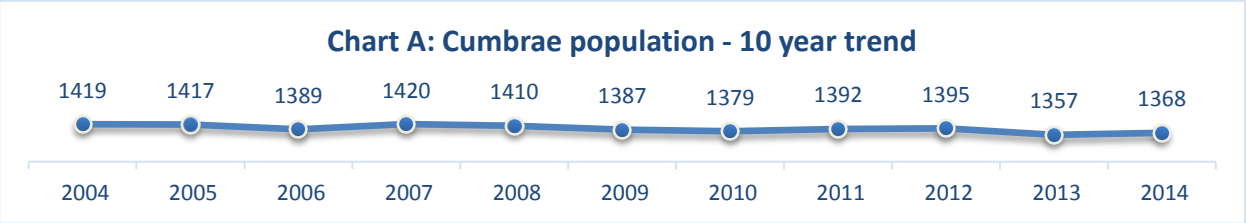
3.1

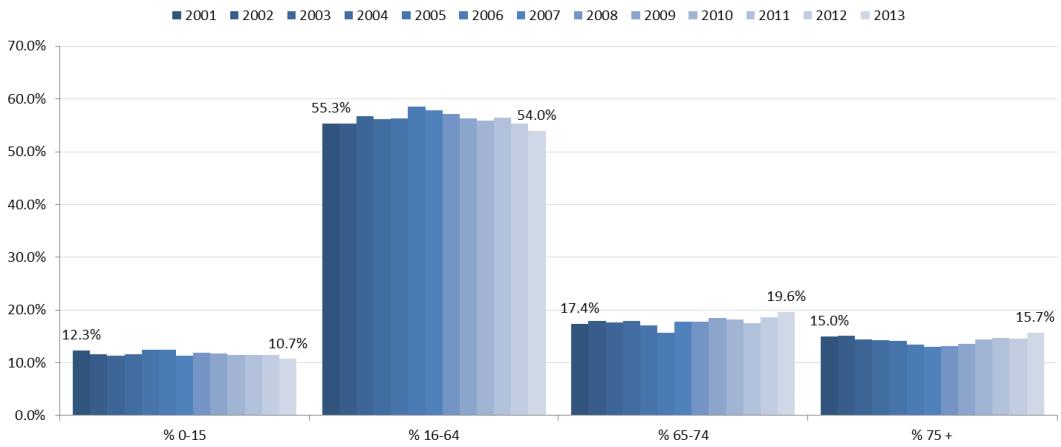
Population

As of 2014, Cumbrae has a population of 1,368 people. Of those, 728 (53%) are of working age (16 – 64). Children and young people 11% of the population (145) with people of pensionable age (65+) accounting for 36% (495) of the Island's population.

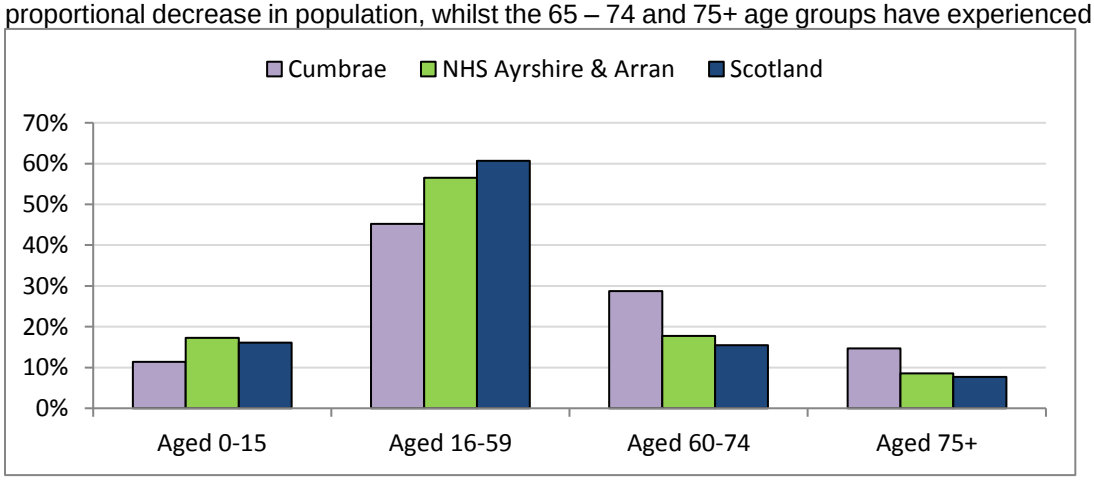
The charts below shows the 10 year data trend for the Cumbrae population:

Chart A (below) demonstrates that while there are some fluctuations on population levels on Cumbrae, overall the number of people living on the island has decreased to 1,368 in 2014, from 1,419 reported in 2004. The represents a decrease of 3.6%





The data shows that between 2001 and 2013, both the 0-15 and 16 – 64 age group have experienced a proportional decrease in population, whilst the 65 – 74 and 75+ age groups have experienced an increase.



Cumbrae has a lower proportion of 0-15 and 16–59 year olds, and a higher proportion of 60–74 and 75+ year olds than both NHS Ayrshire & Arran and Scotland.

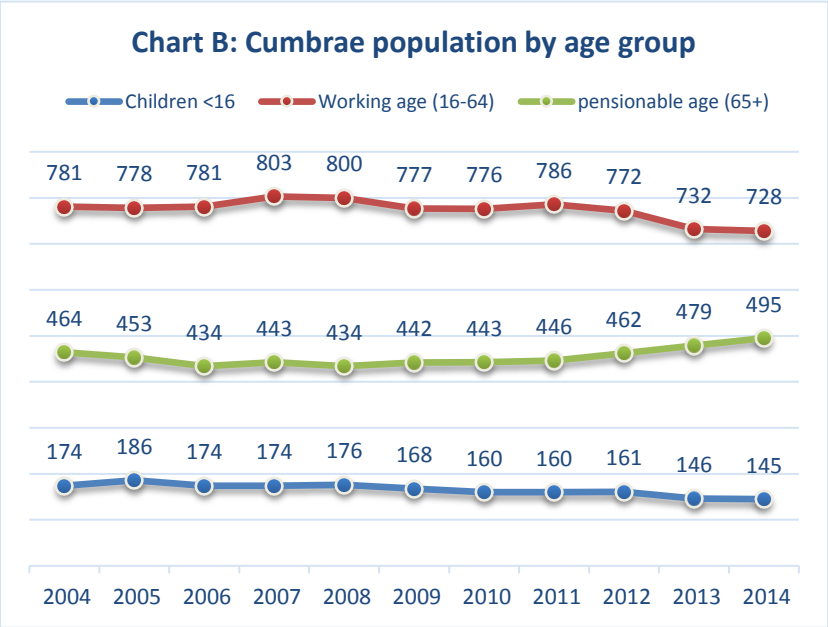


Chart B, again shows the population trends on Cumbraes, this time by broad age group. As can be seen, there is an ongoing trend of decreasing population in the 0–15 and 16-64 populations, but an increasing population of those 65+.

This trend is similar to that found in North Ayrshire as a whole.

Between 2004 and 2014, the older people population on Great Cumbrae increased by 6.7%. Over the same period, we see a 6.8% decrease in the Adult population 16–64 and a 16.7% decrease in the 0–15 population.

3.2 **Dependency Ratio**

Dependency ratio is an age-population **ratio** of those typically not in the labour force (the dependent part ages 0 to 14 and 65+) and those typically in the labour force (the productive part ages 15 to 64). It is used to measure the pressure on productive population.

At 2014, Cumbrae had a dependent population of 640 (47% of the total population**). As a result, Cumbrae has a relatively high dependency ratio of 87.7%. This is much higher than the dependency ratio for North Ayrshire as a whole which sits at 61.3%**

3.3 **Population Projections**

The charts below provide a proposed example of how the population of the Cumbraes will change up to 2020. Population projections provided by National Register for Scotland traditionally only provide projections at the Local Authority level, but recently have provided experimental statistics based on North Ayrshire Localities. They do not publish projections at small population level.

Please note, population projections have limitations. A projection is a calculation showing what happens if particular assumptions are made. The population projections are trend-based. They are, therefore, forecasts of what the government expects to happen. Many factors influence population change, including policies adopted by both central and local government. The relationships between the various factors are complex and largely unknown.

As such, any population projects should be employed with an element of caution.

The projections below are very crude calculations based on existing population statistics. They do not take into account wider considerations such as migrations or birth and death rates.

To complete this exercise ten years of low level population data was used. This information was sourced from NRS. The information covered the period from 2004 to 2014.
Taking a simplified approach to Forecasting, the historical data was input to an Excel workbook and projections were calculated using formula built-in to the programme. The 'Forecast' formula adopts the

'Least Squares' method, a form of regression analysis that seeks to make future predictions based on existing information.

Chart C below offers a simple population projection up to 2021. The chart projects a 2% drop in the population from 2014 (1,368) to 2020 (1,340).

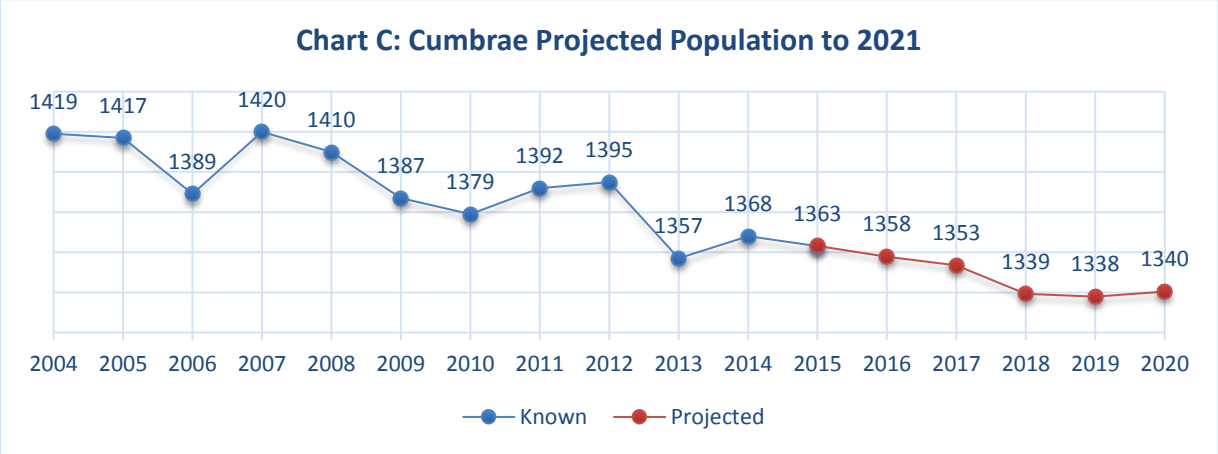
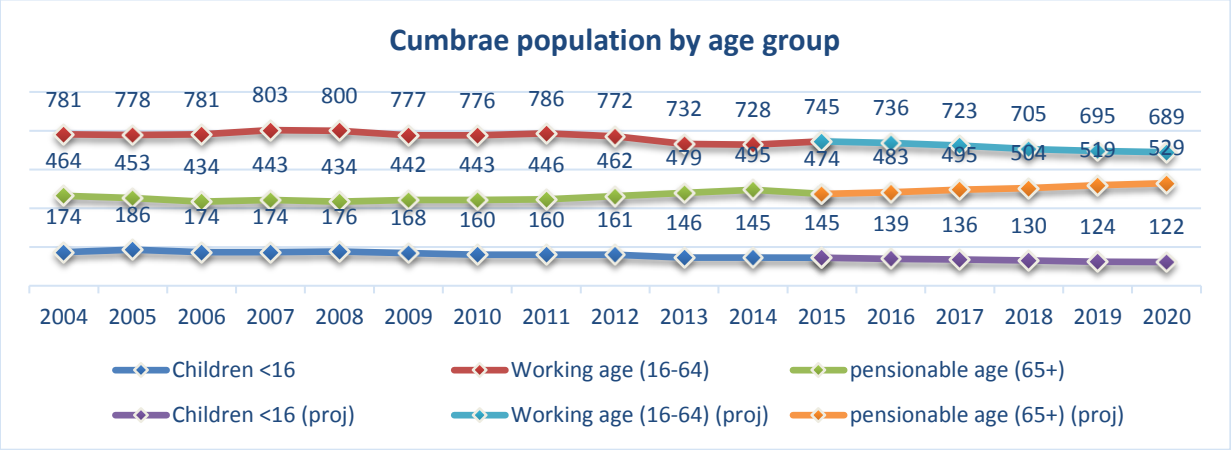


Chart D, below, shows similar projections broken down by age group.

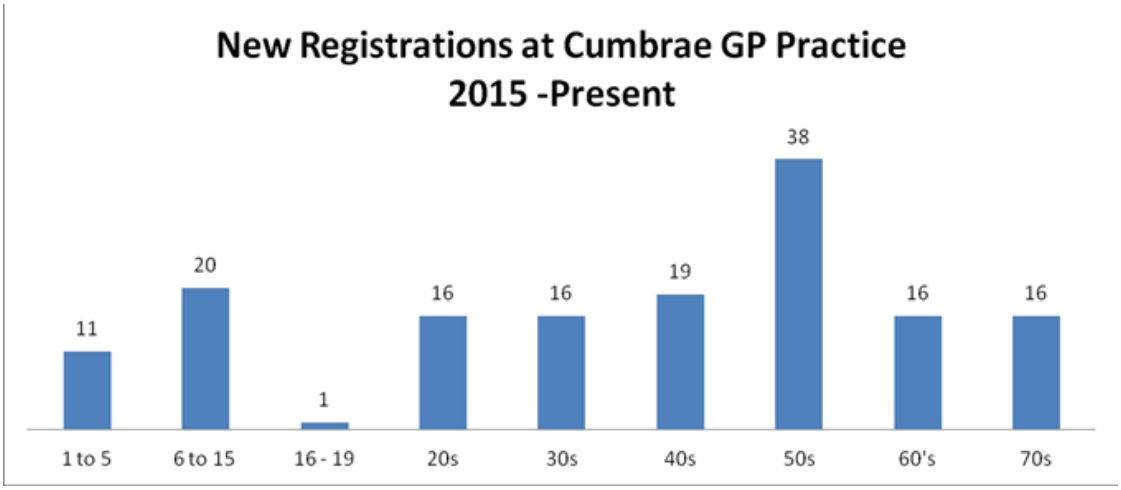


Note, from the basic projections, we see a continuation of the existing trend in which the Older People population on the island continues to grow while the working age and under 16 population will continue to decrease. If this projection where true, the number of dependents on the islands would increase to 651, resulting in a dependency ratio of **94%**.

It's worth noting the pattern of GP new registrations over the past two years as Chart E below demonstrates. New registrants presumably have recently moved to the island. The highest amount are within the later age working group (50s – yearly average of 19 moving to island) who presumably will remain on the island into older age, thus increase the elderly ratio in years to come.

3.4 **G.P Practice Registrations**

Chart E



It is also worth noting that there is National Population Pyramids [1] projects the national elderly population to decrease towards 2039 based on population statistics for the period 1981-2016, is taken from the National Records of Scotland (NRS) Mid-Year Population Estimates. These pyramids show the age and sex structure of the population of Scotland, and how it has changed, and is projected to change over time. As the current "baby boom" generation begin to decline the following older generations are expected to decline in numbers for forthcoming generations.

3.5 **Acorn Index**

North Ayrshire HSCP has access to profiling software called ACORN. A snap shot of Cumbrae was taken in relation to the population. These figures were then compared to a base population (in this case, taken as North Ayrshire). The table below details how the age population of Arran compares to that of North Ayrshire as a whole.

Age Group	Acorn Index	100 Index
0-4	83	
5-17	75	
18-24	95	
25-34	105	
35-49	93	
50-64	97	
Aged 65-74	111	
Aged 75 plus	151	

The Acorn index is a figure between 0 and 200. 100 on this scale is the base average (as stated in this case (North Ayrshire). And deviation from 100 shows over or under representations with a population.

As demonstrated, Cumbrae has much less young people in the 0-4 and 5-17 age groups than North Ayrshire as a whole.

The table also shows a great over representation of those in the 75+ age group.

3.6 **Deprivation**

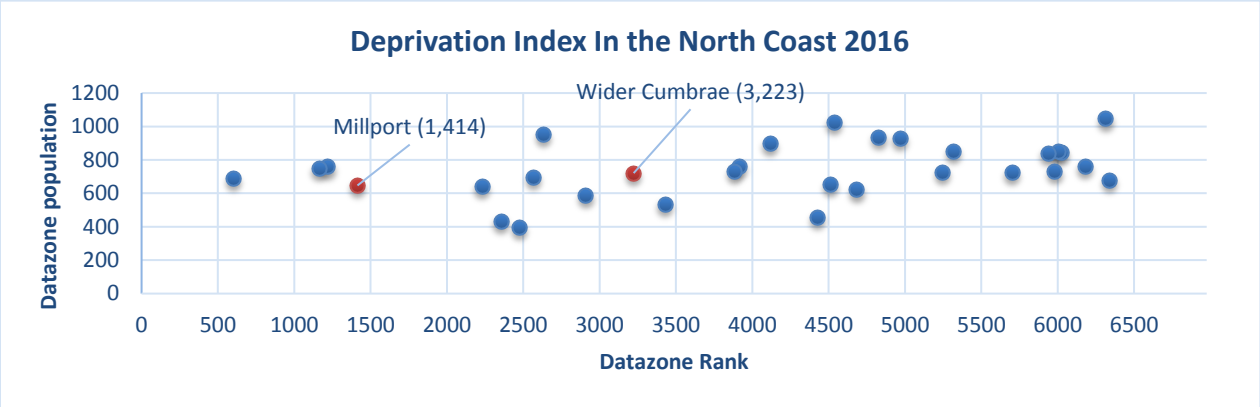
Currently, the best measure of deprivation available at low level population is the Scottish Index of Multiple Deprivation (SIMD). This index ranks a data zone (an area of roughly 760 people), based on a number of

[1] https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/population-projections-scotland/population-pyramids-of-scotland

varying factors and provides them with an overall index ranking, where number 1 is the most deprived data zone in Scotland and number 6,976 is the least deprived.

3.7 **SIMD Ranks**

In total, the North Coast has 31 data zones, with 2 (6.4%) covering the Cumbraes. One data zone covers the town of Millport, with the other representing the rest of Cumbrae. The graphic below shows how the two data zones on Cumbrae compare to those across the North Coast Locality.



Ranked at 1,414, the data zone covering Millport is not quite in the most deprived 20% (those ranked 1,395 or lower) however, it is within the 40% most deprived, which – according to Scottish Government, indicates that people living in the area are likely to face many social-economic challenges and barriers. The data zone covering wider Cumbrae is approximately in the centre of the rankings and is considered relatively non-deprived.

3.8 **SIMD DOMAINS**

The table below shows the 7 domains that make up the overall SIMD deprivation ranking. For the Millport data zone, it shows that two domains (Employment and Housing) are ranked low (in fact, employment is within the 10% most deprived in Scotland and Housing is within the 5% most deprived).

Note, wider Cumbrae has no domains within the 20% most deprived. The lowest ranked domain is that of access, which is within the most deprived 21-40%. This indicates that people in this data zone do not have readily available access to local service and transport. Alternatively, Millport ranks quite highly for access, indicating the majority of services on the island are focussed in this area. For example, on average, it will take a person living in Millport 1.2 minutes to drive to a GP, whereas those from the Wider Cumbrae area, it will take 2.3 minutes.

DOMAIN	Millport Rank	SIMD Status	Wider Cumbrae Rank	SIMD Status
Employment Domain	515	Within 20% most Deprived	3252	Non-Deprived
Income Domain	2201	Non-Deprived	3803	Non-Deprived
Education Domain	2858	Non-Deprived	2442	Non-Deprived
Health Domain	1605	Non-Deprived	3245	Non-Deprived
Access Domain	4881	Non-Deprived	1574	Non-Deprived
Crime Domain	2493	Non-Deprived	4542	Non-Deprived
Housing Domain	372	Within 20% most Deprived	3493	Non-Deprived

3.9 **Health Indicators (SIMD)**

In relation to the health domain, none of the data zones are in the 20% most deprived areas. However, the Millport data zone does rank within the 40% most deprived areas, indicating some health inequalities. The

table below shows the indicators used to construct the Health Domain for each data zone. As demonstrated, Millport has a higher volume of health related issues compared to that of wider Cumbrae.

Health Indicator	Millport	Wider Cumbrae	North Coast[2]
Comparative Illness Factor: standardised ratio	135	85	-
Hospital stays related to alcohol misuse: standardised ratio (per 100,000 pop)	186	173	*704 (2014)*
Hospital stays related to drug misuse: standardised ratio (per 100,000 pop)	64	56	*141 (2013)*
Standardised mortality ratio	105	93	-
Proportion of population being prescribed drugs for anxiety, depression or psychosis	27%	19%	*16% (2015)*
Proportion of live singleton births of low birth weight	0%	0%	-
Emergency stays in hospital: standardised ratio (per 100,000 pop)	104	88	*7,276*

Note, where possible information has been provided for the wider North Coast locality. In most cases, health issues on Cumbrae compare favourably to the wider North Coast with the exception of those prescribed drugs for mental health concerns.

3.10 **Housing and Income**

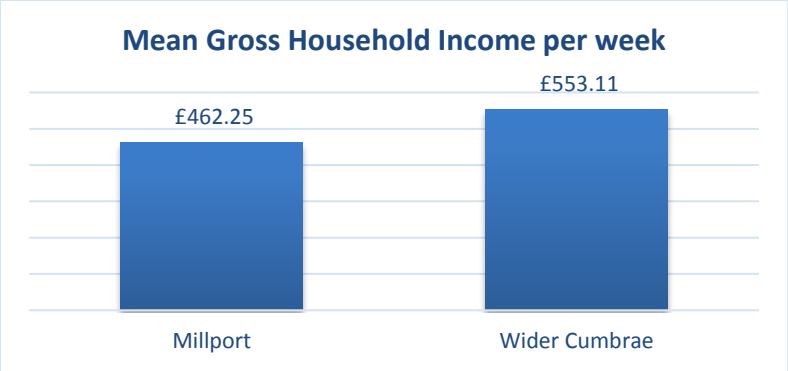
National Records for Scotland suggests that in 2014, there were 1,341 dwellings in the Island of Cumbrae, with 762 (57%) being occupied. Of these, 410 occupied dwellings were in the Millport data zone, with the remaining 352 within the Wider Cumbrae area. The lower level of occupation in these dwellings is consistent with a relatively high proportion of second homes on the island, versus national averages.

As stated above, the Housing domain for Cumbrae is particularly low, (ranking 372 of 6796). This is made up of two primary indicators, the proportion of dwellings that are overcrowded and that do not have central heating. The table below shows the indicators by each Cumbrae data zone.

Housing Indicator	Millport	Wider Cumbrae
Overcrowding rate	18%	7%
Percent of homes without central heating	12%	4%

New experimental data from Scottish Government attempts to provide household income data at the data zone level. The chart below shows the mean household income by data zone area.

2 Data sourced from ScotPHO. Not directly comparable with SIMD data. Use with caution.



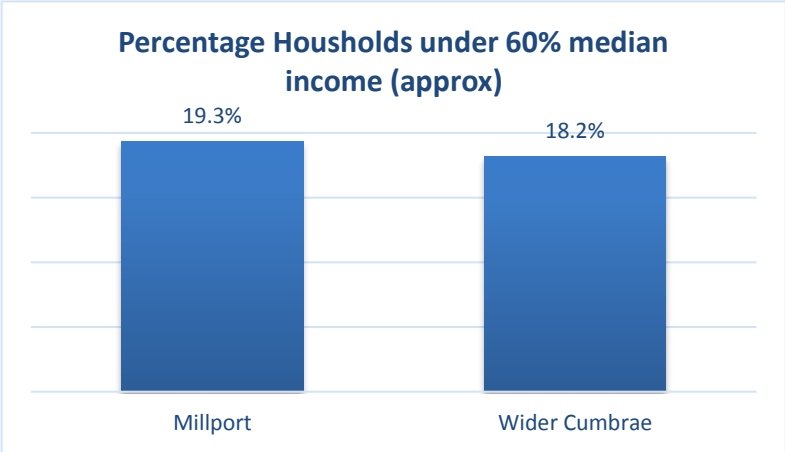
This shows that Wider Cumbrae has a higher mean weekly household income than Millport.

In terms of Median figures, Wider Cumbrae is higher again with a median income of £457, with Millport's median figure coming in at £385.

The chart, right, shows the percentage of households on the Island that are under 60% of the median income (defined as those living in relative poverty).

As is demonstrated, the Millport data zone has a slightly higher rate of those under 60% that in Wider Cumbrae.

This suggests higher levels of affluence in the wider Cumbrae area.



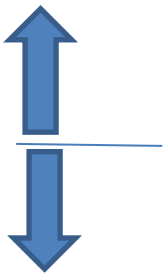
4. Identification of Need

4	For the purposes of this review and with the data available, the identification of need has been related to the current demographics, morbidity and uptake and provision of service provided.
4.1	**Health of the Population** Unfortunately, life expectancy for Cumbrae is categorised by the intermediate zone, Largs Central and Cumbrae and there is not a figure for just Cumbrae. Life expectancy for males in Largs Central & Cumbrae (71) is significantly below the North Ayrshire and Scotland wide figure. In contrast, female life expectancy for Largs Central and Cumbrae (79.4) is higher than the regional figure but slightly less than the national life expectancy. The prevalence rate of certain long term conditions is considerably higher within the Cumbrae GP practice than in the whole of Ayrshire Arran as Table A below demonstrates. It is unsurprising that there is a higher equivalent of Learning Disability and Epilepsy as there is a Care Home on the island that specialises in the care needs for those with learning disabilities. Epilepsy is more common in this health group. The prevalence of other long term condition that are considerably higher within the Cumbrae GP practice rather than the Ayrshire and Arran average, include Mental Health, Rheumatoid Arthritis, Depression, Atrial Fibrillation COPD, Asthma, Peripheral Vascular Disease, Hypertension and Cardiovascular Heart Disease. Dementia has a significantly lower than average prevalence on Cumbrae in comparison to Ayrshire and Arran averages. The prevalence of Mental Health needs, more specifically Depression, is markedly higher in Cumbrae than in Ayrshire and Arran as a whole. This is consistent with the SIMD Health Indicator data where the proportion of prescriptions provided for anxiety, depression and psychosis is 11% higher in Cumbrae than on the mainland (page 8). There are no

dedicated services on the island for area of expertise, with all services either visiting or seen as a mainland out patient.

Table A: Prevalence of Long Term Conditions in Cumbrae (GP Practice)

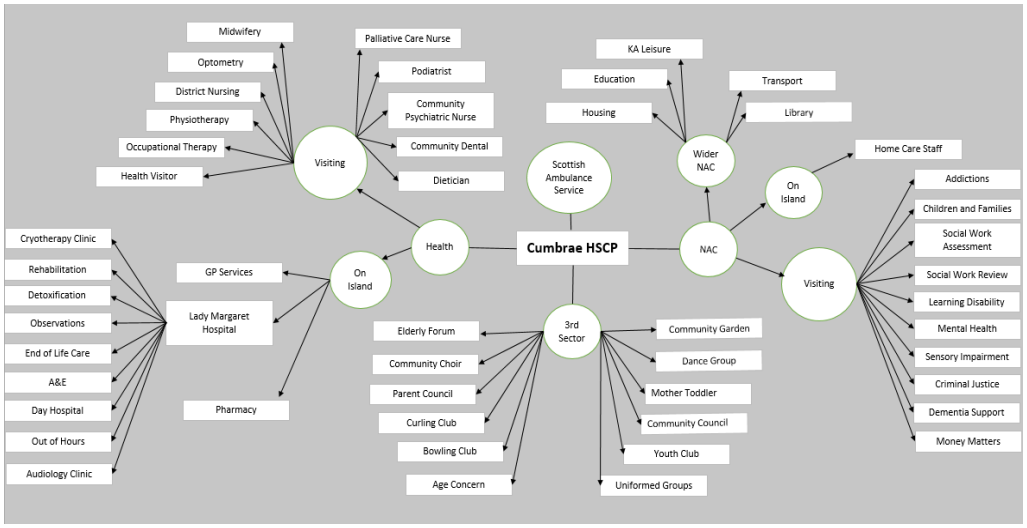
Condition	Ratio equivalent to Ayrshire and Arran
Learning Disability	**7.48**
Epilepsy	**3.35**
Mental Health	**1.63**
Rheumatoid Arthritis	**1.46**
Depression	**1.42**
Atrial Fibrillation	**1.36**
COPD	**1.16**
Asthma	**1.15**
Peripheral Vascular Disease	**1.12**
Hypertension	**1.02**
Cardiovascular Heart Disease	**1.01**
Diabetes	**0.95**
Stroke and Transient Ischaemic Attack	**0.95**
Cancer	**0.86**
Thyroid	**0.78**
Heart Failure	**0.63**
Chronic Kidney Disease	**0.6**
Dementia	**0.5**



Red – Higher than Ayrshire and Arran Average
Green – Lower than Ayrshire and Arran Average

4.2

Service Map



4.3

Services provided to residents of Cumbrae

Summary - General Medical and Social Services

Health and Social Care services are provided through several routes:

- Main practice GP
- GP led (in hours) hospital services through Lady Margaret Community Hospital (LMH)
- Out Of Hours emergency services provided by Advanced Nurse Practitioners (ANP) & paramedic on island, and where required Medivac Paramedics service
- Acute /high risk/specialist medical services off island at Inverclyde Royal, Crosshouse, Ayr or Ayrshire Central Hospitals
- Community Nursing Services based in LMH or when required, from mainland
- Outpatient and in-patient services provided either off the island or on the island by visiting clinicians/providers and Acute services. This can include Inverclyde, Ayrshire Central and Crosshouse hospital clinics, as well as outreach clinics such as Brooksby Medical Resource Centre/ Caley Court on the mainland, and clinics on the island at the Garrison, Lady Margaret Community Hospital or the Day Hospital Some specialist services such as Community Mental Health Team and child health provide a mixed clinic and domiciliary visiting model
- Domiciliary (home) visiting services from Mainland Allied Health Professionals and Social Work Service based at Brooksby Resource Centre
- Community alarm responders operates on a split shift service, which is coordinated at a central control centre. Out of Hours call outs are responded in first instance by named relatives, and if not available, paramedics

The island itself is separated from the mainland by a small stretch of water which takes fifteen minutes to cross. There is a daily ferry service but, when this stops in the evening, the island becomes self-reliant.

The Lady Margaret Community Hospital, which is situated in the small town of Millport on Greater Cumbrae, provides the following services:

- 10 in-patient beds; Beds can be used for step-up/step-down needs as well as medical intervention. 2 have been allocated for respite needs and 1 for palliative care needs
- A and E department and minor injuries open twenty-four hours a day;
- Telephone assessment and contact out of hours,
- Nurse led cryotherapy clinic every two weeks;
- Audiology clinic monthly;
- Day centre for elderly residents open three days per week offering eight places per day;
- X ray department no longer within the hospital – these are provided at Inverclyde
- Physiotherapist and occupational therapist in hospital and day centre only Wednesdays (this limits Allied Health Professional (AHP) input as to the use of beds solely for rehabilitation)
- Other AHP services on visiting basis as required
- Relevant service data within the hospital are detailed later in the document

The unit has facilities for visiting consultants to undertake clinics. The population of Cumbrae increases markedly during the summer months through day-trippers and tourists. There is an attached A& E/ Minor Injuries facility at LMH and attendance figures for this increase markedly over the summer period.

There is a GP practice on the island based in the Garrison a recently refurbished premises which also accommodates North Ayrshire Council Services and is a ‘hub’ for the community, however is noted to be underused by staff from the mainland.

The practice comprises of 2 GP’s with support from a locum if required. The practice provides a full General Medical Service that also leads on emergency cover during in hours for LMH.

	Out of hours (OOH) services are provided through contacting the Lady Margaret Community Hospital, led by ANP's, or direct 999 calls, or on occasion NHS24 led calls. It is noted most residents on the island use Lady Margaret Community Hospital as a point of contact OOH. A pharmacy has opened on the island within last few years, that provides prescriptions Monday – Saturday alongside subsidiary services such as self-management services (e.g. Smoking cessation). The population have access to the pharmaceutical blister packs, minor ailments service and deliveries. Residents do not require to travel to Largs on the mainland (with exception of a Saturday afternoon and Sunday) to access this service. Physiotherapy, Occupational Therapy, Podiatry, Dietetics, and dental services (for those aged 65 and over), are provided to the island by staff based on the mainland. Under 65's who do not have any significant health issues preventing mainland access, generally attend on the mainland. The dental service provides a 6 monthly review and treatment service with emergency service when required. There is no Optician on the island. There is a residential/nursing home on the island caring for Learning Disability Service patients. There is no residential home for any other health/social care requirements, however there is allocated respite and end of life beds within Lady Margaret Community Hospital. It is recognised that, being a small self-sufficient community, planning partners require to work together to ensure that there is a consolidated and holistic approach to care on the island.
4.4	**Cumbrae Residents - Community Hospital** Cumbrae residents have access to general hospital admission off the island, depending on the medical or surgical need/urgency/speciality. Hospitals that can be utilised include Inverclyde Royal Hospital, Crosshouse Hospital, Ayr Hospital, Ayrshire Central Hospital and Lady Margaret Community Hospital on the Island. Admission rates for the residents has been historically and typically higher for Inverclyde Royal Hospital. Within the island, Lady Margaret Community Hospital has a 10 bed facility, and a Minor Injuries/ A&E area, manned by ANP's (one on each shift, with 4 ANP's FTE's on the island at any one time) who lead on weekday nightshift, and weekends 24 hour cover. During daytime weekdays, all admissions/presentations to the unit are led by GP services. All other hours are led by ANP's. The A&E service at Lady Margaret Community Hospital is well established as a point of contact for the residents of the island requiring out of hours, or non-GP services that are not life threatening. The majority of nursing staff live off the island, which can cause difficulties during periods of bad weather and access to ferry. Inpatient services within Lady Margaret Community Hospital are provided for rehabilitation, detoxification, observation, infections, general medical and end of life hospital care. At point of presentation, the GP or ANP will make decision if presenting issues require admission to Lady Margaret Community Hospital, Crosshouse or Inverclyde, or can be treated admission on a 48 Hour patient profile, or can be discharged. All injuries requiring radiology assessment require to transfer onto the mainland as there is no X-ray facilities on the island. During the time that the GP is assessing any individual in LMH A&E, there is often no cover for the GP practice and this can delay timetabled GP appointment/clinics.

Hosp/Year	2013	2014	2015	2016
Inverclyde Royal Hospital	228	180	212	238
Lady Margaret Community Hospital	78	74	67	95
Crosshouse Hospital	37	46	66	57
Ayr Hospital	3	10	7	5
Ailsa Hospital	1	0	3	0
Arran War Memorial	0	0	0	2
Total	347	310	355	397

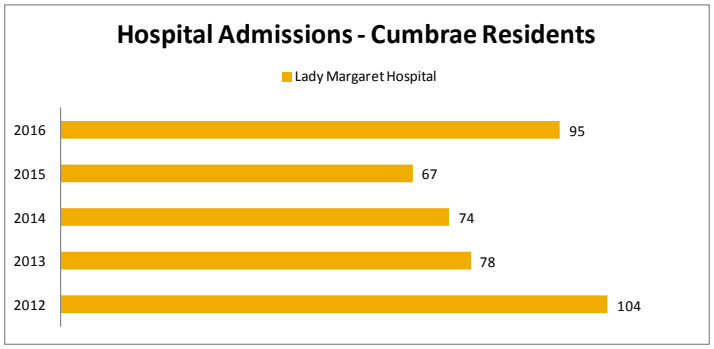
This chart demonstrates an increase over the 4 years in admissions for Cumbrae Residents over the 6 differing hospitals of around 14%, averaging an increase of 3.5% per annum.

The percentage of total admissions for Cumbrae resident into each hospital during 2013 - 2016 :

Hosp/Year	2013	2014	2015	2016
Inverclyde Royal Hospital	65%	58%	60%	60%
Lady Margaret Community Hospital	22%	24%	19%	24%
Crosshouse Hospital	11%	15%	18%	14%
Ayr Hospital	1%	3%	2%	1%
Ailsa Hospital	≤1%	0%	≤1%	0%
Arran War Memorial	0%	0%	0%	<1%

Proportional demand over the years for each hospital remains reasonably stable, with Inverclyde having the highest ratio of admissions for Cumbrae Residents.

a) **Lady Margaret Community Hospital Admissions**



In 2015, 38% of all admissions to Lady Margaret were in Hours v's 62% Out of Hours. In 2016, 50% were In Hours, 50% Out of Hours

b) **Top 10 Reasons for Admission to Lady Margaret Community Hospital – 2015 & 2016**

Diagnosis	No of Admissions
Urinary tract infection	10
Mental and behavioural disorders due to use of alcohol. Withdrawal state	9
Unspecified acute lower respiratory infection	7
Breast	6
Holiday relief care	6
Other and unspecified abdominal pain	5
Tendency to Fall Nec	5
Syncope and collapse	4
Disorientation	4
Care involving use of rehabilitation procedure	4

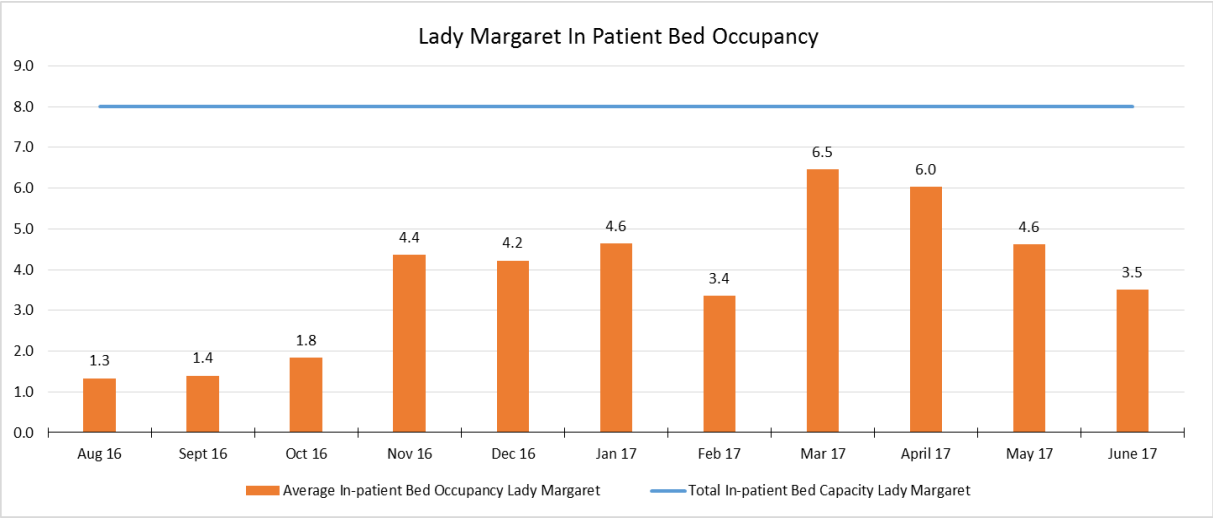
Admission Yr	Admission Type	Admissions
2013	Elective	6
	Emergency	59
	Transfer	13
2014	Emergency	65
	Transfer	9
2015	Emergency	53
	Transfer	14
2016	Elective	14
	Emergency	74
	Transfer	7
Grand Total		314

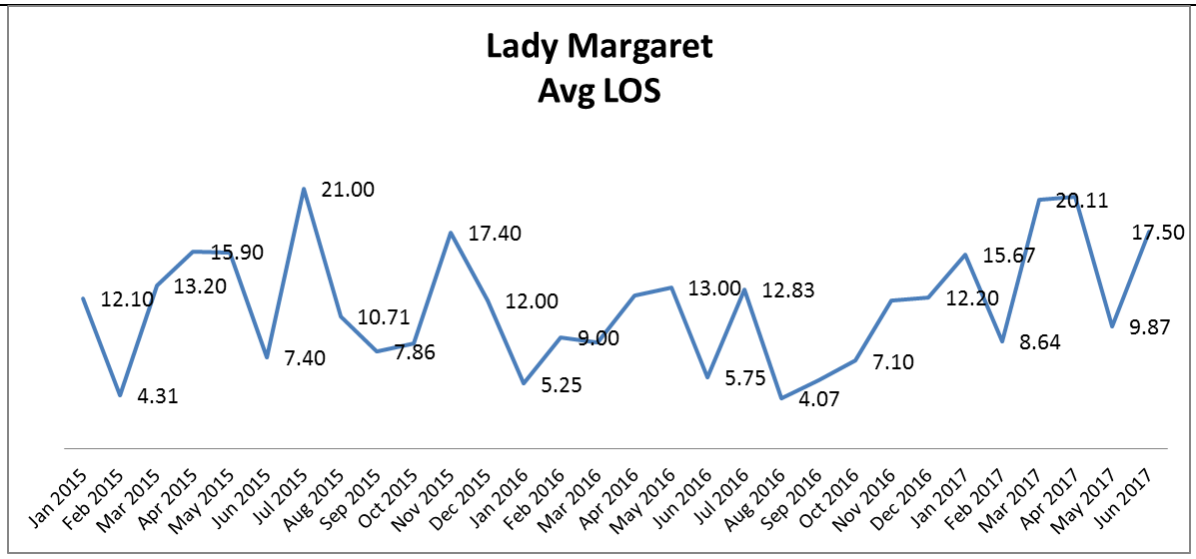
Admission Year	No of Patients	Total Length of Stay
2013	78	821
2014	71	772
2015	67	807
2016	91	1029
Grand Total	307	3429

Noted is the increasing rate of emergency admissions over the 4 years into Lady Margaret Community Hospital. Planned transfers from external hospitals have occurred mainly to support rehabilitation prior to return home (step-down beds), although it is noted AHP support for this is limited to one day per week.

Approx 50% of all elective admissions to Lady Margaret Community Hospital were for Respite/Holiday Care. In 2016 this equates to 7 of 91 admissions (7.6%). Since the above dates, 2 beds have been allocated for respite/holiday relief purposes.

Below shows this past years bed allocation and pattern:

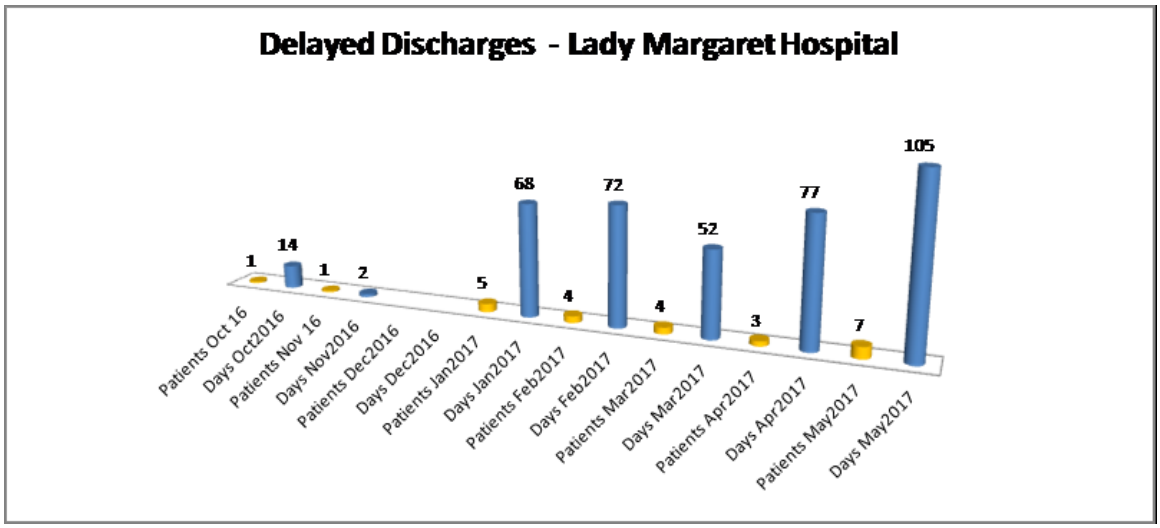




Average length of stay over 2015 was 12.8 days, and 2016 was 8.98 days. Average so far this year is 16.8 days. Although there are peaks and troughs, the average length of stay in Lady Margaret Community Hospital has continued to increase over recent years, against the trend in Ayrshire and Arran and Scotland as a whole. This may be partly affected by the lack of alternative care models on the island as well as the age related frailty and dependency of the client group.

c) **Delayed Discharges**

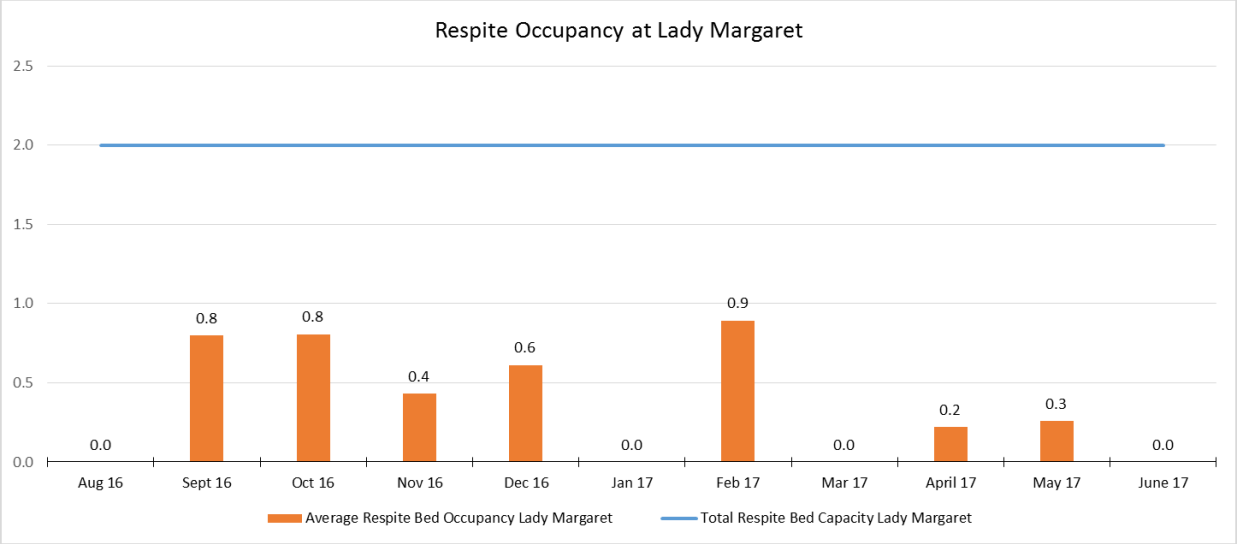
Over the past 8 months, 390 bed days were lost to delayed discharges from Lady Margaret Community Hospital- all delays were based on awaiting completion of Social Care arrangements to live in own home. This averages as 49 days per calendar months, 15 days per patient and can be averaged to 588 days over a year period.



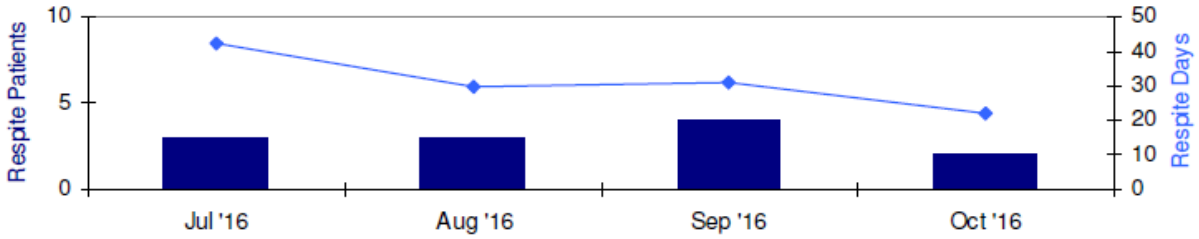
d) **Respite**

Lady Margaret Community Hospital currently has 2 beds for respite purpose, which were allocated almost one year ago. Although these are utilised as the below chart demonstrates, they are not as yet utilised to their full capacity.

Reasons for this might be lack of demand, or the “newness” of this model and spread of knowledge within teams for social care and respite delivery regarding these allocated beds in the trial year, or it might be that service users do not wish to be placed in a hospital environment.



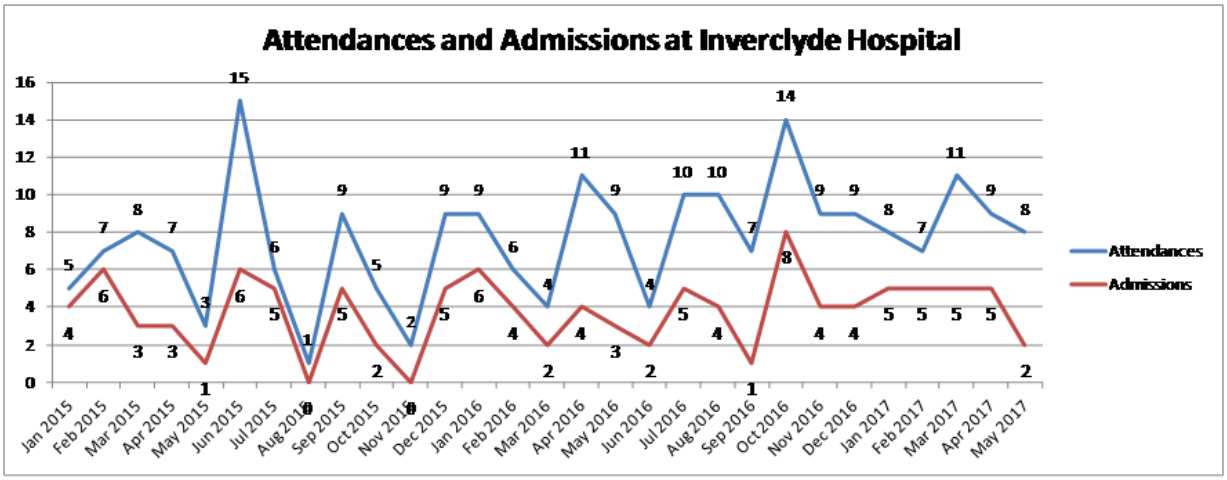
Respite Admissions and Length of Stay (Days) (Respite Care Initiative Commenced 01/07/2016)



e)

Inverclyde Royal Hospital

A&E Attendance and admission



Graph above shows attendances to A&E with subsequent admissions from Cumbrae residents. There were 222 attendances between January 2015 – May 2017, 49% (109) of those attending A&E at Inverclyde Hospital were admitted.

Almost half (48%) of those attending A&E are aged 65 and over, with just over half of those aged 65 and over (58%) were subsequently admitted.

f)

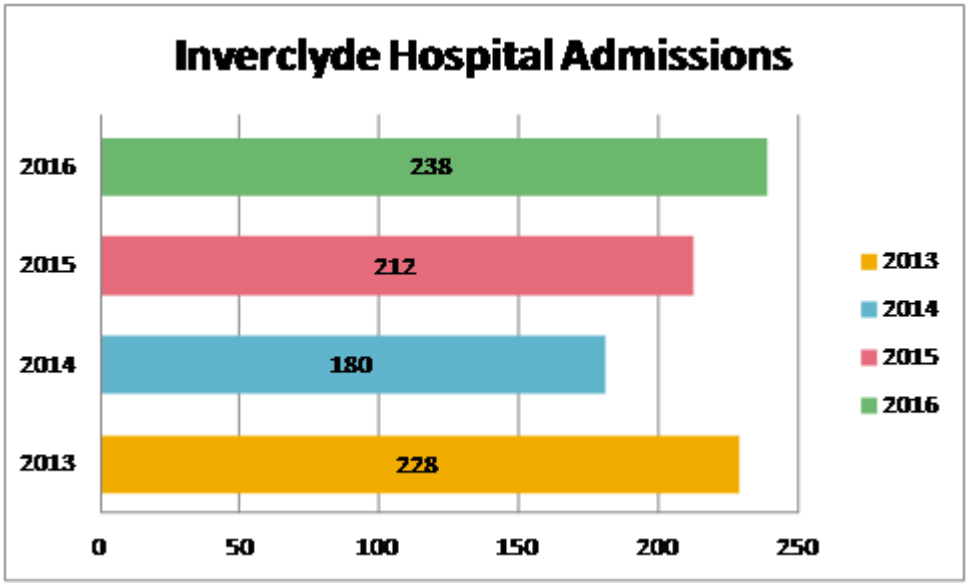
Average Length of Stay

The average length of stay for Inverclyde Hospital over the four years remained relatively stable to within 3 to 4 days. This demonstrates the acute nature of Inverclyde hospital admissions for either specialist emergency or elective needs. Comparatively, a portion of admission to Lady Margaret Community Hospital is for differing needs, including respite, rehabilitation/step down beds and social care needs. Consequently average length of stay is greater, varying from 8.98 to 16.8 days over the same years.

Calendar Year	Admissions	Average Length of Stay
2013	228	2.62
2014	180	3.76
2015	212	3.36
2016	238	3.57

Admissions from January 2013 till December 2016 totalled 858, averaging 215 per annum.

This is a mixture of elective and emergency admissions



Top 10 Main Diagnoses of Cumbrae residents treated at Inverclyde Royal Hospital

ANAEMIA, UNSPECIFIED

CATARACT, UNSPECIFIED

DIVERTICULAR DISEASE OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS

DUODENAL ULCER, CHRONIC OR UNSPECIFIED WITH HAEMORRHAGE

IRON DEFICIENCY ANAEMIA, UNSPECIFIED

LOBAR PNEUMONIA, UNSPECIFIED

MALIGNANT NEOPLASM, SIGMOID COLON

PNEUMONIA, UNSPECIFIED

PNEUMONITIS DUE TO FOOD AND VOMIT

URINARY TRACT INFECTION, SITE NOT SPECIFIED

Top 10 Main Procedures of Cumbrae residents treated at Inverclyde Royal Hospital

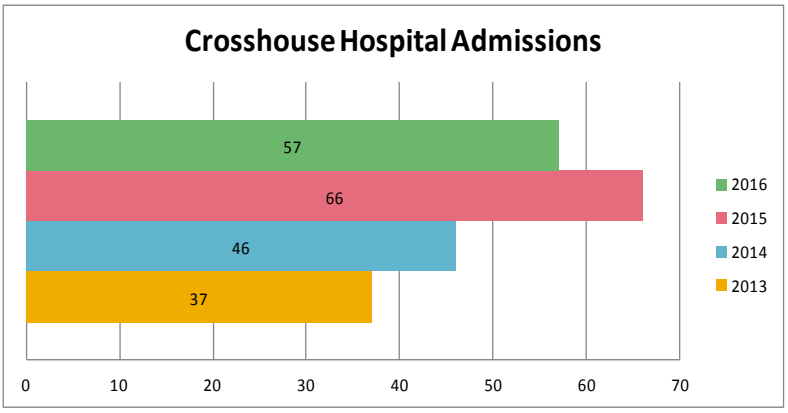
CONTINUOUS INTRAVENOUS INFUSION OF THERAPEUTIC SUBSTANCE NEC

DIAG FIBREOPTIC ENDO EXAMINATION OF COLON AND BIOPSY OF LESION OF COLON
DOPPLER ULTRASOUND OF VESSELS OF
EXTREMITIES

FIBREOPTIC ENDO EXAM OF UPPER GASTROINTESTINAL TRACT AND BIOPSY OF LESION
FIBREOPTIC ENDOSCOPIC SNARE RESECTION OF LESION OF
COLON
INSERTION OF PROSTHETIC REPLACEMENT FOR LENS
NEC
PRIMARY REPAIR OF INGUINAL HERNIA USING INSERT OF PROSTHETIC
MATERIAL

UNSPEC DIAG FIBREOPTIC ENDO EXAMINATION OF UPPER GASTROINTESTINAL TRACT
UNSPECIFIED DIAGNOSTIC ENDOSCOPIC EXAMINATION OF
BLADDER
UNSPECIFIED DIAGNOSTIC ENDOSCOPIC EXAMINATION OF
COLON

g) **Crosshouse Hospital Admissions**



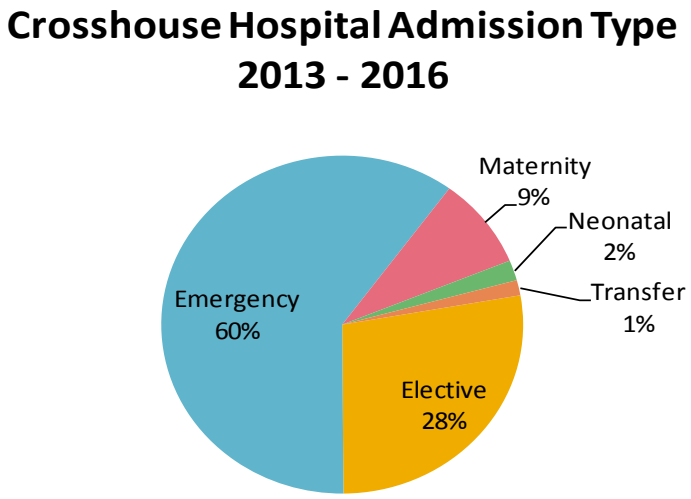
Top 10 Reasons for all Cumbrae Residents Admissions to Crosshouse Hospital by 2015 & 2016. This includes all elective and emergency.

Diagnosis	No of Admissions
Other faecal abnormalities	4
Mechanical complication of gastrointestinal prosthetic devices	4
Premature rupture of membranes	4
Mental and behavioural disorders due to use of alcohol. Dependence syndrome	3
Chest pain	3
Foreign body in ear	3
Unspecified acute lower respiratory infection	3
Stroke	2
Palpitations	2
Mental and behavioural disorders due to use of alcohol. Withdrawal state	2

Although relatively lower numbers in comparison to Inverclyde, the below chart notes that Emergency admissions to Crosshouse are steadily rising year on year.

Admission Year	Admission Local Type	Total
2013	Elective	9
	Emergency	22
	Maternity	3
	Neonatal	1
	Transfer	2
2014	Elective	13
	Emergency	28
	Maternity	2
	Neonatal	2
	Transfer	1
2015	Elective	15
	Emergency	39
	Maternity	11
	Neonatal	1
2016	Elective	20
	Emergency	35
	Maternity	2
Grand Total		206

The following chart demonstrates the highest proportion of admission is under emergency criteria, however there is also over a quarter of all admissions for elective reasons. This reflects the surgical and medical specialities based within Crosshouse.



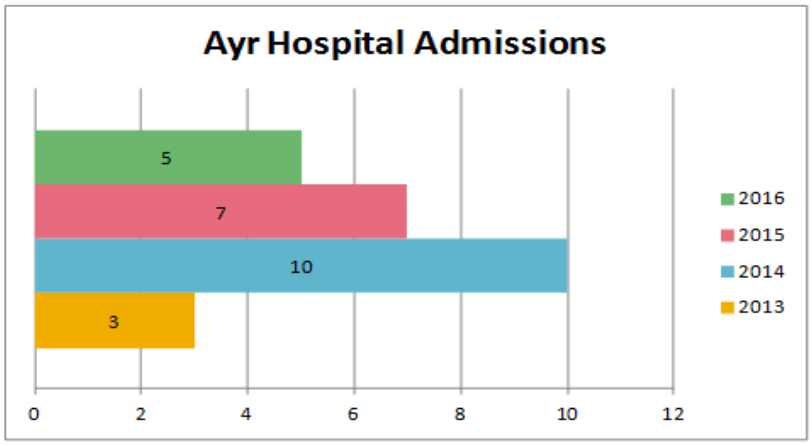
Admitting Specialty Crosshouse - 2015 & 2016

Admitting Specialty	Total
General Surgery (excl Vascular)	34
General Medicine	23
Obstetrics	13
Acute Medicine	12
Paediatrics	11
Gynaecology	8
General Psychiatry	5
Ear, Nose and Throat (ENT)	4
Geriatric Medicine	4
Public Dental Service	2
Trauma and Orthopaedics	1
Plastic Surgery	1
Cardiology	1
Renal Medicine	1
Oral and Maxillofacial Surgery	1
Anaesthetics	1
Accident and Emergency	1
Grand Total	123

Admission Year	No of Patients	Avg LOS
2013	37	19.5
2014	46	5.2
2015	66	3.6
2016	57	3.6

In 2015, 42% of all admissions to Crosshouse Hospital were in Hours, 58% Out of Hours. In 2016, 52% were In Hours, 48% Out of Hours.

h) **Ayr Hospital Admissions 2015 & 2016**



Reasons for Admission to Ayr Hospital 2015 & 2016

Diagnosis	No of Admissions
Malignant neoplasm of rectum	1
Skin of other and unspecified parts of face	1
Senile nuclear cataract	1
Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries	1
Fitting and adjustment of urinary device	1
Crushing injury of other parts of ankle and foot	1
Retention of urine	1
Dilated cardiomyopathy	1
Skin of lower limb	1
Dilated Cardiomyopathy - No Information On Ejection Fraction	1
Cataract	1
Disorder of eyelid	1
	12

All admissions to Ayr Hospital in 2015 and 2016 are In hours

Since figures for Ayr admissions are low, the impact of these are not significant to the service mapping.

4.5 **CUMBRAE RESIDENTS - A&E/Minor Injuries attendances**

a) **Lady Margaret A&E/ Minor Injuries Unit Attendances**

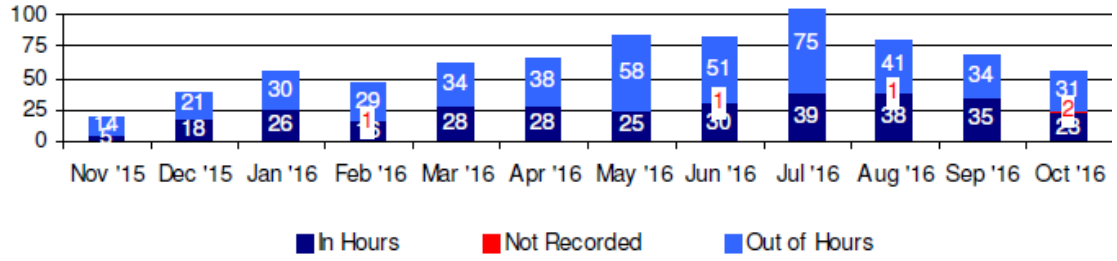
In one year (2015/16) a total of 918 presented at A&E. The outcome from these presentations:

	<16	16-65	>65	Total	% of Total
Admission	2	27	44	73	8%
Clinic Referral/return	18	99	160	277	30%
Discharge	81	237	170	488	53%
Transfer/ Ferry	2	3	3	8	1%
Transfer/SAS Helicopter	1	8	7	16	2%
Transfer/Scottish Ambulance Service	4	23	28	55	6%
Transfer/Sea King			1	1	0%
	108	**397**	**413**	**918**	
	12%	43%	45%		

Comparatively, at Inverclyde Royal Hospital, for 2016 there were 102 A&E attendances with 47 of those admitted. This demonstrates the effective nature of provision to A&E / Minor Injuries unit on the island, dealing with a large percentage of “on island” unscheduled care that sit under the unit’s medical remit.

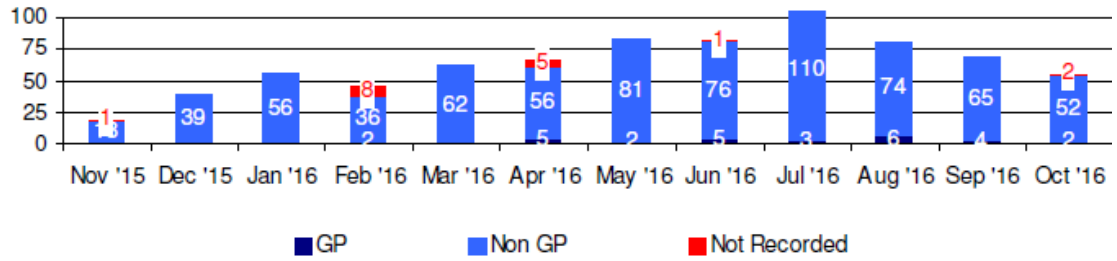
Below graphs indicates the pattern over an annual period (**please note these figures are different to above as they capture differing dates**) to demonstrate the demand in the summer months with tourism on the island at its highest with July showing more than double the amount on average from other months. The graphs also provide information on the amount of A&E attendance led by ANPs – this equates to 94% of all A&E attendances to Lady Margaret Community Hospital.

Accident + Emergency - Presentations by 'In Hours' and 'Out of Hours



NB: 'In Hours' is defined as Monday-Friday 0800-1800, else 'Out of Hours'.

Accident + Emergency - Presentations by 'GP' and 'Non GP'



b) **Inverclyde A&E Attendances**

In 2015, there were 77 attendances at Inverclyde Hospital A&E, 40 of those were admitted.

In 2016, there were 102 attendances with 47 of those admitted – i.e. approx 50% of all attendances to Inverclyde Hospital by Cumbrae residents result in admission.

It is noted that there is a significant increase (32%) in attendances to Inverclyde Hospital A&E in 2016

c) **Crosshouse Hospital A&E Attendances**

In 2015/16 there were 44 attendances by Cumbrae residents of which 73% were admitted.
In 2016/17 there were 45 attendances, of which 62% were admitted.

d) **Ayr Hospital A&E Attendances**

In 2015/16 there were 2 attendances by Cumbrae Residents, none of which were admitted.

In 2016/17 there were 3 attendances, again none of these were admitted

e) **Over all Comparison of A&E Activity for Cumbrae residents**

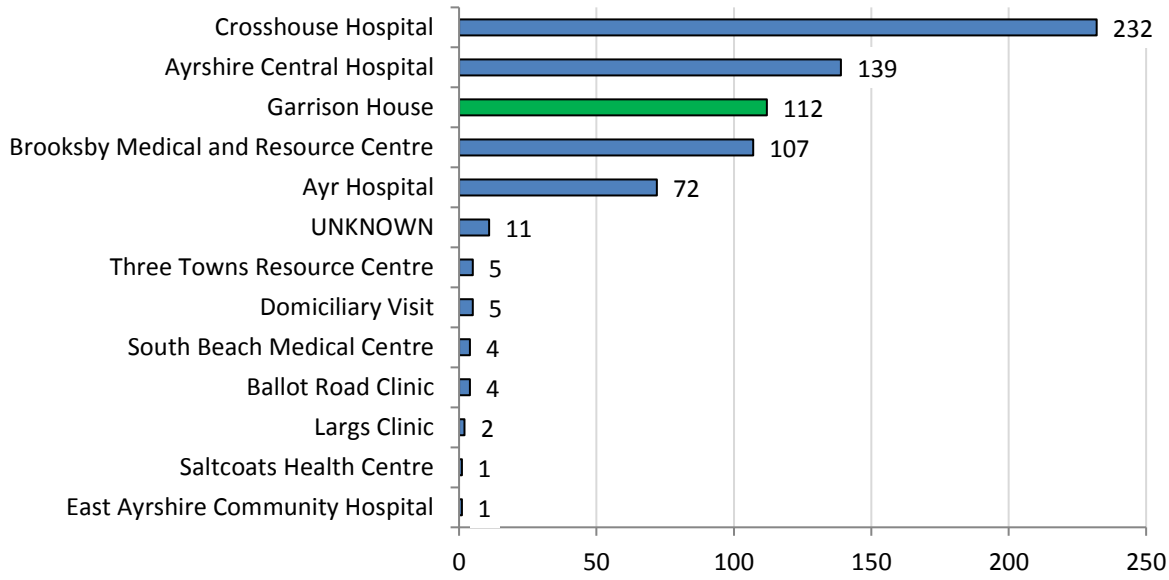
The below chart outlines the overall amounts and percentage of A&E presentations in 2015/16 and clearly demonstrates Lady Margaret Community Hospital as the main emergency point of contact for Cumbrae residents. This is in contrast to a review completed in 2012[3] which detailed around 43% of emergency hospital activity takes place within Inverclyde Royal Hospital with 41% taking place in Lady Margaret. The majority of the remainder were in Crosshouse (8%) and other NHS Greater Glasgow & Clyde hospitals.

[3] http://www.nhsaaa.net/media/103274/cfact2.pdf

	Since this 2012 paper, a new model of care at A&E in Lady Margaret Community Hospital has been implemented, including the use of ANP led intervention, with reduction of pressure on GP out of hours services. It might be recommended to research the impact this new approach has had on paramedic response and GP demand.

	Amounts	% of Total A& E Attendances 2015/16
Lady Margaret Community Hospital	**918**	**88%**
Crosshouse Hospital	**44**	**4%**
Inverclyde Hospital	**77**	**8%**
Ayr Hospital	**2**	**>1%**

4.6	**Readmission** Readmission definition from ISD: "A readmission occurs when a patient is admitted as an inpatient to any specialty in any hospital within a specified time period following discharge from a continuous inpatient stay. For statistical purposes, the time period conventionally adopted for the calculation of readmission rates is 28 days" For Lady Margaret Community Hospital the figures for 2015/2016 are 16 out of the 95 admissions. (16%). Data from other hospitals is not currently available.
4.7	**Multidisciplinary Team Communication** Communication is compounded by the variety of information systems used across all agencies.in the partnership, However there is a 4 weekly Local Operational Team (LOT) meeting- those invited include: GP, OT, Physio, Day Hospital, Social Work, Nursing staff and any other relevant professions. This meeting discusses any service user with complex needs living in the community and allows for an MDT framework in decision making. For in-patients in LMH the multidisciplinary team (MDT) is approached as required for complex discharges. However it is noted that communication from external hospitals with complex discharges is limited due to the many points of contact for all the relevant services. It is felt this is particularly difficult with Inverclyde Royal Hospital since it sits in a different Health and Social Care Partnership with differing IT systems and team framework knowledge. There is a named Social Work assistant for the island, based in Brooksby which staff have described as being invaluable for consistent approach and point of contact for Social Services provision and coordination. All day hospital referrals are also screened through the LOT meeting to ensure appropriateness.
4.8	**Day Hospital** To assist with the delivery of care locally, Lady Margaret Community Hospital provides a day hospital which incorporates Physiotherapy and OT once weekly, alongside recreational activities on other days. This service is seen as invaluable to the local rural community however the rehabilitation focus is limited due to AHP staff only available on one of the 3 days. The day facility is run from an annexe to the Lady Margaret Community Hospital and is an integrated service staffed and managed jointly by NHS Ayrshire & Arran and North Ayrshire Council. The Service is run 3 days per week with a maximum of 24 places available over those days. The service opened in August 2009. Activity in 2016 indicates 70% occupancy.

	Referrals are received from GP, AHP's, Nursing and Social Care staff and are generally based around needs pertaining to rehabilitation intervention, social isolation and mood. It was noted by one staff member that the referral process into the service is complicated and paperwork does not account for partnership working, resulting in duplication across both health and social care systems. This might benefit from being explored for streamlining of referrals. Recreational activities run daily with an alternate weekly day out supported by third sector (Elderly Forum) transport. However the day out is resourced by NHS staff placing some extra strain on the hospital services.
4.9	**Outpatient Services** Outpatient's facilities are found in the Garrison and also in Lady Margaret Community Hospital on the island for some AHP and Nurse led clinics. For more specialist medical led clinic, residents require to attend mainland facilities. The top 10 specialities referred to from Cumbrae Residents are: • MSK Physiotherapy (23.95%) • General Surgery (excl Vascular) (10.37%) • Ophthalmology (5.19%) • Cardiac Physiology (3.46%) • MSK Podiatry (3.46%) • Podiatry (3.46%) • Urology (3.21%) • Breast Surgery (2.96%) • Gynaecology (2.96%) • Dermatology (2.72%) **Clinic Location of Outpatient Appointments for Cumbrae Residents**  With MSK Physiotherapy being the highest rate of referral, the below chart indicates mainly how this service has been delivered to Cumbrae residents over this past year, alongside some Podiatry and Occupational Therapy MSK detail. We can see the majority of all MSK Physiotherapy for the islands residents, is delivered on the island with 99 out of 156 attendances being held at the Garrison (63%). A further 49 attended Largs (31%) with the final 6% between Ayrshire Central Hospital (ACH) and Three Towns Resource Centre. The

	Physiotherapist assigned to Cumbrae allocates 5 hours per fortnight to the Garrison but this is flexible depending on demand. From this past years data (July 2016 to July 2017) "urgent" referrals were seen within 2 weeks. Most non-urgent referrals however are seen within a reasonable time frame, this time last year the wait was 4 weeks, and rarely rises above this, only fluctuating to higher numbers (up to between 11 and 16 weeks) over June when the allocated Physiotherapist was on annual leave. Residents are also provided with the option to attend Brooksby for a more timeous appointment if required. In comparison to other areas, waiting times for MSK Physiotherapy in North Ayrshire currently range from 13 weeks at Kilbirnie Health Centre to 34 weeks at ACH & the 3Towns Resource Centre (& 23 weeks at Brooksby). Of the 27 attendances for Podiatry, 16 attended at ACH (60%) and the rest at Ballot Rd and Three Towns Resource Centre. **Cumbrae resident MSK Clinic activity for July 2016 – July 2017.**

Hospital	No. of New Attends	No. of Review Attends	No. of New DNA's	No. of Review DNA's
Ayrshire Central Hospital	**18**	**10**	**1**	**1**
MSK Physiotherapy	2	5	1	0
MSK Podiatry	16	5	0	1
Ballot Road Clinic	**1**	**2**	**0**	**0**
MSK Podiatry	1	2	0	0
Brooksby Medical and Resource Centre	**9**	**40**	**2**	**8**
MSK Physiotherapy	9	40	2	8
Crosshouse Hospital	**2**	**1**	**0**	**0**
MSK Occupational Therapy	2	1	0	0
Garrison House	**62**	**37**	**9**	**6**
MSK Physiotherapy	62	37	9	6
Three Towns Resource Centre	**2**	**2**	**0**	**0**
MSK Physiotherapy	0	1	0	0
MSK Podiatry	2	1	0	0
Treeswoodhead Clinic	**0**	**0**	**0**	**0**
MSK Podiatry	0	0	0	0
UNKNOWN	**1**	**0**	**1**	**0**
MSK Physiotherapy	1	0	1	0
Grand Total	95	92	13	15

4.10	**Midwifery Service** There is no Midwife based on Millport as the caseload is very small, with an average 4-5 pregnancies a year, the Largs Community Midwife covers Millport along with Skelmorlie area. Expectant mothers travel to Largs to see the community midwife for their routine antenatal care at Brooksby Health Centre and the Midwife will travel to Millport occasionally in the antenatal period if home visits are indicated. The Community midwife will then provide Postnatal Care to all women at home which will normally be 5 home visits then transfer to the Health Visitor.
4.11	**Dental Services** The Public Dental Service provides dental care for priority group patients. Of those resident on Cumbrae, this translates as those patients residing in Millport Care Centre with additional care needs e.g. severe learning disabilities. The service also see patients who are over 65 who have medical conditions which prevent them from attending a dentist on the mainland for treatment. Patients are either seen in the care home, in their own home or at the Garrison in Millport, where the service uses the podiatrist's room. There is no dedicated dental practice on the island and all other dental service users attend dental practices on the mainland.

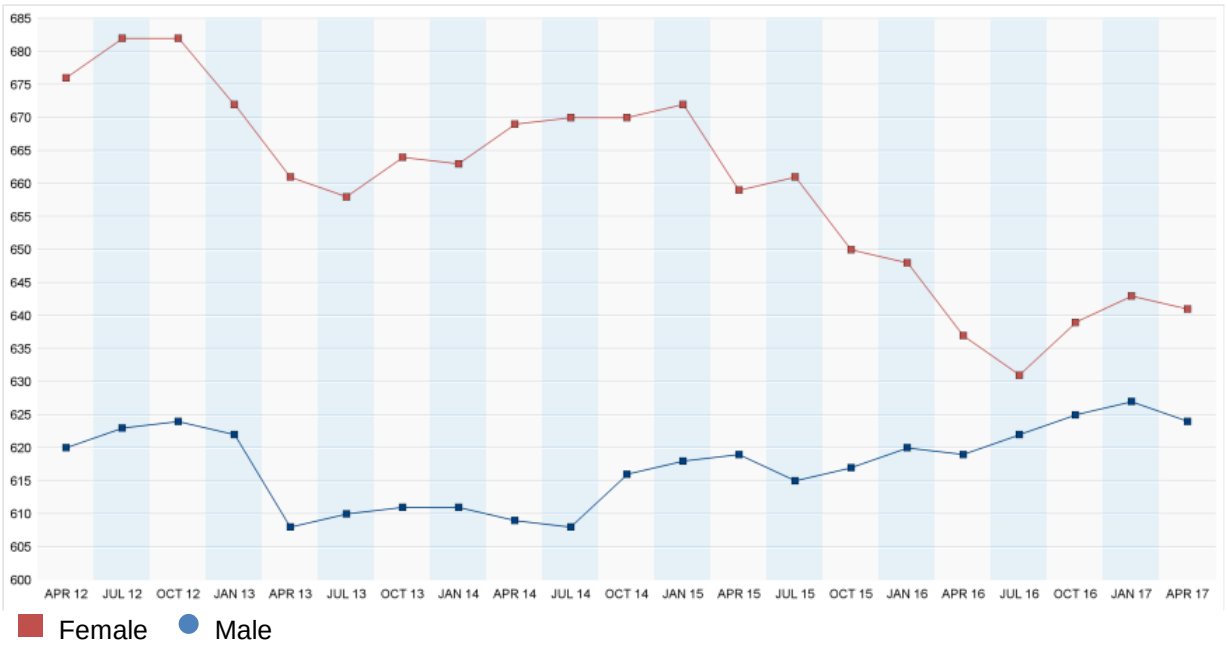
39 patients were seen last year (2016/2017) by the Public Dental Service:

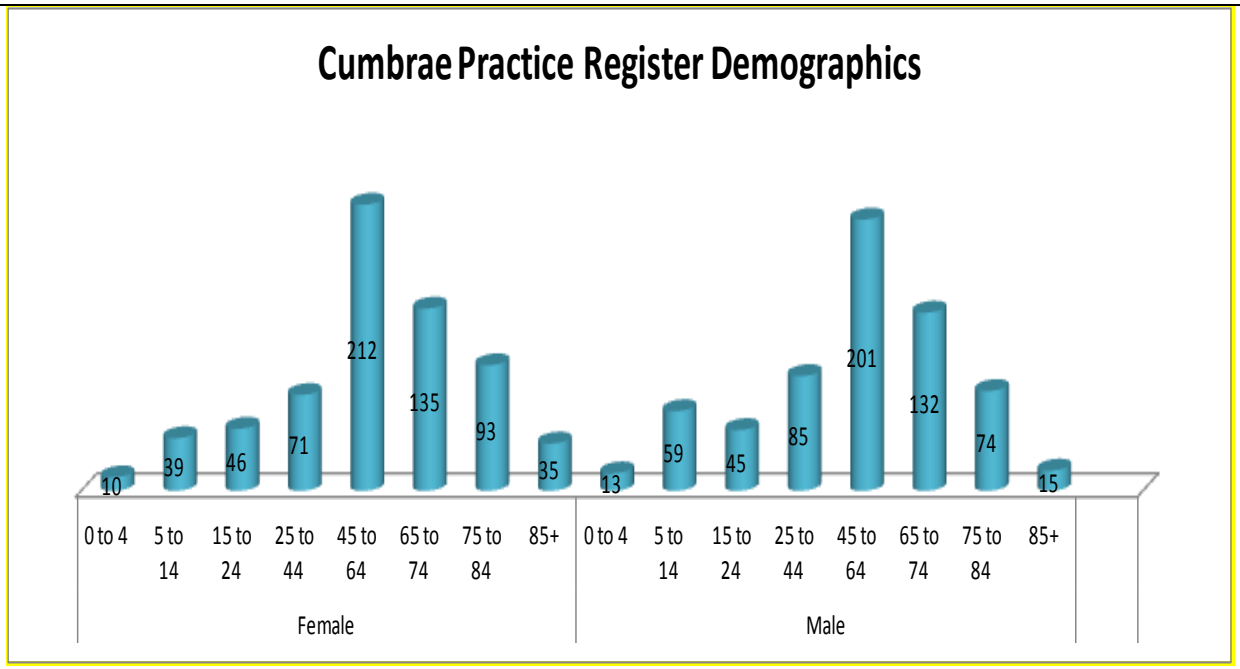
Age	No. of patients
18 – 30	2
31 – 45	9
46 – 60	11
61 – 75	7
76 – 90	8
Over 90	2

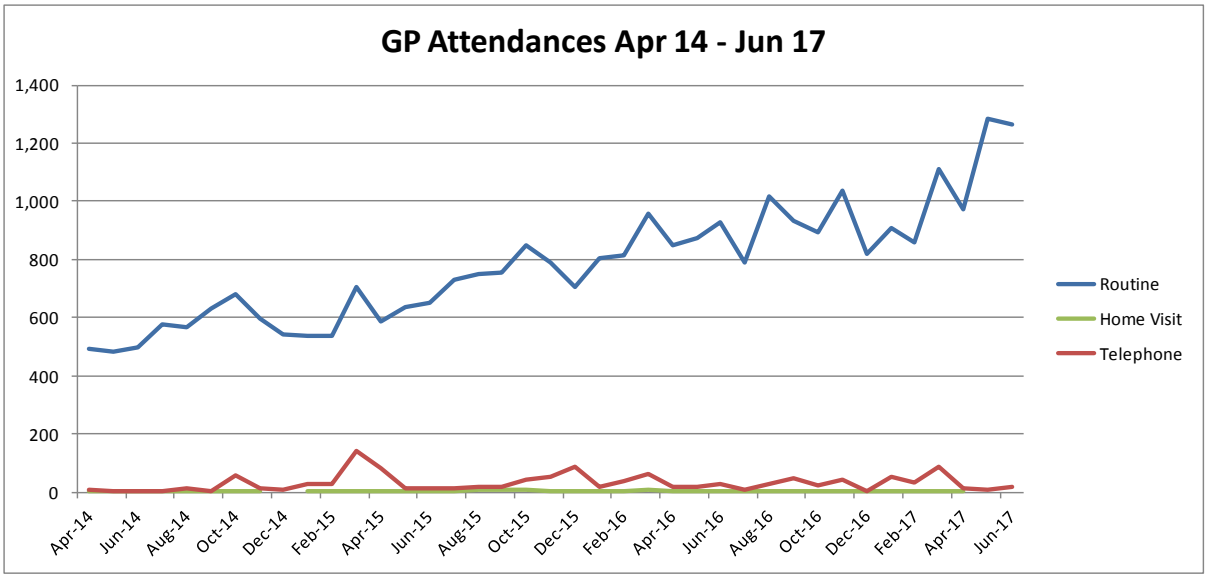
4.12 **Attendance at GP Surgery**

There is a single practice on this Island with two partners based in the Garrison premises since 2013. The Garrison also accommodates council services. The practice size is just over 1,300, less than a third of the size of the average practice size in Ayrshire and Arran.

Cumbrae Practice List Size by Gender







The G.P aims to see patients on the day where possible. 2 morning / 2 afternoon emergency appointments are allocated each day. Non urgent appointments are allocated first available date normally within 3 days.

Staffing at the surgery consists of:

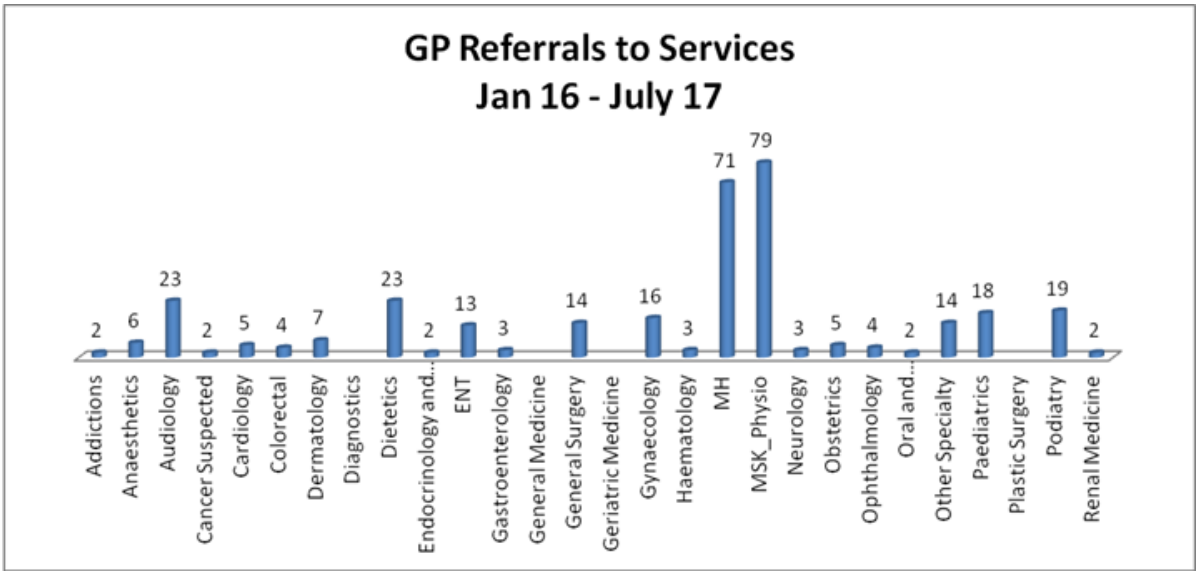
- Dr Malik based at the practice Monday to Friday
- Dr Karolina Agur, 3 days per week
- Practice Nurses, 1 provides 6 sessions per week and the other 2 mornings per week
- Treatment Room Nurse, provides 2 sessions per week
- Practice Manager is supported by 2 part time receptionists and a part time medical secretary.

Clinic services attached to the practice are:

- Physiotherapy – 2 clinics per month

- Dietician – 1 clinic per month
- Podiatrist – 1 clinic per month
- Dentist – Every 6 months for 2 to 3 weeks
- Dr Hart provides Mental Health clinics on occasion
- Addictions – currently looking to provide 'drop-in' support on Cumbrae.
- Health Visitor – 1 session per week
- No Midwife on the island.

Out of hours and weekend island services are supported by Advance Nurse Practitioner Services.



The largest proportion of referrals from the Cumbrae G.P practice is for MSK Physio (23%) closely followed by referrals to Mental Health Services (21%).

4.13 **Out of Hours Provision**

As previously described, Lady Margaret Community Hospital are the main point of contact out of hours and provide out of hour urgent care with support from paramedics / emergency services and a medivac service where required.

Community Alert provide a split shift pattern of morning and evening cover with nightshift cover not provided. Out with hours, family/relatives are contacted in first instance, with paramedics in second instance.

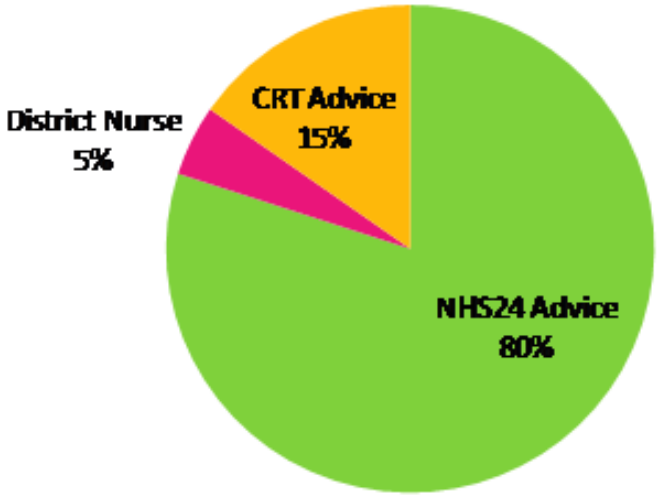
This has been noted to be problematic as where a critical call might be received, the paramedics require to be redirected urgently and may result in a person remaining on the floor for a significant length of time. Other issues highlighted were the lack of lifting equipment for the Care at Home staff to respond with during hours. This again results in paramedics being unnecessarily called where there is no injury and the person only requires paramedics to "lift" them.

The GP and Police have both noted a concern in there being no appropriate "place of safety" out of hours for those who require this service (e.g. Detainment under the Mental Health Act, vulnerable children, etc). Ordinarily within hours these services can be reached by ferry on the mainland, however out of hours, there is ad-hoc use of both police cells and/or a hospital bed within Lady Margaret, as well as any PVG checked staff on the island. However these island based responses can disrupt service provision, e.g. may result in the Police being unable to responds to a 999 call. Clear processes are required for this and a working group has been called urgently.

ADOC Out of Hours calls

Where ADOC has received calls, 80% were referred to NHS 24 for advice. 15% referred to the Crisis Team who support mental health and addiction issues. Anecdotally, these numbers are low as most residents use Lady Margaret Community Hospital as main point of contact (averaging around 34 call per annum over 2015-16).

January 2015 – June 2017



Breakdown of referrals to NHS 24

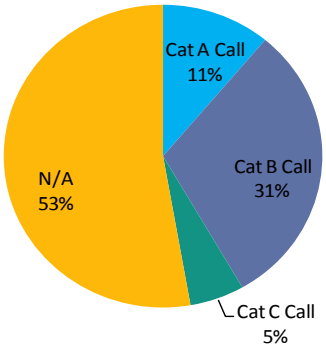
999 contacted. For information only	For information only	Home Visit within 4 Hrs	Patient given self-care advice - For Information Only	Patient sent to A&E via Ambulance within 2 Hrs - For Information Only	Pt advised to contact CPN Team - For Information Only
6%	15%	1%	6%	1%	1%
Pt advised to contact Pharmacist - For Information Only	Pt advised to contact Police - For Information Only	Pt advised to contact GP practice - For Information Only	Pt advised to go to A&E - For Information Only	Pt given self care advice - For Information Only	Triage refused. Pt terminated call - For Information Only
9%	3%	21%	7%	29%	1%

4.14 **Unscheduled Care**

All emergencies are responded to either via Lady Margaret Community Hospital or emergency services, supported by local paramedics, GP in hours and ANP's out of hours.

4.15 **Scottish Ambulance Service**

This service is available on a 24/ 7 basis with staff available from their own homes. The island has one vehicle available at all times, either on call during night hours or on day shift (9 till 9:30). This vehicle is an emergency vehicle and is not a patient transport vehicle. At the time of report, the service comprised of 7 staff in total

	with 5 at work. Grades consist of 1 emergency driver, 2 paramedics (both of which not within Cumbrae services at present time), 3 qualified technicians & 1 student technician who will be qualified by 2018. Paramedics are trained to high standards and are able to follow the West of Scotland protocols for ST Elevated Myocardial Infarctions, including the administration of thrombolytic drugs. Technicians are also trained in taking and interpreting ECGs. **Emergency Incidents Categories 2016**  The service over 2016 undertook 587 calls, 341 were emergency (58%) of which 47% were 999 calls. 11% of calls were assessed as Category A (life threatening conditions) and 31% were assessed as category B (serious but not life threatening). 5% Category C (Not serious but may require an ambulance). 53% categorised as N/A or non-urgent. It should be noted that the category given to calls do not always reflect the actual condition of the patient on arrival. With a new model of care introduced last December (2016), the Emergency Incidents recording changed categories and therefore unable to provide 2017 data as yet. Data is due to be reported on in November at the end of the pilot, at which point it will be possible to compare previous year's activities. Anecdotally, it is suggested that there has been a steady increase in emergency incidents.
4.16	**Transfers to Mainland**
a)	**Paramedic transfers** Transfers are provided either by road or air, dependent on the urgency and medical requirement during transfer. For road/ferry transfers, the vehicle meets another mainland vehicle from the ferry. This is to ensure the island has a paramedic service at all times, however the availability of a vehicle from the mainland can often delay this significantly. Below details those that required transfer off the island from both A&E and from in-patient for treatment.
b)	**Unscheduled and emergency care transfers** For unscheduled care, of 46 hospital transfers to Crosshouse or Ayr Hospital undertaken in 2016, 48% were transferred by ambulance via the ferry and 13% by air ambulance (Helicopter). The remaining 39% were patients providing their own transport, for high risk emergencies, the service can call on the national Emergency Retrieval Service (helicopter).
c)	**Scheduled care transport** There is no scheduled care patient transport vehicle/service on Millport, however the accident and emergency vehicle is utilised for scheduled care appointments, day centre, etc. This isn't always practical due to 999 activity and can on occasion's compromise the service due to having to take the scheduled care patient to a place of safety prior to attending the 999 call. This can deter from core business and critical calls, and it is suggested there is an emerging need to explore volunteer driving schemes to support patient transport alongside more flexible public transport services.

	Largs has a scheduled care vehicle and depending on the work load on the mainland will go over to the Island to carry out schedule care work but only if the patient is coming off the Island onto another mainland hospital.
4.17	**Pharmacy Services** The pharmacy contract has evolved over the last 15 years to provide services that benefit patients and to shift the workload away from GP Practices with the focus on ensuring patients can see the appropriate healthcare professional and the appropriate time. NHS Ayrshire and Arran Pharmacy Practices Committee approved the application for a pharmacy on Cumbrae and the pharmacy opened in October 2011. It is open 9am to 5.30pm Monday to Friday (excluding lunch breaks) and 9am to 1pm on Saturday. In addition to core pharmacy services, the service has an agreement to provide a number of additional services including consultation, advice and provision of pharmaceutical treatment of minor ailments and chronic conditions, reducing the requirement to attend GP and supporting early intervention. This is currently available to anyone under 16 or under 19 in full time education and anyone over 60. Anyone exempt under the old prescription exemption rules are also eligible to register for this service. Other ancillary service provided by the pharmacy include involvement in health promotion campaigns, promote healthy living, smoking cessation services and support to people addressing addictions and sexual health care, such as to supply the 'morning after pill', condom distribution, Chlamydia testing and treatment. Gluten Free Food service-patients with coeliac disease can register with the pharmacy and order their GF food bypassing the GP Practice. Eyecare Ayrshire is a service that encourages the public to attend the optometrist rather than the GP for any eye problems (unfortunately there is no optician on Cumbrae). Users would be provided a 'signed order' form which the patient would take to their pharmacy rather than a referral to the GP for a prescription. Throughout Ayrshire and Arran, the pharmacy is also able to treat UTI's and impetigo, again assisting to alleviate increasing demand on the GP, as well as provide advice on prescribed and over the counter medication. **Pharmacy Data – 2016** The items column shows the total number of items allocated to Cumbrae Practice dispensed by the relevant Dispenser. We can see that almost 70% of Cumbrae Practice's prescription items are dispensed by Cumbrae Pharmacy, with 30% travelling to mainland. Anecdotally, this 30% might consist of visitors to the island, or those who work on the mainland, as well as those who choose to use mainland services.

	Items	No of individuals using this dispenser
CUMBRAE PHARMACY	26785	990
SUPERDRUG STORES PLC	8135	231
BOOTS Greenock	2722	44
BOOTS Largs	726	76
DHB HEALTHCARE Largs	189	31
WM MORRISONS LARGS	128	19
ENGLISH DISPENSER	103	*Not recorded
R A GUY LTD AIRDRIE	93	2
FITTLEWORTH MEDICAL GLASGOW	72	4
BOOTS THE CHEMISTS KILMARNOCK	49	1
*Chi number not recorded in England		

Pharmaceutical support to Lady Margaret Community Hospital

Pharmaceutical advice is available to Lady Margaret Community Hospital from Crosshouse and the service supplies all medicines, wound management dressings, medical gases and infusion fluids.

A Crosshouse hospital pharmacist visits the hospital every three months to undertake the statutory check of controlled drugs in the hospital. The visit also provides an opportunity to check the medicine storage and handling arrangements in place and to give advice where appropriate. The Lady Margaret Community Hospital is a low user of hospital drugs. Drugs supplied to Lady Margaret are similar to those we would expect to see in a primary care setting.

4.18 **Community Nursing**

Prior to a recent change, community nursing was provided by mainland community nursing services. Recently, this was changed to community provision from nursing staff at Lady Margaret Community Hospital however this staffing group have no dedicated staff or resource for the community service at this time.

Where this service cannot be provided due to capacity and staffing, Brooksby Medical Centre (Largs) Community Nursing service accommodate needs. This is a new model of care within the past year and requires ongoing review, with clearer processes, however it is anticipated this new model has increased efficiency and time to contact by reducing the need for travel time and improving the capacity of self-sustaining nursing model on the island.

No data is available at this time

4.19 **Allied Health Professionals (AHP)**

Other than the detail supplied for MSK services in Outpatients section, AHP's presence on the island is in the main visiting services to provide AHP support at home, in Lady Margaret Community Hospital and at the Day Hospital. It is noted that it would be a useful exercise to compare data below to the population on the mainland, to provide a service demand ratio.

a) **Occupational Therapy (OT)**

Currently there are in the main, two OT services that visit the island, with sporadic needs led services from other specialities, such as child health OT and mental health OT services.

Health (Rehabilitation Focused) Occupational Therapy

Based in Brooksby HATT team, a Health service OT visits Cumbrae one day per week. Tasks include any OT related inpatient needs for Lady Margaret Community Hospital, day hospital input, planning for discharge and post discharge (acute) needs. The service also feeds into any complex needs through the LOT meetings.

This service provides for Post-Acute Intervention, In-Patient at Lady Margaret Community Hospital, Day Hospital, follow up physical rehabilitation for patients returning from IRH, Queen Elizabeth and ACH as well as Local Operational Team Meeting attendance to determine patients accepted for assessment & Rehabilitation. Interventions include technique adjustment, strengthening and effort tolerance, aiming towards enablement of people who have recently incurred illness or deterioration in their condition. This service also provides for basic equipment and adaptations to compensate for any loss in function that is unlikely to be regained. On the whole the service provider feels that the provision of equipment could be streamlined with an effective equipment satellite store, instead of relying on the mainland store.

3 years data was examined for this service. There were little to no waiting times, with demand on the service for patients aged 63 years to 98 years, and annual average rate of referral being 13. Lengths of intervention can vary from 1 – 139 weeks, however this will depend on complexity of case, and can be lengthy particularly where there are complex needs safe discharge. It also does not reflect patients being seen by the therapist weekly but usually denotes patients where the therapist (s) have dipped in and out of these patient's episodes of care / treatment.

Type of Intervention	2014/15	2015/16	2016/17
In-patient Assessment	9	9	10
Day Hospital Input	3	2	0
Post Acute Discharge follow up	0	1	5
Totals	12	12	15

Overall in the 3 years in-patient referrals have remained steady in numbers, day hospital referrals have decreased, with Post-Acute follow-up actively increasing. This demonstrates an improved journey of care for patients, especially for those patient's being transferred back to the Island from acute hospitals on the mainland.

b) **Equipment and Adaptations –Occupational Therapy Service (Social Work based)**

This service is based within the Brooksby Medical and Resource Centre and is closely aligned to the HATT based OT as above. Both teams attempt to work together and meet on a regular basis in order to reduce duplication.

The Social Work OT service assesses for accessibility needs as well as completing functional assessment in activities of daily living. Most of the service interventions are for provision of equipment and adaptations. The team comprises of 3 OT's (one of which has been vacant for some time) and 2 OT assistants, who cover all of the North Coast & Three Towns Locality Area. There is no time equivalent dedicated to Cumbrae alone, and allocation is prioritised on need across the whole locality, and across the team skill set. Waiting times are in operation according to need, however the length of waiting time is not available at present.

Over the past 2 years, there has been 38 allocations to the team from Cumbrae alone, over 29 service users. The average length of intervention has been 137 days, with 6 cases presently open. There were 10 allocations in 2015, 21 in 2016 and the remainder 7 in the first 6 months of 2017. This initial rise and a fall over the annual rate of allocations might be attributed to staff changes in the team. Outstanding referrals and waiting times would require to be examined to realise any increase in demand.

Below details the referrals received by the Adaptations Services from the OT services within the last 5 years (to date so far) with most adaptations taking place in owner occupier properties.

Adaptations in Millport

2012 - 2017

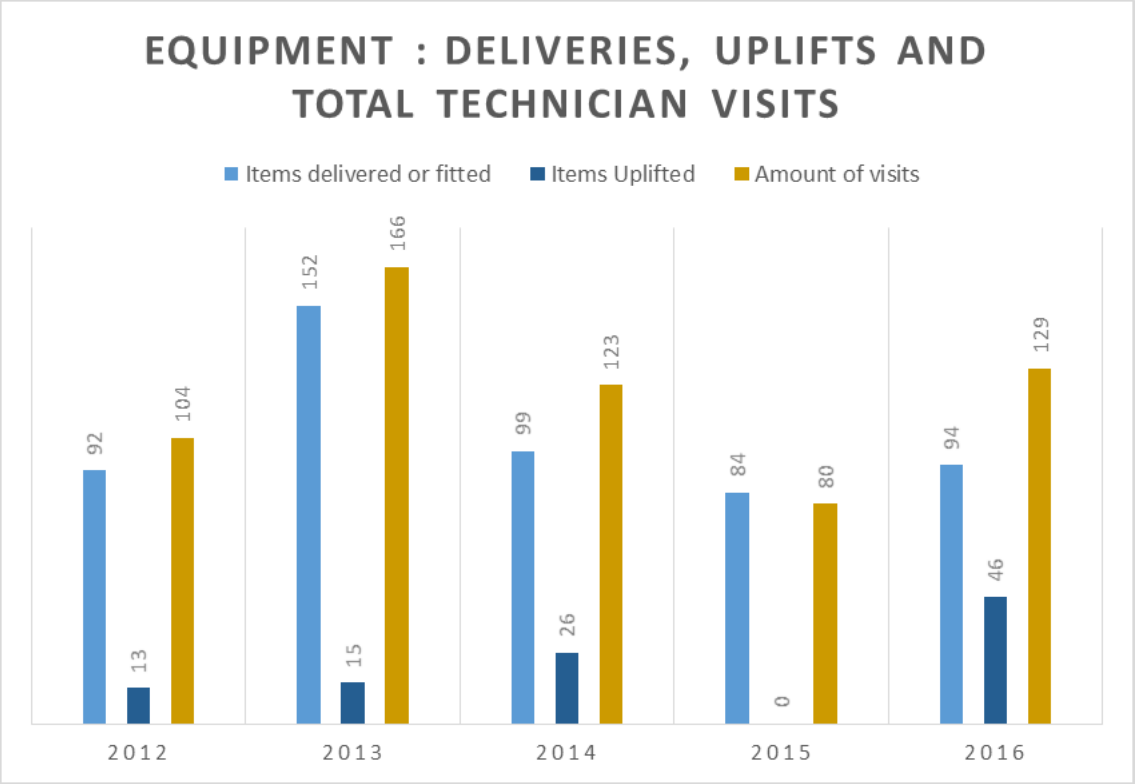
Privately Owned Properties

Year	Adaptation	Total for Year
2012-2013	2 x Wet Floor Showers, 2 x Stairlift	4
2013-2014	4 x Wet Floor Showers, 2 x Stairlifts	6
2014-2015	1 x Ramp, 1 x Stairlift, 1 x Ceiling Track Hoist	3
2015-2016	2 x Wet Floor Showers, 1 Large WHB	3
2016-2017	3 x Wet Floor Showers, 1 x Ramp	4
2017-2018	3 x Wet Floor Showers	3
		23

NAC Properties

Year	Adaptation	Total for Year
2012-2013	Nil	0
2013-2014	Install Grabrail on Wall at WC	1
2014-2015	Nil	0
2015-2016	3 x Wet Floor Showers, 1 xRemove Hoist from Bedroom & Livingroom	4
2016-2017	Nil	0
2017-2018	Nil	0
		5

Below details the amount of items delivered, uplifts and total visits made by technicians from the OT stores over 5 years.



c)

Domiciliary Physiotherapy services

Community physiotherapy on Cumbrae is provided once weekly (approx 6 hours including travel time) by a physiotherapist from Brooksby Medical & Resource Centre in Largs. This includes: domiciliary physiotherapy; in-patient physiotherapy to patients within Lady Margaret Hospital; and physiotherapy as required to patients at the Lady Margaret Day Centre.

The service provides for mobility assessment and improvement, postural management, mobility aids and treatment planning. Although no stats are collated at present, anecdotal evidence suggests there is little to no waiting times for this service, with the occasional one or two weeks wait.

Majority of referrals are for 70-90 age group.

Year	Annual domi referrals	Treatments	Phone Reviews	Max Wait (Weeks)
2016-17	33	54	70	4
2015-16	25	53	67	8
2014-15	30	73	90	1

*Domi caseload at end of each month has varied 0-9 pts over past 3 years. Averaging 4 pts caried fwd each month. Most referrals require between 1 and 3 visits.

**Phone reviews may be scheduling calls or treatment reviews/advice.

Year	Annual Lady Marg new referrals	No of Persons actually seen in year (new+review)
2016/17	22	45 treatments
2015/16	22	71 treatments
2014/15	28	80 treatments

Hospital number of treatments vary between 1 and 6 or 8 treatments per referral.

Year	Annual Day centre new referrals	Number pts actually seen in year (new+review)
2016/17	4	10 treatments
2015/16	1	31 treatments
2014/15	5	51 treatments

d) **Dietician Support**

The Dietetic service for Cumbrae is a visiting service and is provided mostly at a monthly clinic in the GP Surgery, Millport Care Home and own home where required e.g. Enteral feeds. The service is based on need and referrals received from the GP or from the hospital. Paediatric patients are usually transferred from Mainland in patient or referred from Health Visitors and/or School Nurse. No data was available at this time.

e) **Podiatry Support**

The podiatry high risk and diabetes team provide a service to Millport on the 1st Monday in May August and November in Cumbrae Medical Practice. The clinician also delivers home visits to patients unable to attend the clinic on that day.Patients seen by the high risk and diabetes team have been screened as either at high risk of developing a diabetes or vascular related foot ulcer or have had a previous ulcer and are in remission.

Patients who require more regular appointments attend our clinic at Brooksby Medical Centre in Largs.

The service also provides a diabeteic foot screening service for those screened low risk of developing a foot ulcer and able to self-manage. Due to the low number of these patients they either travel to Largs for screening or the patients are screened locally by the GP practice.

No data available at this time for domiciliary visits or waiting times for both out patients and domiciliary services. However MSK detail is noted on page 27.

f) **Speech and Language Therapy**

No data available at this time.

4.20 **Palliation - End of Life Care**

There is one dedicated bed with family facilities at Lady Margaret Community Hospital as well as community nursing where required. Caring for palliative conditions is often complex and requiring large resources in order to enable where possible, for someone to remain at home, including demand on double handling care and medical/ nursing review/intervention. Numbers are currently very low on the island, however anecdotally staff report Palliative Care requests appear to be increasing. Data was not available at this time.

4.21 **Children's Social Services, Child Health and Health Visiting**

a) **Children's Social Services**

Children and Families Fieldwork Services for Garnock Valley, Largs and the west coast including Cumbrae is centrally located within Kilbirnie Area Centre. Children and Families fieldwork services assesses, supports and provides services to children, young people and their families who are experiencing difficulties and need help.

The service can also provide or arrange:

- Advice on welfare benefits, debts and budgeting
- Counselling over difficulties
- Practical support within the home
- Support for addiction, domestic violence and mental health issues
- Support to prevent family breakdown
- Provide support and supervision for children at home and looked after away from their own homes
- Give support for young people leaving care

Ayrshire out of hours social work services also provide cover for the Isle of Cumbrae out with office hours.

Referrals for families on Cumbrae remain steady, with variations in support ranging from advice and guidance to child protection concerns and investigations. Alcohol misuse, Parental Mental health and parenting concerns are themes observed consistently. These are addressed using partnership working between Health and Social Services.

There are no looked after and accommodated children on the island in 2016/2017.

Table: Number of relationships open between 2014-17

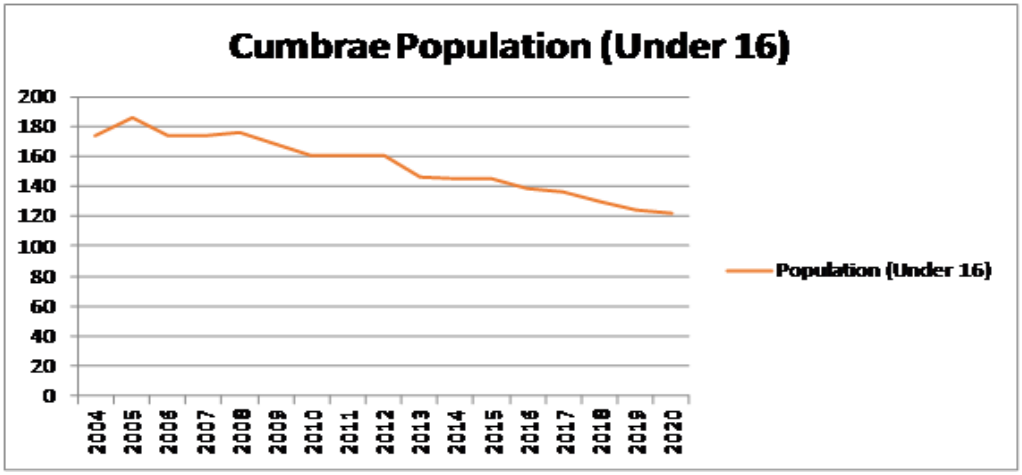
NB Some relationships may be open over various years

Year	Child Protection Concerns	No. children
2014/15	11	8
2015/16	6	6
2016/17	8	6

	2014	2015	2016	2017
C&F Fieldwork Teams	<5	<5	16	16
Intervention Services	8	11	6	5

There were 23 unique service users over the period.

Chart: Cumbrae Under 16 Population (and projection until 2020)



*2014 data, projections given from 2015 onwards.

b) **Child Health Services**

Child Health Services are based within Rainbow House in Irvine, where a multidisciplinary team accept referrals from both GP and other health professionals. Referrals are triaged at point of contact to the most appropriate intervening service(s). For any residents on both the mainland and Cumbrae, appointments are both clinic based and domiciliary where required. Child Health services consists of Paediatrician services, AHP (OT, Physio, Speech and Language, Dietician services), Nursing and Psychology services and work closely with the Children's and Families Disability team at West Rd,Irvine, Health Visiting Services, Education, School Nurse and Children's OT based in Social Work. Numbers are very low for Cumbrae all services within Child Health and Child Disabilities services in social work, which is reflective of the lower child population described above.

c) **School Nursing**

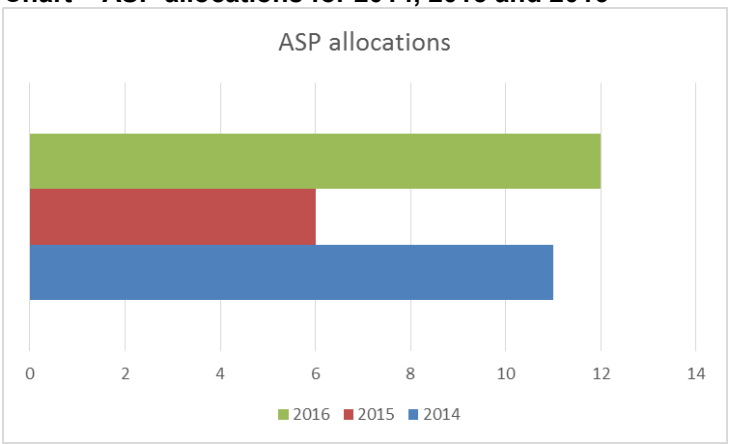
A School Nurse is based within the Brooksby in Largs and visits the island. This nurse has responsibility for all school age children. At time of report, Cumbrae Primary School has 65 on the roll and the School nurse attends once monthly (or more if required) to see the children with medical needs who have care plans.
The School Nurse role also covers any training requirement with staff, as well as supporting staff and parents with any other medical needs. This may require to see children on a 1:1 basis or attend any meetings and older children who attend Largs Academy also. There are currently 63 Cumbrae pupils attending Largs Academy. Annually the School Nurse also provides Primary 1 children a health check (height weight BMI and provision of final dental pack) and assists with the Immunisation Team annually to offer flu immunisation vaccine.

d) **Health Visiting**

There is a Scottish Executive publication called Universal Health Visiting Pathway in Scotland, which Ayrshire and Arran are in the process of implementing, we are completing most of the home visits as per this document.

Health Visitors do an antenatal home visit, visit a new baby weekly until 6 weeks old, then again at 8 weeks, 12 weeks, 12 weeks, 16 weeks, 6 months, 13-15 months, 27-30 months, age 4 years – all are home visits now, there are no child health clinics.

The health visitor covering Cumbrae Medical Practice has an Assistant Nurse Practitioner who occasionally come over to Cumbrae if requested by the health visitor if there is some parenting work to be carried out. There is also an Early Years Social Worker, he receives referral from the health visitors where there are social concerns but no child protection issues and will attend upon referral if necessary.
There are approximately 23 pre-school children on the island at the moment.

	The health visitors main concerns about the services on Cumbrae for families with children are the lack of child care providers, both early year nursery provision and child minders. Parents are unable to get appropriate child care therefore they are not able to get jobs locally, this is impacting on parents mental health and financial income - many families move to Millport and then within a few months they will leave again. One carer had suggested a mobile child minder that could come to the family home to give respite/care for parents and carers.
4.22	**Social Work Teams - Adults and Older People**
a)	**Adults and Older people** There are several teams who visit the island each providing a level of specialism: • Adult support and protection • Assessment and Enablement • Care Management and Review Team • Social Work Mental Health Team (described in Mental Health Section 4.25) • Sensory Impairment Service • Money Matters It should be noted there has been a very recent restructure to align both adult and older peoples teams together. At this time, there is no waiting list information, however as all services are provided by mainland without dedicated services to Cumbrae, this is subject to the priorities allocated to each referral within the North Coast, Three Towns and Specialist services locality teams. Brooksby Medical and Resource Centre houses the main teams that provide Assessment & Enablement as well as Care Management review Social Work input, with other visiting/specialist social work team members "hot desking" to provide demand led intervention.
b)	**Adult support and protection** Illness, or disability, can make an individual reliant upon others for help and support. In some cases, reliance can increase vulnerability to abuse and exploitation when trust is abused. People over the age of 16, who fall into this group, are sometimes referred to as adults at risk of harm. They could be someone who, through mental or physical disability: • is unable to live unsupported alone • cannot deal with their own financial affairs • has suffered or is suffering physical or emotional abuse • has been or is being financially exploited • poses a danger to themselves or others **Chart – ASP allocations for 2014, 2015 and 2016**  Over the 3 years above there been 29 allocations for ASP intervention, covering 21 service users with 4 allocations still open presently. 11 were allocated in 2014, 6 in 2015 and 12 in 2016. This shows a varied allocation with no significant pattern.

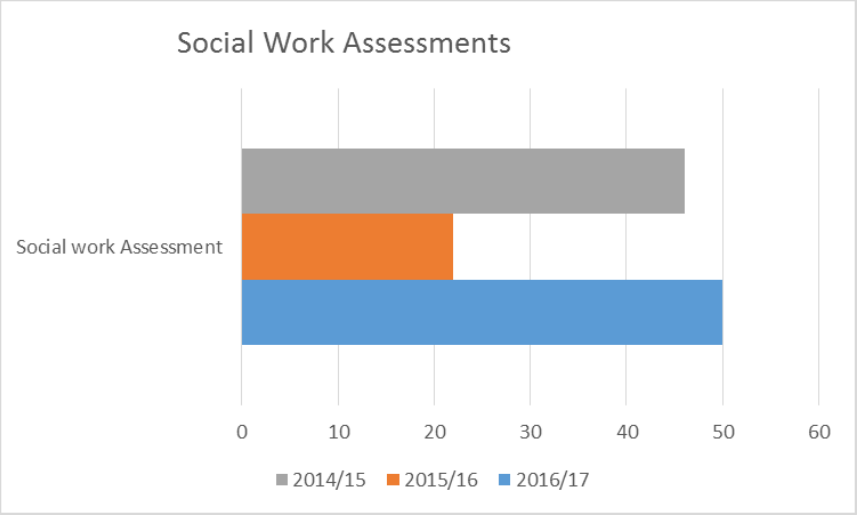
c) **Assessment & Enablement Team / Care Management & Review Team**

Assessment and Enablement services provide initial assessment for those requiring social care services to remain in their homes or be provided with the most suitable homely environment. Until very recently, this was provide for older people only, with the adult population (16-65 years) being assessed by a separate team, however this has since been integrated into one team for all age groups.

The Care Review team provide regular reviews of care provision, ensuring service users have their needs and support plans reviewed regularly and providing a role to ensure care needs are met for service users with complex and regularly changing needs. Again until very recently, this was provided for older people only, with the adult population (16-65 years) being assessed by a separate team, however this has since been integrated into one team for all age groups.

Both teams complete SW assessments which are collated for National reporting. Both these teams also respond to any ASP concerns. The following chart details amount of assessments completed over past 3 years for Cumbrae residents. It is noted this does not fully reflect the whole service allocations or interventions for Cumbrae as not all contact will involve assessment. However it does demonstrate trends in social work assessment on Cumbrae.

Chart : Completed Social Work Assessments completed for A&E / CMR teams over three years



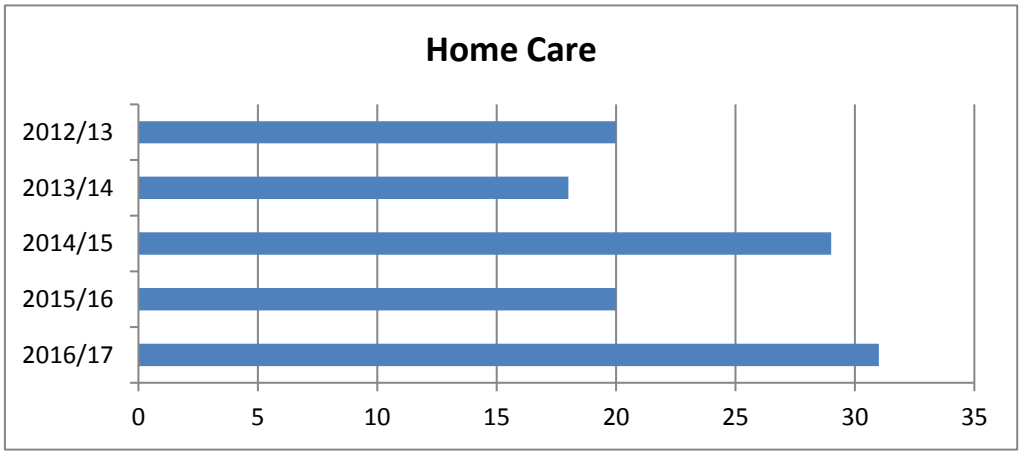
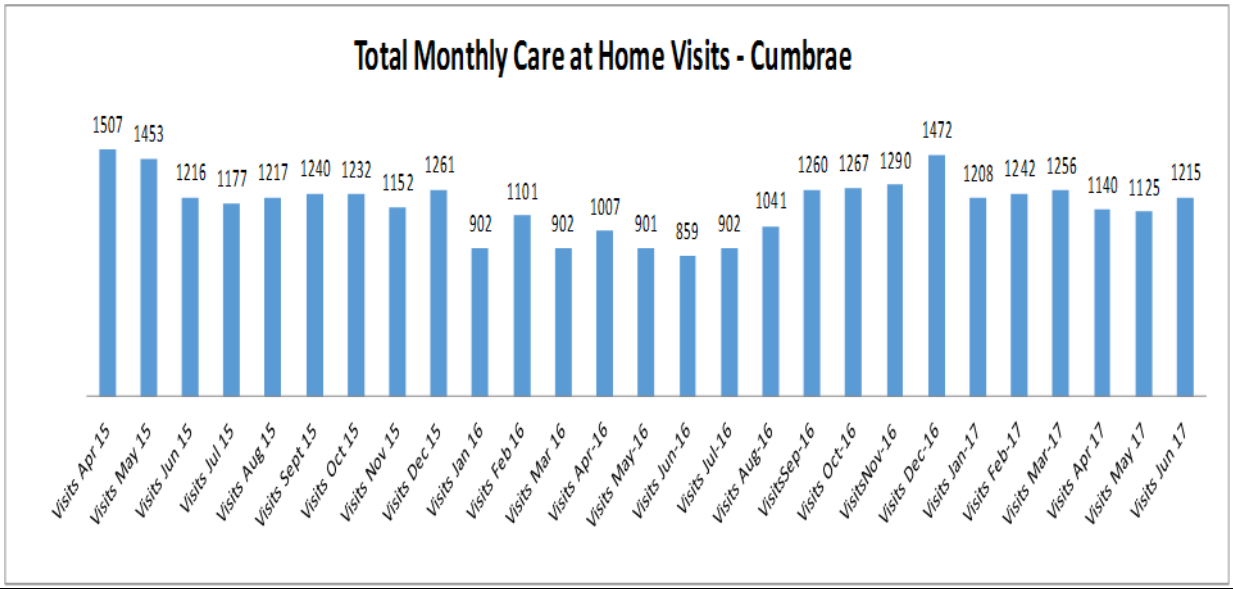
This displays the assessments amounts are variable across the years without any significant pattern. No other data was available for the years prior to 2014/15

d) **Sensory Impairment Services**

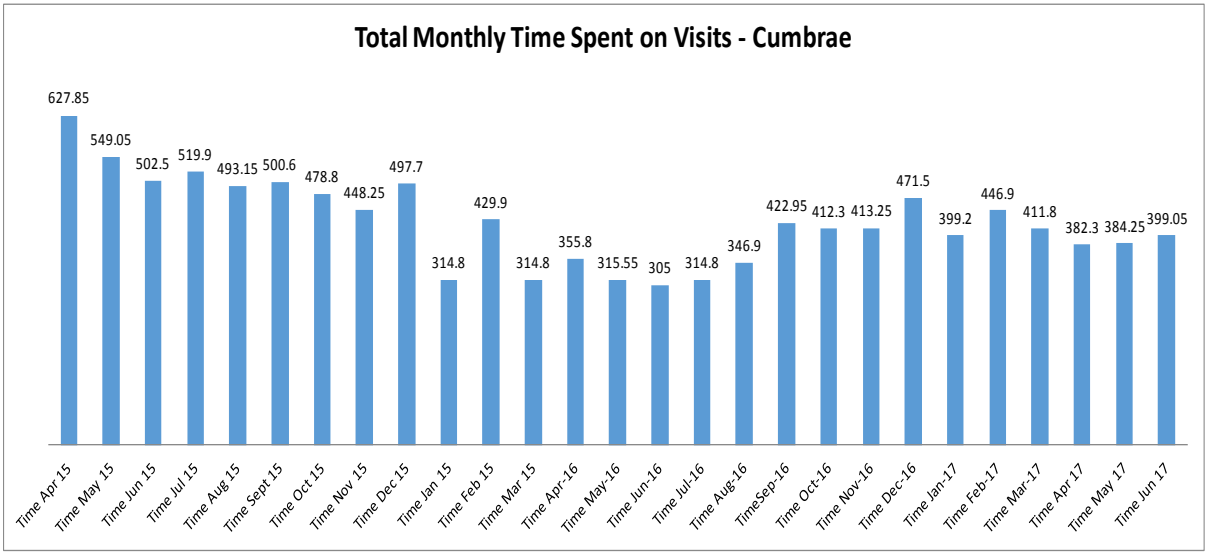
Sensory Impairment services visit the island from Dirrans Centre in Kilwinning. The service provide specialist assessment for those with sensory impairment, and can provide aids/adaptations as well as any rehabilitation and telecare provision that will enable independence. Over the past 2 years this service has allocated 14 times to 10 service users with the rate of allocation fairly consistent across the two years. Intervention periods average at 66 days.

e) **Money Matters Team**

The Money Matter team within North Ayrshire provide financial advice on welfare rights, benefits, debt management and financial capability. Dependent on the level of need, this might be provided over the telephone or one to one allocation (with services hot desking at Largs Brooksby Centre). Over the last two year period. There were 18 Allocations via help desk (6) and within team (12). The average length of intervention over the past 2 years was 121 days. 5 cases are open presently. There has been no significant increase over the past two years with average of 8 allocations within each year.

4.23	**Residential Care** Unfortunately the four previous residential care homes closed due to a variety of reasons and for the past 10 years, there has been no care home facilities for any persons that does not have a primary diagnosis of learning disabilities. Engagement with older people third sector groups, reflected that the provision of a traditional care home model is required based on local needs, accessibility, an aging population and the forthcoming demographics. Although the Partnership has recorded 28 residential care placements onto the mainland in the last 7 years (averaging at 3 per year, with 20 persons still in care). Third Sector evidence suggests that the real figure may be as high as 1 in 3 or 4 of these would have preferred an on island solution. However 2 or 3 in the 4 were preferred placement to the mainland for various reasons, be that preferential for family connections, social isolation or for ease of access by visitors and services. This area of work requires further exploration as the partnership moves forward as other models e.g. amenity housing are also not available in great enough numbers to support other solutions.
4.24	**Care at Home** The below chart reflects the increased demand on this service over the past 5 years with 20 users of the service in year ending 2012/13 increasing to 31 users in 2016/17 (55% increase over 5 years)  The below chart indicates the amount of visits made over 27 months 

The below chart indicates the total monthly time spent on visits (in minutes) over 27 months.



The average time taken per visit in 2015 was 41 minutes, 34 minutes in 2016 and 34 minutes for the first 6 months in 2017

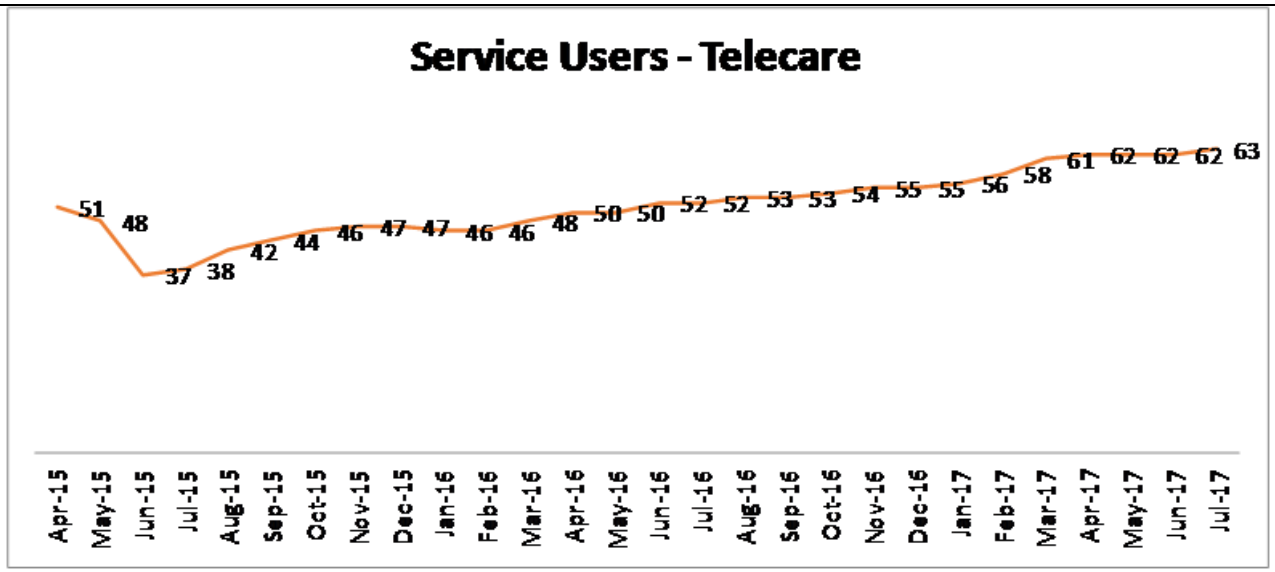
As at 30/6/17 there were 23 service uses receiving Care at Home services who also have a Community Alarm, with a further 39 service users who have a Community Alarm only. The 23 service users who are receiving care at home provision totals 93 hours per week, averaging 283 visits per week. Although the Care at Home Provision above states 93 hours by carrying out a snap shot for the month of June taking into account Travel/Other duties this equates to 137 hours per week.

At 30/6/17 there were 2 individuals in Lady Margaret Hospital awaiting care at home packages and were delayed due to lack of capacity in provision. There are 8 Care at Home Staff on Cumbrae and there are two vacancies which are currently being advertised. Another vacancy has just been filled with the new recruit commencing her Induction Training in July. Due to the geographical location and the ferry timetables the vacancies on Cumbrae can only be filled from individuals who reside on the island.

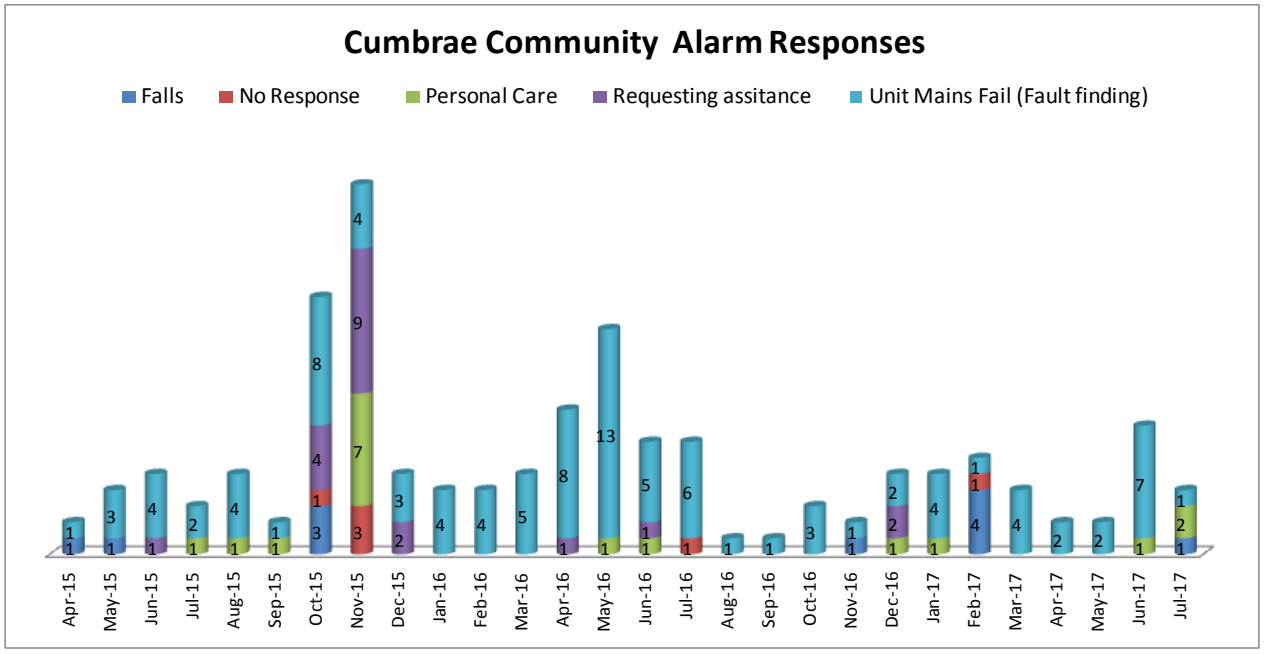
4.25 **Community care alarm**

Within the establishment of the 8 Care at Home Assistant posts there are staff identified who respond to any call outs through the Community Alarm service. The Community Alarm service on Cumbrae is not a 24hr a day service as the call outs are not high. The service operates 8am to 12.30pm and 4pm to 9pm and the residents are charged a lower tariff as a result. Since 1 April 2015 to 30 June 2017 (26 months) there have been a total of 154 calls made via the monitoring station (averaging just short of 6 calls per month). For any alarm calls out with the service times, a relative/family friend/keyholder is contacted in first instance, and thereafter response is deferred to the on-call paramedic service if required. In total out of those 154 calls in 26 months there's been a total of 10 calls due to individuals falling which is 6.5% of the overall calls. As previously highlighted in OOH section, this has been noted to be problematic where a critical call might be received, the paramedics require to be redirected urgently and may result in a person remaining on the floor for a significant length of time. Other issues highlighted were the lack of lifting equipment for the Care at Home staff to respond with during hours. This again results in paramedics being unnecessarily called where there is no injury and the person only requires paramedics to “lift” them. "

The below chart demonstrates the increasing demand for telecare (Community Alarm) installations in Cumbrae



There has been a 20% increase in service users who have community care alarms over 2016/17



MonthYear	Falls	No Response	Personal Care	Requesting assitance	Unit Mains Fail (Fault finding)	Totals
15/16	3	4	10	16	43	**76**
16/17	5	2	4	4	51	**66**

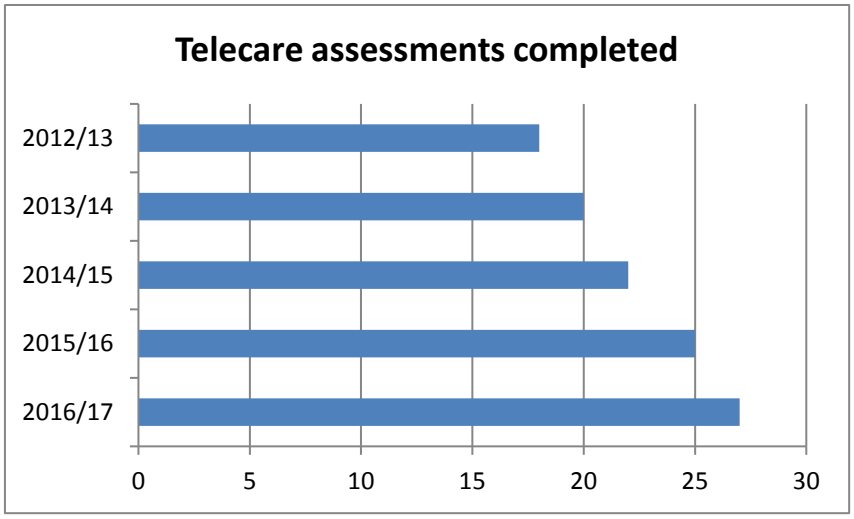
As can be seen, the amount callouts for falls per year is minimal (averaging 4 per year), with most reasons for call outs due to faults in the alarm (eg low battery, mains failure, unplugging from wall etc or accidental use.

It is noted by ANP and Ambulance staff, that instead of using the Telecare, the ANP and Scottish Ambulance Service advise often take direct calls for falls. Numbers where the ANPs were called to a house visit a patient following a fall, also appear reasonably low though increasing over the years:

2015 - 3 assessments – 1 in July, 1 in September and 1 in October
2016 - 1 assessment – April
2017 to date- 7 assessments – 3 in January, 1 in March, 2 in June and 1 in August

Telecare Assessments

The below chart demonstrates the increasing demand for telecare assessments in Cumbrae over 5 years from 18 assessments to 27 assessments per annum. This equates to a 50% increase in telecare demand over the 5 years.

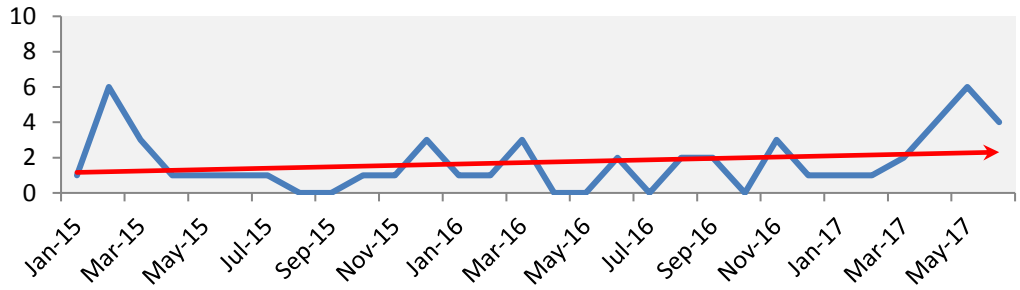


4.26 **Mental Health – Health and Social Work Teams**

a) **Primary Care Mental Health Team**

This is a service for people aged between 16 and 65 years of age. The North Primary Care Mental Health Team (PCMHT) provides a range of psychological therapies interventions to Cumbrae to individuals with moderate mental health problems. The service is provided by various disciplines – Nursing, Psychology, Guided Self Help Workers and Administrative Staff. Examples of interventions provided include guided self-help, Behavioural activation, Cognitive Behavioural Therapy, Person Centred Counselling and Group Treatment. As with the mainland, PCMHT's interventions are clinic based, in the main this is delivered from Brooksby medical practice in Largs.

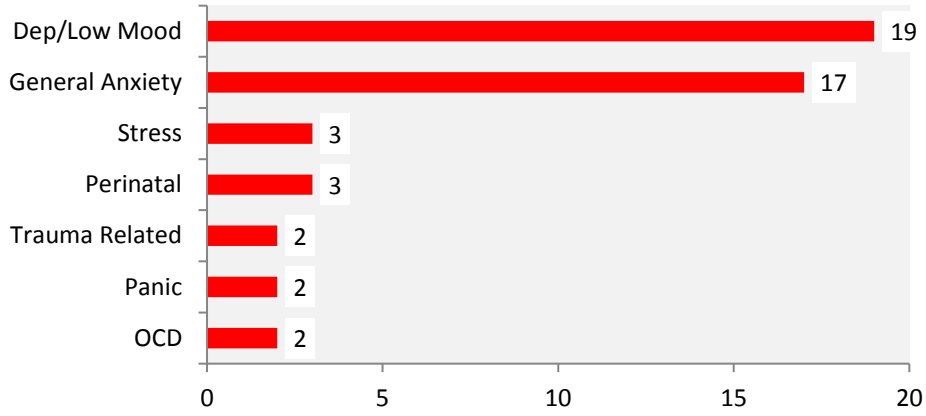
For Cumbrae Residents, there has been 19 referrals to PCMHT this year to date and 15 total referrals in 2016. 52 referrals were received between January 2015 and June 2017 for 45 individuals, equates to 2 per calendar month, 24 annually, however the rate of referral is increasing as illustrated below (red line depicts trend).



22 not accepted (42%), 15 escalated to (CMHT 29%) and 7 (13%) not appropriate for mental health. 30 were accepted (58%) – equating to 1 or 2 referrals a month, totalling 14 per year.

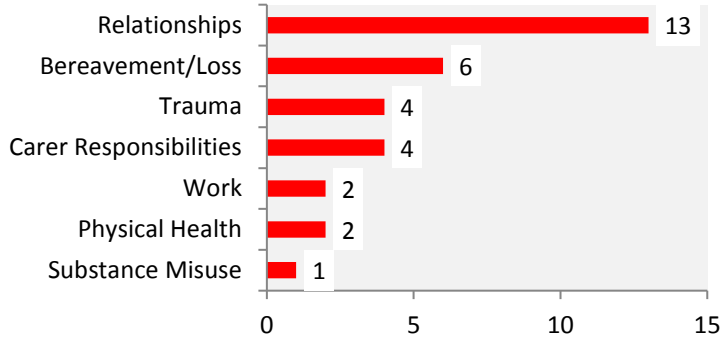
Presenting Problem

The below is congruent with the detail in Prevalence of Long Term Condition on the Island, with Depression rating high within the local population's health needs.



Contributing Factor

Where the contributing factor was recorded, the below is detailed:



b)

Community Mental Health Team

The CMHT is a specialist, secondary care community mental health service offering assessment, diagnosis and treatment to individuals aged 16-64. The Community Mental Health Team responds to both Urgent and routine referrals, are allocated accordingly to an assessment clinic either at Brooksby Health Centre or on an urgent basis be seen at the Garrison or at home. There is a Community Psychiatric Nurse (CPN) who can attend the Island and if required can be doubled up to facilitate a joint visit, also there is a Consultant Psychiatrist who covers the island also. People who are open to the CMHT can where required be seen at home however predominately the majority of the appointments will be allocated in a clinical setting.

The membership of the CMHT consists of:

- Consultant psychiatrist
- Junior/Trainee Psychiatrists
- Mental Health Nurses
- Occupational therapists
- Support workers
- Administrative staff
- Social workers (currently based within Caley Court Stevenston)
- Psychologists
- CBT Therapists

Access for referrals to CMHT

Adult Community Mental Health Services have developed a single point of access facilitated by electronic referrals via GP systems and SCI Gateway. This provides the ability to electronically redirect referrals once they have been made so that input is received from the most appropriate service. Referrals from NHS services should be sent to the Single Point of Access via SCI Gateway and preferably not to specific teams, individuals or individual disciplines.

Referrals are accepted from:
- GPs
- Mental health in-patient services.
- Primary Care Mental Health Teams.
- Local authority Social Work/Housing teams
- CRT
- CAMHS
- Learning Disabilities Teams
- Liaison Psychiatry
- Addiction services
- Forensic Psychiatry
- Out of area teams/service
- Police
- Self-referral through re-engagement plans

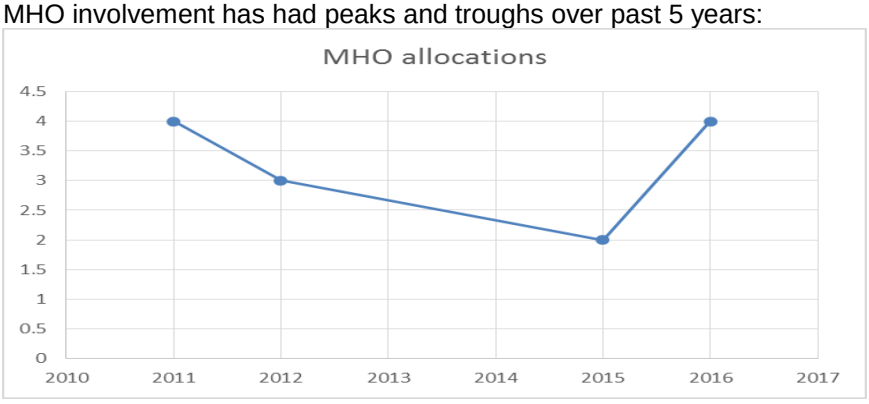
For non NHS referrers telephone referrals followed up by written referral will be accepted.
Over a period of 30 months between Jan 2015 and June 2017 there were:

- 43 referrals for 27 individuals (this equates to 1.4 referrals pcm, 17 referrals annually)
- 35 allocated (4 ward reviews, 2 redirected and 2 blank)
    - 5 Assessment Clinic
    - 14 Consultant Psychiatrist
    - 10 CPN
    - 4 OT
    - 2 Psychology

c) **Social Work Mental Health Service**

Social Work Mental health services can include Mental Health Officer support as well as longer term Mental Health Assessment & Care Management Review services based at Caley Court. Within the Social Work teams for mental health there has been 14 allocations over the past two years, with an average length of intervention 997 days, ranging from 28 days to 2126 days. Numbers of allocations have been fairly consistently similar over these two years. Of note, is the current review of mental health services, in particular over the partnership which is likely to impact on better communication and sharing of skills throughout NHSCP.

MHO involvement has had peaks and troughs over past 5 years:



d)	**Mental Health – Older People** The current purpose of the elderly mental health service is to offer an integrated, comprehensive and flexible service for people aged 65 and over with functional mental health problems and for all adults with a diagnosis of dementia and their respective carers. The service is provided through a combination of community, day care and inpatient services working across Ayrshire and Arran. There is a significant degree of partnership working with Local Authority community care older people's services both operationally and in the strategic planning of services, which will be further developed based on identified best practice. Within Brooksby, a multidisciplinary Elderly Mental Health Team led by Consultant offers assessment across nursing, OT, Physiotherapy and Medical. This sits alongside Swocial Work team for Cumbrae where close joint working is in place. A plan is in place for the team to establish a Memory Cafe on Cumbrae.
e)	**Dementia Services** Cumbrae residents fall under the North Locality Team in based within Social Services in Largs for Dementia specific community services. As noted previously in prevalence of long term conditions, there is a smaller ratio of people with Dementia in comparison to the mainland. Dementia services within North Ayrshire comprise of a community based visiting service that provides advice, information and specialist support which addresses the unique needs of people living with dementia and their carers. Support is provided at home or in the local community on a short term basis. The service offers advice and information that is both flexible and responsive to needs and aim to improve both service user and carers quality of life. The aim is to help service users to continue to live at home for as long as possible and provide support to carers. Over and above this service, persons with specific health related mental health needs, including AHP and medical advice, can be referred onto the EMHT (Elderly Mental Health Team) service also based in Largs. Within the last two years (June 2015 – June 2017) there have been a relatively small amount of allocations - 7 allocation/ intervention periods were made for 6 service users. This equates to less than 4 per annum. 5 of these service users are still open to the service. The average intervention period at present is 290 days.
f)	**Mental Health – The Child and Adolescent Mental Health Service (CAMHS)** The Child and Adolescent Mental Health Service (CAMHS) provide a service for children and young people. CAMHS consists of three community teams based in North, South and East Ayrshire. CAMHS are a multi-disciplinary team comprising of a range of professions and skills. The team provides a service for children and young people in Ayrshire and Arran and their families. The team accepts referrals for: • children or young people up to the age of 16 years; • looked after and accommodated children or young people up to their 18th birthday; • young people who remain in full time school education; and any young person who may be experiencing difficulties ranging from significant emotional or behavioural problems to persistent mental health problems. These problems may have a significant impact on everyday life or they may cause serious harm either to themselves or someone else. CAMHS offer a multi-disciplinary approach to assessment, treatment and management of mental health disorders and associated risk/behaviours.

A referral to CAMHS must be made in agreement with the parents and/or young person, depending on age. Those who have been involved in the referral decision and are motivated to attend are more likely to have a positive experience and a successful outcome. The referrer must have met with the child or young person within five working days before making the referral to CAMHS.

Based on Cumbrae resident referrals received between 01.12.2012 and 31.03.2017 (4 years and 4 months)

Demographics: 27 referrals received for 27 individuals – this equates to approx. 6 per year

Vetting Outcome:

- 27 referrals received, 18 referrals accepted as appropriate for CAMHS interventions (67%) This equates to 4 referrals per year.
- Of the 9 rejected 4 referrals were signposted to primary care
- Of the 18 accepted, 4 were vetted as urgent (22%)

Top 7 Presenting Complaints (not a clinical diagnosis):

- Behavioural problems Inc anger/aggression
- Suicide Ideation
- Low Mood
- Neurodevelopment i.e. Autistic Spectrum Disorder
- Depression
- General Anxiety
- Speech/communication

In 2016 an Umbrella Pathway (Neuro-Developmental Assessment and Care) was developed and tested in East Ayrshire to provide an assessment, management and care process for all children and young people presenting with difficulties that may be consistent with a Neuro-developmental Disorder, which may include Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorders, Learning Disabilities and Speech and Language Disorders. The pathway aims to provide a broader understanding of these children's strengths, difficulties and learning style.

The pathway work has allowed a much more integrated and multi-agency approach and involves; education, social work, health and social care, parents and carers and the 3rd sector in working towards a diagnosis or outcome for the child or young person.

A Pan Ayrshire launch event was held on the 19th June 2017 of the pilot and it is anticipated that the pathway will be rolled out across Ayrshire and Arran in a locality or school cluster basis.

g) **Addictions**

North Ayrshire Drug and Alcohol Recovery Service (NADARS) offer the same response and individual health and social care support to all referrals from Cumbrae. NADARS work with clients who have the most complex and dependant substance misuse presentations and offer support and treatment intervention where appropriate. Clients are supported through a wide range of health and social care interventions to reduce and stabilise illicit substance use, stabilise mental health, physical health, sexual health, IVDU, women's and parental substance misuse, and timeously action and respond to ASP, Fire and Police concerns.

North Ayrshire Drug and Alcohol Recovery Service (NADARS) NADARS continue to exceed the waiting times Alcohol and Drug HEAT standard of;

· 90% clients from referral to treatment within 3 weeks

· 100% clients from referral to treatment within 6 weeks.

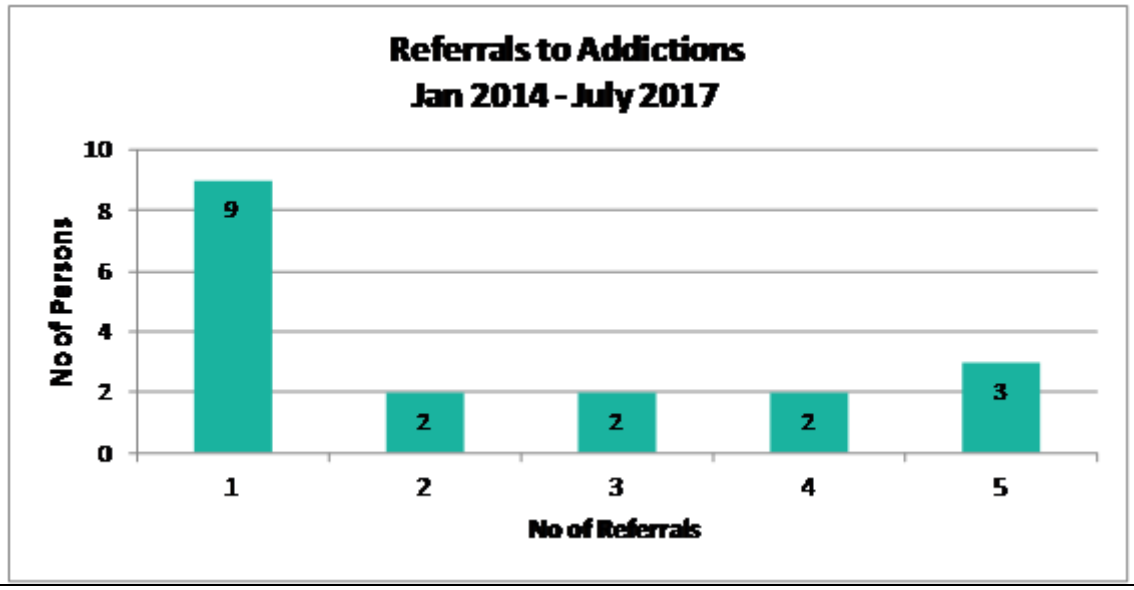
As of Wednesday 12th July 2017, NADARS have a member of staff present on Cumbrae every second week in the Garrison. He has been tasked to develop a drop-in service for clients who live on the Island. The aim of the drop-in service is to offer clients early intervention and prevention and access to an experienced addiction worker who can to offer clients information, education and advice on drug and alcohol misuse. This intervention will require the opportunity to make contact with a range of professional and community contacts in order to highlight the service and develop and build up relationships and to work together to provide a high quality service on Cumbrae.

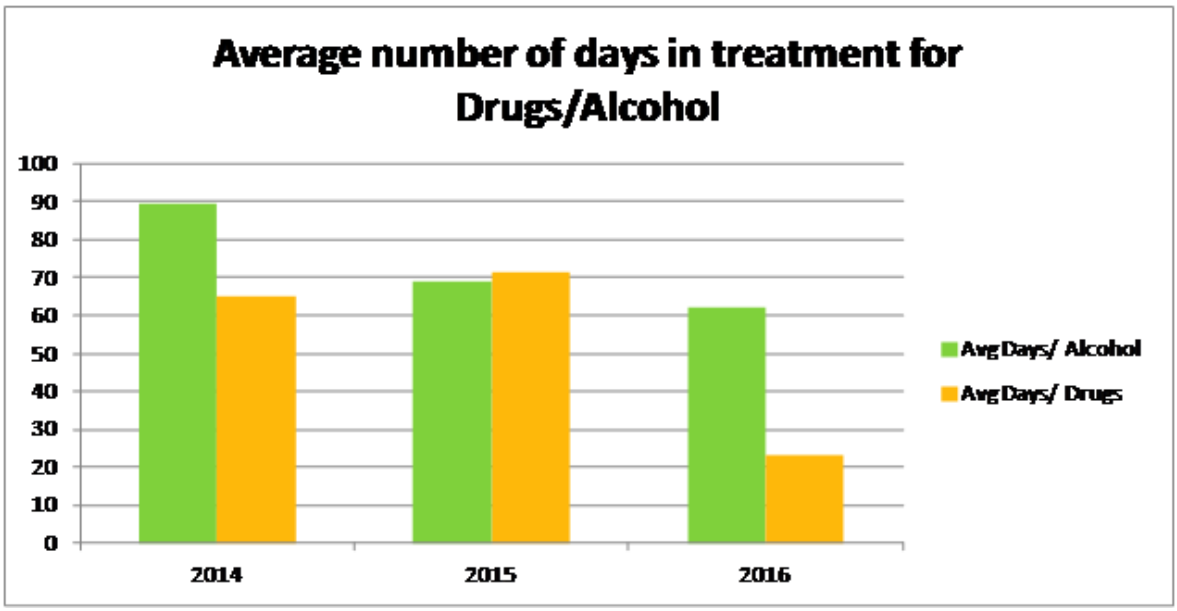
A number of people predominantly within the age group between 45 and 66 currently receiving support for alcohol and drug addiction on the island. We know from data on Lady Margaret Community Hospital and Crosshouse Hospital, that alcohol detoxification associated behavioural management is reasonably high on the top ten reasons for inpatient admission. (2nd highest reason for Lady Margaret Community Hospital, and 4th highest reason for Crosshouse). This might suggest that a community based detox programme is not being heavily utilised, there is a lack of clarity in how to gain appropriate addiction support from the mainland, or it is not appropriate to the local population.

Referrals for Cumbrae residents to Addiction Services

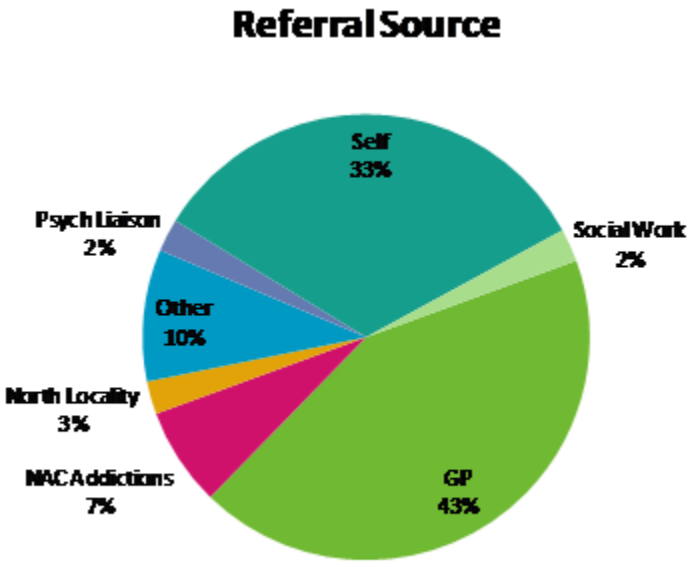
Year/Referral Reason	No of Referrals	Total No of Days in Service
2014	**7**	**602**
Alcohol	**6**	**537**
Drug	**1**	**65**
2015	**13**	**902**
Alcohol	**10**	**688**
Drug	**3**	**214**
2016	**18**	**924**
Alcohol	**13**	**807**
Drug	**5**	**117**
2017	**4**	**160**
Alcohol	**3**	**143**
Drug	**1**	**17**
Grand Total	42	2588

76% of all referrals made to Addictions are for treatment of alcohol addiction which is similar trends to mainland



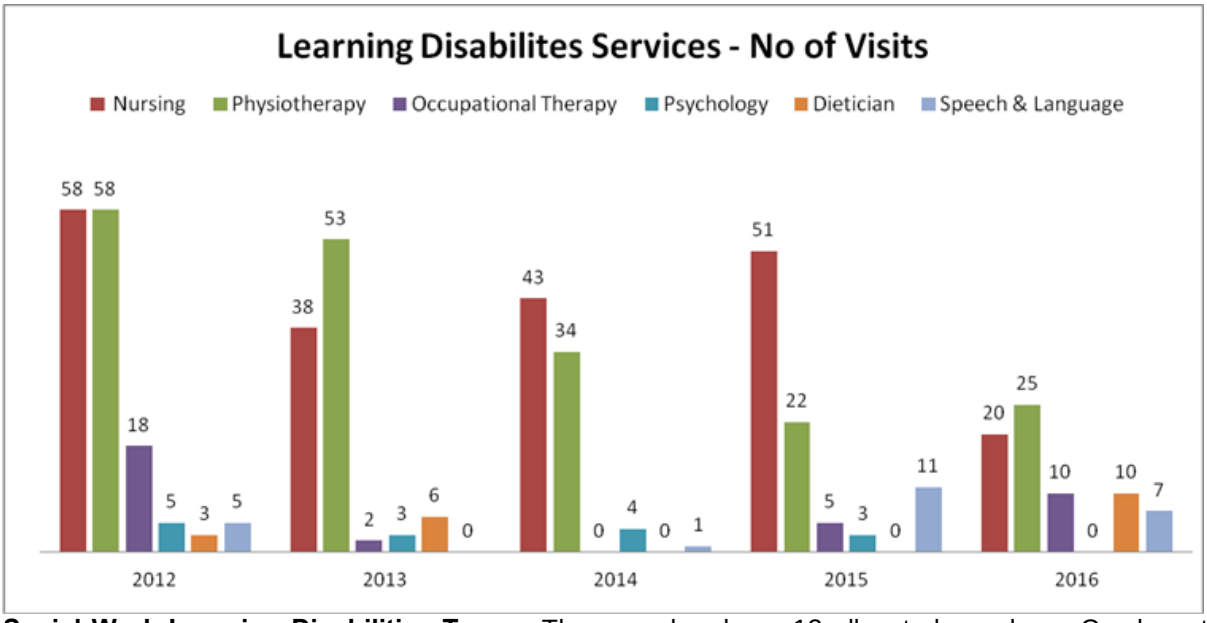


Although the referral rates have increased significantly for Cumbrae Residents between 2014 and 2016, 50% of persons attending are recurring referrals, for 60% of those returning for treatment the number of days in treatment increases.



4.27 **Adult rehabilitation services**

Adult rehabilitation services are provided by Community Rehabilitation and AHP staff based within Dirrans Centre, Kilwinning, as well as the specialist neurological services based in Douglas Grant Unit. Figures for interventions with the last five years were very low with little demand on Cumbrae for this type of service.

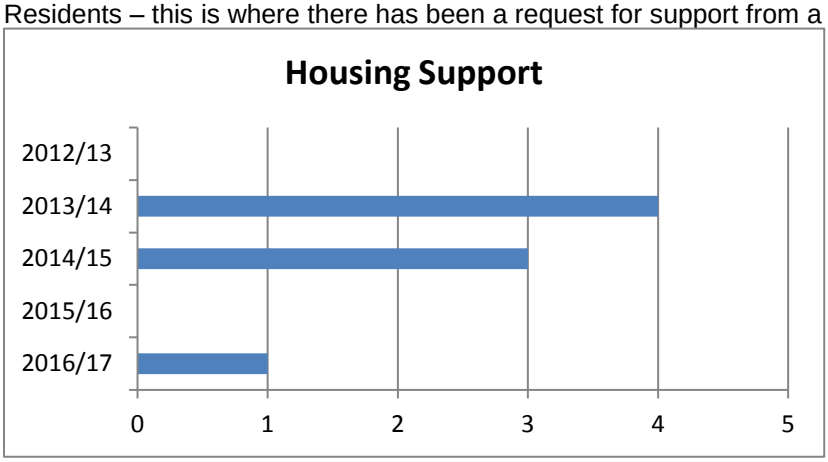
4.28	**Learning Disabilities Services** As previously outlined in the "Prevalence of Long Term Conditions", Millport Care Home specialises in providing residential care for people with Learning Disabilities as their primary diagnosis. This is accessed by several Local Authorities and is not exclusive to North Ayrshire. All residents from North Ayrshire Council have visiting services for Care Management Review completed as well as access to LD health services when required. GP services are provided to the care home by the Garrison GP practice. **Health Learning Disabilities Team :** Below chart indicate 495 visits have been made over 5 years, this is for 46 patients in total. Demand on this service appears to be reducing over the years.  **Social Work Learning Disabilities Team :** There are has been 12 allocated people on Cumbrae to the Social Work LD team in the last 5 years, a large proportion of which are within a the care home on the island. However all of these allocations remain open and the average intervention period at present is 1920 days (over 5 years).

5	**Patients Perspective and Journey** Mr X is a 93 year old man who was born in Glasgow in 1924 and would spend his holidays and weekends in Millport with his mum, dad and sister. His family moved to Millport permanently when Mr X was a child. Mr X attended Millport school, and on leaving school Mr X worked for the council and continued to live on the island. Mr X met and married his wife when she came over to Cumbrae to work. Mr X and his wife had 4 children who all attended school in Millport and secondary school in Largs. All 4 children and their partners now live on the mainland, one of which commutes daily on to the Island to work. Mr X lives in a three bedroom semidetached house and lived there with his wife throughout their marriage. Mr X cared for and supported his wife through many years due to dementia, relying on family and carers for support. During this time, carers attended twice per day which enabled Mr X to care for his wife at home until her death. During the years Mr X looked after his wife he had an active application on the housing list for sheltered accommodation in Largs in order to be closer to his family on the mainland. This would have made life a little easier for family to support their parents,especially overnight. Following his wife's death Mr X removed his name from the sheltered accommodation list for Largs and wanted to stay in his own house with his memories. Mr X managed to stay in his house for approx 2.5 years after his wife passed away. During this time, Mr X had a stair lift that assisted stair mobility, and care was provided by carers twice per day, with one carer in the morning funded on a direct payment and carers in evening provided by North Ayrshire Council care at

	home service. Mr X's daughter and sons continued with social visits, weather and ferry provision permitted. In early 2017, Mr X fell and fractured his left hip. Mr X was transferred off the Island for surgical intervention. Following surgery Mr X transferred back to Lady Margaret Community Hospital for post operative care, where Occupational Therapy and Physiotherapy were involved in rehabilitation, care and home assessments. During Mr X's recuperation in the Lady Margaret Hospital staff noted bleeding and further investigations were ordered. Sadly a malignant tumour of colon was diagnosed. Mr X currently has a number of active problems including a tumour, for which he has undergone investigations and is being treated with palliative care. Both family and Mr X are aware of the diagnosis and involved with his treatment plan. Following a discharge planning meeting with the multidisciplinary team and family, it was decided between Mr X and his family that he wished to return to his own home. A further OT and Physio assessment were completed for discharge planning, both of whom agreed return home was possible for Mr X, supported by care and the stair lift currently in place to access the bathroom upstairs. The family changed his house to enable Mr X to live upstairs, with support for bathing in his bed. A bedroom has been converted into a living room, and a hospital bed provided for his separate bedroom. Mr X requires double handling care, four times a day to assist all aspects of hygeine, meal prep and administration of blister pack medication. The home care package was requested in June 2017, recommending the morning visit continue with the carer provided by direct payment and a further 3 visits requested from North Ayrshire Care at Home service. Mr X is still an inpatient at Lady Margaret Hospital due to lack of availability of home care provision from North Ayrshire HSCP. **Findings and Learning** The key findings from Mr X's journey were: • The appreciation of informal care provision from family members and the need for services to support this more effectively. • Lengthy waiting times for suitable housing allocation on the island/mainland which if allocation been possible, then more family oriented care might have been provided for palliation period for Mr X and his wife. • Multiple record systems that are not shared across partnership teams to provide a fuller picture. • Professionals note the lack of early intervention coordination across partnership and housing services. • Discharge planning and coordination could be improved on the island with key partners from social care and homecare provision, as an area of concern. **Learning points :** 1. Improved access and waiting times to suitable accomodation both on mainland and on island, providing the appropriate environment for families to support relatives. 2. Where informal carers / family provide care, this should be supported by social care services if approporiate. 3. Home care service provision limited within island environment, due to recruitment issues. 4. Single system for communication and information sharing. 5. Palliative care requires high level of support provsion at home due to the acuity and complex needs. A future service user's journey of mental health services will be mapped shortly.

6	**Housing Needs and Support** All housing needs are supported by a housing team based within Brooksby Medical and Resource Centre in Largs. Although there is no dedicated housing support, work is allocated throughout the team and can include domiciliary visits where required.

The below chart demonstrates the number of housing support allocations made over 5 years for Cumbrae Residents – this is where there has been a request for support from a housing officer to visit an applicant.



Housing stock in Cumbrae varies. From a Housing Needs Assessment Report collated in 2013, there is a higher percentage of homes that are privately owned, as opposed to NAC or Housing Association, with a large ratio of these being holiday or 2nd homes, There is no sheltered accommodation on the island however there is amenity housing recently newly built and allocated within the last two years. Furthermore Cunningham housing have some properties, and a large portion of flats and housing are privately rented. According to the latest Census data, the share of private rented housing stock on the island is 14.9% of total stock.

	No of Bedrooms:			
Age	1	2	3	Grand Total
51-60	0		0	0
61-70	3	0		3
70+	7	1		8
Grand Total	10	1	0	11

The proportion of social housing appears to be in balance with the demonstrated need for such housing as evidenced in the 2013 HNDA, but anecdotal evidence suggests that there is outstanding demand. The only stock the Council holds on the island is the recently built amenity housing stock at St Beya Gardens Phase 1. There is one Registered Social Landlord with stock on the island is Cunninghame Housing Association (CHA). All housing allocations are made in accordance with the allocations policy and it is noted that allocation of private tenancies is outwith the Council's remit. A private landlord may let their tenancy to anyone they wish, without reference to, or permission from, the Council.

Anecdotally, there are many properties on the island that are inaccessible. The type of housing in Cumbrae is often aging buildings that are inconsistent in layout and difficult to adapt, often being flats with various designs in communal and private steps and stairs. From staff and public engagement, it was noted that the lack of accessible housing was concerning and might add to reasons people migrate off the island, or even prevent those wishing to retire to the island but have concerns over long term future.

7 **Third Sector support**

Cumbrae Engagement Process and Links with Third Sector (including next steps)

It was important to ensure that the engagement process for the review was both accessible and meaningful. Both aims were achieved by involving the multi-agency steering group from the outset, with ample local knowledge and input from the Third Sector. Taking this approach allowed for a public engagement event which was suited to the needs of the community as it was based on feedback received from previous public

	engagement events. With this in mind, three drop-in sessions were arranged, including one in the evening, with interactive consultation methods, allowing participants to 'drop-in' and share their views in whichever way felt comfortable to them. The process followed the National Community Engagement Standards in both the planning and implementation of the engagement. 60 local residents attended the drop-in sessions on Friday 14th July. On What Matters to You Day, on 6th June, a member of the staff team was based on Cumbrae asking residents 'What matters to you about health and social care services in North Ayrshire?' The 23 conversations were then recorded and shared with participants on the 14th July. Links with Third sector and community groups throughout the engagement provided an opportunity to tailor the engagement and respond to local preference. Groups such as Age Concern, Friends of the Hospital and Cumbrae Community Council were involved in initial discussions. Cumbrae Elderly Forum had further involvement in the development and facilitation of the event. Other groups who were involved in promoting the event included Cumbrae Community Garden Project, Cumbrae Care Centre, The Royal British Legion, Cumbrae Youth Group, Cumbrae Parish Church and Cumbrae Chapel. However, many of the groups involved were unable to make it along on the day. Post engagement, it is important to continue the dialogue with local residents and keep them updated with any progress in relation to the views they have shared. There are plans to facilitate a public feedback event to fulfil this obligation. Simultaneously, a small focus group will be developed with local community groups, to continue some conversations and begin others. This should provide the necessary opportunity to feedback in the format of - 'You said, we did, we couldn't do because...'

8	**Current Estate and Infrastructure** Fundamental to the Cumbrae Review of Services was the consideration of existing available accommodation and premises from which services are delivered.
8.1	**Ayrshire and Arran Premises** Lady Margaret Community Hospital Garrison GP Practice
8.2	**North Ayrshire Council Premises** DA Hall and Town Hall Leased is the Garrison
8.3	**Partnership premises** Brooksby Medical and Resource Centre – houses visiting services such as Social Work Assessment & Enablement, Care Management Review, Local Authority OT services, Domiciliary, Health and Therapy, Day Hospital and in-patient hospital AHP services, EMHT Team.

9 Information technology/telephony

9	There are several information systems (eg EMIS, FACE, Carefirst, Paper etc) used within all of the above services, resulting in difficulty in sharing accurate data across this partnership. This is reflected on mainland services also and should be considered within the design of any future model of service provision to enable better information sharing.

Paper 2

Notes from the Cumbrae Review

Public engagement session held

14 July 2017

NORTH AYRSHIRE
Health and Social Care Partnership

Ask Cumbrae

Live or work on the Isle of Cumbrae?

Come along to Ask Cumbrae drop-in sessions and share your views on the health and social care services on the island

- On-island services
- Find out about local groups
- Wall of ideas
- Have your voice heard
- Free refreshments
- Share your views
- Confidential response box
- Write your suggestions

Consultation event

Friday 14 July 2017 at DA Hall, Millport

Stay for a full drop-in session or less.

Take part in one activity, or all of them.

Drop-in sessions:

- 10.30am–12.00pm
- 2.30pm–4.00pm
- 7.00pm–8.30pm

We'll be delighted to see you!

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

Cumbrae Public Engagement Event: Ask Cumbrae 14/07/2017
DA Hall, Millport

Background

Ask Cumbrae was a public consultation event, which allowed residents of Cumbrae to have their say on the island's review of services. After initially consulting with local groups on the island, it was agreed that a drop-in style event would be preferred. As a result, the event offered three ninety minute sessions, whereby people could 'drop-in' for as long as they wished and take part in as many of the activities as they wanted to. This offered participants more choice and opened the event to people who might not attend a traditional consultation event.

AM Session – 24 in attendance
PM Session – 24 in attendance
Evening Session – 11 in attendance

Overall attendance – 59

Methods

Within each session there were seven opportunities for people to share their views:

- Health and wellbeing corner – There was information available on keeping well, as well as the opportunity to answer questions on what kept participants well.
- What makes a good health professional? – An illustration of a health professional was hung on the wall, which allowed participants to add words which described what makes a good health professional, using post-it notes.
- What Matters to You? Wall – This showed feedback from What Matters to You Day 2017, with answers specific to Cumbrae. Participants were invited to add to this and share their thoughts.
- One Question Poll – Participants were provided with a voting ball, which they used to answer either 'yes' or 'no' to the following question- Are there opportunities on Cumbrae which enhance your health and wellbeing?
- Tree of Ideas – Participants were provided with tags, with which they could write any wishes or ideas about what they would like to see on Cumbrae, in relation to health and social care provision. Participants would then hang their wishes and ideas on the tree for others to read.

- Confidential response box - Participants were invited to write their views on a postcard and then post into the confidential response box. Participants were advised that they could write whatever they wanted to write in relation to health and social care provision on the island.
- Conversation Café – Tables were set out with chairs around each table, allowing for conversations to take place alongside refreshments. There was a conversation menu on each table with the suggested questions/topics of conversation: What is your vision for health and social care services on Cumbrae? What would you like to see change in relation to health and social care services on Cumbrae? What benefits would the public and services receive from these changes? Describe your best experience of health and social care on Cumbrae. Participants were invited to discuss these themes, whilst a facilitator recorded the main points of conversation.

The following report contains the feedback from people who participated in the Ask Cumbrae public engagement event.

One Question Poll - Output

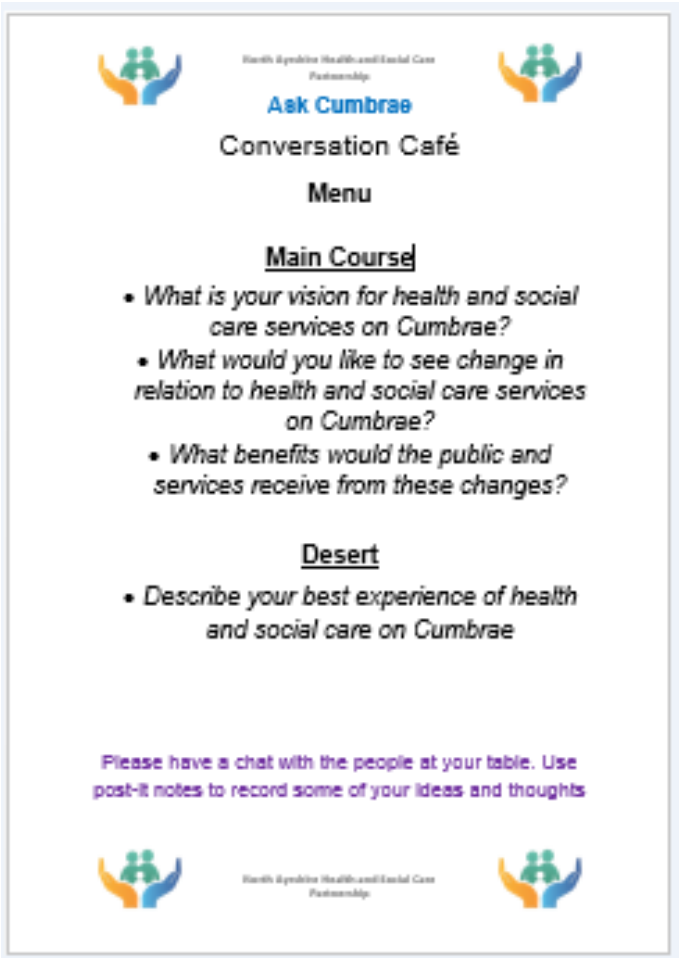
‘Are there opportunities on Cumbrae which enhance your health and wellbeing?’

41

8

Conversation Café

The majority of people spent time and were happy to contribute to the conversation. The questions explored were as follows:



Conversation Café - output

What is your vision for Health & Social Care Services in Cumbrae?

Support / Drop-in Services (Island Hub)

- Everything under one roof
- Volunteers would help
- Hub would bring people together – less social isolation
- Community spirit makes Cumbrae special

Residential bed provision

- Flexibility to make use for everybody
- That neighbours don't have to move off island for care homes – isolating people it's too traumatic
- Friend likely to move to main land for residential care this will isolate her as her
- friends visit daily wishes residential home on island
- Care home
- Respite locally to support carers

- Miss out on end of life
- Support of residential home – elderly forum vision of hub
- Residential facility for the elderly

Resources/Fitness

- Safer play park – paddling pool at West Bay

Health Professionals/Partners

- Waiting time for G.P sometimes problematic
- Lady Margaret Hospital
- Need quicker G.P appointments
- 24 hours on call Social Worker to fit the Emergency Services Police 'babysitting' children when mother taken ill, 2 police on island rotating shifts 1 at each time another went to un-pvg checked local as a result – needs resolved

Bus Service & Transport

- Transport to mainland hospitals difficult
- Community transport scheme / volunteers would help

Describe your best experience of using services on Cumbrae?

Health Professionals/Partners

Hospital

- Hospital is improving, respite care facility excellent
- Excellent response to emergency at Lady Margaret Hospital when admitted for septicaemia evacuated off island in 20 minutes
- Best experience was Lady Margaret Hospital when husband was palliative/end of life, excellent as were the carers at home
- Nurse looked after me very good service
- New community nurse is very good with a nice manner
- Charge Nurse is very good at speaking to the community positive
- Couldn't do without hospital – great service

G.P

- Good to have a Doctor on the island however not as good as before
- G.P always finds a time for you, local community look out for each other in times of need
- Waited to see G.P (a while) but once seen provided a card for x-ray. Transported self to IRH into x-ray straight away, back to car in 10 minutes

- Had a fell and felt supported by LM and G.P
- Good G.P services can see Doctor within a few days
- Husband had fall G.P thoroughly checked out service was excellent

ANP

- Good experience since ANP's Emergency Service
- ANP's are amazing. Medical provision on island is excellent

Pharmacy

- Over 60's minor illness registration at Pharmacy is good

SAS

- The best medical evacuation in critical cases
- Paramedic response time was instant
- Paramedic was there within minutes. Taken to Lady Margaret no x-ray, G.P phoned to check over at hospital no problems at all

Staff Values Working Together

- Excellent 3rd Sector
- Island community great for supporting elderly/dementia particularly if someone is confused in shops for example provides a safe environment for the vulnerable, give support excellent 3rd sector support
- Lack of communication between social care/elderly forum
- The services know the islanders so provision is very personal and tailored with good relationships
- Not enough social care anywhere but will we as a country fund it

Support / Drop-in Services (Island Hub)

- Excellent lunch club
- Excellent day centre but not open 5 days and occupied 100%
- There's always someone to help and easily to keep healthy lots of things to do in groups
- Helicopter assistance is great on the island

Housing

- Converted flat accessible new conversion – private rented excellent for now and future
- New houses for elderly, needs more of these or sheltered

What changes would you like to see on Cumbrae?

- Community needs to know the 'good' service that's here

Health Professionals/Partners

- ANP good but still not a G.P for OOH
- Very difficult to get G.P now
- Extra G.P would provide home visits/quicker access to G.P appointments. Would feel more confident in healthcare as a result
- Would like there to be a properly working hospital with Doctor (so Doctor isn't pulled from G.P causing delays)
- Would like G.P to be 24/7 however has liked the ANP model
- Doctor at hospital gets called away and clinic at G.P waits, wishes this doesn't happen and wants G.P at hospital too
- G.P doesn't visit, ANP visited out of hours as pain got too bad. Good service from them but could've done with G.P through the day
- Prevention/early intervention if easier access to G.P
- Doing damage with G.P negativity into local communities
- If G.P integrated a bit more we would have more confidence in him and leading skills during emergencies
- Prevention/early intervention if easier access to G.P
- Doing damage with G.P negativity into local communities
- If G.P integrated a bit more we would have more confidence in him and leading skills during emergencies
- Those who work off the island have difficulty accessing G.P due to surgery times
- Would like quicker access to G.P, however demand on hospitals make this difficult , surgery times difficult
- Would be good to have G.P living on island 'promote the lifestyle
- Weakest link is G.P and care as don't seem to work well with other services
- G.P doesn't listen to emergency services and other health professionals
- Doctor not quite 'integrating' into island life or routine or understand island life
- Confirm diagnosis before leaving island
- No place of safety outwith ferry times, not appropriate for calls at times if another call comes in unable to answer therefore prevents police service
- Good place to be older but needs social care to support migration and current population would attract people
- Problem with falls results in using ambulance service inappropriately and preventing emergency rediness
- Support at weekend and out of hours
- More people to support vulnerable elderly wing on own

Partnership

- Feels there is no point of contact for social work – Brooksby doesn't work well for the island
- No DN contact
- Teenagers forgotten about on island
- Mental health needs for teenagers – needs addressed
- Local hospital is an asset
- Difficult in social care package
- Poor social care provision for elderly. Especially discharges from Lady Margaret Hospital
- Would like more social care to support discharge quicker for 4 times per day, wish to get people home
- Social care then people wouldn't worry and relatives wouldn't have to move/travel to support. Son had to give up everything
- Increase social care provision to meet needs, neighbours look in but still gaps
- Those with mental health issues don't have an integrated services/access to social experience on the island

Technology

- X-ray facilities
- Needs more telecare / telehealth remote consultants supported by technology / local medic / ANP
- Hospitals could do more x-rays so delays in getting assessed

Residential bed provision

- Assign beds in Lady Margaret to Community Care for those with residential needs that would be isolated on the mainland

Pharmacy

- Feels pharmacy experience has deteriorated since change

Dentist

- Would like dental practice

Residential bed provision

- Home care stretched – struggling to meet demand
- Feel strongly that there is no care at home facilities on the island
- Use volunteers to help the costs
- Care at Home Services with people who volunteer
- Depend on neighbours to be neighbourly
- Can volunteers provide care combined with professional service

Staff Values Working Together

- No clear process/public knowledge on how to access social work services information board/leaflets, presence of process to access all services
- Someone on the island that knows 'what is what' for service provision e.g community connector, someone to sign post
- Have the infrastructure or support systems in place, therefore again use of Emergency Services increased
- Can we have a working group with sw, police and housing to tackle these issues? Or CPN/mental health? Needs a strategy for these circumstances
- Something on everyday lots of people contribute to community – do a lot of work
- Supportive but not invasive
- More consultation between community council and public
- More clarity on community groups this would allow better use of volunteers and co-ordinate services to meet needs. Winter time 'locality event'?
- Would like more support for mental health to join activities 3rd sector and social care?
- Integrated services – less boundries
- More clarity/information on all community groups/provision and volunteer opportunities

Support / Drop in (Island Hub)

- If there was a sw on island people would feel able to talk/drop in with problems
- No obvious dementia services

Bus Service and Transport

- Local bus that includes Lady Margaret when ferries go off so appointments get cancelled
- Difficulty with transfers from island
- Often isolated in tenants particularly in winter months when neighbours are not here
- Buses on at all times would allow people to easier access all parts. Reduces isolation or a community bus and route should include other areas not just main street e.g 'my bus' '3rd sector bus'
- Buses go off when ferry goes off this is very isolating for community/vulnerable users to get to/from
- Reliant on friends/neighbours for travelling to hospital
- Assessment for going ferry
- Need a bigger pool of volunteers on the island to assist in transport, social isolation etc but can't fill all the holes

Housing

- There is an increased allocation housing of people with alcohol and drug addiction
- Better accessible housing/more suited to aging population
- Lack of social housing for young families even those who have employment that can afford rent
- People moving onto island with mental health and addiction issues and crisis team on island to support them
- Don't have a Social Worker on the island feels this would benefit at least once per week for a drop in could access quicker for services and know point of contact
- Day centre to be open 5 days per week
- Wish for a care hub under one roof, central location
- Care hub would be a benefit to the community

Protection of the island

- Want to see wind turbines away
- There are more helicopters in/out in the island – concerned re cost of this
- Solar panels on roofs homes and business
- Community newsletter to help local community knowledge on groups etc
- Need to promote island to bring in more migration and families

How will these changes benefit public and users?

- Benefits of community care hub huge efficiency under one roof, joined up working sharing roles and responsibilities, encourages migration to island, provide employment
- People would be able to stay in homes much longer
- Benefit of using Lady Margaret residential beds
- Availability to visit friends/relatives on island
- Benefits to G.P at hospitals would stop G.P from being taken away for hospital and allows for home visits
- People could live longer on the island if they have accessible town housing
- People becoming more community minded if volunteers used for care/falls etc
- With increased social care it would be practically perfect on Cumbrae
- Not having the stress of going off island, better body and mind
- If there is a village or hub would give ground floor living/sheltered provision severely lacking
- Benefits of telecare/telehealth ease of access to consultation, reduced stress in travel to out-pt reduced time

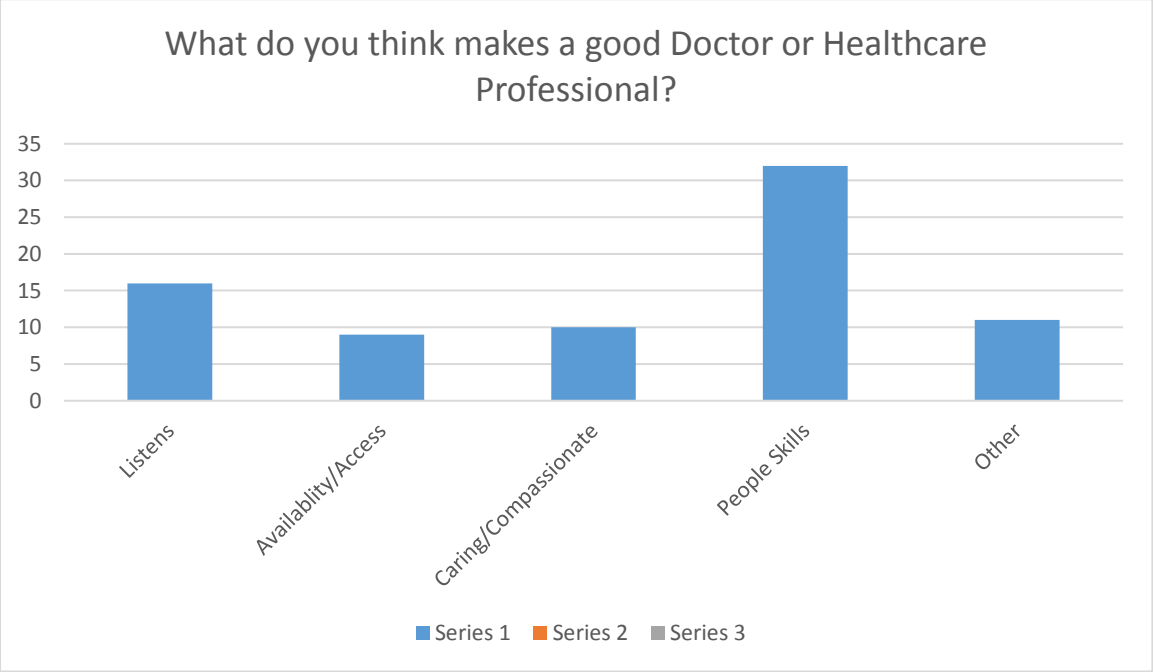
Local Health Council (LHC)

The event provided an opportunity for the LHC to ask the following question on behalf of Scottish Government:

‘What do you think makes a good Doctor or Healthcare Professional?’

The graph below shows the responses –

Graph 1: LHC



Health and Wellbeing Corner

The local health improvement team used the opportunity to ask the following questions:

What could be better about your community to improve your health?

“The Screen Machine”. The Screen Machine is a mobile cinema which travels around rural parts of Scotland showing the latest films. The Screen Machine was an irregular occurrence and although it is unlikely to be able to request its use more frequently, an alternative would be an adequate replacement, i.e. a projector showing a specific film in hall for all to join. It was suggested that this would be a good way to get people together.

The return of:

- Services under one roof. “One Stop Shop”
- GP’s on call 24/7
- Physio’s 2/3 times a week
- X-Ray machine
- More utilisation of the Lady Margaret Hospital (empty beds, therefore it was suggested that people from other hospitals be moved to the Lady Margaret Hospital to free up beds needed for others)
- The removal of the sea turbines, they are causing health issues (*suggesting the infrasounds causing headaches and dizziness*)
- Outdoor gym equipment along the promenade. Would be beneficial for fitness of over 65’s
- Social isolation can result in depression and the local bus is confined to the main road. A dial-a-bus service would help with this problem
- Public transport (x3)
- There are no late night appointments; therefore, those working on the mainland whose typical work hours must take time off work for an appointment. Late night appointments one night a week would address this issue
- Better referral service. Why a quicker referral through NHS 24 than GP?
- Quicker appointments
- There is no support for those on Cumbrae with mental health issues
- Home support specifically for over 65’s with organic or functional mental health problems
- Access to a list of phone numbers of local helpers and local services
- Alcohol problems (*alcoholism was very common but no one highlighted a solution. Many believe that people are being moved to Cumbrae who suffer from alcoholism and that is what is causing the problem, not the people on the island)*
- Someone qualified to take physical exercise classes
- Volunteers to interact with those who might be isolated
- Physically impaired over 65’s (or those without the physical capacity) get stressed because they are unable to maintain their garden
- Increased children and adult sports facilities
- Age concern

What is good about your community to that helps improve your health?

- Community intervention a big plus. People look out for each other. For example, if someone with dementia is walking the streets, everyone will keep an eye on them and help if they need it, as people know their capabilities
- Safety, peace and quiet

- Home care (*never managed to speak to the person that put this up therefore not sure quite what they meant by it)*
- Elderly forum (x2)
- Safe place to live (x2)
- Close community
- Support for the elderly
- Great accessibility, especially if in a wheelchair
- Walking is easy, acceptable and pleasant (the weather is a problem)
- The surgery is friendly and helpful and try their best to make appointments when necessary
- The community garden
- Self help
- Community spirit
- Flat, easy walking

What Matters to You?

On 6 June 2017 the HSCP asked people across North Ayrshire ‘what matters to you’ and the Cumbrae output is described below:

“It takes time to get a GP appointment. People who I can go to and ask for advice + get arrangements in place”

“Treat the public as you'd like to be treated yourself”

“We need a care home on the island. A year to get a physio appointment - too long”

“Need therapies CBT + Counselling, psychological therapies. Will drug and alcohol become a problem for us?”

“Follow up + back up services post hospital "Nothing on the island". (Lady Margaret respite no longer available) - Stay too long in hospital”

“I value A&E and having access to it. GP + Lady Margaret – great”

“Promoting Independence + dignity. Care at home staff on island need more training + responsive, more qualified. Not many young carers can get into the job of care at home. Don't need a care home - more care at home services. Social Care - more availability - not widely known how to contact social services”

“Quick access to a doctor for older people (Speed is important). Care home on the island (Empathy for the partners of older people) Keep the hospital open. (More practitioners are there!)”

“I value A&E and having access to it. GP + Lady Margaret – great”

“No paramedics on the island + ambulances as well. It’s not adequate service. What if I had a heart attack - how quickly would they get to me?”

“They are person - centred, locally available and responsive to give the right support at the right level to enable me to be as independent as possible and only how long I need it”

“Mental Health - no team on the island. Drop in clinic for CPN?”

“Good access to GPs (Hospital is great. Lady Margaret does a good job) Care for the elderly - for a nursing home they go off island and elderly care home on island would be helpful”

“Residential home - need a place on the Island”

“Need midwives! Can’t get a hold of them”

“What matters to me is better maternity services which are more person centred”

“Better out of hour mental health services. Drop in centres for services”

“That the people who provide services care about the people they provide services to”

“Getting the right care at the right time”

Paper 3

Notes from the

Cumbrae Review

Staff engagement session held

10th July 2017

Participants were asked the following:

- Describe how you would like to see health and social care services change in Cumbrae.
- How do these changes benefit service users, carers and other stakeholders?
- What is the most radical suggestion or change you can make?
- What will make/help to make your vision happen?

Group responses

Group 1

1 Describe how you would like to see health and social care services change in Cumbrae.

- A health and Social Hub under one roof – Garrison?
- A more integrated approach to existing HSCP services eg Addictions
- Identify additional services to support
- Utlise existing quality buildings currently under utilized

2 How do these changes benefit service users, carers and other stakeholders?

- Central, easier access, HUB reducing duplication, create service capacity to re-invest in patient centered care
- Increase cost savings eg utilities and hotel services

3) What is the most radical suggestion or change you can make?

- Shut the hospital, re-site , re-invest to centralise services

Group 2

Describe how you would like to see health and social care services change in Cumbrae.

How do these changes benefit service users, carers and other stakeholders?

24hr Service for social care -		Homecare 24 hr
	-	Secure in own home for longer
	-	Reduce pressure on , carers, relatives, LMH, SAS, GP practice
Very Sheltered Housing	-	for: emergency respite
	-	Long term care
	-	Benefits, stay on island, link to community Alert Service
Addiction Services	-	Island based service
	-	Improves accessibility

3

Radical suggestion	-	24hr free ferry service

Action required:

More money (lots of), staff, housing, carers

Care home

Better communication between services

Group 3

1

- Access to all services available on mainland
- Seamless care, patient centered, flexible, cross cover training
- Investment
- Listen to everyone
- Adaptive model
- Older adults, sheltered, nursing home , adequate appropriate housing
- Communication
  - hospital
  - CAH
  - AHPS
  - Voluntary
  - GP

Staffing
- recruitment/retention

- How beds are used
- Respite
- Continuing care
- Rehab

Standardising Services

- Alert
- CAH
- Social care

Group 4

Q1

1 Community connector role to support GP's in signposting/ social prescribing

2 Improved home care system, integrated with the health staff, still very much them and us – need rid
Creative and innovative on the job descriptions/roles to support above eg nursing staff, AUX helping in the community/ homecare – skills mix across the partnership roles. "bin the rule book" write what Island roles need

3 Ease of process to access day hospital and other services

4 Safe and effective equipment provision

5 Very sheltered accommodation – liaise with housing colleagues for planning

6 Engage with manager to care at home (existing) for future care services / expansion to service to elderly

7 24hr ANP clinical decision making to support GP resources/ Lady Margaret Hospital/ SAS

8 Review to the housing allocations policy with respect to allocating housing to vulnerable people with increased needs and thus socially isolating eg single person accommodation
9 Shared communication across health trusts – regular points of contact
10 Rehab step – up model – sharing skills across teams engage in rehab process

Q2

1 More inclusive self-sufficient services on the island for all users
2 Elderly are supported on the island through all stages of acre provision eg minor/moderate/intermediate/complex needs
3 If 1 & 5 re not provided there would be 24hr provision on the island to support people at home
4 Increasing

Q3

1 Integration – breaking the rule book on roles across the partnership

What's required ?

Solution focused meeting

- Innovation
- Drivers
- Completers around table
    - Housing
    - Health
    - AHP
    - Social services
    - 3rd sector/ volunteers
    - Service users
    - Clearer strategic IC Plan

Group 5

1 Our Vision

Promote awareness of current services / provision

- Directory
- Staff awareness
- Communication

To enable signposting or redirection to relevant service including I.T, social media

2

Save time. Time = money

Less waiting

More choice

Most appropriate person

Encourage self-management

Less duplication / maximises resources

3

Build a bridge! Bridge the gap!

Tunnel

A&A

What's required - Making it happen:

HSCP being more social media promoting

Housing

Childcare

Mental Health / care at home staff recruitment

Local service support – opt in

Delivering care together

Paper 4

Cumbrae Review 2017

Patients Perspective and Journey

Mr X is a 93 year old man who was born in Glasgow in 1924 and would spend his holidays and weekends in Millport with his mum, dad and sister. His family moved to Millport permanently when Mr X was a child. Mr X attended Millport school, and on leaving school Mr X worked for the council and continued to live on the island. Mr X met and married his wife when she came over to Cumbrae to work. Mr X and his wife had 4 children who all attended school in Millport and secondary school in Largs. All 4 children and their partners now live on the mainland, one of which commutes daily on to the Island to work.

Mr X lives in a three bedroom semidetached house and lived there with his wife throughout their marriage. Mr X cared for and supported his wife through many years due to dementia, relying on family and carers for support. During this time, carers attended twice per day which enabled Mr X to care for his wife at home until her death. During the years Mr X looked after his wife he had an active application on the housing list for sheltered accommodation in Largs in order to be closer to his family on the mainland. This would have made life a little easier for family to support their parents,especially overnight. Following his wife's death Mr X removed his name from the sheltered accommodation list for Largs and wanted to stay in his own house with his memories.

Mr X managed to stay in his house for approx 2.5 years after his wife passed away. During this time, Mr X had a stair lift that assisted stair mobility, and care was provided by carers twice per day, with one carer in the morning funded on a direct payment and carers in evening provided by North Ayrshire Council care at home service. Mr X's daughter and sons continued with social visits, weather and ferry provision permitted.

In early 2017, Mr X fell and fractured his left hip. Mr X was transferred off the Island for surgical intervention. Following surgery Mr X transferred back to Lady Margaret Community Hospital for post operative care, where Occupational Therapy and Physiotherapy were involved in rehabilitation, care and home assessments. During Mr X's recuperation in the Lady Margaret Hospital staff noted bleeding and further investigations were ordered. Sadly a malignant tumour of colon was diagnosed.

Mr X currently has a number of active problems including a tumour, for which he has undergone investigations and is being treated with palliative care. Both family and Mr X are aware of the diagnosis and involved with his treatment plan. Following a discharge planning meeting with the multidisciplinary team and family, it was decided between Mr X and his family that he wished to return to his own home. A further OT and Physio assessment were completed for discharge planning, both of whom agreed return home was possible for Mr X, supported by care and the stair lift currently in place to access the bathroom upstairs. The family changed his house to enable Mr X to live upstairs, with support for bathing in his bed. A bedroom has been converted into a living room, and a hospital bed provided for his separate bedroom. Mr X requires double handling care, four times a day to assist all aspects of hygeine, meal prep and administration of blister pack medication. The home care package was requested in June 2017, recommending the morning visit continue with the carer provided by direct payment and a further 3 visits requested from North Ayrshire Care at Home service. Mr X is still an inpatient at Lady Margaret Hospital due to lack of availability of home care provision from North Ayrshire HSCP.

Findings and Learning

The key findings from Mr X's journey were:

- The appreciation of informal care provision from family members and the need for services to support this more effectively.
- Lengthy waiting times for suitable housing allocation on the island/mainland which if allocation been possible, then more family oriented care might have been provided for palliation period for Mr X and his wife.
- Multiple record systems that are not shared across partnership teams to provide a fuller picture.
- Professionals note the lack of early intervention coordination across partnership and housing services.
- Discharge planning and coordination could be improved on the island with key partners from social care and homecare provision, as an area of concern.

Learning points :

- Improved access and waiting times to suitable accomodation both on mainland and on island, providing the appropriate environment for families to support relatives.
- Where informal carers / family provide care, this should be supported by social care services if approporiate.
- Home care service provision limited within island environment, due to recruitment issues.
- Single system for communication and information sharing.
- Palliative care requires high level of support provsion at home due to the acuity and complex needs.

A future service users journey with mental health services will be mapped shortly.

Integration Joint Board
Date of Meeting
Agenda Item 9

Subject:	**Learning Disabilities Strategic Plan 2017-2019**
Purpose:	To inform the IJB of the development of the strategy and ask that they support the plans for implementation
Recommendation:	The IJB Supports the Strategy.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NIN	National Involvement Network
LD	Learning Disability

1. EXECUTIVE SUMMARY

1.1 The learning Disabilities Strategic Plan 2017-2019 has been developed by engaging with people with learning disabilities, their families, their carers, staff across the partnership and other organisations who provide services in our communities. We intend to carry on those conversations beyond this exercise.

This strategic plan explains our vision, aims and values. It also explains the context of our work, what we need to do and the main ways we will do it. The strategy covers the core information that will allow us to plan, buy and put in place high quality services for people with a learning disability in North Ayrshire.

1.2 What we have heard, very clearly and unsurprisingly, is that those who use learning disabilities services want and need to be supported to live ordinary lives. They want to be listened to as individuals, to be involved in decisions that affect them, to have genuine choices about how they spend their time and money, where they live and who they live with, and to have opportunities for work and skills development in their communities.

1.3 In many ways, this will mean changing what we provide and how we deliver and commission services. We need to do so in the context of a difficult financial climate, but we are determined to meet those challenges, not least by ensuring that our staff and partners are equipped with the right training and tools to support our service users and their carers. The new Learning disabilities strategic plan is embedded within the extensive transformational mental and health & Learning Disabilities change programme. The Learning Disabilities strategic plan will be delivered by a service user led strategy board which will report into the mental health & Learning disabilities change steering group. The strategy group will also be supported by the National Involvement Network and delivered by adherence to and within the framework of the Charter for Involvement.

2. BACKGROUND

2.1 In autumn 2016 a learning disability strategy group was convened to look at the state of play for learning disabilities in Ayrshire. The group considered what is happening in Scotland and the wider UK in terms of legislation, emerging policy and financial pressure which then led to the project team reviewing Learning Disability services in North Ayrshire. Main Street Consulting were commissioned to provide additional support to enable development and writing of the strategy.

3. PROPOSALS

3.1 Between early 2017 and the beginning of 2019, our work will focus on six main priorities:

1. We will formally involve the people who use our services in designing the services they get, in the organisations that provide their services, and in our wider community. Among other commitments, we will sign up to the Charter for Involvement developed by the National Involvement Network (NIN), which summarises best practice in this area. By adopting the charter, we commit to following NIN recommendations.
2. We will re-design how we do things – what we provide and how they are accessed – to make sure that they put those using services first, giving them choice and control. Our redesigned policies will also prioritise Early Intervention and Prevention, and build on people's strengths and the existing assets of our communities.
3. We will create a formal Commissioning Plan for Learning Disabilities provision in North Ayrshire, which means that those who arrange services in the area, as well as those who provide them will have a consistent and transparent set of principles to sign up to, which put real choice for the people using these services first.
4. We will work with all our partners locally to maximise the amount of 'meaningful' learning, skills development and employment activity on offer.
5. We will develop our property and facilities to make sure that they are fit for the redesigned local services that we are planning to put in place. Developing the former Red Cross House on Tarryholme Drive, which we have recently bought, will help drive changes to our property and facilities strategy.
6. Lastly, we will make sure that our staff have the right training and equipment to support those who use our services, not only in the right way, but also at the right time. To do this, we will review training, as well as the make-up and locations of our teams to create new workforce models and bring teams together in one location where possible. We will also improve the quality of the statistical and insight data that we capture to provide better management information, forecasting and budgeting.

3.2 **Anticipated Outcomes**

- A stronger, robust and more efficient service better able to serve the needs of service users. (See attached strategy document).
- Implementation of the Charter for involvement ensuring improved service user involvement and engagement in design of services.
- Increased choice and control
- Improved access to prevention and early intervention
- Improved work force planning – recruiting and keeping high quality staff.
- Robust management and efficient financial governance in response to increasing service demand.

3.3 **Measuring Impact**

We will manage the progress of the strategic plan through a learning disability strategy board represented/co-chaired by people who use our services embedding co-production from the start. This group will report into the overall change programme board. Implementation sub-groups will be established to put specific sections of the plan into action.

Regular consultation will take place with learning disability groups and organisations, those who use our services and their carers throughout the lifetime of the strategic plan to make sure we achieve the desired outcomes. (See attached strategy: Monitoring progress).

4. IMPLICATIONS

Financial :	The strategy will be delivered within existing financial resources.
Human Resources :	Delivery of the strategy will require changes to the way services are delivered and the development of associated work force plans to enable this. A full programme of organisation development will be delivered including workforce development/planning and organisational change implemented where this is required.
Legal :	None
Equality :	Equality Impact Assessments will be completed in alignment with the delivery of the strategy and particularly when changes are made to service delivery models and development of new, or revising existing, policies and functions.
Environmental & Sustainability :	Any potential issues will be resolved within service
Key Priorities :	The strategy must be shared with other partnership areas
Risk Implications :	Any potential risks will be resolved within service and monitored at the Learning disability strategy board.
Community Benefits :	N/A

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

5. CONSULTATION

5.1 The learning disability strategy was presented in June 2017 to a large group of staff, service users and members of the public and feedback noted. It has also been presented to the Pan Ayrshire Strategic Planning & Mental Health Change Programme Steering Group.

6. CONCLUSION

6.1 The work highlighted in the learning disabilities strategy is crucial to the partnership in achieving its strategic ambition to improve mental health and wellbeing for the people of Ayrshire.

For more information please contact Thelma Bowers, Head of Service on 01294 317807 or tbowers@north-ayrshire.gcsx.gov.uk

North Ayrshire Health
& Social Care Partnership

LEARNING DISABILITIES STRATEGIC PLAN

2017-2019

CONTENTS

FOREWORD

I am delighted to present North Ayrshire Health & Social Care Partnership's strategic plan for Learning Disabilities 2017-2019.

In preparing this piece of work, we engaged with people with learning disabilities, their families, their carers, staff across the partnership and other organisations who provide services in our communities. And we intend to carry on those conversations beyond this exercise.

What we have heard, very clearly and unsurprisingly, is that **those who use learning disabilities services want and need to be supported to live ordinary lives**. They want to be listened to as individuals, to be involved in decisions that affect them, to have genuine choices about how they spend their time and money, where they live and who they live with, and to have opportunities for work and skills development in their communities.

In many ways, this will mean changing what we provide and how we deliver and commission services. And we need to do so in the context of a difficult financial climate. But we are determined to meet those challenges, not least by ensuring that our staff and partners are equipped with the right training and tools to support our service users and their carers.

I hope that the thoughts and ideas explained in this document capture the real sense of energy, urgency and optimism that all of us at the partnership feel. Everyone involved in developing the strategic plan wants to play an active part in making sure that people with learning disabilities live full, rewarding lives in North Ayrshire.

Thelma Bowers
Head of Service for Mental Health & Learning Disabilities

We would be delighted to provide further information about this strategy. Please contact us by phone on **01294 317 700** or by email at **contactus@north-ayrshire.gov.uk**

INTRODUCTION

In this section, we set out what we wanted to achieve in drafting this plan, and summarise what we have produced.

North Ayrshire Health & Social Care Partnership (NAHSCP) was set up in April 2015 with the aim of making sure that, "all people who live in North Ayrshire are able to have a safe, healthy and active life." NAHSCP will help more people access the services they need. NAHSCP also includes some of the people who use these support services in our communities. We all work together as NAHSCP to achieve our aim.

People with mental health and learning disabilities often need extra support to have a safe, healthy and active life. Since we combined local NHS and North Ayrshire's Council's community care services in 2015, we have been working hard to make sure that the right sort of support is available. We have started work on several big projects that will help more people with mental health and learning disabilities access the services they need, near to where they live. Two of the biggest achievements have been opening Woodland View, a new mental health and community hospital in Irvine, and bringing together our Community Learning Disability teams.

"The Partnership has opened up opportunities for us to do different, better things." Senior Manager, NAHSCP

"Integration between health & social care has been successful so far … the management team have led, and we meet together as one integrated team." Staff member, NAHSCP

One of our most important pieces of work so far has been making changes to some of the services we offer. We recently bought the old Red Cross House on Tarryholme Drive in Irvine. **This gives us a great opportunity to reshape and improve the support that we offer to people with learning disabilities locally**. To get these improvements right we will be talking to and sharing information with the people who will be affected by this change, including: service users with learning disabilities, their families and communities, our staff, and the people we work closely with the independent sectors to deliver services.

Why are we doing this? To make sure that services are right for our communities, including those who rely on them, and that prevention, self-management and self-help are a main focus, aided by new technology where possible. The overall aim is of course to make sure that people in North Ayrshire are able to have a safe, healthy and active life. This will mean planning and designing new facilities, and developing new types of community-based activity for people with learning disabilities to take part in.

Between early 2017 and the beginning of 2019, our work will focus on six main priorities:

1. We will formally involve the people who use our services in designing the services they get, in the organisations that provide their services, and in our wider community. Among other commitments, **we will sign up to the Charter for Involvement developed by the National Involvement Network** (NIN), which summarises best practice in this area. By adopting the charter, we commit to following NIN recommendations.

2. **We will re-design how we do things – what we provide and how they are accessed – to make sure that they put those using services first**, giving them choice and control. Our redesigned policies will also prioritise Early Intervention and Prevention, and build on people's strengths and the existing assets of our communities.

3. **We will create a formal Commissioning Plan for Learning Disabilities provision** in North Ayrshire, which means that those who arrange services in the area, as well as those who provide them will have a consistent and transparent set of principles to sign up to, which put real choice for the people using these services first.

4. **We will work with all our partners locally** to maximise the amount of 'meaningful' learning, skills development and employment activity on offer.

5. **We will develop our property and facilities to make sure that they are fit for the redesigned local services** that we are planning to put in place. Developing the former Red Cross House on Tarryholme Drive, which we have recently bought, will help drive changes to our property and facilities strategy.

6. Lastly, **we will make sure that our staff have the right training and equipment to support those who use our services**, not only in the right way, but also at the right time. To do this, we will review training, as well as the make-up and locations of our teams to create new workforce models and bring teams together in one location where possible. We will also improve the quality of the statistical and insight data that we capture to provide better management information, forecasting and budgeting.

This strategic plan explains our vision, aims and values. It also explains the context of our work, what we need to do and the main ways we will do it. There are, of course, local challenges and variations that affect these things, as well as a strict financial budget, that we must work within. What we cover in this document is the core information that will allow us to **plan, buy and put into place high quality services for people with a learning disability in North Ayrshire**, in a way that is both personal to their needs yet still ensures value for money for everyone.

This document is not long and in the timescale it covers is short. We understand that some may judge the document to be less than comprehensive as a result. However, we are confident that it meets the following standards, by which we would like its success to be judged:

- **It is honest:** this document includes an assessment of problem areas and changes taking place that need to be examined, both inside and outside of NAHSCP.

- **It is clear:** the document is direct about what NAHSCP wants to do with Learning Disability Services locally. It is a structured plan to help the organisation progress and its language and actions are clear and specific. We have attempted to use Plain English at all times.

- **It is concise:** this plan focuses on the essential activities needed to provide great services. This will help our staff and partner organisations to focus their limited time and resources on the things that will bring the most value and greatest benefits to those using our services.

- **It is realistic:** we want this document to accurately reflect the reality of what we can do, and what we can afford to do. While we think the plan is challenging, we also believe it is achievable.

- **It is 'actionable':** Our strategic plan lists the agreed activities required to meet our goals, at a high level. It may not answer the 'hows' but certainly describes the 'whats' that are needed to progress Learning Disability Services in North Ayrshire. The plan should be a working document that is used and not simply checked from time to time.

HOW WE DEVELOPED THIS PLAN

In this section we describe the steps we took to work out what should be in this plan, and what the next steps should be. We know that we need to consult further with those using our services, their families and carers.

This strategic plan was developed in autumn 2016 by a Learning Disabilities Strategy Group made up of staff from Social Care and Health. The group also included representatives from NIN, the National Involvement Network (a group of people who get support from different learning disability organisations across Scotland). The content of the plan is based on feedback from this group, as well as from many other people who have an interest in support for people with a learning disability in North Ayrshire. To gather this feedback, we spoke to 30 members of senior and frontline (public-facing) staff from across Learning Disability Services, to a small group of partner organisations, as well as running informal sessions involving those with learning disabilities who use our services in North Ayrshire. The thoughts, concerns, hopes and ideas for the future shared with us as part of the information gathering process, are reflected in the plan.

These are the steps we took to develop this strategic plan:

Reviewing national and local context

We have considered what is happening in Scotland and the wider UK in terms of legislation, emerging policy and guidance for people with learning disabilities and other needs. That also meant understanding the financial pressures that budgets for care are currently under.

Our project team also carried out a review of existing Learning Disabilities Services in North Ayrshire. As part of that exercise, they looked at our current plans, staffing, structures, systems and buildings, as well as how we engage and interact with those who use our services.

Talking to staff

The project team spent several weeks with a wide range of staff from across NAHSCP and some of the other organisations who provide services locally, to try and fully understand their views on current services, and their main priorities for the future.

Talking to partner providers

There are several independent sector organisations who work with us to provide services and support to people with learning disabilities. We had some initial discussions with some of them in December 2016 about their view of what is provided locally, and what they believe our priorities should be.

Visiting the sites where we deliver our services

We deliver services from several properties and facilities across North and South Ayrshire, either directly or in partnership with other organisations. During August and December 2016, our team visited Castlecraigs, the day services at Hazeldene and Fergushill, Taigh Mor (the Respite Centre in Beith) and the assessment and treatment centre at Arrol Park to understand what those using these services, their families and the staff experience on a day-to-day basis.

Talking to those who use our services

We recognise that we need to get better at involving those who use our services in their development, and have made this a priority in our strategic plan. Although the project team have consulted attendees at the Hazeldene and Fergushill day centres, wider consultation is planned for early 2017.

We have started the conversation with those who currently use our services as to what their role can be in helping all of us to improve these services in the coming years and will focus on encouraging participation throughout the life of the plan. To demonstrate our commitment, in early 2017, we will sign up to the Charter for Involvement developed by the National Involvement Network (NIN).

What the people we spoke to told us

Here are the main things that those using our learning disabilities services, our staff and partners told us were important to include in this plan:

Everyone believes that communication and how we interact with those using our services, as well as their families, needs to improve and that we must make sure that they know about, understand and can comment on plans relating to our facilities. This is particularly important in relation to plans for some of our buildings and how these impact on other services.

"I've had the same carers for over a year now: we have a great relationship which helps me a lot."
Service user, Hazeldene

"You can tell they're busy but they make time for me, make me feel important."
Service user, Fergushill

"If you ask them to do something, they will."
Respite services user, Taigh Mor

Everyone thinks that we could be **more honest about the available money and resources**: explaining to all partners the constraints facing NAHSCP and why we need to be more creative in finding more cost-efficient ways to achieve our Vision. Our provider organisations in the independent sectors confirmed that they are keen to be involved in designing services that meet those challenges.

Most people feel that there is a **need for more accommodation options** for people with learning disabilities in the local area, ranging from those who might need short-term, intense assistance to those who need ongoing, long-term support. This is true also for some of our people currently in specialist services far from family and friends.

Everyone thinks that we need a fresh focus on helping people to find work or to take part in 'meaningful' activities. There are currently lots of courses and activities available but few that prepare those taking part for real jobs. We need to get to know more local and national employers to create more opportunities for people with learning disabilities in North Ayrshire.

Most people want to see more **opportunities for learning, particularly community-based courses**, rather than specialist 'Learning Disability' courses. The full range of social opportunities should be more accessible to people with learning disabilities.

Everyone thinks that those using our services and their families, need **better access to information and advocacy** when it comes to money, benefits and personal budgeting.

Most people think that **assessments of the needs of people with learning disabilities could be more focused on outcomes: that is, the impact or end-result of support or activity on a person's life.** They also think that it is important for both the person being assessed and their carer, to fully understand what is involved in the assessment process. This may mean reviewing how the way we do these assessments (including the time we spend on them and our need to capture what's been discussed) could perhaps be improved.

Staff and partners believe that **co-locating community Learning Disability staff** in one place is important for improved communication and working together to get the best outcomes for the people we support.

All staff have some **concerns about how effective we are at sharing data and information across NAHSCP.**

Some staff and partners believe that the **information available on Self-Directed Support (SDS) should be improved**, and, that we should actively promote this to encourage more people in North Ayrshire to make use of it and take control of their lives.

All staff believe that at NAHSCP we need to be **more consistent in the way we put our policies into practice**, including in how we decide who qualifies for certain services.

Drafting the strategic plan

The Learning Disabilities Strategy Group met four times in autumn 2016. In these sessions, the project team summarised emerging thoughts on services as they are delivered currently and started to define a vision and actions for the future.

We will encourage further consultation with relevant groups in North Ayrshire.

Finalising the strategic plan

Draft versions of this document were circulated to meetings of the Learning Disabilities Strategy Group in late 2016 and comments, corrections and additions were invited. A further version was presented to the Group on 9th January 2017.

OUR VISION, AIMS & VALUES

In this section we describe what we want to achieve over the next few years. These are short statements that set out where we want to be by the beginning of 2019, the things we will focus on and how we will act in doing those things.

Vision

NAHSCP has developed an ambitious strategic plan: "The Way Ahead 2016-18", which very clearly states our vision that:

'All people who live in North Ayrshire are able to have a safe, healthy and active life.'

This of course includes people with learning disabilities in North Ayrshire, who we are committed to supporting as explained in this plan. We will support people with learning disabilities to live safely at home, or in a homely setting as part of their local community and as close to family and friends as possible. We want them to make their own life choices, to be able to contribute meaningfully to society, and to fulfil their potential. **In short, our work will have three main areas of focus:**

- **Helping people to help themselves**
- **Providing support to people when needed as a short-term measure**
- **Providing ongoing support for those who need it.**

We will work closely with our partners to provide high quality, safe and accessible services to make achieving all three possible.

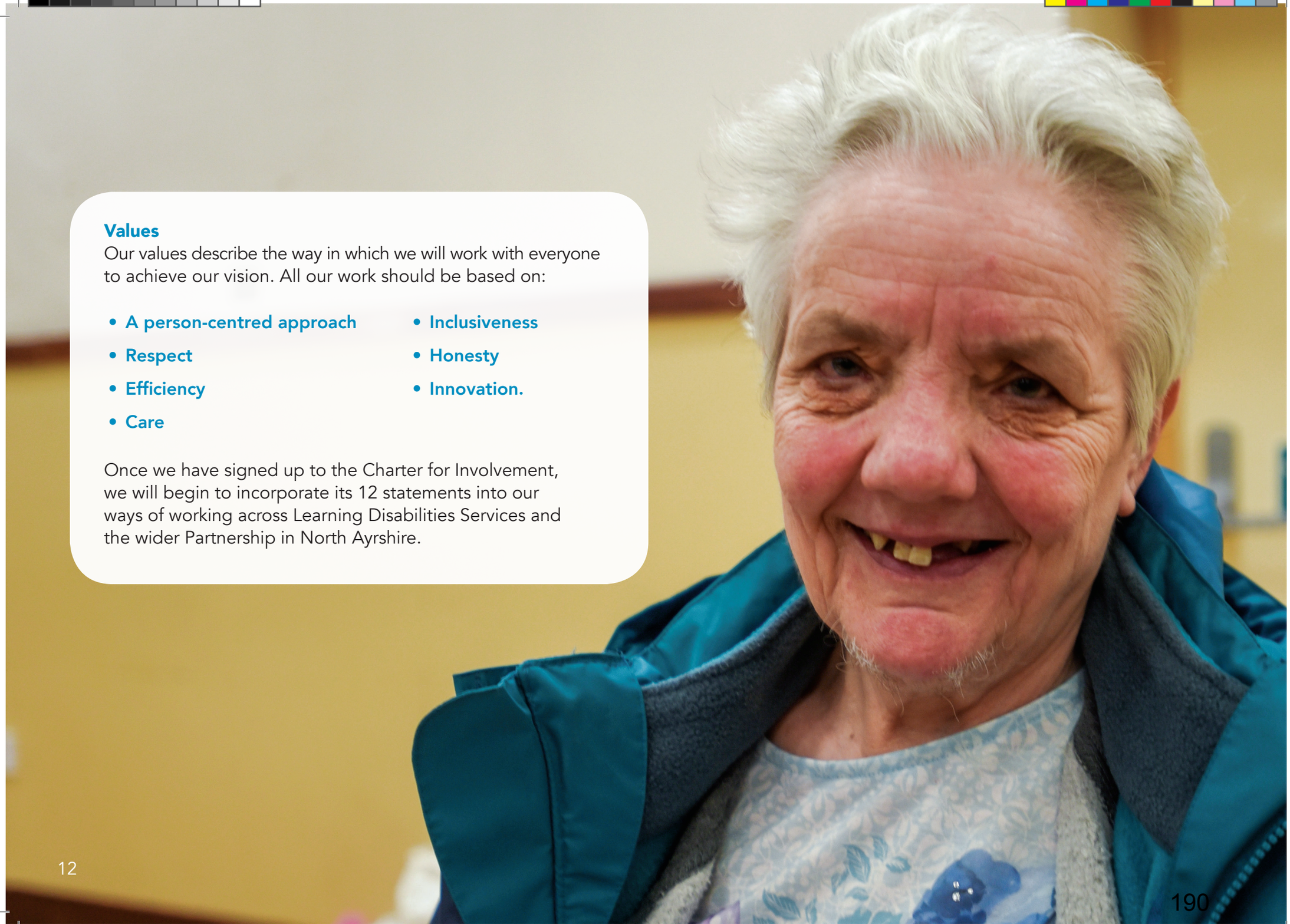
Our aims

To achieve our vision, we must:

- Be creative about what we provide locally. As well as traditional services, we will plan and commission activities that assist people's independence, development, activity and enjoyment.
- Provide early-intervention services that prevent, delay, or reduce people's need for care and support; or placement in a residential treatment facility.
- Identify and build on individual strengths and capabilities to allow people to live as independently as possible.
- Focus on overall health and wellbeing through health promotion, early intervention and prevention.
- Provide those using our services and their families, with the right information so they understand what support they can get and how to get it. This also means being clear on what they can't get and any alternative options.
- Make sure that people can get the right support, at the right time, in the right way, from the right people.
- Allocate our resources effectively so that there are fewer gaps in the services we provide.
- Provide services that are flexible and responsive, enabling people to move between different levels of support.
- Recognise that partner organisations play a major role in improving the health and wellbeing of people in North Ayrshire.

To achieve our vision and the above aims, we know that we need to do things differently. This means changing the way we work with each other across our teams, across organisations, with our partners and in how we talk to and treat those who use our services and their families.

However, we also recognise the big financial and capacity challenges that we face now and in the next few years. This makes it even more important that we identify our priority actions: the areas where we will invest time, effort and money for maximum impact, in the next two or three years.



Values

Our values describe the way in which we will work with everyone to achieve our vision. All our work should be based on:

- **A person-centred approach**
- **Respect**
- **Efficiency**
- **Care**
- **Inclusiveness**
- **Honesty**
- **Innovation.**

Once we have signed up to the Charter for Involvement, we will begin to incorporate its 12 statements into our ways of working across Learning Disabilities Services and the wider Partnership in North Ayrshire.

CONTEXT FOR OUR STRATEGIC PLAN

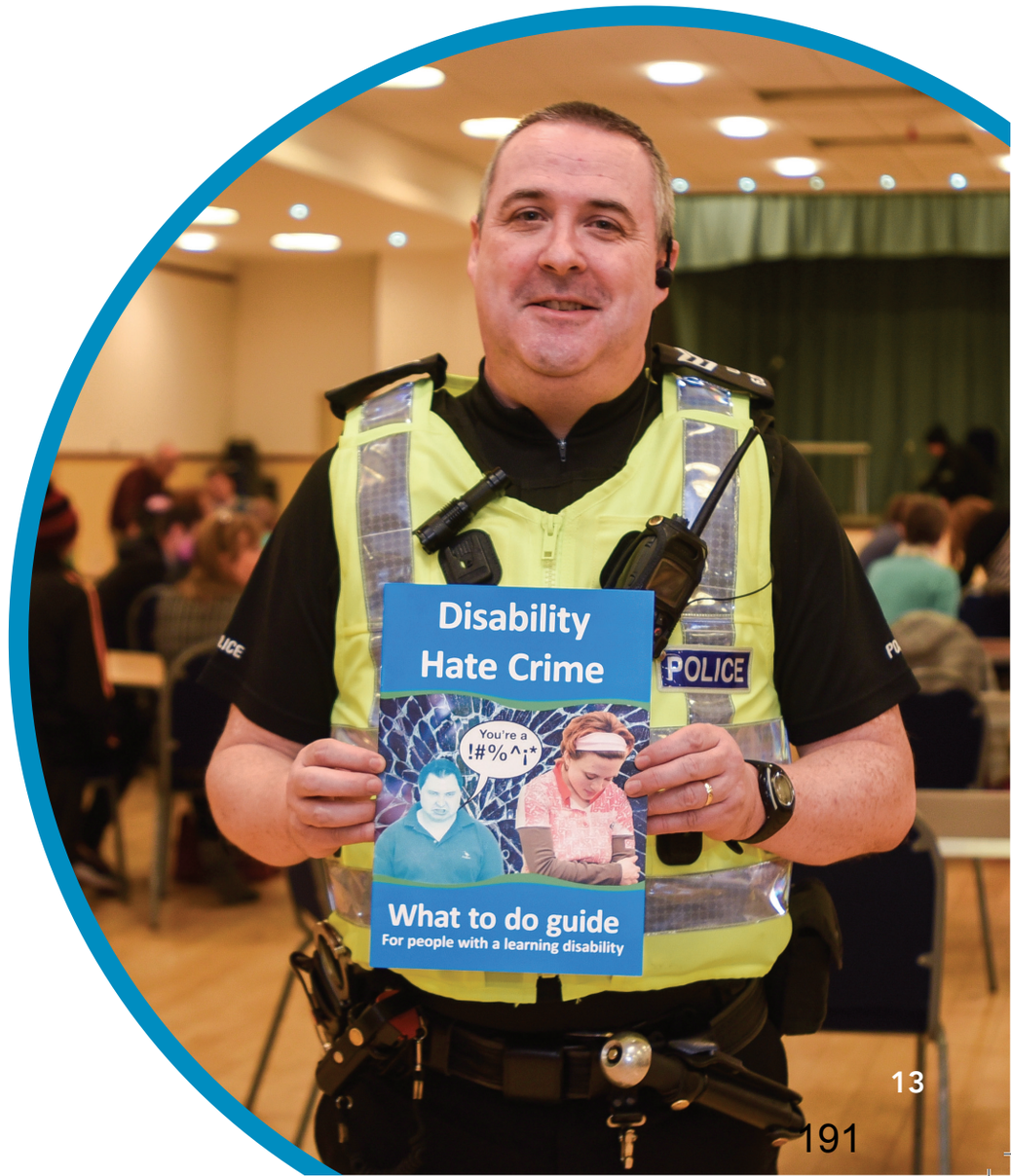
In this section, we set out the background to the changes we are proposing in the plan. This means describing some of the main obligations, opportunities and challenges that we face nationally, in our communities and across our Partnership.

What do we mean when we talk about people with learning disabilities?

The Scottish Government says that a person with learning disabilities is someone who "has a significant, lifelong condition that affects their development". That may mean he or she needs help with understanding information, learning skills and coping independently.

People with learning disabilities have different levels of need, and so the level of support they require will vary. One person with learning disabilities may need only occasional support; another may only need support during periods of change or family crisis; another may want regular long-term support, perhaps on a daily basis; and others may require continuous support, especially if they have complex needs.

We believe that people are not defined by their disability and that they have many roles in life, for example, as family members, friends, parents, or as employees, employers and students, just like everyone else. Equally though, we do recognise that we have special obligations to provide support to people when it is required as a result of a learning disability.



What does the Government want us to do for people with learning disabilities?

Over the past 10-15 years, lots of work has been done by the Scottish Government, local authorities, the NHS and other organisations with an interest, to set out recommendations and expectations for Learning Disability services. All of these have implications for what we do in North Ayrshire.

'The same as you?' – A review of services for people with learning disabilities

In 2000, the Scottish Executive as it was then known, worked on a wide-ranging report that established a set of seven principles for providing learning disability services in Scotland.

1. People with learning disabilities should be valued. They should be asked and encouraged to contribute to the community they live in. They should not be picked on or treated differently from others.

2. People with learning disabilities are individual people.

3. People with learning disabilities should be asked about the services they need and be involved in making choices about what they want.

4. People with learning disabilities should be helped and supported to do everything they are able to.

5. People with learning disabilities should be able to use the same local services as everyone else, wherever possible.

6. People with learning disabilities should benefit from specialist social, health and educational services.

7. People with learning disabilities should have services, which take account of their age, abilities and other needs.

In 2012, the Government published a consultation report on 'The Same As You?' This said that although progress had been made, there was more to be done, particularly in the areas of health and in making sure that people with learning disabilities could live independently in the community wherever possible.

Health Needs Assessment – People with learning disabilities in Scotland 2004

This study found that **although life expectancy is generally lower for people with learning disabilities, it is increasing**. It also revealed that in the future there would be more people in general with learning disabilities and more people with the most severe learning disabilities across all age groups. It also said that existing public health initiatives and practices were unlikely to be able to close the 'health gap' and that more specific interventions were needed to meet the needs of those with learning disabilities. The report made 25 recommendations aimed at reducing health inequalities and promoting social inclusion.

The Scottish Strategy for Autism 2011

Autism Spectrum Disorder (ASD) and learning disabilities are different things of course. But a person with a learning disability can also have ASD, in which case all the themes in the ASD strategy should be relevant here. That is especially true for ensuring that people with autism (and their families and carers) should be involved at all levels of decision-making and addressing barriers to getting and keeping jobs.

The Scottish Government's 2020 Vision

The Scottish Government is clear that by 2020 everyone should be able to live longer, healthier lives at home (or in a homely setting). Its vision is that we should all have access to a healthcare system that: is integrated with social care; focuses on prevention and supported self-management; makes sure that people get back home or to their community as soon as appropriate; and is provided to the highest standards of quality and safety, with the person at the centre of all decisions.

Reshaping Care for Older People: A Programme for Change 2011-2021

As with other similar policy initiatives, the 'Reshaping Care for Older People' programme is designed to "optimise the independence and wellbeing of older people at home or in a homely setting". This means a shift in focus from institutional care to care at home, as well as towards models that are "fair, affordable and sustainable". While not directly aimed at people with learning disabilities, many of this group will become older people and therefore, some of the programme's desired outcomes around the need for co-production (defined by the SCIE as "people who use services being consulted, included and working together from the start to the end of any project that affects them") and providing personalised care on outcomes/goals agreed with the person are directly relevant.

The Social Care (Self-directed Support) (Scotland) Act 2013

This Act aimed to empower people by giving them options to decide how much control and responsibility they wanted to take over their support arrangements. It meant that people should always be offered four choices for their support:

1. A Direct Payment (cash)

2. Funding allocated to a provider of their choice (sometimes called an individual service fund, where the Council holds the budget but the person is in charge of how it is spent)

3. The council can arrange a service on their behalf

4. Or, the person can choose a mix of these options for different types of support.

'The Keys to Life' improving quality of life for people with learning disabilities 2013

The Keys to Life Strategy was underpinned by a human rights approach: at its heart is the principle of including those with learning disabilities in the decisions affecting them. Across 50 recommendations, it made clear that people with learning disabilities should have a range of support and services to meet the following categories of need:

- **Everyday needs**: for example, a place to live, security, social and personal relationships, leisure, recreation and work opportunities.

- **Extra needs**: because of their learning disabilities. For example, support to make decisions, plan and learn skills, as well as help with communication, mobility or personal care and to understand information.

- **Complex needs**: for example, needs arising from both learning disabilities and from other difficulties such as physical and sensory impairment, mental health problems or behavioural difficulties.

The Public Bodies (Joint Working) (Scotland) Act 2014

On 1 April 2016, this piece of legislation brought together some NHS and local authority care services under one partnership arrangement for each area. The overall aim was to improve the support given to people using these types of services, and to take into account the mounting pressures resulting from increased life expectancy and the number of people with long term health conditions and disabilities. The report was influenced by another report, the Commission on The Future Delivery of Public Services from 2011, which said that the Scottish Government should:

- Prioritise preventative spending: spending more on helping people to live healthier and safer lives and less on hospital or specialist care later on.

- Empower individuals and communities, involving them in service design and delivery.

- Enable organisations to work closely together to deliver services.

- Improve efficiency by enabling organisations to work closely together to improve services.

Carers (Scotland) Act 2016

This Act will come into force in 2017/18 and contains provisions designed to support carers' health and wellbeing. These include duties for the Partnership to:

- Provide support to carers, based on their identified needs, according to local eligibility criteria, which defines who gets what. Development of eligibility criteria must involve consultation and involvement with carers and carer organisations.

- Have an information and advice service for carers, providing guidance on emergency and future care planning, advocacy, how to maximise income and carers' rights.

- Publish a short breaks statement.

'Equal? Still not, why not?' – Disability Agenda Scotland (DAS) report, 2016

In late November 2016, DAS issued its report on what it means to have a disability in Scotland today. That document sets out statements of 80 people across Scotland living with a variety of disabilities, and offers several observations on the similarities of their experiences and particularly on discrimination.

Among many issues deserving attention nationally, the partnership in North Ayrshire was struck by many topics that are relevant locally and which have been picked up in its own recent discussions. These include limited access to employment, information and advice on finance, benefits and welfare rights, and a need for advocacy support to overcome barriers to achieving outcomes and living independently.

Summary implications of national policy and guidance

We are clear that there are common themes in these policy drivers and research pieces:

- A need to seek the opinions of those using a service and their carers, to help shape the design and delivery of the services they receive and at a broader strategic level.

- Early intervention and prevention.

- Promotion of independence, choice and control.

While we can give examples of consultation with carers, we know that we need to put in place more formal processes to involve those using our services more meaningfully. This is especially important as we kick off some big changes locally, including plans to redesign and possibly relocate existing services.

We do not want to 'fit' people into services; rather, we want to design services and activities with, and around, people. We are committed to co-production which, we believe, will help ensure that specialist services are grounded in and relevant to the wider community.

We also know that we have to do a lot more to help people with learning disabilities to make choices and take control over their support. In particular, we need to make sure that people know about options for Self-Directed Support so that they can make a real choice.

What's happening locally in Learning Disabilities?

The learning disability population in North Ayrshire

In 2016, the population of adults with learning disabilities known to us was just under 660 (90 registered at Fergushill Day Service, 54 at Hazeldene and 514 across the Learning Disability Assessment and Care Management teams). The GP registers in North Ayrshire have a slightly higher total, indicating that there are around 725 adults recognised as having a learning disability. There are potentially a variety of reasons for this discrepancy, but most likely it largely reflects some people do not receive or need services.

We know from the Learning Disability Statistics Scotland 2015 data that:

- Over 68% have personal life plans (above the national average of 60%).
- Just over half live with a family carer, compared to 38% nationally.
- 30% attend day centre facilities, above the 20% rate for Scotland as a whole.
- 10% are in supported employment initiatives, below the national figure of 15%.
- 8% are in further education equivalent to the national average.
- 7.5% live in care homes (slightly below a national average of 8%), 7% in supported accommodation (below the Scottish average of 16%) and just over half live in mainstream accommodation with no support commissioned, compared to 30% nationally.

Community facilities and activities for Learning Disabilities in North Ayrshire

Learning Disabilities Services locally are provided in many ways, from several facilities and across the whole North Ayrshire geography and occasionally beyond the local authority boundaries.

- **The Community Learning Disabilities Team:** provide a healthcare service to adults with learning disabilities in all our communities. The team includes specialist nurses, psychiatrists and psychologists, occupational therapists, physiotherapists, speech & language therapists, dieticians and art & music therapists.

- **Learning Disabilities Team:** based at Caley Court in Stevenston, they carry out assessments and agree the level and type of support required for people with learning disabilities across North Ayrshire. They also have responsibility for 'Adult Support & Protection' for people who have a learning disability.

- **Arrol Park Resource Centre:** Arrol Park Resource Centre: the Assessment & Treatment facility for the whole of Ayrshire. There are 16 beds available for those individuals requiring a more intensive period of assessment and treatment than is possible in the community. Around 50% of people move through the service quickly, although some stay for months or years.

- **Castlecraigs:** a housing development owned by NAHSCP, with housing support delivered by our partners at Cornerstone. In total, 13 people live at Castlecraigs, all from North Ayrshire, with ages ranging from early 20s to early 60s. Residents have a mixture of learning disabilities, physical disabilities and/or a mental health diagnosis. Most residents will move on from Castlecraigs when appropriate.

- **Hazeldene:** based in Kilwinning, provides day opportunities with a particular focus on development of independent living and employability skills. Two job coaches are based at Hazeldene, who support adults with learning disabilities into supported employment or voluntary placements.

- **Fergushill Day Services:** based in Kilwinning, Fergushill offers day opportunities for up to 70 adults with learning disabilities. The centre provides support and guidance to a wider range of need than its sister site at Hazeldene, including for those with severe, complex and often physical and health needs.

- **George Steven Centre:** based in Kilbirnie and run by the Salvation Army together with NAHSCP, the centre provides an environment for adults with learning disabilities to learn new skills and explore relationships within a structured programme which includes looking after tenancies.

- **Taigh Mor:** an eight-bedded residential respite unit based in Beith, is operated by our partners Hansel Alliance. Around 140 people regularly use the facility, with needs ranging from mild to complex learning disabilities, and a physical disability in some cases.

- **Todhill:** we have a partnership with the Richmond Fellowship, who provide supported accommodation, care and support, respite and day services for people with a learning disability on the site in Stevenston.

- **TouchBase Ayrshire:** SenseScotland is developing a new fully accessible, flexible base in Ardrossan for people with learning disabilities. It includes facilities like an accessible kitchen, a sensory garden and personal care suites. The building is shared with Ardrossan Library, as an integrated community resource on doorstep.

The majority of the services are not delivered within these buildings and facilities. In fact, **more than half of our learning disability budget is spent on community packages**. These support people with learning disabilities to live independently in our communities, often through a range of voluntary and private sector provider organisations.

"I come here because I get to see my friends and make new ones."
Service user, Hazeldene

"I like the atmosphere here. It's noisy and fun."
Service user, Fergushill

"It gives me something to do … breaks up the day … keeps me busy."
Service user, Hazeldene

We know that most of the people using these services, and their families, like most of the existing facilities and appreciate the changes we are making to how we do some things. Those we spoke to before writing this document said that Castlecraigs, for example, is a positive and successful model of housing provision: the design enables support to be made available quickly if required, 24 hours a day, and means that most of the residents no longer need to have their own sleepover or waking night staff, allowing them to be more independent.

Many of the initiatives and activities the partnership runs are directly aimed at preventing illness or ill-health. For example, we work with the Royal National Institute of Blind People (RNIB) to operate **Bridge To Vision**, recognising that people with learning disabilities are 10 times more likely to have serious sight problems than other people. **Open Wide** does something similar for the dental health of our service users.

We can demonstrate that there has been an increase in the amount of physical activity and exercise our service users are doing, as well as increases in awareness and skills for healthy lifestyles (on diet, smoking, alcohol and drugs). The partnership has developed **Walking Groups**, walk leader packs and a walking toolkit with specialist Occupational Therapists. Regular groups are now well established within communities and existing services across Ayrshire, and evaluations have been positive.

"The staff here are teaching me about my own health and wellbeing, keeping fit and eating good food."
Service user, Hazeldene

"I want to do more things outside of the centre."
Service user, Fergushill

"I love my part time job here on reception. I know I'm helping the place to run and I've been told I'm doing a very good job. I want to do other jobs in other places too."
Service user, Hazeldene

Likewise, the **Tri Rugby** scheme has been well-received: this allows people with learning disabilities to play rugby in the same team as individuals without a learning disability. The Ayrshire & Arran Tri team is known as The Clan. Tri is now being used as a model across Scotland and is being supported by Scottish Rugby Union and the Scottish Government and was highlighted as an example of good practice within the 'Keys to Life' guidance.

Several of our service users mentioned that they are part of our Dance Groups too. These take place across Ayrshire which enables individuals with a learning disability to express themselves through the medium of dance. Under the banner of **DanceAbility**, classes have been running for five years now in a variety of settings, designed not only for enjoyment but to assist with movement.

In day services, staff keep environments bright and well-maintained, and use the communal spaces for a variety of activities, including arts and crafts, printing and publishing, and cooking and catering. There are also walking groups, other sporting and leisure activities and regular shopping trips. Hazeldene supports people to develop independent living skills and to take care of their own health and wellbeing, while the social enterprise activities offer employability skills.

We recognise that both Hazeldene and Fergushill as facilities are approaching the end of their useful lives as day centres. We intend to use the new premises at Tarryholme Drive to improve significantly on what is offered to service users at those sites: we cannot simply replicate what is provided currently in a new location.

The individuals and families using Taigh Mor for respite periods are more than satisfied with the service, mentioning that it 'feels like a rest', that they like the staff and the fact that they can go out on trips in the mini-bus, as well as the fact that the rooms now have DVD players.

Taigh Mor is in high demand, and often oversubscribed. Although the facility was set up to be used by individuals with medium to high needs, the reality is that many individuals using Taigh Mor have 'Low' support needs and a 'Mild' learning disability. The analysis suggests that we need to look at our eligibility criteria and how we apply these, as well as exploring other options for short breaks.

"It's great…it's like a holiday but near home."
Service user, Respite Services at Taigh Mor

Staff and partners also told us that we needed to provide more school-based 'resilience training' for young people with learning disabilities to prepare them for adulthood. We intend to work with young people, their families and carers and colleagues from the Education & Youth Employment teams in North Ayrshire Council to review how the transition between childhood and adulthood for those with learning disabilities can be improved and better managed.

Overall, we recognise that the way we currently provide services is quite traditional; for example, offering building-based support when people may benefit more from greater involvement in local communities. Those who use our services, our staff and other partners have told us that:

- They would like to see more opportunities for development and progression for service users.
- People working within emerging social enterprises could move into employment, with the right support.
- The social enterprises could be more visible, located in other community settings or in retail units, enabling better integration and skills development and perhaps leading to 'real' jobs.

- They want more opportunities for learning via community courses, not just through specialist 'Learning Disability' courses.

- Those using our services want more flexibility and choice to plan their lives outside what feels like a 'school day'. Day centres are not currently open in evenings and at weekends, which limits opportunities to make use of valuable space and facilities.

- We need to increase the range of available options for respite and short breaks, and options more generally on where and how people are supported to stay.

We are especially aware that there is a desire locally for many more accommodation options for people ranging from those who might need a period of intense support (but who would be expected to move on) to those who would need a consistently high level of support on an ongoing basis.

It's clear that everyone wants to see different types of services and activities become available in the next few years. Our emerging plans to develop at Tarryholme Drive will help us do things differently and result in less need for building-based services, freeing up budget and staff for new developments and employment support.

Financial pressures

Like all public services in Scotland, NAHSCP faces financial pressures. We are already expecting to receive less money from the Government over the next few years, and in the short- to medium-term, we need to be able to cope with increased demand for our services. The number of people with learning disabilities in North Ayrshire and in Scotland as a whole is growing. Between 2014 and 2015, we saw an increase in the numbers of people receiving care, and a corresponding rise in costs in Learning Disabilities Services.

In 2016/17, the amount we expect to spend on services for people with learning disabilities is £16.5m. The table on the following page shows the forecasted demand for services in North Ayrshire over the next five years. We know we have around 660 active users of our service, and according to the most recent SCLD data, we anticipate this number increasing very slightly every year (around 0.4%). We know too that people with learning disabilities – happily – are living longer.

	2016	2017	2018	2019	2020	2021
LD service users projected	660	663	665	668	671	673
Average cost per service user	£25,091	£25,091	£25,091	£25,091	£25,091	£25,091
Projected budget, inc. inflation at 2.9%	£16,560,000	£17,125,089	£17,193,590	£17,262,364	£17,331,413	£17,400,739

These are very **simple** forecasts. There is a big variation on what is spent on people with learning disabilities, depending on level of need – so that average figure of just over £25,000 per year is likely distorted by a small number of large care packages. We know too that projected increases in numbers will be affected by lengthening life expectancy for many of our learning disability clients, uncertainty of the numbers of users coming from the under 16 groups, and a small decline in the North Ayrshire population generally. And we have assumed that the average cost per client remains the same, to balance inflation against other small efficiency improvements in the service. Some of these are set out on the next page.

However, the table tells us that if we do very little else – and do not make any additional savings through what we do – we will see an increase in spend on Learning Disabilities Services of nearly £850,000 in the next five years. The consequence of this trend is that the amount of money spent on services for people with learning disabilities requires an increasing share of our total budget, or significant changes to the way we use that budget.

Learning Disabilities Services

We know, based on feedback from people using our services and from colleagues in other parts of NAHSCP, that we set out on our strategic improvement plan from a position of strength:

- Integration between health and social care Learning Disabilities teams has been successful so far.
- Trust across the joint service is strong and we have a good track record so far in collaborating.
- There is strong commitment to core NAHSCP values.
- We have a wide range of skills to offer people with learning disabilities in North Ayrshire.
- Our staff, from senior managers to frontline (public-facing) care workers, are well-regarded and very knowledgeable about those who use our services. They definitely 'go the extra mile'.
- Everyone appreciates the need for change in the service and people are enthusiastic and excited about the opportunities.

But we also know that there are some areas in which we need to improve:

- There is a widespread view that the service in North Ayrshire is 'over-protective' and 'paternalistic', that we often do things for people rather than with them. That means that we are not always encouraging independence, or choice and control.
- The culture is also characterised by a reluctance to change or challenge service user or carers' behaviours where they slow down or stop independence. Several staff mentioned in this review that we accommodate carers' or wider families' desire for stability or continuity rather than trying something new.
- We are responsive to people's needs, but also reactive. We need to anticipate and plan more, and to do this we need better information. Currently, our access to full and accurate data across the partnership is limited.
- Some policies, such as eligibility, need to be refreshed and applied more effectively, with early intervention and prevention playing a central part.
- We need to do much more to promote Self-Directed Support (SDS) options to encourage people to take up this option.
- We need to consider and develop Learning Disabilities Services specific values and behaviours, ensuring that we work together, and make best use of the wide-ranging skills that we have.
- We have more to do on our assistive technologies and tele-care support offerings.
- We need to do more work on defining and measuring success for those who use our services and support.

The circles below set out a number of challenges and opportunities facing NAHSCP as we seek to develop Learning Disabilities Services in North Ayrshire.
We discussed these challenges with some staff during the development of this strategic plan.

We have already mentioned some of the challenges displayed on the previous page. In particular, the impact of changes to the buildings we use to deliver some of our services; and the financial implications of increased demand from population growth and increased life expectancy for people with learning disabilities.

Our staff are also dealing with other pressures, many of which are operational, like building on the success so far of our integration of Health & Social Care services locally. There is also a need to make sure that our ways of working appear seamless to those using our services, that our systems talk to each other to give accurate information about the people and organisations we work with; and that we continue to attract and develop excellent staff to work in the area of Learning Disabilities services.

None of these things are easy, and they take time. Alongside this, decreasing staff levels and increasing workloads mean that there is a lack of capacity to develop new projects and services.

This is another reason why it is vital that our strategic plan focuses on the high-level priorities that will achieve the best outcomes for people with learning disabilities in North Ayrshire.

WHAT WE NEED TO DO

In this section, we recap on what we know and describe the priorities we intend to focus on over the next two to three years.

Summary

Our work to develop this strategic plan shows that services in North Ayrshire have strong foundations:

- We have a good balance of care, with most learning disability clients (around 85% of our 660 users) living in the community, helping our move towards self-directed support.
- Formal integration between health and social care has been successful to date.
- There are opportunities to strengthen the service we offer with the development of Tarryholme Drive.
- There is widespread acknowledgement, at all levels, of the need to transform our services and to explore new ways of working. There is also widespread enthusiasm to progress national and local priority activities.
- People who use our services, their families and carers, are broadly supportive of the changes we are making to the services we provide; we recognise we need to communicate and involve them more in our decision-making.

But there are still significant areas for improvement:

- Our culture is characterised by 'doing for' not 'enabling' client independence; limited throughput and lack of change or reduction in support suggests that we encourage dependence and are not focused enough on achieving personalised outcomes.

- We are not accurately setting expectations for clients, families and carers, nor are we following our own guidance on eligibility criteria. This means that we are probably doing more than we should for some people, impacting on independence.

- A long-term Commissioning Strategy for Learning Disabilities has yet to be developed, and there has been limited work done to influence commercial activity in this area to date.

- We need to focus on the impact of anticipated growth in demand for Learning Disabilities Services locally. Overall, we need to make the available money go further.

- There is a definite need to prioritise. Our senior managers are responsible for several big initiatives around 'estates and accommodation', service redesign, continued integration between Health and Social Care and ongoing budget challenges. The transformation implied by these changes has not been mapped out in detail.

Tarryholme Drive and other facilities

We are already planning to allocate an amount of time and money to big 'estates and facilities' issues in the next two years, including taking advantage of our recent purchase of the old Red Cross House at Tarryholme Drive. Although this is a pan-Ayrshire facility, it will allow us to develop and improve our community-based care for people with Mental Health issues and learning disabilities more generally, and more quickly than originally planned.

We also believe that it gives us a good opportunity chance to make other improvements to Learning Disabilities services and facilities in North Ayrshire. Introducing a new, large, flexible facility into our community will allow us to make changes to the size and shape of other services in North Ayrshire – including how people are supported more to live independently. This means that we can change what we provide locally and how our staff use their time. We may even be able to make some savings in running costs, which can be invested in other learning disabilities and care services.

"The advantage of the new facility at Tarryholme Drove is that it offers a bigger footprint and a better location."
Senior staff member, NAHSCP

Our key priorities

We intend to focus on six main priorities over the next two years (from early 2017 through to early 2019). These are:

1. To assist with meaningful engagement and communication with those using our services in a period of significant change, we intend to sign up to the **Charter for Involvement developed by the National Involvement Network (NIN)**. The Charter will commit us to involving people in the services they receive, in the organisations that provide their services, and in our wider community. The Charter includes 12 guidelines to make sure that anyone receiving care has as much control as possible over the help they get, highlighting the importance of independent living and being involved in their communities. That means our service users realising their aspirations in day to day practice, seeing their relevance accepted and actioned beyond just what Learning Disabilities Services provides.

   We will seek approval to sign up for the Charter from the Integration Joint Board which oversees NAHSCP in early 2017.

2. We will **re-design our services** to make sure that they are focused on those who need our support. These should be easy to access, provided fairly, delivered efficiently, and effectively. We need to make sure that the aspirations described within the 12 statements are evident in everyone's day to day lives, and that their relevance is accepted and made real beyond just what Learning Disabilities Services provide. That will probably mean more options and different kinds of services. In line with the Charter for Involvement, we will involve those using our services in their redesign.

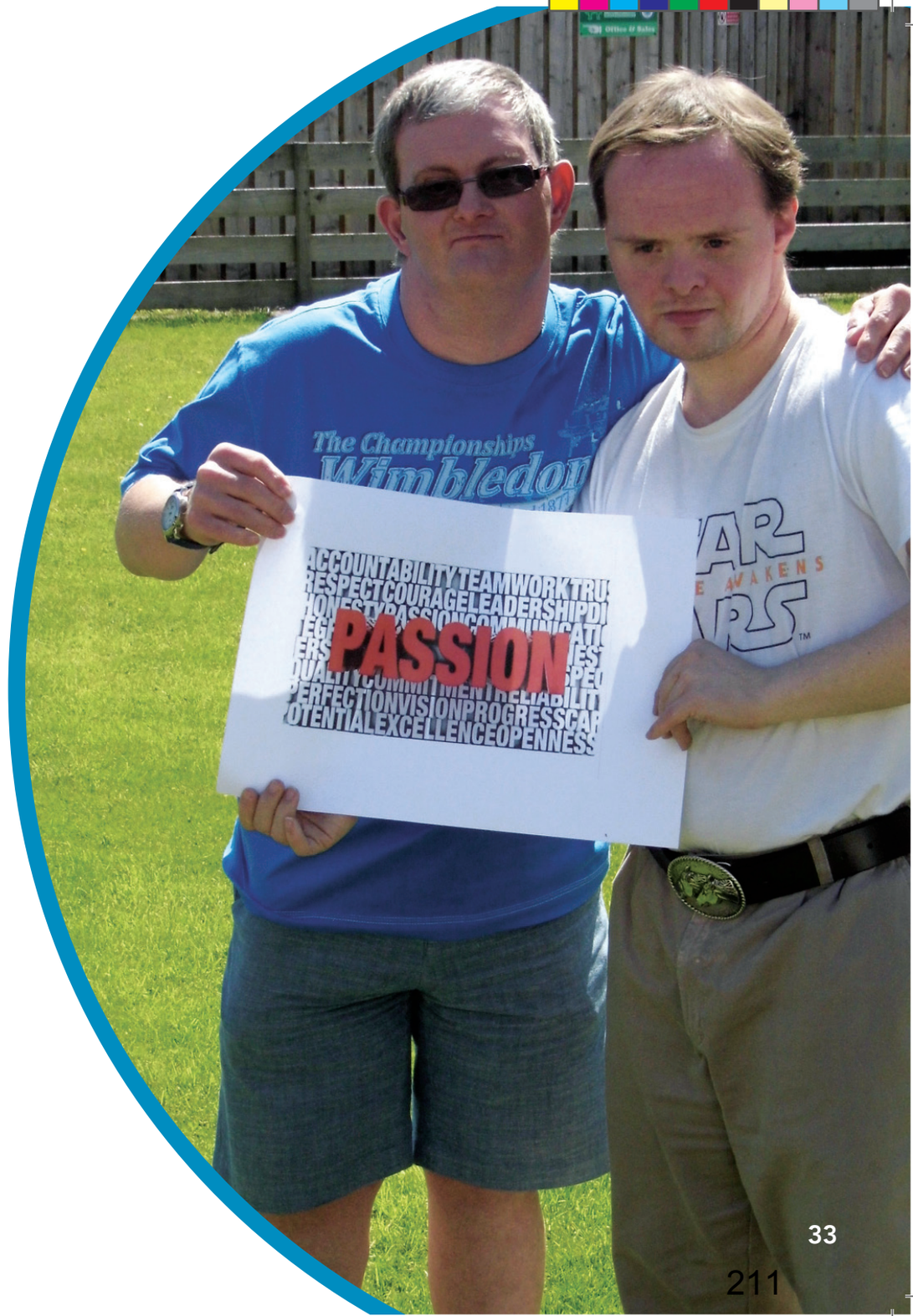
3. We will develop a **Commissioning Strategy for Learning Disabilities provision** in North Ayrshire. This means developing a plan that identifies what we actually need locally for learning disabilities, and sets out how the partnership will provide, buy or collaborate to make these things available. We then want to create what is called a framework: a contract for lots of providers to provide those services or activities. In early 2017 we will explore whether this should take the form of a wider 'Community Support' initiative to include Learning Disabilities, Mental Health and Physical Disabilities services. However, in general, we want to focus more on developing these types of services locally, as well as on innovative ways of working here in North Ayrshire. This will include establishing a providers' forum for Learning Disabilities locally, as requested by our partners during this review.

4. We will work with partners locally to create **greater opportunities for 'meaningful activity'**. Everyone involved in developing this strategic plan was clear that – as we redesign and reshape the services we provide, what is especially important is that we open up more activities beyond traditional day services. We want all those with learning disabilities in North Ayrshire to live ordinary lives: but to do that we need to find or create new learning experiences in schools, colleges and universities locally. We also need to work closely with our partners at North Ayrshire Council on skills development projects for those using our services, and to make the most of all local opportunities for appropriate full- or part-time employment.

5. We will progress changes to our 'Property and Facilities', **using the purchase of Tarryholme Drive to prompt the redesign and reshaping of local services**. Now that we have bought this new pan-Ayrshire facility in Irvine, we will have more space to provide services and activities for people with learning disabilities and other needs. We are excited by this development and want to make the most of it for people who need our support in North Ayrshire: it gives us a good opportunity to look at our buildings and accommodation options and ask whether they are of a high enough standard, are in the right place, available at the right time, staffed by the right people and offering the right things. Again, we are very keen that everyone using these services contributes to the discussions.

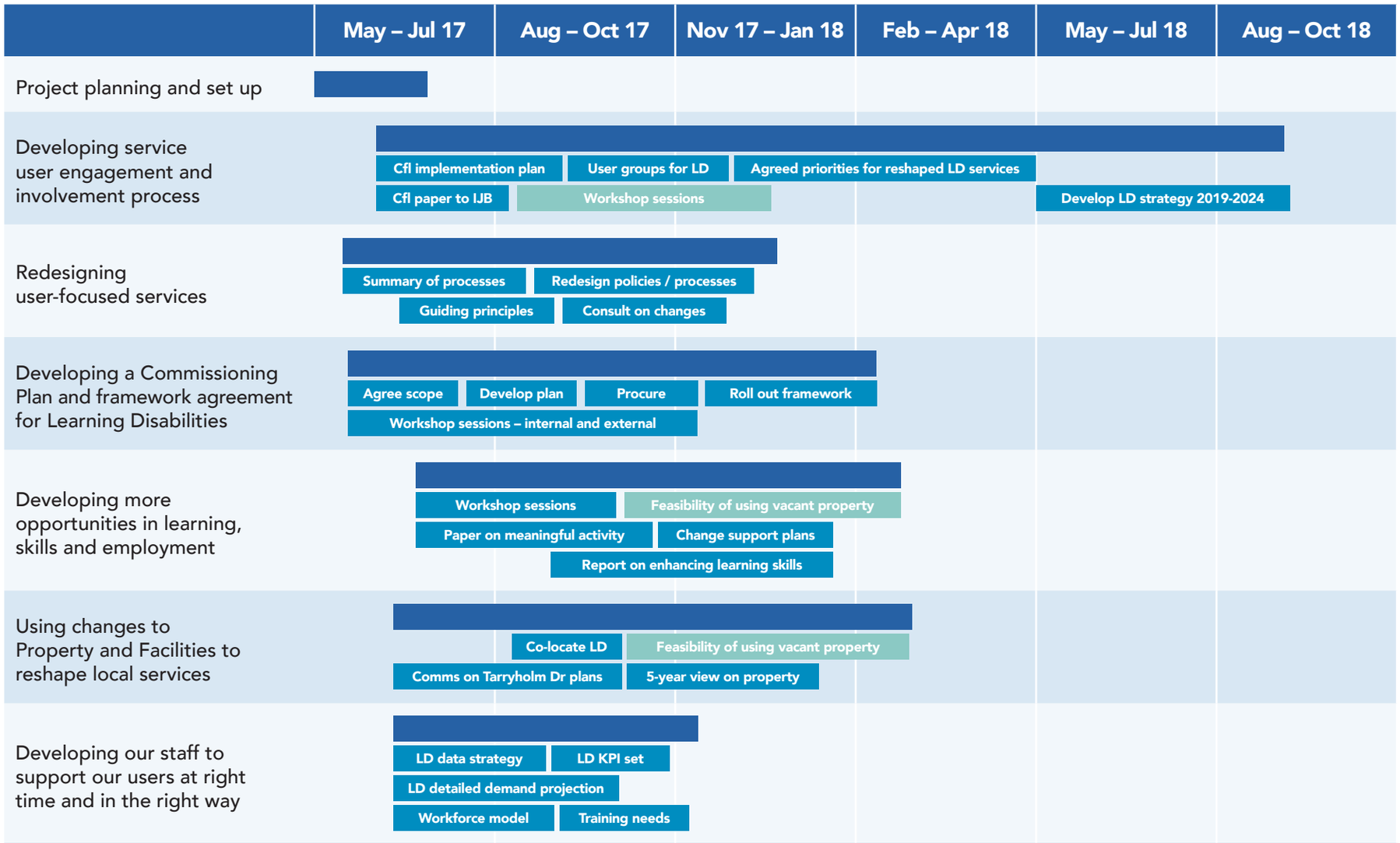
6. Finally, **we will make sure that our staff have the right training and equipment to support those who use our services**, not only in the right way, but also at the right time. To do this, we will review training, as well as the make-up and locations of our teams to create new workforce models and making sure that staff are available in the right places, wherever they might be. We will also improve the quality of the statistical and insight data that we capture to provide better management information, forecasting and budgeting.

In the next section of the report, we describe the actions that we will take to make sure that we achieve these priority aims, including devoting the majority of our senior managers' time to making the changes happen.



OUR PLAN

Here, we set out a high-level set of activities that the partnership will plan and resource in more detail for the period 2017-18.



Priority theme 1: Developing service user engagement and involvement processes

We will formally involve service users in the services they get, in the organisations that provide their services, and in our wider community. ***We will sign up to The Charter for Involvement*** *developed by the National Involvement Network (NIN).*

Action	Outputs	Due
Work with the National Involvement Network (NIN) to develop a plan for adoption of Charter for Involvement (CfI) in North Ayrshire, this means defining what it means and its implications for us locally	CfI implementation plan	July 2017
Develop paper to Integration Joint Board (IJB) for approval for CfI adoption in North Ayrshire	Committee paper for IJB	July 2017
Identify and develop local service users and carers for ongoing engagement and involvement in NAHSCP learning disabilities work	User groups for North Ayrshire Learning Disabilities	August 2017
Communicate and roll out CfI principles across Learning Disabilities and other services		March 2017
Facilitate co-production of new NAHSCP learning disabilities policies and processes	Workshop events for service users	August 2017
Involve service users, carers and interested partners on redesigning and reshaping Learning Disabilities properties and facilities	Agreed priorities for reshaped services	December 2017
Support participation and engagement of learning disabilities groups and carers in development of Learning Disability Strategy	Learning Disabilities Strategy 2019-2024	September 2018

Priority theme 2: Redesigning user-focused services

*We will **re-design services**, ensuring that they are focused on those who need our support: promoting choice and control, consistent with Early Intervention & Prevention, and building on the strengths and assets of people and communities.*

Action	Outputs	Due
Review all relevant policies and processes for learning disabilities in North Ayrshire	Summary of policies & processes	August 2017
Facilitate co-production of new NAHSCP learning disabilities policies and processes	Workshop events for service users	August 2017
Agree guiding principles for redesign of policies and processes (e.g. all have to be easy to access, provided fairly, delivered efficiently and effective)	Guiding principles for service redesign	July 2017
Review how we provide access to information, advice and advocacy to people for assessments and reviews: we want to enable people to participate fully and plan their support effectively	Workshop events for service users	September 2017
Explore new ways of ensuring people person-centred creative support plans are developed and implemented	Suggested changes to assessment and review	July 2017
Develop approach for long-term management of demand for Learning Disabilities services	LD demand management approaches and plan	June 2017
Identify improvements to 'transitions' processes between children & young people and adults in North Ayrshire	Suggested changes to Transitions approaches (workshop)	September 2017
Agree and implement changes to eligibility criteria and application	Approved changes to eligibility criteria	July 2017
Agree and implement changes to Respite Services provision	Approved changes to Respite Services	September 2017
Review all supported living packages		April 2017
Revise approaches to Self-Directed Support promotion and take-up	Redesigned SDS approaches	August 2017

Priority theme 3: Developing Commissioning Plan & framework agreement for Learning Disabilities

*We will develop a **Commissioning Strategy for Learning Disabilities provision** in North Ayrshire, and create a framework for providers to promote real choice for service users.*

Action	Outputs	Due
Determine approach to commissioning for Learning Disabilities in North Ayrshire: include decision on whether it is standalone or part of a 'Community Support' plan with Mental Health & Physical Disabilities	Agreement on scope of Commissioning Plan	July 2017
Facilitate co-production of relevant Commissioning Plan with service users, carers and families	Workshop events for service users	August 2017
Develop relevant Commissioning Plan: defined as "deciding how we will use total Learning Disabilities resource available for service users, carers and partners in order to improve outcomes in the most efficient, effective, equitable and sustainable way"	Commissioning Plan	August 2017
Set up market engagement sessions with providers of relevant services and activities in North Ayrshire, wider area	Engagement sessions with local and national providers	August 2017
Work with staff and providers to demonstrate how they can maximise choice and control for people they support/potentially support	Agreements with providers on SDS, choice & control	September 2017
Work with providers to review policies and procedures to ensure these don't get in the way of people living ordinary lives		September 2017
Explore Local Area Coordination, Brokerage and Asset Based Community Development approaches and consider how such approaches could benefit people in North Ayrshire	Contributions to development of a Community Support framework	September 2017
Develop commercial mechanisms, knowledge and skills to ensure SDS is increased in order to give people maximum choice and control	Community Support framework	September 2017
Create a framework agreement for Learning Disabilities (or wider community support arrangements)	Community Support framework	September 2017

Priority theme 4: Developing more opportunities in learning, skills and employment

*We will work with partners locally to create **greater opportunities for 'meaningful activity'**: that will cover learning, skills development and employment.*

Action	Outputs	Due
Facilitate involvement of service users, carers and families in defining requirements for 'meaningful activity' developments in North Ayrshire	Workshop events for service users	August 2017
Consider and clarify benefits implications of additional employment and learning opportunities to service users	Paper on 'meaningful activity' for Learning Disabilities in North Ayrshire to IJB	August 2017
Explore schemes such as Skill Swaps to ensure that our people are valued in the community		August 2017
Ensure that people actively engage in the development of their support plan: and that it includes 'meaningful activity'	Revised support plans	August 2017
Explore possibilities of learning disabilities social enterprises using North Ayrshire Council high street properties to increase exposure and develop better community links	Feasibility study into use of vacant Council or commercial properties	August 2017
Work with the Council's Economic Development and Youth Employment teams to increase or expand innovative employment schemes locally e.g. social enterprises, self-employment, apprenticeships and internships	Report on enhancing learning, skills development and employment in North Ayrshire	August 2017
Work closely with CPP partners (especially the Council and NHS) to provide more opportunities for full and part time placements, apprenticeships and jobs locally		August 2017
Work closely with Ayrshire College, the University of the West of Scotland and our own schools to develop appropriate courses and make mainstream courses more accessible		August 2017
Ensure Government employment support is maximised e.g. Access to Work and Job Centre Plus		August 2017

Priority theme 5: Using the Partnership's changes to Property & Facilities to reshape local services

*We will progress changes to the Partnership's 'Property & Facilities', **using the purchase of Tarryholme Drive as a catalyst to redesign and reshape local services**.*

Action	Outputs	Due
Complete purchase of the former Red Cross House in Irvine		March 2017
Develop and issue high-level communications on plans for the estate across North Ayrshire	Communications event, briefing on NAHSCP and learning disabilities estate consultation	August 2017
Progress with plans for co-location of community Learning Disabilities team in North Ayrshire	New shared space for office-based Learning Disabilities teams	September 2017
Explore possibilities of learning disabilities social enterprises using North Ayrshire Council high street properties to increase exposure and develop better community links (should link with Hazeldene and Fergushill business cases)	Feasibility study into use of vacant Council or commercial properties	August 2017
Involve service users, carers and interested partners on redesigning and reshaping other Learning Disabilities properties and facilities across North Ayrshire	Workshop events for service users	September 2017
Explore alternative accommodation options and liaise with key stakeholders across North Ayrshire	Contribution to Council Housing Plan	
Begin fit out and redesign of Tarryholme Drive		September 2017
Issue detailed plans on redesign of property and facilities for Learning Disabilities in North Ayrshire	5-year forward view on services and facilities for Learning Disabilities in North Ayrshire	December 2017
Begin moves into Tarryholme Drive		Mid 2019

Priority theme 6: Developing our staff to support service users at the right time and in the right way

We will ensure our staff have the skills and tools to support service users *at the right time and in the right way.*
We will review training needs, develop new workforce models and bring teams together in the one location where possible.

Action	Outputs	Due
Carry out a data audit across the Learning Disabilities teams in the partnership (and with GPs) – ensuring that we are developing accurate, timely, accessible and secure information on our service users, services and facilities	Learning Disabilities data strategy	February 2017
Develop detailed projections on likely Learning Disability demand	Learning Disabilities demand projections	June 2017
Map people, services and facilities to check whether the right people are in the right place doing the right thing to maximise use of resources		
Develop and roll out a set of Key Performance Indicators for senior managers in Learning Disabilities and the wider NAHSCP	KPI set	July 2017
Undertake a Training Needs Analysis for our Learning Disabilities staff, partners and other relevant NAHSCP colleagues	Training Needs Analysis	July 2017
Develop workforce models for Learning Disabilities staff (where, when, what staff and how many of them) for 2017-2022	Workforce model	September 2017
Determine succession plan for senior staff	Determine plan for LD staff	September 2017

MONITORING PROGRESS

In this section of the report we describe how we will measure the success of the changes that we have set out in this document.

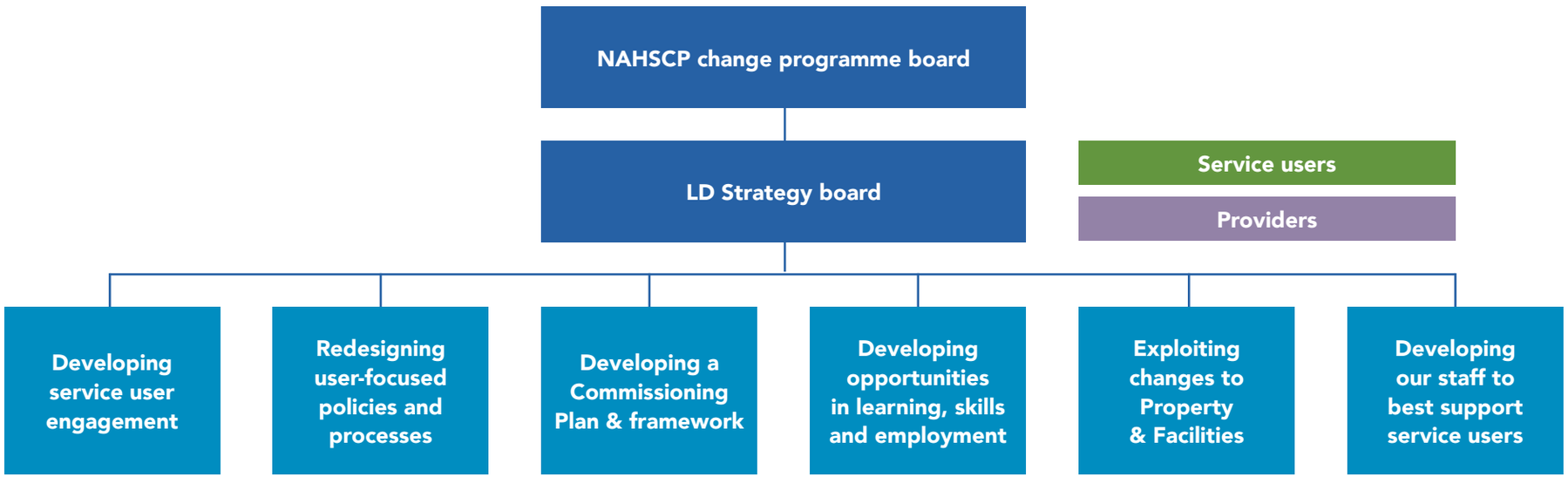
We will manage the progress of this strategic plan through the Learning Disability Group, which reports into our overall Change Programme Board, and ultimately to the Integrated Joint Board.

Those who use our services will be represented on the Learning Disabilities Strategy Board, embedding co-production from the start.

Implementation sub-groups will be established to put specific sections of the plan into action: for example, implementing our commitment to the Charter For Involvement or developing the commissioning strategy and subsequent framework for learning disabilities provision.

Regular consultation will take place with local learning disabilities groups and organisations, those who use our services, and their carers, throughout the lifetime of this strategic plan to make sure we achieve the desired outcomes.

To ensure delivery of all of this activity, we will employ a full-time project manager for the period 2017-2019.



APPENDIX A – GLOSSARY

We set below definitions of words or phrases we have used in this report.

Access: The availability of services – "getting the care you need".

Advocacy: The process of supporting someone to say how they feel about an issue that affects them or that they are concerned about. It might be about supporting someone in a meeting, helping someone to express their rights, helping someone to access service and information or helping someone to explore different options.

Asset-based approach: Mobilising the skills and knowledge of individuals and the connections and resources within communities and organisations, rather than focusing on problems and challenges. The approach aims to empower individuals, enabling them to rely less on public services.

Assessment: Reviewing someone's health and care needs, considering circumstances of an individual, his/her family or community when looking at future plans.

Benchmarking: A method used to measure performance by comparing it to similar organisations.

Care package: A term used to describe all the different types of care that make up the total care received by an individual. For example, they may receive home care support and attend some day centres. All these services together make up the 'Care package'.

Care plan: A single, overarching plan that records the outcome of discussion between the individual and our health and care professionals. It should be accessible to the individual in whatever form is suitable to them.

Carer: Someone who spends a large amount of their time providing unpaid support to family or friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

Choice and control: Choice and control is about shaping serves to meet people's needs, rather than allocating people to fit around services.

Co-location: Co-located services are those that are established physically and organisationally as part of an integrated service. Co-location can help develop integrated working at a service user's level.

Commissioning: A process in which a service works out need, assesses that need against what is being provided and buys services through contracts.

Community care: A network of services provided by health and social care partnerships, in conjunction with the NHS and independent sectors to support people.

Co-production: Co-production means that the people who use services are consulted, included and actively involved from the start to the end of any project that affects them. Co-production means being equal partners and co-creators.

Demography: Demography is the science of human populations – their size, composition and distribution – and the process through which populations change.

Deprivation: A measure of material poverty based on a number of criteria such as income, economic circumstances and environment.

Dietician: Dietetics is the interpretation and communication of nutrition science to enable people to make informed and practical choices about foods and lifestyle in health and disease.

Early intervention: Getting help for problems when they start which can prevent them developing into a more serious illness or situation.

Health inequality: The term used to describe the fact that people living in deprived areas usually have poorer health than people living in better off areas. This can also apply to differences in the health of the people of various ethnic groups. Social inequalities operate through an unequal distribution of multiple resources, including income, wealth and power.

Independent living: Independent living means having the same freedom, choice, dignity and control as other citizens at home, at work and in the community. It does not necessarily mean living by yourself or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life.

Independent sector: The independent Sector encompasses individuals, employers and organisations contributing to needs assessment, design, planning, commissioning and delivery of a broad spectrum of health and social care, who are wholly or partially independent of the public sector. This includes care homes, private hospitals and home care providers as well as consultancy and research work.

Integration: Integration is the combination of processes, methods and tools that make integrated health and social care possible.

Integration Joint Board: The IJB is responsible for planning, resourcing and overseeing the health & social care services in North Ayrshire. As well as partnership staff, it has representatives from NHS Ayrshire & Arran, North Ayrshire Council and the voluntary sector.

National Involvement Network (NIN): The Network promotes, implements and supports ongoing participation for people who use services in the organisations that provide support for them.

North Ayrshire Health & Social Care Partnership (NAHSCP): Was set up in April 2015 with the aim of making sure that, "all people who live in North Ayrshire are able to have a safe, healthy and active life". It is made up of a range of people with experience in providing health, social care and other support services in North Ayrshire. NAHSCP also includes some of the people who use these support services in our communities.

Personal outcomes: Personal outcomes are about the impact or end-result of services, support or activity on a person's life.

Personalisation: Personalisation is a means of giving service users more control over the services and support they receive, and includes Self Directed Support (see next column), asset management and co-production. Personalisation strengthens the idea that the individual is best placed to know what they need and how those needs can best be met. It means that people can be responsible for themselves and can make their own decisions about what they require, but that they should also have information and support to enable them to do so.

Person-centred: Person-centred is an approach to working with people which respects and values the uniqueness of that person and puts his or her needs and aspirations firmly at the centre of the process.

Preventative interventions: Actions taken to support people to do things for themselves as much as possible.

Reablement: Reablement is about giving people the opportunity and the confidence to relearn or regain some of the skills they may have lost as a result of poor health, disability, impairment or entry into hospital or residential care. As well as regaining skill, reablement supports service-users to gain new skills to help them maintain their independence.

Self-Directed Support (SDS): The support individuals and families have after making an informed choice on how resources can be used to meet the outcomes they have agreed. There are four options that partnerships have a duty to offer:

1. We make a direct payment to the supported person in order that the person can then use that payment to arrange their support

2. The supported person chooses their support and the partnership makes arrangements for the support on behalf of that person.

3. The partnership selects appropriate support and makes arrangements for its provision.

4. A combination of options 1,2 and 3 for elements of a person's support.

Strategic Commissioning: Strategic Commissioning is a way to describe all the activities involved in assessing and forecasting needs , matching investment to agreed outcomes , planning future services; and working with partners to put these in place.

Supported living: Supported living is an alternative to residential care or living with family members that enables adults with disabilities to live in their own home with the help they need to be independent.

Telecare: Telecare is technology that can be used to help service users live safely and independently in their home.

Further Information

Comments or questions about this strategy, including requests for support information or documentation, should be made to:

North Ayrshire Health and Social Care Partnership
Cunninghame House
Friars Croft
Irvine
KA12 8EE

Name of Committee/Board
14th September 2017
Agenda Item 10

Subject:	**Ensuring Alignment of Advice Services in North Ayrshire**
Purpose:	This paper sets out a vision for the delivery of fully aligned advice services across North Ayrshire and makes specific recommendations on the future role and function of the directly managed and commissioned services.
Recommendation:	IJB are invited to consider the proposals herein and, if deemed acceptable, sanction the implementation of the necessary changes within the directly managed service, including the initiation of a tendering exercise to secure wider advice services.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NACAS	North Ayrshire Citizen's Advice Service
CLASP	Community Led Action & Support Project
CHAP	Community Housing Advocacy Project

1. EXECUTIVE SUMMARY

1.1 Following the breakup of Strathclyde Regional Council the Welfare Rights Team, who were part of Social Services, were transferred into North Ayrshire Council Social Services. Over the years Debt Advice and Financial Inclusion were added to the service and in 2009 the service became Money Matters. The service remit for the team was Welfare Rights, Debt Advice and Financial inclusion and the service could be accessed by all residents in North Ayrshire.

1.2 In 2013 Money Matters transferred into Health & Social Care Partnership (HSCP). It was decided that Money Matters provide advice and assistance solely to individuals who access social care services and work in partnership with North Ayrshire Citizens Advice Service (NACAS), to redirect clients to the most appropriate service based on their needs and history of engagement. Referral pathways were created for both services to refer service users accordingly.

1.3 At the same time a number of other Third Sector providers have been offering a wide range of advice services to local people.

1.4 It is important to note that since the introduction of Welfare Reform in 2010-12 and the formation of the HSCP, Money Matters has seen significant changes in the focus of its work. The service is mainly focused now in delivering a Welfare Rights Service as it strives to meet HSCP Strategic Plan Priority 1 Tackling Inequalities – "we will offer advice to all people who use our services to ensure they are in receipt of their full entitlement of benefits".

1.5 Throughout the past few years the Money Matters team has continued to mitigate the impact of Welfare Reform on H&SCP service users by ensuring their benefits are fully maximised. The **pre-2015 Welfare Reforms** already impacting on claimants in North Ayrshire are: the Bedroom Tax, the Benefit Cap, converting Disability Living Allowance (DLA) to Personal Independence Payments (PIP), the introduction of Employment and Support Allowance (ESA), revisions to Child Benefit, reductions in Tax Credits, and below-inflation up-rating. In February 2015, researchers from Sheffield Hallam University produced a report for the Scottish Welfare Reform Committee which estimated the financial loss arising from pre 2015 **Welfare Reforms** to North Ayrshire is £47m pa - equating to a loss of £540 per working age adult.

1.6 One of the major pre 2015 Welfare reforms was the introduction on the 27th April 2015 of Universal Credit in North Ayrshire for single working age claimants. The UK government has announced that Universal Credit full service (Digital) will be introduced in November '17 (precise date still not know) in North Ayrshire. Claimant wishing to make **a new claim** for the "legacy benefits" Income Support, Housing Benefit, Jobseekers Allowance, Employment Support Allowance and Tax Credits will need to claim Universal Credit instead of these benefits. It is anticipated this will lead to further demands on advice services as claims will need to be made online. The majority of claimants will need to wait up to 6-7 weeks before they receive their first payment. Housing Costs are included in the payment. Advisers will also require to be trained in the new benefits.

1.7 In a new report launched in November 2016, to the Scottish Parliament's Social Security Committee, researchers from Sheffield Hallam University show that by 2020-21 Scotland can expect to lose just over £1 billion a year as a result of the latest welfare reforms introduced by the UK Government. The new, **post-2015 welfare reforms** cover: the benefit freeze, reducing Universal Credit work allowances, completion of the conversion from Disability Living Allowance (DLA) to Personal Independence Payments (PIP), reductions in Tax Credits, removal of the Work Related Activity Component (£29.05pw) in Employment and Support Allowance (ESA), introduction of the Local Housing Allowance cap in the social rented sector; the Benefit Cap extension, the conversion of mortgage interest support to a loan, and reduced entitlement to Housing Benefit for unemployed 18-21 year olds.

1.8 Sheffield Hallam also estimates that the pre-2015 reforms are already costing claimants in Scotland just over £1.1 billion a year. This brings the cumulative loss expected from all the post-2010 welfare reforms up to more than £2 billion a year.

1.9 The most deprived local authorities in Scotland are worst affected. This research shows that the loss from the post-2015 welfare reforms by 2020 is expected to average £380 a year per working age adult in North Ayrshire. The estimated loss to North Ayrshire will be £33m p.a.

1.10 In addition to further Welfare Reform, the devolving of benefits (Disability, Carers, etc.) to the Scottish Government is expected in 2017. This and the possibility of the introduction of new benefits in Scotland will undoubtedly impact on Money Matters, HSCP and its service users.

1.11 In April 2016 NACAS announced they were no longer providing Appeals Representation at Tribunals to the general public. To ensure local people continued to have access to the support they require, the Money Matters team assumed that role with effect from September 2016. This has resulted in significantly more work for the team.

2. BACKGROUND

2.1 Money Matters

The Money Matters Service currently provides the following services to HSCP service users and Vulnerable clients:

- Welfare Rights advice, including:
- Benefit Checks
- Income Maximisation
- Appeal Representation, including services for individuals who were not know to Social Work
- Charging Assessment
- Kinship Assessment
- Macmillan Benefits Service (Ayrshire wide)
- Early Years
- Helpdesk offering referral triage and advice to service users, staff, other agencies etc.
- Training Workshops and advice sessions.
- Debt Advice, including access to Bankruptcy and the Debt Arrangement Scheme.
- Financial Inclusion – assisting clients/groups with budgeting, banking, understanding financial products, etc.

Partnership working with NACAS, CLASP, CHAP, Citrus Energy, Stepchange etc.

2.2 Following Welfare Reform, the demands on Money Matters have predominately related to advice in that field.

That said, the total Income Generation delivered by the Money Matters team over the past 4 years has increased as follows:

- 2013/14 £5.8m
- 2014/15 £7.5m
- 2015/16 £7.6m
- 2016/17 £8.2m

2.3 Following the NAC decision of 2012 for the team to concentrate on HSCP Service Users and Welfare Reform, the Debt work has significantly reduced as evidenced below:

- 2013/14 526 cases total debt £3.4m
- 2014/15 135 cases total debt £437k
- 2015/16 114 cases total debt £744k
- 2016/17 81 Cases total debt £911k

The changes in the client group and the recent changes in Debt legislation has resulted in fewer debt solutions for the majority of these cases.

2.4 NACAS Provision

NACAS have traditionally received grant funding from North Ayrshire Council to deliver a range of advice services including:

- Benefits
- Consumer
- Debt
- Education
- Employment
- Financial
- Housing
- Legal
- NHS Concerns
- Relationship
- Travel
- Utilities

2.5 The level of grant funding made available to NACAS was increased significantly between 2013/14 and 2015/16 on a three year non-recurring basis to mitigate the impact of Welfare Reforms. This additional funding ceased as planned at the start of 2016/17, with the total grant reverting to £170,136.

2.6 Third Sector and Independent Sector Provision

Within North Ayrshire a number of agencies including Registered Social Landlords and Third Sector organisations provide a range of advice services, including:

- Welfare Rights
- Debt Advice
- Financial Inclusion

2.7 In accordance with the Framework for Public Funding of Advice in Scotland a mapping exercise was conducted to establish which agencies were providing advice services, the type of services being provided and how the services were being funded. It was established that agencies in North Ayrshire provide different types and levels of advice to various client groups. It was also established that a number of agencies have various projects which are funded via various funding streams including Scottish Legal Aid Board and Big Lottery.

2.8 Details of provision by the Third and Independent sectors are presented at ***(Appendix 1).***

2.9 From this, it is evident that there are a number of organisations offering different types of welfare, money and financial advice, creating a complex environment for service users with significant duplication of provision.

2.10 Big Lottery Funding

North Ayrshire Council has successfully led a consortium of agencies in bidding for access to Big Lottery funding to support the development of Financial Inclusion locally.

2.11 This will offer significant additional investment to support the provision of advice services across North Ayrshire and it will provide the opportunity to eliminate duplication in service provision.

2.12 On that basis, it is proposed that the services being provided by each organisation should be suitably delineated while ensuring seamless joint working to maximise efficiency and remove any gaps, barriers or confusion for service users.

3. PROPOSALS

3.1 It is clear from the above analysis that there are many teams and organisations offering a wide range of advice services across North Ayrshire and that there has been historic duplication and overlap. Further, it is evident that the nature of demand for advice is changing and, with the availability of the Big Lottery funding, it is therefore opportune to take stock of which providers are best placed to offer which advice services going forward. To that end, the following proposals have been developed to streamline the provision of advice services across North Ayrshire, removing duplication wherever possible.

3.2 Income Maximisation for Health & Social Care Clients

It is proposed that the Money Matters Team should continue to focus on the delivery of Income Maximisation advice for H&SCP service users through:

Direct provision of:

- Benefit Checks
- Income Maximisation
- Appeal Representation *

  * The Appeal representation service will be available to all North Ayrshire residents and will include mandatory revisions. Service users may be referred to partners for assistance with the completion of Mandatory Revisions or the lodging of the Appeal. Money Matters will provide the representation.
- Charging Assessment
- Kinship Assessment
- Support to H&SCP teams
- Work in Partnership with MacMillan
- Early Years Income Maximisation
- Welfare Rights Training Workshops and advice sessions to all H&SCP teams, H&SCP Service Providers and Third Sector Welfare Rights providers.
- Money Matters Helpdesk – referral triage, Welfare Rights Advice to service users, H&SCP staff etc.
-

Working in partnership with H&SCP service providers, North Ayrshire Big Lottery service providers and other agencies in tackling inequalities and welfare reform.

3.3 The Money Matters team will also concentrate predominantly on this as well as on offering ongoing training, advice and support to Social Work and wider multi-disciplinary teams. With the development of six locality teams in the North Ayrshire HSCP it is proposed that Money Matters Officers should be aligned with each of the locality teams. Although based in locality teams, these Officers and all Money Matters staff will continue to provide a service to all teams to assist staff understand and mitigate the impact of Welfare Reform for service users.

3.4 Financial Inclusion

North Ayrshire Council has successfully led a consortium tender to the Big Lottery for £3M. While this is clearly positive news, the lottery resources will not fund everything that is required in relation to financial inclusion or efforts to reduce poverty and inequality.

3.5 The lottery resources will fund generic advice and advocacy services across three main providers, who will operate within specific geographies. These providers will employ a case worker approach where a holistic assessment will lead to the development of an action plan designed to improve money management and reduce debt as a barrier to inclusion. These advice providers will not be able to provide all of those necessary interventions in house but will be obliged to refer out to specialist providers. The Lottery resources will fund specialist provision in affordable loans, affordable furniture, digital skills and fuel poverty. Case workers will be required to follow up and ensure action plans are completed. The objective is to reduce instances of repeated access of services.

3.6 Wider Advice Services

It is clear that the proposed role of the HSCP Money Matters Team and the range of services offered through Financial Inclusion will not be all encompassing and that there will be some gaps in advice service provision.

3.7 While this is mitigated to some extent with the employment and consumer advice services previously commissioned and offered locally now being funded nationally, some gaps in service remain.

3.8 Following discussion between the HSCP Team and colleagues from Economies and Communities, it has been determined that two key gaps remain in terms of Debt Advice and Income Maximisation for non-HSCP clients, including form filling and Digital Support.

3.9 It is therefore proposed that a tender process be undertaken using the detailed service specification at ***(Appendix 2)***, to secure the following services:

- Debt advice for non-HSCP clients including access to Bankruptcy, Debt Arrangement Scheme and other Statutory Debt Solutions.
- Income Maximisation for non-HSCP clients, includes Benefit Checks, Mandatory Revisions, with the referral of all appeals to H&SCP Money Matters Team
- Form Filling includes claims, review, Mandatory Revisions, Appeal forms and Digital Support for claiming benefits and meeting Claimant Commitments.
-
- Signposting including development of digital signposting, supporting upkeep and development of CareNA portal, ensuring congruence with the wider Community Link Worker services being commissioned in line with the national programme.

3.10 In doing so, the objective will be to integrate the services offered by the in-house Money Matters Team with those secured through the Big Lottery funding, those funded nationally and those commissioned as per section 3.9 above. This will offer a cohesive network of complementary advice services designed to offer ease of access to local people who require help with a specific issue.

3.11 It will also be important for the Money Matters Team to work in partnership with the Big Lottery consortium and the provider commissioned to deliver wider advice services to develop clear signposting and referral pathways for service users.

3.12 Further, given the changing landscape in Advice, the different funding streams, and the demands on advice provision relating to Welfare Reform it is proposed that the Partnership Team work closely with the Economy & Communities Team responsible for the Big Lottery funded service to continuously review advice provision in North Ayrshire. This will be with a view to identifying any gaps in service, particularly those resulting from further Welfare Reform, and bringing forward proposals to address these, while at the same time seeking to deliver the aims and objectives of the Framework for Public Funding of Advice in Scotland, namely:

- Best Outcomes for client
- Value for Money for the public purse
- Minimise Duplication and overlap of Services
- Joined up and strategic approach between funders and providers.

3.13 In addition to this, the Partnership and Economy & Communities Teams will work closely together to develop a clear exit and sustainability strategy for the Big Lottery funded initiative, clarifying any potential resource implications for the HSCP Money Matters Service where workload is likely to transfer.

3.14 **Anticipated Outcomes**

- Duplication of service provision will be removed
- Signposting to services will be improved to support individuals to get to the right service first time
- Income will be maximised
- Inequalities will be reduced

Measuring Impact

- Number of referrals between providers will be monitored and reported
- Income generated by provider will be monitored and reported

4. IMPLICATIONS

Financial :	To meet the anticipated increased demand for Income Maximisation advice from HSCP clients and to provide Appeal Representation for all North Ayrshire residents who require it, additional resources will be required within the Welfare Rights Team. Looking at the likely demand levels, the staffing resource for the Money Matters Team is projected at approximately £875k against a confirmed budget for 2017/18 of £798k. Given the significant reduction in the proposed level of wider advice services to be commissioned, the Team are confident that this additional staffing cost can be met within the totality of advice budget available to the Partnership by reducing the value of the commissioned service by £45k.
Human Resources :	There are no implications.

Legal :	There are no implications.
Equality :	There are no implications.
Environmental & Sustainability :	There are no implications.
Key Priorities :	These proposals align with key priorities in that there is provision for: • Tackling inequalities. • Engaging with communities. • Early intervention and prevention which will improve mental health of citizens of North Ayrshire.
Risk Implications :	There is a risk that no provider will submit a tender application for the commissioned service. Should this happen, the Money Matters Team and colleagues from Economies & Communities will jointly review how the available funding can be allocated to ensure needs are met.
Community Benefits :	The proposals seek to bridge gaps and eliminate duplication in service provision. Provision of Money Matters advice within locality teams will assist staff to understand and mitigate the impact of Welfare Reforms for service users.

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

5. CONSULTATION

5.1 The proposals contained within this paper have been developed in full consultation with colleagues from Economies and Communities who are leading the Big Lottery Funded Consortium to deliver Financial Inclusion Services.

6. CONCLUSION

6.1 Members of the Integration Joint Board are asked to approve for implementation the proposals to 1) develop the capacity of the Money Matters Team within the totality of the financial envelope available to the Partnership for advice services to secure and appropriate level of service, including in-person Tribunal Services for everyone who requires it in North Ayrshire; and 2) commission an appropriate, complementary range of advice services by asking North Ayrshire Council to procure these through a Tender process.

For more information please contact David Rowland, Head of Service, Health & Community Care on 01294 317797 or davidrowland@north-ayrshire.gcsx.gov.uk

North Ayrshire Council

Comhairle Siorrachd Àir a Tuath

HEALTH & SOCIAL CARE PARTNERSHIP

Provision of

Advice Services in North Ayrshire

CONTRACT

Contents

PREFACE

This Contract has been drawn up between The **North Ayrshire Council**, a Local Authority incorporated under and in terms of the Local Government etc. (Scotland) Act 1994 having its principal office at Cunninghame House, Friars Croft, Irvine, Ayrshire KA12 8EE (hereinafter referred to as "the Council") and its statutory successors whomsoever and the **The Provider** (hereinafter referred to as The Provider) having its registered offices at **17 Vernon Street, Saltcoats, KA21 5HE** being a charitable body, registered in Scotland, **(Company Registration Number SC18819)** (hereinafter referred to as "the Provider").

The Council hereby contracts with the Provider to provide the Service (as hereinafter defined) and the Provider undertakes to provide the Service on the terms and conditions hereinafter described and according to the Service Specification.

TERMS AND CONDITIONS OF THE CONTRACT

BRIEF DESCRIPTION OF THE SERVICE

Provision of the Provider

CLAUSE 1: DEFINITIONS, INTERPRETATIONS AND RELATED MATTERS

1.1 <u>Definitions</u>

In this Contract, save where the context otherwise requires, the following expressions shall have the meanings hereby assigned to them:

"Appendix" means any of the Appendices annexed to the Contract.

"Business Day" means the **Council's** normal opening hours to the general public from Monday to Friday except Bank Holidays and any Public or Local Holidays.

"Care" means the Service delivered to a Person as specified within the Service Specification, all as hereinafter defined.

"CAS" means Citizens Advice Scotland.

"Complaints Procedure" has the meaning set out in Section 25 of the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002.

"Confidential Information" means (a) all information relating to the identity, condition or medical history of any person (including any Carer/Service User) or other personal information where disclosure is regulated in terms of Data Protection Act 1998; and (b) all information the disclosure of which would or would be likely to prejudice substantially the commercial interests of any person.

"This Contract" means this formal Contract (including Schedule 1 and Schedule 2) entered into between the Provider and the Council, including any future Minute of Variation.

"Contract Management" means ensuring Contract compliance and optimising operational performance.

"Contract Period" means the period when the Provider shall commence and conclude the provision of the Service.

"Contract Price" means the amount payable to the Provider as detailed in the Schedule 2 - "Financial Schedule".

"Financial Year" means any period of a year starting on 1 April in one year and concluding on 31 March in the next succeeding year, both dates inclusive.

"Force Majeure" means any cause affecting the performance of the Contract arising from or attributable to acts, events, omissions or accidents beyond the reasonable control of the Provider. This does not apply to the effects of any legislative changes which may come into force in the future

"Minute of Variation" means a written agreement between the Parties to amend this Contract.

"Parties" means the Council and the Provider and "Party" shall be construed accordingly.

"Person" means the Person to whom the Service is provided in terms of the Contract and may also be referred to as the Service User.

"Personal Plan" – means the plan devised by the Provider to deliver the Service to the Service User.

"Placement" means the Service that the Service User receives from the Provider.

"Protecting Vulnerable Groups" means the membership scheme established under Section 44 of the Protection of Vulnerable Groups (Scotland) Act 2007 (hereinafter referred to as the "PVG Act") managed by Disclosure Scotland for individuals undertaking Regulated Work with Protected Adults and/or Regulated Work with Children as defined in the PVG Act .

"Public Sector Equality Duty" means the new Public Sector Equality Duty due for implementation in terms of the Equality Act 2010

"Registration" means registration with an appropriate registration body.

"Risk Assessment" means the procedure by which the Provider or the Council assesses the risk to a Service User or employee during a Placement.

"Schedule 1" means the Service Specification annexed and executed as relative hereto.

"Schedule 2" means the Financial Schedule annexed and executed as relative hereto.

"Service" means the service as specified within the Specification.

"Service Design and Procurement" means the Social Service's department delegated by the Council to plan, commission and procure goods and services and manage Contracts.

"Service Design and Procurement Representative" means the Representative nominated by the Council to manage contractual issues, complaints and notificiations.

"Service Representative" means the person representing Social Services.

"Service Specification" means the description of the Service as described within "Schedule 1 – Service Specification"

"Service User" means the Person to whom the Service is provided in terms of this Contract.

"Social Services" means the Council's Social Services

"Staff" means the person or persons employed by the Provider to perform the Service and/or any other person so designated by the Provider. Where relevant, this will include volunteers.

"TUPE" means the Transfer of Undertakings (Protection of Employment) Regulations 2006.

1.2 Interpretations

1.2.1 In this Contract, references to any statute or statutory provisions shall be construed as references to those provisions as respectively amended, extended or re-enacted either before or after the date of this Contract.

1.2.2 In this Contract, words importing the singular number only shall be deemed to include the plural number and vice versa unless the context otherwise requires and words importing the masculine gender shall be deemed to include the feminine gender and vice versa unless the context otherwise requires.

1.2.3 Reference to a person in this Contract shall include all entities with legal personality including natural persons, partnerships and companies save where the context otherwise requires.

1.2.4 The Contract provides a Specification (Schedule 1) of the Service for which the Council will make payment to the Provider, which includes the standards expected during provision of the Service and the arrangements for monitoring the delivery and quality of the Service.

1.2.5 Any headings to Clauses, together with the front cover and the Index are for convenience only and shall not affect the meaning of this Contract. Unless the contrary is stated, references to Clauses shall mean the Clauses of this Contract.

CLAUSE 2: PRE-CONDITIONS

2.1 The Provider must be currently approved by the appropriate registering authority to provide the Service as described in Schedule 1 before commencement of this Contract.

2.2 Where appropriate, it is an essential condition of this Contract that the Provider has, if so required, a valid and current registration certificate from any relevant statutory registration authority. Failure to register where there is a requirement to do so entitles the Council to terminate the Contract without notice irrespective of whether or not the time for any representation or appeal has elapsed.

2.3 The Provider is a properly constituted body with power to enter into the Contract.

2.4 Where the delivery of Service results in relevant contact by the Provider with children, the Provider shall, as appropriate to its performance of the Service, have regard to the need to safeguard and promote the welfare of children in accordance with the Protection of Children

(Scotland) Act 2003 (as amended or replaced from time to time) and any current guidelines issued by Social Services in relation to this Act.

2.5 Where the delivery of the Service results in relevant contact by the Provider with Adults at Risk, the Provider shall as appropriate to its performance of the Service have regard to the "Adult Support and Protection (Scotland) Act 2007 and any current guidelines issued by Social Services such as the "Adult Support and Protection Procedures" (which shall be provided to the Provider by the Council upon request).

2.6 The Provider shall operate recruitment and training policies and procedures having regard to the need to safeguard and promote the welfare of children and adults.

2.7 The Provider shall operate an adult protection policy and a child protection policy that reflects and compliments "North Ayrshire's Inter-Agency Protection Procedures".

2.8 Both the Council and the Provider shall bear their own expenses in relation to the preparation, execution and implementation of this Contract including costs, legal fees and other expenses so incurred.

2.9 Conflicts of interest will not be permitted. Doctors, Lawyers, Accountants and others who are involved in any capacity in the management of carrying on of the Service will not be permitted to act in such professional capacities in respect of Service Users as their general practitioner, legal representative, accountant or any other professional capacity other than as a Provider of the Service.

2.10 Any financial costs associated with the provision of any information required by the Council from the Provider in respect of the Contract shall remain the responsibility of the Provider.

2.11 The Provider agrees to provide any information requested by the Council at any time which would be required to ensure that the Provider continues to meet the criteria set out in the specification and registration process.

2.12 Any breach of any terms of foregoing clauses, 2.1 to 2.11 inclusive shall be considered to be a material breach of this Contract.

2.13 No publicity shall be made by either the Council or the Provider relating to any matter in connection with this Contract without prior written consent of the other.

2.14 The Provider is an independent contractor and nothing in this Contract shall create a relationship of agency or partnership or a joint venture as between the Provider and the Council and the Provider is not authorised to bind or incur any liabilities on behalf of the Council or make any representations or give any warranties on behalf of the Council.

CLAUSE 3: DURATION OF CONTRACT

3.1 This Contract will commence on **1 October 2016** notwithstanding the date or dates of execution hereof, and will continue until **30 September 2019**, subject always to any outcomes of the monitoring and evaluation process provided for hereinafter and the annual review of the Contract, unless terminated in accordance with the appropriate provisions of this Contract.

CLAUSE 4: REPRESENTATIVES

4.1 For the duration of this Contract, each Party shall appoint representative(s) who shall be the point of contact for the other Party.

4.2 The operation of this Contract will be delegated to the representatives, who will oversee the provision of resources, monitoring of performance and lead the evaluation and review of the Contract on behalf of their organisation.

4.3 All queries and day to day communications regarding the operation of this Contract will be referred to the Council's Service representative. The representative for the Service will be: **Head of Service – Health and Community Care** (hereinafter referred to as the "Service Representative")

4.4 All contractual issues, complaints and notifications will be referred to the Council's Service Design and Procurement representative. The representative for Service Design and Procurement will be: **Contract Management Officer (**hereinafter referred to as the "Service Design and Procurement Representative")

4.5 The representative for the Provider will be: **TBC**

4.6 Any change in the identity of the respective representative(s) will be agreed between the Parties in writing.

CLAUSE 5: INDEMNITY, LIABILITY AND INSURANCE

5.1 The Council shall not be liable to the Provider or to any third party for any loss, expense, penalty or damage which arises out of or inconsequence of or in connection with the care of any Person or the management and operation of the Service or the terms and conditions of this Contract.

5.2 In the event that TUPE Regulations 2006 apply to any Staff in the transfer of services, the Provider must accept all costs arising from any claims under the said regulations from staff, and in no circumstances will the Council indemnify the Provider for any such claims.

5.3 The Provider shall be responsible for and shall fully indemnify (to the extent of the Contract Price) the Council in respect of any and all liability whether direct or consequential, in respect of any claim arising in relation to the care of any Service User, the management and operation of the Service, or in terms of this Contract, including but not limited to claims or actions made or raised by or on behalf of a Service User or their relatives, or employees of the Provider or the Council or any other third party, except where such claims relate to actions by the Council or its representatives.

5.4 The Provider shall not be responsible in respect of personal injury, death, and damage to property or any loss whatsoever, where the cause is a deliberate or negligent act or omission of the Council or its agents.

5.5 The Provider shall maintain appropriate and adequate insurance cover to levels as follows:

- Employers' Liability, providing a minimum of Ten Million Pounds **(£10,000,000**) cover for any one event

- Public Liability, providing a minimum of Ten Million Pounds **(£10,000,000)** cover for any one event
- Malpractice/Professional Indemnity, providing a minimum of Five Million Pounds **(£5,000,000)** cover for any one event
- Building and Building Contents
- Motor Insurance

5.6 The Provider shall be responsible for ensuring that appropriate and adequate insurance as referred to in clause 5.5 above is in place and will on request, provide evidence to the Council that such cover has been effected and all due premium payments have been made. Such insurance cover must remain in force for the period in which any claim may be raised by a Service User or any other third party. The Provider will exhibit the appropriate insurance cover to the Council on an annual basis from the date of the award of the Contract.

5.7 Insurance in respect of claims for personal injury on the death of any person under a contract of service with the Provider and arising out of or in the course of such person's employment shall also comply with the Employer's Liability (Compulsory Insurance) Act 1969, and any amendment thereof as well as any other legislation affecting such insurance.

5.8 The Provider shall be liable for any damage to property or any injury to any person(s) arising through or in consequence of their operations. The Provider shall free and relieve the Council from any reasonable expense the Council may incur and from any claim made by any person in connection with the performance of duties associated with this Contract.

5.9 The Provider's liability and indemnity to the Council arising from this clause shall be without prejudice to any other right or remedy available to the Council.

5.11 Use of Provider Transport

5.11.1 If the Provider utilises Staff' motor vehicles for the purposes of the Service**,** the Provider will maintain adequate vehicle and passenger insurance and shall supply the Council on request with copies of all or any of the relative policies with confirmation that all due premium payments have been made.

5.11.2 The Provider shall be responsible for ensuring that Staff using their own transport have appropriate insurance cover including motor insurance for business use and personal cover for passengers, where such vehicles are used in connection with the delivery of the Service.

5.11.3 In respect of any transport provided by the Provider including any vehicles bought, leased or hired for use in the provision of the Service, including the conveyance of Service Users for whatever purpose, the Provider shall ensure that such vehicles:

(a) are in a roadworthy condition at all times,
(b) are adequately and regularly serviced,
(c) are appropriately licensed,
(d) have a current M.O.T Certificate as appropriate.

5.11.5 Additionally where any of the Provider's Staff use their own vehicles in connection with the Service, the Provider shall be responsible for ensuring that such vehicles:

(a) are maintained in a roadworthy condition at all times,
(b) are adequately and regularly serviced,

(c) are appropriately licensed,
(d) have a current M.O.T Certificate

5.11.6 Where any Staff vehicles are used by the Provider, it is the responsibility of the Provider to ensure that Staff who use such vehicles, whether they belong to the Provider or to the Staff, have a current, valid and appropriate driving licence for the vehicle used.

CLAUSE 6: CONFIDENTIALITY

6.1 Other than as permitted in terms of Clause 6.2 below, the Provider and its Staff shall regard as strictly confidential and shall not disclose to any unauthorised person, at any time during or after the duration of this Contract, any information obtained in relation to the Council or the Service User. The Provider shall not use any such information except as specifically required for the purposes of performing its obligations under the Contract.

6.2 Notwithstanding Clause 6.1 above, the Provider may, with the prior written consent of the Service User, disclose personal and medical information relating to the Service User or such other person possessing a legitimate interest. Such information shall also be made available to the Service User, subject always to any legislation, rule of law, or any pending civil or criminal investigation or inquiry and, without prejudice to the generality of the foregoing, in particular to compliance with the Access to Personal Files Act 1987 and the Data Protection Act 1998.

6.3 The Provider shall at all times ensure that its Staff observe the principle of confidentiality in terms of Clauses 6.1 and 6.2 above. The Provider shall indemnify the Council against any claims made by the Service User or any third party, as a result of either the Provider, or its employees, failing to maintain confidentiality in terms of the Contract.

6.4 The obligations of confidentiality contained in this Contract shall survive the termination of this Contract.

6.5 It shall not be a breach of this Contract for either Party or its Staff to disclose information, which is already in the public domain or because of a statutory duty or rule of law or in terms of an order from a court of competent jurisdiction.

CLAUSE 7: DATA PROTECTION ACT 1998 ("the 1998 Act)

7.1 As the Provider will be processing personal data on behalf of the Council the Provider shall ensure that appropriate technical and organisational measures are taken to protect against unauthorised or unlawful processing of the personal data and against loss or destruction of, or damage to, the personal data. The definitions of "processing" and "personal data" shall have the same meanings ascribed to them in the terms of the 1998 Act.

7.2 The Provider shall supply to the Council guarantees acceptable to the Council in respect of the technical and organisational security measures governing the data processing.

7.3 In addition such personal data processed on behalf of the Council must only be so processed on the instructions of the Council.

7.4 Infringement of the provisions of the 1998 Act during the Service may lead to Contract termination in accordance with Clause 23.

CLAUSE 8: FREEDOM OF INFORMATION (SCOTLAND) ACT 2002

8.1 The Council is required by means of the Freedom of Information (Scotland) Act 2002, to release on request any information, with some exceptions, it may hold on file, provided this does not contravene the 1998 Act**.**

8.2 As the Provider will be presenting data to the Council, the Provider shall ensure that appropriate technical and organisational measures are taken to protect the Provider against breach of confidentiality or release of related organisational data which may have effect on their position in the marketplace.

8.3 The Provider shall supply to the Council definitions of what information it considers sensitive or confidential in respect of the technical and organisational security of the Provider. The definitions of "sensitive" and "confidential data" shall have the same meanings ascribed to them in the terms of the Freedom of Information (Scotland) Act 2002 ("the 2002 Act). If necessary, the Council will consult with the Provider in considering any request received under the 2002 Act before replying to such a request.

8.4 In addition, information may be released by the Council regardless of the Provider's claim of confidentiality, if instructed to do so by the Scottish Information Commissioner.

CLAUSE 9: COPYRIGHT

9.1 Copyright in the Contract shall remain with the Provider.

9.2 The copyright in all training materials, reports, calculations, studies or other documents or information (stored in whatever format or medium) prepared by the Provider in the performance of the Service, shall remain vested in the Provider. However, the Council shall have an irrevocable non-exclusive royalty-free licence to use, reproduce and rely on such documents or information for any purposes specified in this Contract.

CLAUSE 10: STATUTORY OBLIGATIONS

10.1 Throughout the duration of this Contract, the Provider shall observe and comply with all statutory enactments and regulations, and bylaws of local or other authorities or other public bodies applicable to the Service.

CLAUSE 11: RECRUITMENT, PVG SCHEME AND STAFFING PROCEDURES

11.1 The Provider will fulfil its statutory obligations concerning the employment of Staff and at all times ensure that it has a sufficient number of suitably trained, qualified and competent Staff in accordance with the law, the direction and guidance of the relevant regulatory bodies and any requirements set out in Schedule 1 – Service Specification.

11.2 The Provider will take all reasonable steps to ensure that the named Staff provide the Service for the duration of the Contract. The Provider shall use all reasonable endeavours to ensure continuity of service provision through appropriate allocation of Provider's Staff.

11.3 In respect of the Regulation of Care (Scotland) Act 2001 and any subsequent amendments and the Public Services Reform Act 2010 a Provider shall not employ any person in the provision of the Service unless that person is fit to be so employed.

11.4 The following persons are not fit to be employed in the provision of a care service:-

(a) a person who is not physically and mentally fit for the purposes of the work for which the person is employed in the care service;
(b) a person who does not have the qualifications, skills and experience necessary for the work that the person is to perform; and
(c) any person to whom regulation 7(2) of the Regulation of Care (Scotland) Act 2001 applies.

11.5 The Provider will (a) take up a minimum of two character references, one of which, where appropriate, is from a current or previous employer, and (b) once the Provider has recruited the candidate, the Provider will ask the candidate to complete a health questionnaire; which will confirm the candidate's physical and mental capacity to perform the tasks of the post as required by the Service.

11.6 In terms of the Rehabilitation of Offenders Act 1974 and the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2013 (as amended), the Provider will require any person that it proposes to employ in the delivery of the Service to complete and sign a declaration in respect of their previous convictions for offences of any description including those which for other purposes are considered to be 'spent'.

11.7 The Provider shall employ and procure in and about the provision of the Service only such persons as are careful, skilled and experienced in their occupation, have all necessary qualifications to provide the Service and have any additional training specified by the Council in Schedule 1 – Service Specification.

11.8 Persons who have committed a Schedule 1 offence, as defined by The Criminal Procedure (Scotland) Act 1975 as amended by the Sexual Offences (Scotland) Act 1976, must not under any circumstances be recruited in any capacity in connection with the provision of the Service. Persons who have committed offences, other than Schedule 1 offences, should not automatically be barred from being recruited. Judgement requires to be exercised by the Provider and considerations should include the nature of the offence/s, when the offence/s occurred, the number of offences, and their significance to the nature of the post.

11.9 The Provider must maintain a record of checks made on Staff. This record must be shown to appropriate Officers of the Council, on request, in a manner which does not breach the Data Protection Act 1998. The record must show: name of the Staff, date employment commenced, date of most recent check, and check reference number, result of most recent check (satisfactory/unsatisfactory).

11.10 The Provider must ensure that all Staff do not act on behalf of the Provider in any working capacity with one of their relatives or friends.

11.11 The Provider will ensure that all Staff who are required to be registered with the appropriate professional/regulatory bodies are so registered, and take all reasonable steps to secure the compliance by all relevant Staff with any relevant codes of practice and guidance documents issued by the relevant regulatory bodies. The Provider shall exhibit to the Council satisfactory evidence of such qualifications and registration, if so requested by the Council.

11.12 The Provider's supervising Staff will be under the control of the Provider but shall nevertheless, while on Council' premises and properties or business, comply with all reasonable instruction and requests given to them by relevant officers of the Council.

11.13 The Provider shall be entirely responsible for the employment and conditions of service of its Staff, including the payment of all income or other taxes, national insurance contributions, or levies of any kind, relating to, or arising out of, the employment of any of the Provider's Staff and shall fully and promptly indemnify the Council in respect of any liability incurred by the Council in respect thereof.

11.14 The Provider shall provide a suitable identity card to its Staff to clearly confirm the holder of the identity card as Staff of, or working on behalf of, the Provider. The identity card is to be worn by Staff, prominently when on business and will require a recent photograph of the holder, their name, position / job title and carry the Provider's emblem or logo. A telephone contact number will also be displayed on the identity card to enable confirmation of the identity to be made during the Provider's normal office hours.

11.15 Whenever requested to do so, any Provider's Staff shall disclose his/her identity and status as employee Staff member of the Provider and shall not attempt to avoid so doing.

11.16 The Council may, where it considers it necessary, by intimation to the Provider in writing, inform the Provider of any complaint arising from the Service provision. The Provider must notify the Council's Service Design and Procurement Representative, as defined in Clause 4.4 in writing within ten working days of receipt of the Council's written intimation, advising the Council of the action taken to remedy the complaint.

11.17 **Protection of Vulnerable Groups (Scotland) Act 2007**

11.17.1 All Staff involved in the provision of the Service shall complete a Scheme Record check in terms of the Protection of Vulnerable Groups (Scotland) Act 2007 (the PVG Act) not less than once every three years.

11.17.2 Where the resultant scheme record check in respect of an individual contains or discloses information, whether a previous conviction or otherwise, and the Provider is still considering employing that member of Staff, the Provider shall obtain the written consent of that member of Staff to the scheme record disclosure being made available for inspection by the Council and the Council shall jointly determine that individual's suitability to carry out work regulated by the PVG Act under this Contract.

11.17.3 The Council reserves the right to require a member of Staff to be withdrawn and an acceptable person substituted in the event of the Provider failing to comply with the foregoing procedure or the member of Staff refusing to agree to a scheme record check being obtained by the Provider in respect of them or making the said disclosure available for inspection by the Council as it related to their suitability to be engaged in work regulated by the PVG Act under this Contract.

11.17.4 The Council reserves the right to require a member of Staff to be withdrawn and an acceptable person substituted in the event of the disclosure at any stage of information, whether a previous conviction or otherwise, which, in the reasonable opinion of the Council renders that member of Staff or unpaid worker wholly unsuitable for work regulated by the PVG Act under this Contract.

11.17.5 The Provider shall ensure that existing members of Staff co-operate in relation to the disclosure of previous convictions and police checks.

11.18 The Provider, by signing this Contract, hereby declares that it has complied with all statutory requirements in respect of the Health and Safety at Work etc. Act 1974 and shall comply with the pertinent amendments, regulations, guidance notes issued from time to time.

11.17. All Provider's Staff are informed of and will adhere to the standards of performance they are required to provide and are able to meet these standards.

11.18 Quality will be improved through the development and implementation of appropriate procedures, policies and standards and systematic monitoring.

11.19 Arrangements are made by the Provider to carry out Staff satisfaction surveys in relation to the Service and the Provider will co-operate with any such satisfaction surveys, which may be carried out by the Council.

11.20 The Provider will advise the Council of any relevant suspension from service or disciplinary matters concerning the Provider's Staff.

CLAUSE 12: EMPLOYMENT LAW

12.1 The Provider, by signing the Contract, hereby declares that, to the best of its knowledge and belief, it has complied with all statutory requirements in respect of the Health and Safety at Work etc. Act 1974 and shall comply with any amendments thereto.

12.2 The Provider shall comply with its statutory obligations under the Equalities Act 2010 and all other equality legislation. Accordingly, the Provider will not treat one group of people less favourably than others in relation to decisions to recruit, train or promote employees and will have due regard to the need to eliminate unlawful discrimination and promote equality in the delivery of their goods and services.

12.3 The Provider must, when applicable, comply with TUPE Regulations 2006.

12.4 Where there is a transfer pursuant to the TUPE Regulations:

12.4.1 The Provider shall comply with the TUPE Regulations, provided always that notwithstanding the TUPE Regulations, the Provider shall provide all the information which it is required to disclose in terms of Regulation 11 of the TUPE Regulations to the Board or the Council as the case may be no later than two months before the service transfer date.

12.4.2 The Provider shall advise the Council in writing prior to the service transfer date of any updates to the information referred to at clause 12.5.

12.4.3 The Provider warrants that the information to be provided by the Provider in terms of the TUPE Regulations will be true, accurate and complete in all material respects.

12.5 The Provider shall and does hereby indemnify the Council and any new provider from and against all pre-transfer liabilities relative to the period up to and including the service transfer date.

CLAUSE 13: CONTRACT MONITORING, REVIEW AND AUDIT

13.1 The Council and the Provider will meet on a regular basis to liaise and review the Service, discuss any reports and to ensure the objectives of the Contract are being met. Quarterly report(s) relating to Schedule 1 – Specification, will be provided by the Provider to the Council prior to this meeting. Unless otherwise agreed between the Parties the Council shall arrange and co-ordinate the liaison and review meetings.

13.3 In order to monitor activity, ensure prompt payment and plan effectively, a timely exchange of detailed and accurate information will be effected. The Provider shall provide all requested information, relevant to demonstrating the quality of the Service, in a form agreed with the Council. This shall contribute to quality assurance and will be collated with other information gathered by the Council. The Council may utilise such information as may be supplied as part of the process of monitoring the provision of the Service by the Provider.

13.4 The Council will request reports from the Provider covering any issues which the Council considers to have implications for the Council. Where such reports are requested, the Provider will make these available within the timescale agreed with the Council.

13.5 The Provider will demonstrate to the satisfaction of the Council the existence and implementation of internal quality assurance systems which are Service User centred and which ensure effective working practices appropriate to the standards required by the Council and the needs of the Service User.

13.6 The Council will be entitled to carry out any inspection, auditing or monitoring of the Service and the Provider will be obliged as may be required to verify the provision of the Service in accordance with Schedule 1. The Council will be entitled to appoint a third party to carry out such inspection or audit on its behalf and the Provider will afford the Council and its duly authorised staff, officers and agents access to all premises and all relevant records and documentation provided that the Council and others as aforesaid shall exercise such right in such a manner as to minimise any disruption to the operations of the Provider in so far as reasonably practicable.

13.7 Throughout the duration of this Contract, the Provider will allow duly authorised officers of the Council access to the Service for the purposes of consulting with the Provider's Staff, Service Users or their representatives (subject always to the rights of the Service User to decline to be included in any such consultation) as to the effectiveness of the operation of the Services.

13.8 Where either the Council or the Provider has a query regarding the other's performance under this Contract, they may raise a contract query in writing setting out the nature of the query. The Council and the Provider is obliged to reply in writing to any contract query within fourteen days of its issue, unless otherwise agreed in writing.

13.9 An annual review of the Contract will be undertaken by the Council and Provider to agree Service requirements for each subsequent year (annual review). The annual review will be held at least three months ahead of the end of the year in question.

13.10 Prior to the annual review, the Provider will forward to the Council:

- A written interim evaluation/final evaluation of the Service, as appropriate, in a format to be provided by and/or approved by the Council.

- Update on progress of the financial plans and financial projections for the next twelve months.
- Certified audited accounts relating to the Service for the previous year.
- Submission of any regulating authority inspection reports from the previous twelve months.
- Collated performance information as outlined in Schedule 1.
- Evidence that all agreed standards are being applied.

13.11 The overall review process shall begin prior to the termination date, with the aim of establishing whether the Contract shall be extended and the Service continued and, if so, whether changes require to be reflected in a revised Contract.

13.12 Alternative methods of monitoring and review may be introduced by the Council from time to time in order to improve performance and the Provider shall implement these methods as required.

13.13 Without prejudice to any other provision of the Contract the Provider will discharge its responsibilities to provide a Service as appropriate to the Service User in a reasonable and responsible manner and without negligence or carelessness to the reasonable satisfaction of the Council.

CLAUSE 14: QUALITY MANAGEMENT

14.1 The Council is committed to the provision of quality services. The Provider will share this commitment.

14.2 The Provider will have, or will develop a means of quality management, as part of the overall service management process. If requested by the Council the Provider shall provide a written description of the quality management process within two weeks of the contract commencing.

14.3 The Provider will ensure that all Staff employed are aware of the standards required by the Service and are working to achieve them.

14.4 The Service Specification will be used as a basis for the development of performance indicators against which the Provider's performance will be monitored by a nominee of the Council.

14.5 The Provider will undertake its own surveys/questionnaires to ensure feedback is obtained from Service Users, relatives and carers to meet the outcomes of the Service Specification and ensure that Service Users, relatives and carers are involved in feedback of Service delivery and standards.

14.6 The Council will schedule meetings with the Provider to review and amend the Service on a regular basis.

CLAUSE 15: COMPLAINTS, COMMENTS & SUGGESTIONS

15.1 The Provider shall provide and maintain a complaints, comments and suggestions procedure which must be acceptable to the Council. Also copy of the procedure must be made available to the Council, the Service User and their representative if so requested. The Provider will be responsible for receiving and dealing with complaints, in the first instance, in accordance with

its own complaints procedure and will maintain a complaints register which will be available to the Council at all reasonable times.

15.2 The Provider shall provide a copy of its complaints procedure to the Council, the Service User and their representative having due regard to his/her needs. This may be in braille, audio-tape format and either the provision of translation support or a leaflet written in the Service User's preferred language, where English is not the first choice.

15.3 The Provider will produce written guidelines, which must be followed by all of the Provider's Staff, on the identifying and reporting of abuse or suspected abuse of Service Users.

15.4 The Provider will issue guidelines to Staff on the process of dealing with complaints from the Service User.

15.5 The Service User and their representative shall also have access to the statutory comments/complaints procedure operated by the Council. The Provider shall co-operate with any investigation resulting from a complaint within the terms of s5B of the Social Work (Scotland) Act 1968. The Provider shall provide access to its records etc. to duly authorised Officers of the Council in the investigation of such a complaint. The Provider shall implement any recommendations or actions required within the timescales identified by the Council and appropriate regulatory body.

15.6 The Provider shall ensure that the Service User and their representative knows how to make a complaint and is assisted with the completion of the documents if required. Such assistance may, if appropriate, include arranging independent advocacy or support from an independent agency as appropriate.

15.7 The Provider shall keep records of all complaints investigated by the Provider relevant to the quality of the Service, a copy of which will be made available to the Council if so requested.

15.8 The Provider must inform the Council of the details of all complaints received, the resulting action taken and the outcome for the Service User. Where the Council considers it necessary, the Council can request details of the complaint and the action taken to remedy the complaint.

15.9 The Council reserves the right to conduct a separate investigation into any complaints/incidents and the Provider will co-operate and provide all reasonable assistance to the Council in its investigation.

15.10 Where it considers it necessary the Council may serve the Provider with written notice of any complaint arising from the Service provision. The Provider must advise the Council of the action taken to remedy the complaint within ten working days of receipt of the Council's written notice.

CLAUSE 16: EQUIPMENT

16.1 The Provider shall ensure that any equipment which is to be used in connection with the Service shall be adequately maintained and serviced in accordance with the manufacturer's instructions/recommendations and the requirements of any relevant agency such as Environmental Health or the Fire Master.

16.2 Any items of equipment purchased by or borrowed from the Council to be used in respect of the care of a Service User shall remain the property of the Council and shall be returned to the Council at such time as it is no longer required for the care of that individual.

16.3 Any items of equipment purchased by or borrowed from the Council to be used in respect of an individual Service User shall not be used in respect of another Service User's care without written permission of the Council.

16.4 The Provider shall ensure that all relevant Staff receives appropriate training before using any equipment.

CLAUSE 17: PAYMENT

17.1 The Council shall only make payment as detailed within Financial Schedule (Schedule 2). Any variation in the Contract Price must be recorded as a variation and shall be agreed by the Council, prior to implementation, in accordance with the appropriate provisions of this Contract.

17.2 The Provider shall submit to the Council detailed invoices containing all relevant information as the Council shall require.

17.3 Accurate financial returns must be made in the format and frequency requested by the Council when requested and specified.

17.4 The Provider will evidence financial efficiency and best value. Best value will be viewed in the context of arrangements made to secure continuous improvement in the delivery of the Service, having regard to a combination of economy, efficiency and effectiveness. Any improvement will involve consideration of the costs making the most of money spent and making sure that the Service meets the needs and expectations of the Service Users and the Council.

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CLAUSE 18: CANVASSING SERVICE USERS

18.1 In the course of providing the Service, the Provider must not promote other products and services of the Provider or any other company.

18.2 The Council should be informed if a Service User approaches the Provider requesting to purchase services over and above the Service.

CLAUSE 19: PREVENTION OF COLLUSION AND CORRUPT OR ILLEGAL PRACTICES

19.1 The Council will be entitled to terminate the Contract, with immediate effect and to recover from the Provider the amount of any loss resulting from such termination if either (a) the Provider or its Staff (whether with or without the knowledge of the Provider) shall have practised collusion in tendering for the Contract or shall have employed any corrupt or illegal practices either in the obtaining or the carrying out of the Contract, or (b) the Provider has given or agreed to give, to any member, employee or representative of the Council any gift or consideration of any kind as an inducement or reward for doing any act in relation to the obtaining or carrying out of the Service.

CLAUSE 20: NOTICES

20.1 Any demand, notice or other communication required to be given hereunder shall be sufficiently served if effected by one of the following methods:

i. sent by prepaid first class recorded delivery post to the registered office or last known address of the Service Provider and if so sent, subject to proof to the contrary, shall be deemed to have been received.

iii. sent by electronic mail (e-mail) to ninasmith@nacasadvice.org.uk

iv. sent by facsimile transmission (fax) to The Provider do not have a fax

20.2 Any demand, notice or other communication required to be given hereunder shall be sufficiently served on the Council if effected by one of the following methods:

i. sent by prepaid first class recorded delivery post to David Rowland, Head of Service, Health and Community Care, The North Ayrshire Council Cunninghame House, Friars Croft, Irvine and if so sent, subject to proof to the contrary, shall be deemed to have been received

ii. sent by electronic mail (e-mail) to davidrowland@north-ayrshire.gcsx.gov.uk

iii. sent by facsimile transmission (fax) to 01294 317701

CLAUSE 21: ASSIGNATION, SUB CONTRACTING AND SALE OF SERVICE

21.1 <u>Assignation and Sub-Contracting</u>

(i) The Provider shall not assign or otherwise sub-contract responsibility for any part of the Service.

(ii) Where the Provider intends to transfer its interest in the Service to another provider with the intention of Service continuation, the Council may consent to an assignation of this Contract upon being satisfied of the proposed provider's suitability and subject to a certificate of registration, if applicable, being granted to the proposed provider. The Provider shall provide the Council with the name and address of the proposed provider and the proposed date of transfer, no later than ninety days prior to that date.

CLAUSE 21: RESOLUTION OF DISPUTES

21.1 During any dispute, including a dispute as to the validity of this Contract, it is agreed that the Provider will continue its performance of the provisions of the Contract (unless the Council requests in writing that the Provider does not do so).

21.2 If any dispute arises between the Council and the Provider in respect of this Contract, the Council and the Provider shall use all reasonable endeavours through negotiation to reach an amicable and workable resolution of the matter in dispute within fourteen days of the dispute arising.

21.3 If the Council and the Provider are unable to reach an amicable resolution of the dispute within fourteen days the aggrieved Party shall write to the other Party within twenty one days of the dispute arising outlining the matter in dispute and the reasons why an amicable resolution

cannot be reached between the Parties. The Parties shall then use their best endeavours to reach an amicable and workable resolution of the matter in dispute within forty two days of the dispute arising or within any alternative mutually acceptable timescale.

21.4 Either Party can suggest the matter be referred to a person to carry out an independent review within the forty-two day period from the commencement of the dispute (not formal arbitration at this stage). The other Party must agree to the terms of reference and person to carry out an independent review. Each Party would require to bear the costs of the review equally and agree to abide by the findings of the review. If the Parties cannot agree on the terms or person to carry out an independent review then the matter shall be referred to arbitration.

21.5 If any dispute is unable to be resolved within the forty two day period between the Council and the Provider in terms of the Contract then the dispute shall be referred to a single independent arbiter mutually agreed by both Parties whose decision on the matter and any issue relating to the expenses of such arbitration shall be final.

21.6 If the Council and the Provider are unable to agree as to a single independent arbiter, within fourteen days of the date of the decision to refer the matter to arbitration, then either Party may refer the matter in dispute to a single arbiter to be appointed by the Sheriff Principal of the Sheriffdom of Kilmarnock whose decision on the matter and any issue relating to the expenses of such arbitration shall be final.

CLAUSE 22: FORCE MAJEURE

22.1 If either Party to this Contract is prevented or delayed in the performance of any of its obligations under this Contract by force majeure and if such Party gives written notice to the other party specifying the matters constituting force majeure together with such evidence as it reasonably can give and specifying the period for which it is estimated that such prevention or delay will continue then the Party in question shall be excused the performance or the practical performance as the case may be of such obligations in terms of this Contract which are so affected from the date on which it became unable to perform them and for so long as the cause of prevention or delay shall continue.

22.2 If the period during which either Party is delayed in or prevented from the performance of its obligations hereunder by reason of force majeure exceeds two months either Party may serve on the other one month's notice of termination of the Contract.

22.3 Both Parties agree to use their best efforts to ensure that during any period when force majeure circumstances exist the needs of the Service User are accommodated to the fullest extent practicable.

CLAUSE 23: TERMINATION OF THE CONTRACT

23.1 The Council may terminate the Contract immediately, without notice, if the Provider is guilty of any of the undernoted events. All losses, reasonable expenses, costs and charges incurred by the Council in this connection shall be a debt due by the Provider to the Council and may be deducted from any outstanding monies held by the Council or may be recoverable by legal action.

23.2 If the Provider has a receiver appointed, becomes insolvent, apparently insolvent, or is sequestrated or goes into liquidation (other than voluntary liquidation for the purposes of reconstruction or amalgamation) or is wound up by the court or is voluntarily wound up by

creditors or by members, the Council shall be entitled to, but not bound to, terminate the Contract with immediate effect.

23.3 The Provider, in the sole opinion of the Council, commits a material breach of the terms and conditions of the Contract.

23.4 The Provider fails to begin to provide the Service required by the Contract on the commencement date set out in the Contract.

23.5 The Provider continually fails to provide the Service required by the Contract in accordance with this Contract.

23.6 The Provider fails to achieve the performance criteria as detailed in Schedule 1.

23.7 If any of the representations set out or referred to in the Contract documents are found to be untrue, incorrect or invalid.

23.8 In relation to this Contract or any other Contract with the Council, the Provider shall have committed an offence under the Prevention of Corruption Acts 1889 to 1926 and Bribery Act 2010, or shall have given any fee or reward to any officer of the Council, which shall have been exacted or accepted by such officer under colour of his office of employment.

23.9 The Provider having offered or given or agreed to give to any person any gift or consideration of any kind as an inducement or reward for doing or forbearing to do, or for having done or forborne to do, any act in relation to the obtaining or execution of this Contract or any other Contract with the Council.

23.10 The serving of a notice on the Provider by the registering body of a decision stating that the registering body has decided to implement a proposal to cancel registration or has refused registration, irrespective of whether or not the time for any representation or appeal with respect to the enforcement action has expired or that a representation or an appeal is pending.

23.11 Notwithstanding any of the foregoing sub clauses under this Clause 23 either Party may terminate the Contract upon four weeks written notice to the other Party.

23.12 During any notice period the Provider and the Council shall co-operate to ensure that Placements are continued during that period.

23.13 Upon expiry or termination of this Contract, the Provider shall immediately deliver to the Council all documents and other items belonging to the Council and in the possession of the Provider and any data (including confidential information) relevant to the provision of the Service on media, deemed appropriate by the Council.

23.14 The Provider will positively assist the Council in ensuring a smooth, timely and risk-reduced transition of Services to a new provider on termination of this Contract.

23.15 Further termination conditions contained in clauses 7.4 and 19.1.

CLAUSE 24: REMEDIES

24.1 In any such circumstances as are set out in Clause 23.2 to 23.10 and 23.15, the Council may without prejudice to any other remedies provided under this Contract and without prejudice

to any rights of action which shall accrue or shall have already accrued to the Council do all, or any, of the following:-

i. suspend all payments due to the Provider;

ii. retain any amount due to the Provider whatsoever arising from this Contract;

iii. terminate the Provider's engagement, for the purposes of this Contract, in writing, giving **28 days' notice**, such notice to be delivered by hand or sent by first class recorded delivery post, and in the latter case addressed to the Provider and be deemed to have been received within **48 hours** of posting. At the expiration **of twenty eight days** after delivery of such notice, this Contract, so far as regards the Service, shall in all respects terminate.

24.2 Termination of this Contract shall be without prejudice to the rights and remedies of the Provider or the Council accrued before such termination and nothing in this Contract shall prejudice the right of either Party to recover any amount outstanding at the termination howsoever arising.

CLAUSE 25: WAIVER OF REMEDIES

25.1 Failure by either the Council or the Provider to take action in respect of a breach or alleged breach of this Contract shall not be construed as a waiver of that Party's rights nor shall it affect the obligations of either the Council or the Provider under this Contract and nor shall it prejudice either the Council's or the Provider's right to take action in respect of a subsequent breach.

CLAUSE 26: VARIATIONS

26.1 The terms of this Contract shall not be amended or varied in any way other than by a written Minute of Variation between duly authorised representatives of the Provider and the Council, a copy of which shall be provided to each Party.

CLAUSE 27: EQUAL OPPORTUNITIES/DISCRIMINATION

27.1 In providing the Service the Provider shall comply with Equal Opportunities and the Public Sector Equality Duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.

27.2 The Provider shall provide such information and documentation to the Council as the Council may reasonably require to provide evidence of the duties contained in Clause 27.1 above.

27.3 The Provider shall deliver the Service in a non-discriminatory manner that ensures fairness and equality to all users of the Service. The Provider will, where appropriate and practical, provide information to the Council in relation to employment and use of the Service by the following criteria: age, sex, sexual orientation, disability, religion or belief, race, marriage and civil partnership, pregnancy and maternity, and gender re-assignment.

27.4 The Provider shall not discriminate directly or indirectly, or by way of victimisation or harassment against any person on grounds of age, sex, sexual orientation, disability, religion or belief, race, marriage and civil partnership, pregnancy and maternity, and gender re-assignment.

27.5 The Provider will notify the Council in writing as soon as it becomes aware of any investigation of, or proceedings brought against, the Provider under the legislation contained

in the Equality Act 2010. Where any investigation is undertaken by a person or body empowered to conduct such investigation, and/or proceedings are instituted in connection with any matter relating to the Provider's performance of this Contract being in contravention of the Equality Act 2010, the Provider shall, free of charge, co-operate fully and promptly in every way required by the person or body conducting such investigation during the course of that investigation.

27.6 Where any such investigation is conducted or proceedings are brought under the Equality Act 2010 which arise directly or indirectly out of any act or omission of the Provider, its agents or subcontractors, or the staff of the Provider, and where there is a finding against the Provider, the Provider shall indemnify the Council with respects to all costs, charges and expenses arising out of or in connection with any such investigation or proceedings and such other financial redress to cover any payment the Council may have been ordered or required to pay to a third party.

CLAUSE 28: HUMAN RIGHTS

28.1 The Provider shall, in its implementation of this Contract, comply with the requirements of the Human Rights Act 1988 and all secondary legislation made under this Act as though the Provider were a Public Authority for the purposes of the Act.

CLAUSE 29: LAW OF SCOTLAND

29.1 The construction, validity, performance and all other matters arising out of and in connection with this Contract shall be governed by the Law of Scotland.

CLAUSE 30: EXERCISE OF POWERS

30.1 The Council will exercise any of its powers, obligations or discretion in terms of this Contract in a reasonable manner and in accordance with its statutory obligations.

CLAUSE 31: SOCIAL AND ENVIRONMENTAL ISSUES

31.1 The Provider will satisfy itself that no product used in the delivery of this Service will endanger the health of the Service User or others, will not cause significant damage to the environment during manufacture, use, or disposal, will not consume a disproportionate amount of energy during manufacture, use, or disposal, which causes unnecessary waste because of over-packaging or because of an unusually short shelf life, or which contains materials derived from threatened species or threatened environments.

CLAUSE 32: BUSINESS CONTINUITY

32.1 The Provider should have in place a comprehensive and current business continuity plan, acceptable to the Council, for use in the event of an emergency, serious incident and / or crisis. The business continuity plan will cover all aspects of the organisation to include personnel, resources and Service delivery which will be required to enable continuity of business critical activity and minimise disruption to the Service User.

CLAUSE 33: ENTIRE AGREEMENT

33.1 This Contract shall constitute the entire agreement, including appendices and attached schedules, between the Council and the Provider, with respect to the provision of the Service and supersedes all prior oral or written agreements, understandings or undertakings between the Council and the Provider relative to the Service; IN WITNESS WHEREOF: these presents consisting of this page and the twenty two preceding pages together with the Schedule 1 and Schedule 2 annexed and signed as relative hereto, are executed as follows: They are subscribed by and on behalf of The **North Ayrshire Council** at **Irvine** on _____ 2016 by the following:

_____ _____

(Witness) **(Signature)**

_____ _____

Name in Block Capitals **(Designation)**

Address: _____ _____

Name in Block Capitals

_____

And are executed on behalf of the Provider at _____ on _____

_____ _____

(Witness) **(Director)**

_____ _____

Name in Block Capitals **Name in Block Capitals**

Address: _____ **Address:** _____

_____ _____

This is Schedule 1, the Service Specification referred to in the aforementioned contract.

Advice Services in North Ayrshire

1. SERVICE REQUIREMENTS

The Provider will provide free and confidential advice to members of the public and those referred on from other agencies in relation to the following areas:

Money Matters

- H&SCP clients in North Ayrshire - provide assistance with form filing either by office appointment, outreach surgeries, home visit, etc. Referrals to providers would only be through Money Matters. Referral pathways would be agreed with Money Matters (MM) to enable MM to outcome claims and appropriate follow up action.
- General Public – Benefit Checking, Form Filing, Money Matters, Mandatory Revisions, Completion of SSCS1 (DWP Appeal forms). Referral pathways to be arranged with MM for referrals to MM for Appeal Representation.

Debt Advice

- Provide Debt Advice to both H&SCP clients and General Public.
- In providing Debt Advice the full range of Debt Solutions should be available as appropriate to the client, includes Debt Arrangement Scheme, Bankruptcy, Trust Deed, etc.
- Debt Advice should include representation in court for Small Claims, Bankruptcy Petitions and Decree for Eviction. (Currently this is provided by CHAP & In Court Adviser (Kilmarnock Sheriff Court).
- Referral pathways to be arranged with MM to enable referrals for H&SCP clients to access Debt Advice.

Financial Inclusion

Provide the following services to both H&SCP clients and General Public.

- Budgeting
- Banking
- Fuel Poverty
- Access Low cost Credit
- Referral pathways to be arranged with MM to enable referrals for H&SCP clients to access Financial Inclusion. (Big Lottery)

General advice services, including:

- Consumer affairs
- Employment problems
- Family and relationships
- Housing
- Legal issues
- Tax
- Travel and transport
- Utilities and communications
- Education
- Health
- NHS Complaints
- Immigration

2. THE SERVICE

2.1 Strategic Aims

2.1.1 To improve the quality of life for all residents in North Ayrshire

2.1.2 To support a planned, coordinated and integrated approach to the provision of advice services

2.1.3 To reduce inequality by supporting access to high quality and impartial information, advice and representation

2.1.4 To tackle poverty and disadvantage and to promote social inclusion

2.1.5 To provide a service that is free and does not incur financial detriment to the Service User.

2.1.6 To ensure the provision of a culturally sensitive Service that meets the needs of minority groups (Which will be defined from the Equalities Act 2010 as: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage or civil partnership status, pregnancy or maternity status) and is available to everyone regardless financial circumstance, of race, religion, gender, geographical location, physical ability etc.

2.1.7 To ensure a Service provision that is underpinned by respect for service user's rights to dignity, privacy and choice.

2.1.8 To support the growth of the range of services offered by The Provider through the provision of core funding that acts as an enabler to secure wider project specific funding for the benefit of North Ayrshire residents.

2.2 Service Objectives Delivery

It is expected that the aims will be met through the delivery of the following core activities:

General

2.2.1 To provide;

- Accessible, integrated and comprehensive advice services for the people of North Ayrshire.
- Information, advice, assistance and representation services as appropriate to individuals and organisations. The services will be free and provided in a confidential and impartial manner. For the purposes of this specification, representation services will be the provision of written documentation on behalf of the client at any tribunal hearing.

2.2.2 The Service will be provided in a complementary manner to that offered by the North Ayrshire Money Matters Team, and will not be provided to existing social services service users. In order to avoid duplication of work, The Provider will introduce a new process to identify vulnerable individuals, including Social Services Service users, at the initial point of contact. The Provider will work with the North Ayrshire Money Matters Team to develop a clear referral pathway.

2.2.3 The Service will be delivered across the North Ayrshire Council area on an outreach basis at the agreed times and office based. The planned appointments will be for specialist debt advice and assistance with form filling. The Provider and The Council will jointly and continuously assess demand, with particular emphasis on ensuring services are deployed to best effect to meet this in the more deprived areas.

Any reduction in outreach or office based services must be agreed in advance with the Council and timescales (which would normally be 3 working days) defined for the process.

The Provider delivers a generalist advice service, available for any North Ayrshire Resident, covering the topics in Clause 1 (although this is not an exhaustive list). Other separately funded specialist services are available.

The Provider will continue to work towards and develop new ways to engage with people and encourage them to use the Service.

The Provider will provide a home visit service for individuals who may encounter severe and significant difficulties in accessing and using transport to the Service. This may include mobility problems, cognitive and sensory impairment, anxiety states, any significant physical impairment or disability. The Provider will have the ability to refer vulnerable individuals to the Money Matters team, using the agreed referral pathway.

2.2.4 All Service locations will be freely accessible for those with disabilities.

2.2.5 All Service locations will ensure that the provision is offered in an area which maximises confidentiality for service users.

2.2.6 As well as face to face provision the Service will also deliver provision via telephone, website and email.

2.2.7 The main office location will have an effective telephone messaging and response system answering machine to ensure service users can make contact outwith core hours and receive a response the next working day.

2.2.8 All Services provided will be free, confidential, impartial, independent, accessible, and effective and will ensure that the client is able to make their own decisions at the end of the process.

2.2.9 A range of services will be provided, including, but not limited to:

- Information, advice and assistance, including representation at Social Security Tribunals.
- Benefits
- Debt and Money Advice
- Employment Issues
- Consumer Issues
- Work related problems
- Housing
- Relationships
- Tax
- Travel and transport
- Utilities and communication
- Legal issues

2.2.10 The Service will ensure that information about the services it offers is freely available via a variety of mediums, including but not limited to: websites, advertising in local press etc.

3 SERVICE MONITORING AND EVALUATION

3.1 The Service monitoring and evaluation, described below should be kept under review by the purchasing service to ensure alignment with the Money Matters Performance Management Framework (IMPMF), which is supported by the Improvement Service. The Provider is required to report on their agreed data sets to the Local Authority.

Performance against agreed improvement targets will be considered as part of the standard contract monitoring review process.

3.2 Service Outcomes

OUTCOME	INDICATORS	Method of Collecting Information
To improve the quality of life for all residents in North Ayrshire	Number of clients who feel that their circumstances have improved. Number of agreed debt advice solutions.	Social Impact Report (to commence from Q3, 2016). Case management system.
To support a planned, coordinated and integrated approach to provision of advice services	Number of new debt clients per reporting period Number of clients referred to money matters due to vulnerability 100% of clients contacting the service by telephone or email receive a response the next working day. Category of issue raised, split by tier, and by SIMD, gender, race, sexuality, ward, age group, religion and disability.	Case management system Internal report Internal report (to commence Q3, 2016) Case Management System
To reduce inequality by supporting access to high quality and impartial information, advice and representation.	Number of clients who feel that their circumstances have improved. Evidence of increased income per client, split by SIMD and ward area. Number of people receiving benefit checks leading to new claims or reviews of existing awards per reporting period.	Social Impact Report (to commence from Q3 (2016). Case Management System Case Management System
.To tackle poverty and disadvantage and to promote social inclusion	Number and type of benefit decisions challenged via mandatory revision in reporting period. Number and type of benefit decisions challenged via appeal in reporting period.	Case Management System Case Management System

	Number and type of clients entering into meaningful activity, including education, volunteering and employment.	Case Management System
To provide a service that is free and incurs no financial detriment to the Service User	Evidencing use of the Service by tier and SIMD	TBC between Jo Gibson and Nina Smith
To ensure the provision of a sensitive service	Use of the Service, split by tier and by SIMD, gender, race, sexuality, ward, age group, religion and disability.	Case Management System
To ensure Service User's rights to dignity, privacy and choice	Measure of clients feeling they were treated with dignity and respect and had their privacy and confidentiality respected. Measure of clients who were offered choices.	Social Impact Report (to commence from Q3, 2016)
To support the growth of the range of services offered by The Provider through the provision of core funding that acts as an enabler	TBC	TBC

*Targets can be subject to further discussion but the provider will need to provide data sources to support these measurements.

Additionally the Senior Team from the Provider will attend quarterly monitoring and evaluation meetings with the Council / partners and will evidence and produce information in line with the outcomes framework and will provide additional information on request. The quarterly performance report should be submitted a minimum of 5 working days in advance of the monitoring meeting.

This list is not exhaustive and other data items may be requested from time to time to meet requirements nationally or locally.

3.3 Measurement

The Service will have, or be able to demonstrate that they have systems to record performance information that may be requested by the Council as part of its monitoring arrangements and to measure outcomes for individuals, providing reports at intervals to be agreed by the Council.

As part of the monitoring arrangements the Service will provide information on all aspects of contract compliance, which may include:

3.3.1 Submission of The Provider' Quarterly and Annual Performance Summary, to David Rowland (davidrowland@north-ayrshire.gcsx.gov.uk), via Nicola Shannan (nshannan@north-ayrshire.gcsx.gov.uk)

3.3.2 Attendance at regular meetings with the nominated officers.

3.3.3 The purchasing Service will monitor the quality and standard of the service, together with the outcomes and will feed this back to the Council in line with the agreed monitoring arrangements.

3.4 Contract Management

3.4.2 Completion of 6 monthly contract management monitoring reports, issued by the Council's Service Design and Procurement Team.

3.4.3 Evidence of an effective quality assurance system, which involves all stakeholders, provides detail on complaints and their resolution, and takes account of information from regular customer satisfaction surveys (which must be carried out on a minimum of an annual basis).

3.4.4 Attendance at regular meetings with the nominated officers.

3.4.5 Annual review of operational policies and procedures, including health and safety, insurance renewals and their claims and outcomes.

3.4.6 The Provider will undertake to ensure that they submit copies of their up to date insurances and annual audited accounts to the Council on an annual basis.

4 Service Detail

4.1 The Service will ensure that it has appropriate adult and child protection policies in places, which have been agreed by the Council and that all staff and volunteers have been trained in their use. As part of this process the Manager will report any issues or concerns to the nominated officer of each Council.

4.2 The Service will continuously review and implement training to meet statutory and other requirements.

4.3 The Service will notify the Council immediately by telephone and in writing, within 3 working days, if they fail or have difficulties in meeting the service demands or standards.

4.4 The Service will ensure that nominated Council Officers can access any relevant paperwork relating to the provision on request.

4.5.1 The Service will provide the Council with minutes of Board of Directors or Trustees meetings.to nominated officers of the Council on request.

5 Staff and Staff Qualifications

5.1 All of the Service's staff will be subject to PVG requirements. Volunteers who carry out home visits or who operate alone, will be subject to an Enhanced Disclosure check.

5.2 The Service will hold regular staff and volunteer meetings and will make minutes of these meetings available to the Council on request.

5.3 The Service will ensure that all staff and volunteers are suitably trained and qualified for their positions and will provide evidence of this to the Council on request.

5.4 All staff and volunteers will be suitably experienced and skilled for their posts.

5.5 The Service will provide sufficient management / administrative staff to ensure that the work undertaken is supported and monitored, and will provide copies of audits to the Council on request, to evidence that they are continuing to meet the prescribed standards.

5.6 The Service will ensure that their staff and volunteer group receive regular supervision and have their own individual training plans to support their personal and professional development.

5.7 The Service will ensure that they have engaged sufficient staff and volunteers to meet need, and that during periods of sickness or annual leave the service is adequately resourced, and will provide the Council with details of staff and volunteer numbers on request and will undertake to provide the Council with details of any permanent staff changes as part of their quarterly reporting mechanism.

5.8 The Service will ensure that all staff and volunteers are easily identifiable and wear identity badges at all times during their working day.

_____

Signature

_____

Designation

and by the following on behalf of the Provider:

_____

Director

This is schedule 2, the Financial Schedule referred to in the foregoing Contract.

The Financial Schedule is to be used in conjunction with the Council's contract and Service Specification Schedule 1 for "The Provider".

Introduction

In exchange for the Provider performing and fulfilling the Contract to the Council's satisfaction, all obligations and conditions due by them in terms of this Contract, the Council shall make payment of the contract price in accordance with the financial arrangements specified and contained in this Financial Schedule.

CLAUSE 1: DURATION

This Financial Schedule will commence on **TBC.** notwithstanding the date or dates or execution hereof, and will continue until TBC, notwithstanding the date or dates of execution hereof. This will be subject always to (1) any outcomes of the monitoring and evaluation process, provided hereinafter (2) the annual review of the Contract which may lead to termination in accordance with the appropriate provisions of the Contract and subject to review of funding and requirements.

CLAUSE 2: SERVICES TO BE PROVIDED

2.1 In return for the Service provided as specified in Schedule One hereof, the Council will make payment to the Provider for the total sums detailed in Clause 3 – Payment hereof over the duration of this schedule.

2.2 The Provider obliges itself to make available the specific levels of Service as specified in Schedule One – Service Specification. The Council shall endeavour to request a constant level of Service throughout the funded period.

CLAUSE 3: PAYMENT

The Council shall make payments to the Provider, monthly in arrears for the duration of this Contract on the condition that all payments made by the Council must be on the basis of appropriate and valid invoices received from the Provider. Notwithstanding the foregoing provision, there shall be an annual limit of total sums payable by the Council to the Provider under the Contract ("annual limit") of TBC per calendar month). In the event of the Contract being extended, in terms of clause 1.1 hereof, the annual limit shall be determined by the Council.

CLAUSE 4: INFORMATION RETURNS

4.1 It is the responsibility of the Provider to maintain accurate records of expenditure for any given period.

4.2 Information returns should be given in respect of the guidance given in the Contract and Service Specification, plus any additional information that may be requested by the Council from time to time.

4.3 Information returns must be provided to the Council in the format and timescales requested.

4.4 Every calendar month as from the start date of the Contract, the Provider shall submit to the Council's Finance Section a detailed invoice (monthly in arrears). The invoice should contain the following:

- Invoice date
- Unique invoice number
- Period covered
- Brief description of Service
- Total gross charges to the Council for the period covered
- The net amount being claimed
- Separate VAT amounts if applicable
- The VAT Registration number, details to whom payment should be made, i.e. name, address and bank details (required on first invoice)

4.5 The Council will endeavour to pay accurate and properly submitted invoices within 30 (thirty) days of receipt.

CLAUSE 5: REVIEW

5.1 A financial review is undertaken by the Council on an annual basis to ensure an organisations sustainability. For this purpose, the Providers financial position may be checked annually by the Council via Equifax, or a similar company. The Provider may also be requested by the Council to provide a signed copy of their annual audited accounts.

5.2 An overall financial audit may be undertaken by the Council at any time.

5.3 If the Council wished to invoke clause 5.2, it will provide notice in writing in accordance with the Contract.

CLAUSE 6: TERMINATION

6.1 The Council or Other Purchaser may terminate funding, as part or exclusive of the Contract, in line with the Termination clause of the contract.

6.2 Where termination notice is served by any party, outstanding funding shall be calculated on a pro rata basis and any balance returned to the Council or Other Purchaser or paid to the Provider, in a timescale agreeable to the Council or Other Purchaser.

_____

Signature

_____

Designation

and by the following on behalf of the Provider:

_____

Director

Integration Joint Board
14th September 2017
Agenda Item 11

Subject:	**North Ayrshire Social Enterprise Strategy**
Purpose:	To update the Integration Joint Board (IJB) on the new North Ayrshire Social Enterprise Strategy and highlight potential issues and opportunities for North Ayrshire Health and Social Care Partnership within this framework.
Recommendation:	The IJB notes and agrees the direction of travel of the new North Ayrshire Social Enterprise Strategy and considers the opportunities in Health and Social Care to make a considerable contribution to the social enterprise sector in North Ayrshire.

Glossary of Terms	
IJB	Integration Joint Board
HSCP	Health and Social Care Partnership
NAVT	North Ayrshire Ventures Trust
PSP	Public Social Partnership
YOU	Your Options Understood

1. EXECUTIVE SUMMARY

1.1 Social enterprises are businesses that trade for social purpose. They focus on social objectives with any surpluses reinvested back into the business or the community. The potential advantages of social enterprise relate to their community links and responsiveness to local need, with a reputation for being open and accountable through social or community ownership and the potential to reach groups where other mainstream approaches have failed.

1.2 Social Enterprise in Scotland: Census 2015 identified 98 social enterprises in North Ayrshire (2% of total for Scotland) employing 790 people. On absolute numbers North Ayrshire is ranked 19th of the 32 Scottish local authority areas and ranked 18th for social enterprises per head with 0.7 per 1,000 population.

1.3 The North Ayrshire Social Enterprise Strategy 2016-2019 (see Appendix 1) was launched on 3 November 2016. It was developed by partners with North Ayrshire Health and Social Care Partnership taking a key role, to establish joint priorities and strategic aims for the development and support of the social economy sector, aligned to the North Ayrshire Economic Development and Regeneration Strategy.

2. NORTH AYRSHIRE DEVELOPMENTS

2.1 North Ayrshire Council in partnership with North Ayrshire Ventures Trust (NAVT) has implemented £500,000 funding to support North Ayrshire's social enterprise sector. In addition, the Social Enterprise Grant Fund forms part of a wider support package to support growth and sustainability. This aims to stimulate greater competitiveness and provide specialist help in areas such as HR, Leadership and Procurement.

2.2 A Social Enterprise Manager and Officer have been recruited to lead on the implementation of the North Ayrshire Social Enterprise Strategy and provide both strategic and operational support to develop the social enterprise sector and deliver services directly to encourage start-up and growth activities. This provides an important resource for the Partnership and new and existing social enterprise in the Health and Social Care sector.

2.4 A North Ayrshire Social Enterprise Network has been established on a partnership basis. The Network offers collaboration for social enterprises through sharing information and good practice to support the development of services. It will contribute to the development of networking, training and capacity building and raise the profile of social enterprise across North Ayrshire and beyond.

2.5 **Anticipated Outcomes**

Social enterprise by their very nature will create employment and employability opportunities for local people as they develop. The creation of high quality services responsive to local need will also have an impact on local communities. This approach will establish community assets that will create both sustainable economic and social impact.

By 2019, North Ayrshire Health and Social Care Partnership will make a minimum of a 30% contribution to achieving agreed North Ayrshire targets:

- 110 social enterprises operating in North Ayrshire
- £6.9m annual income of social enterprises in North Ayrshire
- 1,000 Full Time Equivalent employees in the local social enterprise sector
- 1,050 volunteers active in the sector

2.6 **Measuring Impact**

An effective framework for measuring social and economic impact will be implemented covering:

- Improving information and intelligence
- Profile and maintain output and impact records for every social enterprise
- Implement measurement focused on social value and soft outcomes
- Identification and promotion of good and best practice
- Utilising data and analysis to inform strategy and action
- Communicating results

3. HEALTH AND SOCIAL CARE PRIORITIES

3.1 Social enterprises are now playing an increasingly important role in delivering health, social care and support services across North Ayrshire. Health and Social Care forms the largest sectoral grouping of social enterprises in North Ayrshire and it is anticipated that its growth will accelerate. Integration and the redesign of services will present numerous opportunities for social enterprise development.

3.2 North Ayrshire Health and Social Care Partnership is well placed to use its expenditure, provision and expertise creatively and is committed to supporting the development of enterprising activities and social enterprises working with or aspiring to work with the Partnership. The key focus is on:

- Providing access for patients and service users to meaningful experience to achieve their full potential and enhance their quality of life;
- Rehabilitation after chronic illness and long-term conditions through positive support to develop employability opportunities;
- Developing supported and intermediate employment opportunities for patients and service users in the social economy;
- Providing a pipeline into work by supporting patients and service users who are able to move into the labour market and secure and sustain employment;
- Developing opportunities for innovative and integrated models of service development including the pursuit of new income and funding.

4. PROPOSALS

4.1 Key Enterprises & Actions

Social enterprises can play a key role in generating local social, economic and employability impacts. However, this will not happen without a cohesive approach to intervention and support. Opening up procurement opportunities, establishing innovative forms of finance and investment, assuring high quality enterprise development mechanisms and effective networking and learning from the good practice that exists can maximise impact. North Ayrshire Health and Social Care Partnership has been highly active in the support of social enterprise. However the following actions can accelerate activity further:

4.2 Partnership

- Establish a clear route of access for business development for all new and existing social enterprises
- Actively investigate the opportunities for start-up and the development of existing social enterprises through early engagement and ideas generation
- Maximise social enterprise opportunities of major developments including Woodland View Hospital through early involvement of business development
- Explore and support new business models through care redesign including cooperative and community ownership
- Maximise the opportunities for health and social care sector to secure support from the North Ayrshire Council and North Ayrshire Ventures Trust Fund and other resources
- Develop relationships and opportunities for collaboration with contracted social enterprises through engagement with Provider Forum’s
- Establish a health and social care Employability Group to ensure opportunities are taken as they arise and best practice can be shared

- Actively engage with the North Ayrshire Social Enterprise Network to establish two way communication and development opportunities
- Identify and facilitate the creation of at least one Public Social Partnership (PSP) per year over three years to support partnership and co-production
- Support the development of social enterprises as a key mechanism for the creation of local solutions and increasing opportunities for people to get involved in their local communities

4.3 **Procurement**

- Support social enterprises to successfully tender for contracts through direct discussion between the social enterprise sector and procurement team
- Circulate annual procurement plans that include planned procurement opportunities to support greater collaboration between social enterprises
- Ensure social enterprise are invited for Quick Quotes of £50k or under to redress supplier balance in line with procurement guidance
- Support the national Supplier Development Programme and develop tailored local awareness sessions to complement this
- Broker relationships between the private sector and social enterprises to increase involvement and corporate social responsibility approaches

4.4 **Health and Community Care**

Service Specific:

- Investigate opportunities for social enterprises to support and lead developments related to locality based multi-disciplinary teams including the care for people with complex care needs
- Consider the potential of new business models to assist the development and delivery of Care at Home and Care Home support
- Consider Self-Directed Support for the potential for social enterprise start-up

External Enterprise:

- Develop relationships and opportunities for collaboration with contracted social enterprises such as **Quarriers, Richmond Fellowship, British Red Cross and Salvation Army**
- Support the development and branding of the **Community Supermarket** which would be complementary to the foodbank concept as it would address an ongoing, “chronic” need compared to foodbanks focus on “acute” crisis
- **FFU Scotland** provides fibromyalgia care support and professionals in Scotland. Scaling up operations and securing appropriate property to deal with demand locally and Scotland wide are key issues
- **Mobile Glampod CIC** provides a range of mobile health and beauty services for anyone who finds it difficult to access high street salons and the aspiration is to link to Community Connector, Care at Home and befriending services

4.5 **Children, Families and Criminal Justice**

Service Specific:

- Work with schools, colleges and the university to promote health and social care and social enterprise with young people
- Support a Social Enterprise Education Programme involving all schools in North Ayrshire

- Establish a Criminal Justice enterprise programme to encourage enterprising activities, self-employment and business / social enterprise start up
-

Internal Enterprise:

- Resolve intellectual property ownership issue for the **Charlie Programme**, a 30 week group work programme for children and young people who have been affected by parental substance use, to assist the identification of market needs and strategic direction and facilitate the movement towards a social enterprise
- **Funky Films** is an early stage Public Sector Enterprise but consideration is being given to a longer term development to a social enterprise
- Alcohol & Drug Partnership **Peer Mentoring** is being considered as a PSP
- **Recovery at Work** is a fully constituted community group run by people in recovery and includes three recovery cafes as **Café Solace**. Currently working with Firstport to develop a business plan to consider the potential of becoming an independent and sustainable social enterprise with premises

External Enterprise:

- Develop relationships and opportunities for collaboration with contracted social enterprises such as **Barnardo's, Cornerstone and Quarriers**
- Maintain a sounding board and support role particularly with new and innovative developments with **Ayrshire Children's Services CIC** who support children aged 3 to18 years who have additional support needs

4.6 **Mental Health**

Service Specific:

- Consider the potential for a thematic employability hub that would cluster and co-locate social enterprise expertise in this field
- Develop social enterprise and supported employment opportunities
- Focus on Learning Disability Strategy to create social enterprise and supported employment opportunities

Internal Enterprise:

- Review the business plan of **Acorn Enterprises** to identify clear actions to restructure the staffing model and maximise income to determine sustainability and establish an independent social enterprise. Acorn offers a wide range of supported vocational training and activities for individuals with mental health needs
- Review the **Enterprising Minds** model developed by the **Hansel Alliance** and consider opportunities for the pursuit of employability funding. Enterprising minds is a unique and highly innovative approach developed to promote the idea of 'micro-enterprise' into the mindset and experiences of people with learning difficulties and autism
- Establish 3 year business plan for **Hazeldene Horticulture** the first PSP in North Ayrshire. The purpose of this enterprise was to trade in horticultural products and services in order to provide day opportunities, employability support and supported employment. There is a need to move away from dependence on annual funding and towards maximising income from trading

- Consider options for **Lunch to Go** to maximise opportunities for a sustainable Social Enterprise or focus on developing a successful Public Sector Enterprise. It is a relatively successful catering enterprise based at Hazeldene Resource Centre which provides employability and skills support to service users with learning disabilities

External Enterprise:

- Develop relationships and opportunities for collaboration with contracted social enterprises such as **Cornerstone, Hansel and Sense Scotland**
- Develop the partnership with **Cave Community Care** (On Yer Bike) at the Dirrans Centre to maximise the therapeutic, health and wellbeing activities and benefits from bike repair for the local community, patients and service users
- Support **Top 2 Toe** start up that aims to employ and supply clothing to people with disabilities to ensure access to high quality start up support, maximise opportunities for specialist support and access to social enterprise funding
- **Your Options Understood (Y.O.U.) CIC** offers independent advice and training in terms of living and working with a disability. Opportunities exist to facilitate relationships with North Ayrshire Council, providers and other employers.

5. IMPLICATIONS

Financial :	There will be no financial implications for social enterprise development as a result of this proposal. Any funding will be secured externally to North Ayrshire Health and Social Care Partnership. Any financial commitments for service development and provision made to social enterprises will be agreed through procurement and established project development processes.
Human Resources :	There will be no additional commitments as a result of the proposal. The continuation of an existing member of staff to act as a key link to partners is an existing commitment. The employment of a Social Enterprise Manager and Officer is funded externally to the Partnership. However, it should be noted that the movement from a Public Sector Enterprise with a public sector staffing structure to a sustainable Social Enterprise will raise a number of human resource challenges.
Legal :	There will be no direct legal implications as a result of the proposal. However, the potential roll out of social enterprises may raise some Intellectual Property Rights issues that will need to be considered and resolved on the basis of a business case.
Equality :	The results of an initial equality impact review are clear that this approach will make a contribution to North Ayrshire Health and Social Care Partnership commitment to promote equality. The philosophy and principles of social enterprises is based on inclusion and equality and this will be practiced at all stages of the development and implementation of the strategy.

Environmental & Sustainability :	There will be no negative environmental implications as a result of the proposal. However, by contributing to the implementation of the North Ayrshire Social Enterprise Strategy it highly likely that there will be a wider positive impact on environmental issues.

Key Priorities :	The implementation of the proposal has the potential to contribute to all five strategic priorities of the Strategic Plan 2015-2018: • Tackling Inequalities • Engaging Communities • Integrated Services • Prevention & Early Intervention • Improved Mental Health and Well-being Furthermore, the implementation of the proposal will contribute to the achievement of the North Ayrshire Single Outcome Agreement 2013-2017 and NHS Ayrshire & Arran Local Delivery Plan, specifically: • Impact on Worklessness, Employment and Economy; • Enterprise Start-Up and Enterprise Development; • Reducing Local Inequalities; • Prevention & Early Intervention; • Building Community Capacity and Community Engagement.
Risk Implications :	The socio-economic environment is constantly changing and becoming increasingly complex. In response, the delivery of a social enterprise strategy must remain agile. Potential risks include: • Economic and market conditions • Demographic change • Poverty, deprivation and inequalities • Over reliance on public sector • Reduced public spending • Increased costs • Lack of capacity • Lack of aspiration • Low levels of entrepreneurship • Low levels of sustainability • Lack of commitment to strategy
Community Benefits :	Only applies to reports dealing with the outcome of tendering or procurement exercises.

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

6. CONSULTATION

6.1 Internal consultation and engagement has been extensive involving key representatives from North Ayrshire Council Enterprise Growth and North Ayrshire Health and Social Care Procurement. Partnership engagement has involved the Third Sector Interface, the Social Enterprise Network, Social Enterprise Scotland and Scottish Enterprise. In total, 60 local and national organisations have provided input.

7. CONCLUSION

7.1 The future looks positive for health and social care social enterprises. The key priorities and actions have been outlined. The culture and actions of the North Ayrshire Health and Social Care Partnership will have a large influence on the nature and extent of future success. Policies of early engagement with the third sector and open communication and support of the social enterprise sector will be important. A culture that views social enterprise as equal partners will be fundamental.

7.2 This proposal builds upon the existing strength of partnership working and the good practice that health and social care social enterprises have developed in North Ayrshire. New relationships and partnerships will be fundamental to this and it is believed the time has come to pursue and realise the opportunities that exist for the benefit of the sector and the people of North Ayrshire.

7.3 IJB are asked to note and agree the direction of travel of the new North Ayrshire Social Enterprise Strategy and considers the opportunities in Health and Social Care to make a considerable contribution to the social enterprise sector in North Ayrshire.

For more information please contact John Godwin, Service Development Officer, North Ayrshire Health & Social Care Partnership on (01294) 317780.

North Ayrshire

Social Enterprise Strategy 2016-2019

TSI North Ayrshire
The Arran Community and Voluntary Service and The Ayrshire Community Trust form the Third Sector Interface

North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

CONTENTS

FOREWORD

North Ayrshire Social Enterprise Strategy

The Social Enterprise Strategy has been developed by partners working together to identify priorities and strategic aims for the development and support of the social economy sector. The strategy sets out a strong vision for the future along with four key priorities which partners believe increase the contribution social enterprises make to the social and economic fabric of North Ayrshire. However, it is imperative this is carried out in a way which does not detract from the uniqueness of a social enterprise business model and the social impact they bring.

The social enterprise sector has huge potential to continue to deliver quality services, create jobs, especially for those from disadvantaged backgrounds, improve people's lives and contribute to the outcomes in the Economic Development and Regeneration Strategy; however this requires a cohesive approach to intervention and support including opening up procurement opportunities.

The strategy would not have been possible without the time and commitment of members of our partner organisations, the Steering Group, the Checkpoint Group and Council officers who took their time to oversee the development of the strategy; we would like to thank them all.

Now that we have the strategy it is vital we move together quickly to implement the actions that will deliver our ambitions and realise our positive vision for the future.

Barbara Hastings
Chief Executive, The Ayrshire Community Trust

Councillor Joe Cullinane
Leader, North Ayrshire Council

The Social Enterprise Strategy has been developed by partners working together to identify priorities and strategic aims for the development and support of the social economy sector.

1 INTRODUCTION

Purpose

Our aim is to implement a comprehensive and robust partnership based strategy to maximise the social and economic impact of social enterprises in North Ayrshire.

The Social Enterprise Strategy has been developed by partners working together in North Ayrshire to establish our priorities and strategic aims for the development and support of the social economy sector, aligned to the Economic Development and Regeneration Strategy for the next three years.

It is recognised that much has been done to support the sector in previous years, but there is now an opportunity to facilitate much greater and sustainable growth. We have consulted widely with partners and 60 local and national organisations have provided input to the development of this strategy.

We are both ambitious and optimistic and believe that the sector has huge potential to deliver sustainable services, jobs, social value and economic impact.

Background

Social enterprises are businesses that trade for social purpose. They focus on social objectives with all surpluses reinvested back into the business or the community. The potential advantages of social enterprises relate to their community links and responsiveness to local need, with a reputation for being open and accountable through social or community ownership and the potential to reach groups where other 'mainstream' approaches have failed. Employability and employment opportunities can be generated, especially for those furthest from the labour market.

The term social enterprise is an all-encompassing one that covers a range of business models with social purpose, including: Co-operatives, Community Interest Companies (CICs), Community Benefit Societies, Companies Limited by Guarantee; Enterprising Charities, Scottish Charitable Incorporated Organisations (SCIOs), Social Firms and Trusts.

The essential criteria that define a social enterprise are set out in the Voluntary Code for Social Enterprise in Scotland. These are:

1. Trading in the marketplace but with the primary objective to achieve social and/or environmental benefit.
2. Having an asset lock, meaning that profits are reinvested in the business or in the beneficiary community and that on dissolution, the assets of the social enterprise are reinvested in another organisation with similar aims and objectives.
3. Aspiring to financial independence through trading.
4. Not be the subsidiary of a public body.

2 THE CONTEXT

North Ayrshire has many strengths; its coastal landscape, islands, enterprising people and an established track record in engineering, life sciences, tourism, yet its economy lags behind Scotland and UK averages particularly in areas with high levels of deprivation and high levels of unemployment. Social Enterprise is particularly effective in addressing these gaps.

GVA per head £41,875 lagging behind the Scottish Average (49,359)

Job Density 0.52 compared to 0.72 Scottish Average

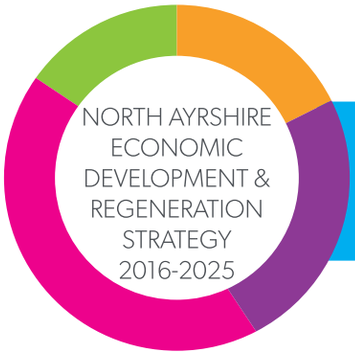
Business gap of 850 businesses

24% datazones in worst 15% SIMD

The following highlights the support available from partners for Social Enterprise.

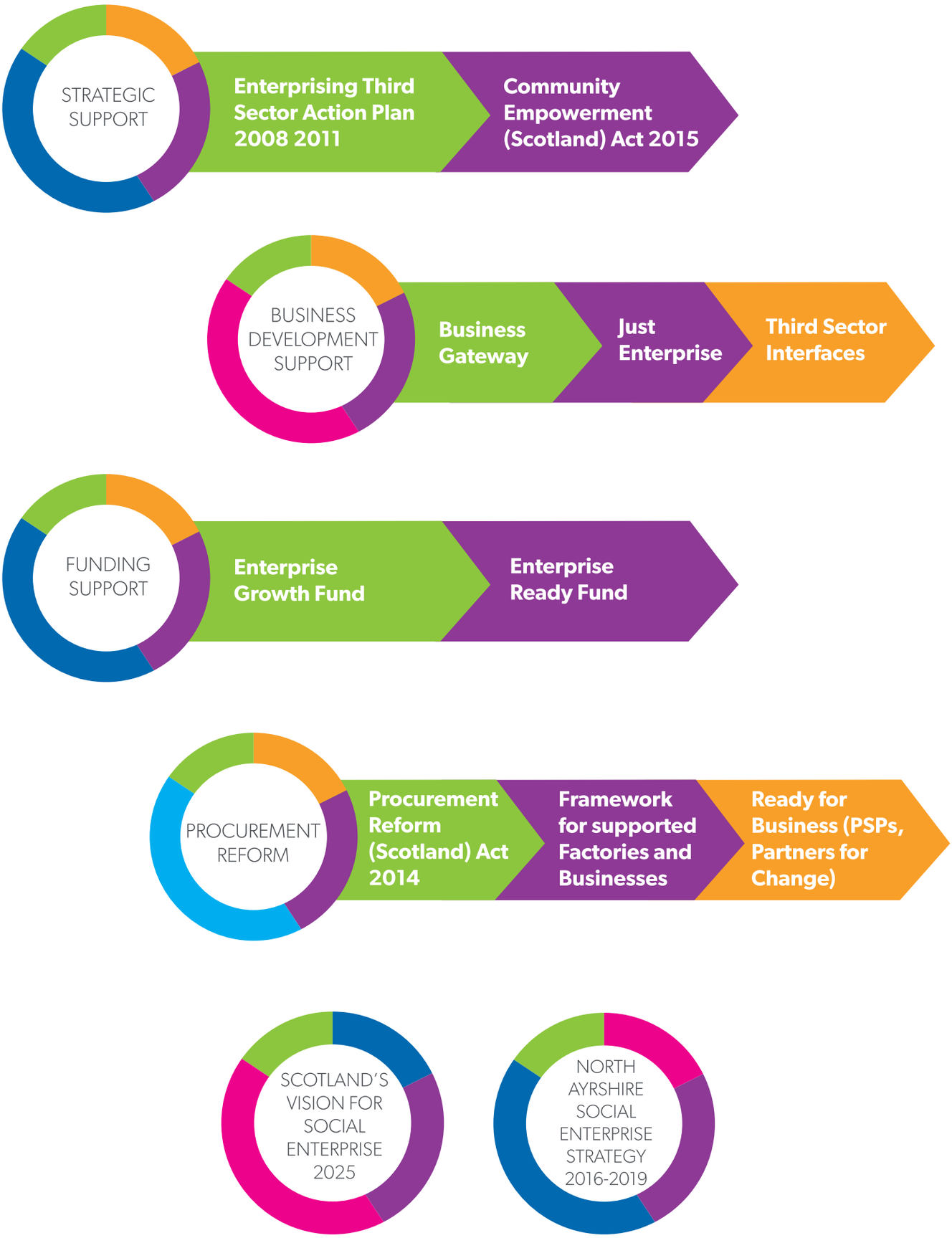
Make Scotland a more successful country, with opportunities for all to flourish, through increasing sustainable economic growth.

Investment, Innovation, Internationalisation and Inclusive Growth.



Most improved local economy in Scotland by 2025.

Scottish Government support for Social Enterprise



3 SOCIAL ENTERPRISE BASELINE

Across North Ayrshire, successful social enterprises support local communities and wider regeneration initiatives in key sectors including; health and social care, cultural, leisure services, housing and education.

Social Enterprise in Scotland: Census 2015, the first national census of social enterprises, takes an official count of the entire population of enterprising charities and social enterprises in Scotland.

98
SOCIAL ENTERPRISES CURRENTLY OPERATING IN NORTH AYRSHIRE (SCOTLAND: 5,199)

£5.6M
THE ANNUAL INCOME OF SOCIAL ENTERPRISES IN NORTH AYRSHIRE, AVERAGE INCOME £57K (SCOTLAND: £56K)

2.6%
PROFITABILITY RATIO OF THE SOCIAL ENTERPRISE SECTOR IN NORTH AYRSHIRE (SCOTLAND: 4.4%)

16.4 YEARS
THE AVERAGE AGE OF SOCIAL ENTERPRISES IN NORTH AYRSHIRE (SCOTLAND: 17 YEARS)

824
FULL TIME EQUIVALENT (FTE) EMPLOYEES IN THE LOCAL SOCIAL ENTERPRISE SECTOR

£2.3M
THE ECONOMIC VALUE OF 848 VOLUNTEERS TO THE NORTH AYRSHIRE'S ECONOMY

£17.4M
THE NET WORTH OF NORTH AYRSHIRE'S SOCIAL ENTERPRISES

3.5
CURRENT RATIO, THE ABILITY OF THE SECTOR TO PAY ITS DEBTS (SCOTLAND: 3.4)

71%
OF SOCIAL ENTERPRISES THAT ARE ALSO REGISTERED CHARITIES (SCOTLAND: 67%)

79%
DESCRIBE THEMSELVES AS SOCIAL ENTERPRISES (SCOTLAND: 64%)

48%
MEASURE THEIR WIDER SOCIAL IMPACT TO SOME EXTENT

48%
OF SOCIAL ENTERPRISES PAY SCOTTISH LIVING WAGE (SCOTLAND: 68%)

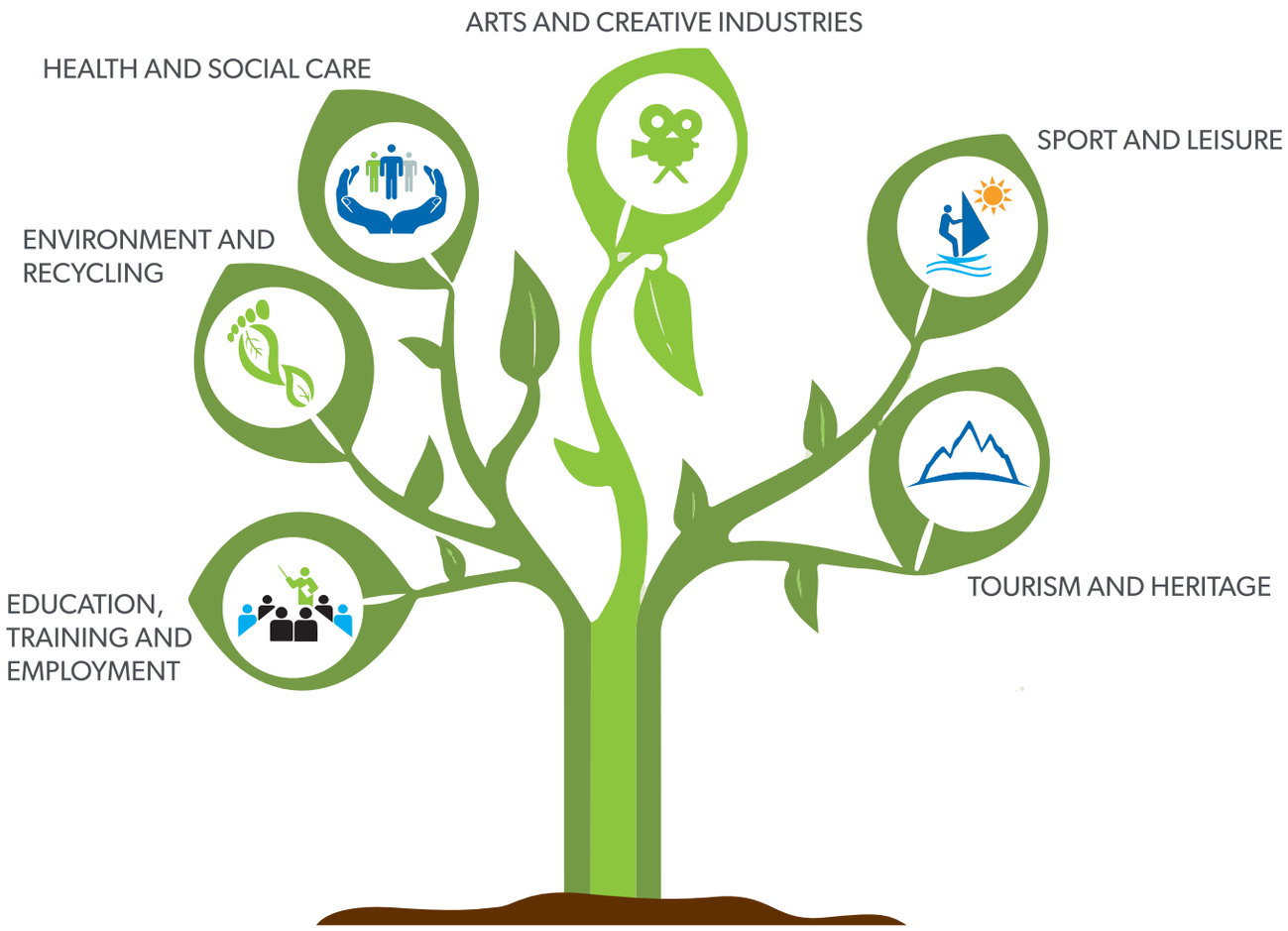
70%
ARE INCORPORATED AS COMPANY LTD BY GUARANTEE, CIC AND SCIO

52%
OF SOCIAL ENTERPRISES TARGET DISADVANTAGED PEOPLE AS EMPLOYEES (SCOTLAND: 48%)

[1]A Current Ratio of 3.5 means that the social enterprise sector collectively has 3.5 times the current assets (assets that can be converted into cash within one year to pay their short-term debts) (debts that need to be paid within one year).

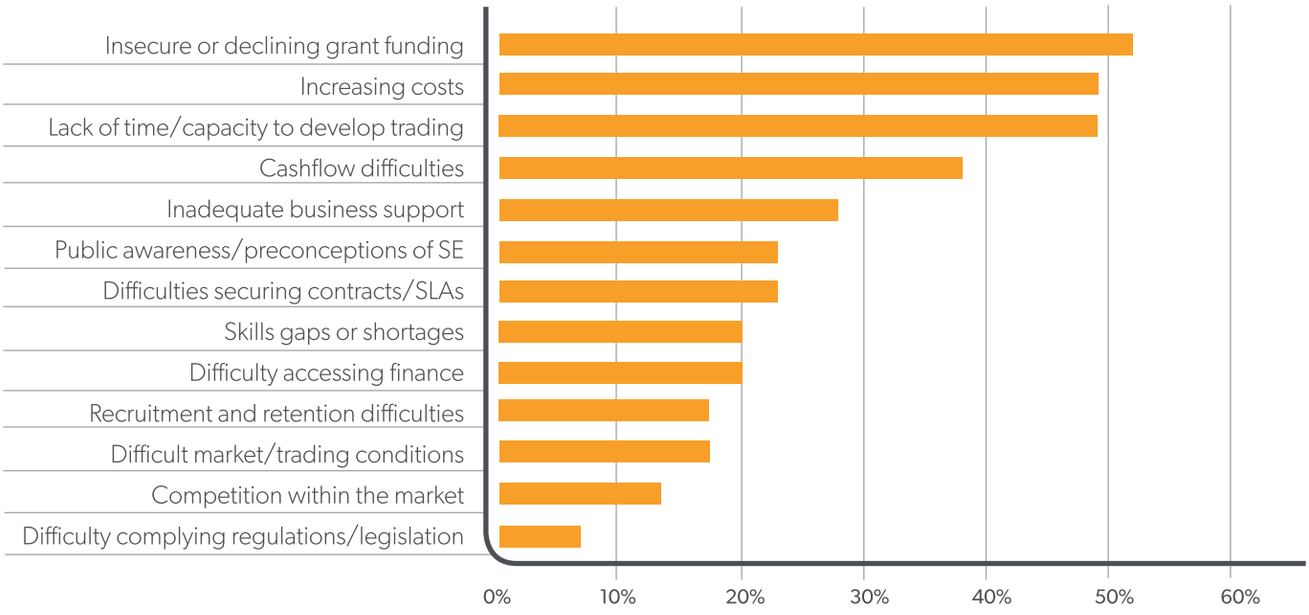
Opportunities for Growth

There are a number of sectors identified where there are opportunities for growth for social enterprises in North Ayrshire.

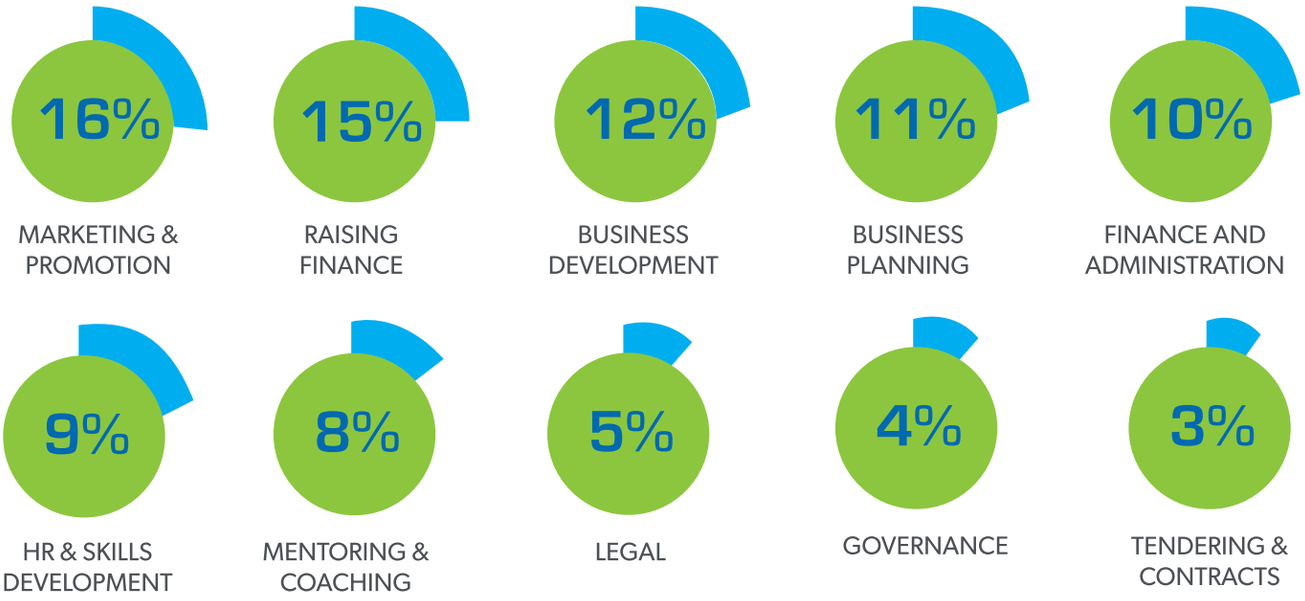


Barriers to Growth

The Census has identified a number of potential obstacles that could restrict social enterprises developing trading activity:



The Census also identified where future business support was required, the following areas of assistance were considered important:



Support for Social Enterprises in North Ayrshire

There are two major holistic providers of support for social enterprises in North Ayrshire and one national provider of services:

Team North Ayrshire (TNA) – The Team North Ayrshire approach is a collaboration of public and private sector partners with a focus to deliver the best support for business in Scotland. This business collaboration delivers support to those looking to start up, helping support growth aspirations and enhancing sustainability. Since 2015 the TNA partnership has seen continually increasing levels of support and interventions provided to North Ayrshire sectors and will be key in the delivery of future support for social enterprises.

Third Sector Interface (TSI) - TSIs play a role in brokering social capital, bringing together different agents locally across sectors to address specific issues from reshaping care to early years, community transport and more. For TSIs social enterprises are an essential part of a diverse third sector. Organisations who want to become social enterprises, charities that want to become more enterprising and social enterprises that want to grow are all supported through the provision of advice, guidance and business support.

Just Enterprise – commissioned by the Scottish Government and delivered by a consortium of 10 social enterprise intermediaries. The programme delivers support on all aspects of business development to all social enterprises, from start-ups to growth.

There are also a number of sector-specific and specialist support providers.

4 OUR VISION, STRATEGIC PRIORITIES & TARGETS

Our Social Enterprise Vision

A diverse, vibrant and sustainable social enterprise sector in North Ayrshire, playing a key part in delivering a successful economy, maximising social value and improving the quality of people's lives in local communities.

Our Strategic Priorities

We have developed four strategic priorities for the period 2016-2019:

Developing a High Profile Sector

1 Building a strong dynamic sector that is more ambitious, more coherent, and more wide-reaching

- Profile, awareness and main-streaming
- Strengthening the identity and reputation of the social enterprise `brand`
- Strong voice and influence through the development of a North Ayrshire Social Enterprise Network (NASEN)
- Partnerships, collaboration and relationships
- Annual Social Enterprise Conference

Growing Market Share

2 Developing business opportunities and growing market share across sectors and building on potential by making the most of assets available in local communities

- Procurement and developing the supply chain
- Collaboration
- Joint working and tendering
- Facilitating Public Social Partnerships (PSPs)
- Community ownership and development
- Physical asset transfer and developing local assets including people and organisations

Improving Sustainability

3 Achieving greater sustainability through leadership development, business support, investment and improved competitiveness

- Entrepreneurship and leadership
- Competitiveness and growth
- Innovative finance and investment
- Quality support services

Demonstrating Impact

4 Success of increased development and sustainability of the social enterprise sector will be measured over the next three years

Implementing an effective framework for measuring social and economic impact

Improving information and intelligence

Identification of good and best practice

Utilising data and analysis to inform strategy and action

Communicating results

Our Targets

By March 2019 we would like to achieve:

110
SOCIAL ENTERPRISES OPERATING IN NORTH AYRSHIRE

£6.9M
THE ANNUAL INCOME OF SOCIAL ENTERPRISES IN NORTH AYRSHIRE

1,000
FULL TIME EQUIVALENT EMPLOYEES IN THE LOCAL SOCIAL ENTERPRISE SECTOR

1,050
VOLUNTEERS ACTIVE IN THE SECTOR

NASEN
SUSTAINABLE NASEN ESTABLISHED, LED BY THE SECTOR WITH AT LEAST 55 SOCIAL ENTERPRISE MEMBERS

IMPACT
SOCIAL IMPACT FRAMEWORK DEVELOPED AND DATA REGULARLY COLLECTED

[2] Targets have been projected utilising the baseline established by the Social Enterprise in Scotland: Census 2015 for North Ayrshire. For year 3 we target to grow the sector from 0.7 to 0.8 social enterprises per 1,000 population. For the turn-over, employees and volunteers we target the baseline average for 110 social enterprises plus a growth of 10%. We also target that half of the social enterprises in North Ayrshire will become part of the movement through a membership of NASEN.

5 PARTNERSHIP DELIVERY PLAN

1	Action	Who
	Support the development of a new dynamic North Ayrshire Social Enterprise Network (NASEN), similar to those established in 18 Local Authority areas in Scotland, supported by Senscot.	TSI

2	Action	Who
	Organise an Annual Social Enterprise Conference to support collaboration across the sector, celebrate success and share learning.	TSI NASEN North Ayrshire Council (NAC)

3	Action	Who
	Recruit two Social Enterprise Support Model staff. The resource will work across TSI and TNA to support, develop and grow the Social Enterprise Sector in North Ayrshire.	TSI

4	Action	Who
	Establish a Social Enterprise Sustainability and Growth Fund to support interventions that aim to improve the capacity and competitiveness of the sector that are not available through mainstream provision. All funded projects must be linked to the strategic priorities of this strategy.	NAC

5	Action	Who
	Commission the development and implementation of a framework to measure social impact and an evaluation of this strategy.	TSI

6 APPENDICES

Appendix 1: Consultation

Strategy Production Steering Group Membership

The Steering Group provided strategic direction, specialist input and tested developments and ideas throughout the strategy production process.

- Barbara Hastings, The Ayrshire Community Trust and Key Partner of TSI (Chair)
- Jim Boyle, The Grow Trust
- Councillor Marie Burns, Cabinet Member for Economy and Employment
- Iona Colvin, Director, North Ayrshire Health and Social Care Partnership
- David Fogg, KPMG / Ready for Business
- John Hughes, CEIS Ayrshire
- Gordon Jamieson, Social Enterprise Academy
- Hugh McGhee, Cunninghame Housing Association
- Thomas Reaney, Procurement Manager, North Ayrshire Council
- Caitriona McAuley, Head of Enterprise Growth, North Ayrshire Council
- Duncan Thorp, Social Enterprise Scotland
- John Godwin, North Ayrshire Health and Social Care Partnership (Working Group)

Checkpoint Group

The membership of the Checkpoint Group comprised local social entrepreneurs and provided a point of reference, 'reality check' and practical guidance for the Working Group throughout the lifetime of the strategy development process.

- 1st Alliance Credit Union
- Ayrshire Children's Services CIC
- Ayrshire Film Company CIC
- Ayrshire Independent Living Network
- Beith Development Trust
- Coast Watch
- Community Housing Advocacy Project
- Cornerstone
- Hansel
- Hazeldene Horticulture
- Input
- Maximum Potential CIC
- North Ayrshire Citizens Advice Service
- Silver Koru CIC
- TACT

Consultees and Sources of Evidence

- 1st Alliance Credit Union
- AiLN
- Ayrshire Children's Services CIC
- Ayrshire Community Media CIC
- Ayrshire Film Company CIC
- Beith Development Trust
- Business Gateway
- CEIS
- CEIS Ayrshire
- City of Edinburgh Council
- CHAP
- Coast Watch
- Community Enterprise
- Community Housing Advocacy Project
- Cooperative Development Scotland
- Cornerstone
- Cunninghame Housing Association
- Dundee City Council
- Edinburgh Compact Partnership
- EKOS
- Firstport
- Glasgow City Council
- Greenway CIC
- Hansel Enterprise Minds
- Hazeldene Horticulture
- HISEZ
- Input
- InspirAlba
- Mackenzie Construction Start Up
- Macmillan Cancer Support
- Maximum Potential CIC
- NHS Ayrshire and Arran
- North Ayrshire Citizens Advice Service
- North Ayrshire Community Planning Partnership
- North Ayrshire Economic Development and Regeneration Board
- North Ayrshire Council
- North Ayrshire Health and Social Care Partnership
- North Ayrshire TSI
- North Lanarkshire Council
- PRYDE
- Ready for Business
- Scottish Centre for Personal Safety
- Scottish Enterprise
- Scottish Government
- Senscot
- Sense Scotland
- Silver Koru CIC
- Skills Development Scotland
- Social Enterprise Academy
- Social Enterprise Scotland
- Social Enterprise UK
- Social Firms Scotland
- Social Investment Scotland
- Social Value Lab
- TERU, University of Glasgow
- The Ayrshire Community Trust
- The Grow Trust
- The Lennox Partnership
- The Wise Group

For further information please contact North Ayrshire Council, Business Development Team on 01294 449944 or email business@north-ayrshire.gov.uk
www.north-ayrshire.gov.uk | www.northayrshireforbusiness.com

For more information on The Ayrshire Community Trust please call 01770 600611
or visit www.theayrshirecommunitytrust.co.uk

NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
14th September 2017
Agenda Item 12

Subject:	**Planning and Delivering Care and Treatment across the West of Scotland**
Purpose:	This report sets out the requirement for the West of Scotland to produce a first Regional Delivery Plan for March 2018 and seek the support of Health Boards and Integration Joint Boards to work collaboratively to achieve the best outcomes delivered sustainably for the citizens across the West of Scotland.
Recommendation:	The Integration Joint Board (IJB) is asked to approve the active involvement of the Chief Officer in the Regional Planning arrangements for the West of Scotland and that the Chief Officer provides regular updates in respect of progress as appropriate

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran

1. BACKGROUND

1.1 The Health and Social Care Delivery Plan published in December 2016 set out the importance of delivering;

- Better care
- Better health
- Better value

1.2 The Health and Social Care Plan signalled the need to look at services on a population basis and to plan and deliver services that were sustainable, evidence based and outcomes focussed. We can provide better patient outcomes and more efficient, consistent and sustainable services for citizens through NHS Boards, Integration Joint Boards and other partners working more collaboratively and effectively to plan and deliver services.

1.3 At regional level, the Scottish Government has commissioned Regional Delivery Plans to be developed, encompassing a whole-system approach to the delivery of health and social care for each of the 3 regions (North, East and West). For the West of Scotland this involves planning for the population of 2.7m covered by 5 NHS Boards, 16 Local Authorities and 15 Health and Social Care Partnerships as well as the Golden Jubilee Foundation. The national NHS Boards are also developing a single plan that sets out the national services where improvement should be focused, including, where appropriate, a 'Once for Scotland' approach in areas such as digital services, clinical demand management and support services.

1.4 To take forward the national and regional approach, 5 Chief Executives have been appointed to the role of National or Regional Implementation leads.

2. PROPOSALS

Developing a Regional Plan

2.1 To progress a Regional Delivery Plan it is essential to link this to national planning for specialist services, local planning within Health Boards and locality planning within Integrated Joint Boards to ensure we plan effectively for the wider population.
It is recognised and understood that the existing Boards retain their governance responsibilities, however, to achieve this ambition:

- it is essential that Health Boards and Integrated Joint Boards across the West of Scotland support a collaborative approach
- we need to recognise that boundaries cannot be barriers to delivering evidence based outcomes
- there needs to be transparency in our discussions
- we need to accept a collective accountability for the wider population, evidenced through our decisions and actions.

2.2 In taking forward this work, it is important that we are guided by some key principles, namely;

- Maximising health gain
- Anticipation and prevention
- Reducing inequality
- Quality, evidence and outcome
- Sustainability

2.3 This is an evolving process which will be achieved by working together across the different organisations in a whole systems approach to set out the story for the West of Scotland, describing the current challenges and consider the opportunities to transform care models to meet the future requirements of our population and improve health.

3. IMPLICATIONS

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

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

4. CONCLUSION

4.1 The Integration Joint Board (IJB) is asked to approve the active involvement of the Chief Officer in the Regional Planning arrangements for the West of Scotland and that the Chief Officer provides regular updates in respect of progress as appropriate

For more information please contact John Burns, Regional Implementation Lead (West) on [01292 513602].

Integration Joint Board
14 September 2017
Agenda Item 13

Subject:	**Service for Survivors of Childhood Rape and Sexual Abuse (Children, Families and Criminal Justice)**
Purpose:	To seek IJB approval to carry out a tender exercise to appoint a service provider to deliver a service for Survivors of Childhood Rape and Sexual Abuse.
Recommendation:	That IJB agrees to North Ayrshire Council (NAC) undertaking a collaborative tender exercise with East Ayrshire Council (EAC) to appoint a service provider to deliver a Counselling service for Survivors of Childhood Rape and Sexual Abuse.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NAC	North Ayrshire Council

1.	**EXECUTIVE SUMMARY**
1.1	The Scottish Government is committed to ensuring survivors of abuse are supported to have access to integrated care, support and treatment, resources and services which can reduce the impact of the inequalities and disadvantages experienced as a result of abuse.
1.2	North Ayrshire Council (NAC), on behalf of North Ayrshire Health and Social Care Partnership (NAHSCP) requires to commission a Counselling service for Survivors of Childhood Rape and Sexual Abuse from an external service provider.
1.3	The service required is to provide counselling and specialist support, including group work, advocacy support and advice, to male and female adult survivors, aged 16 and over, of Childhood Rape and Sexual Abuse.
1.4	Current service provider 'Break the Silence' have been delivering the service since 2011 in North Ayrshire. Since 2005, the number of clients who have received support is 1,687.
1.5	This supports the NAC Plan Priority 4 and NAHSCP priorities; reducing inequalities and improving mental health and wellbeing by providing access to expert counselling and support.

2.	**CURRENT POSITION**
2.1	This supports the NAC Plan Priority 4 and NAHSCP priorities; reducing inequalities and improving mental health and wellbeing by providing access to expert counselling and support.
2.2	The contract with Break the Silence commenced 1st April 2016, with the option to extend of up to a further 2 years until 31/3/2018. Break the Silence also have a contract in place with EAC which is also due to expire on 31st March 2018. The following services are provided; • Group work • One to one counselling for individuals and families • Training to clients who then become volunteers/ befrienders and organisations such as NHS, third sector, council, police and education.
2.3	A breakdown of referrals from each locality shows 57% are from North Ayrshire and 43% are from East Ayrshire. People engaging with the service undertake an information session which is used to tailor an approach for the individual's needs. Outcomes can include; • The development of coping strategies • Reduction in self harming/ self-destructive behaviour • Creating goals • Accessing other local services • Increased levels of confidence and self-esteem Figures show that, between the 2 authorities over 2016/17; • 380 individuals had contact with the current provider • Over 2,054 face to face sessions have been offered Referrals can come from a number of places; • The person requiring support themselves • Community Mental Health teams • Addiction services • Primary Care Mental Health • NAC Services • Health Visitors • Criminal Justice • Women's Aid • Homeless Services • GP clinics and surgeries • Victim Support • Advocacy Services • Colleges • HMP Kilmarnock • HMP Cornton Vale • Other community based organisations

2.4	The current funding is £50,000 per annum from NAHSCP until March 2018. This funding is recurring and will be utilised for the new contract.
3.	**PROPOSALS**
3.1	That IJB gives approval for a collaborative tender exercise to be undertaken to appoint a service provider to deliver a Counselling service for Survivors of Childhood Rape and Sexual Abuse in North and East Ayrshire.
	As NAHSCP is the lead for adult mental health, child/adolescent mental health/psychology services, the NAC Service Design and Procurement team will lead on this collaborative tender.
	The duration of this contract to be for 3 years plus 2 (two) optional 1 (one) year extensions.
3.2	**Anticipated Outcomes**
	Survivors of rape and childhood sexual abuse have access to a dedicated individualised and flexible service which will address issues that have a negative impact on their lives Survivors of rape and childhood sexual abuse will be empowered to take control of their lives and be stronger in their ability to make choices that is right for them More people and services will be aware of the service and how it can help them
3.3	**Measuring Impact**
	Monitoring reports highlighting numbers of referrals, source of referrals, counselling sessions, group work and one to one sessions Service user feedback on behaviour changes, coping strategies, satisfaction with service provided Due to the nature of the issue clients are experiencing it is difficult to measure the impact on individual clients who have progressed through the service. Psychologically clients may have worked through their process and worked towards ending their journey.
4.	**IMPLICATIONS**

Financial :	There are no financial implications as this will be taken from NAHSCP existing budgets. East Ayrshire HSCP will fully contribute their share of the contract value. The duration of the contract will be for a period of up to 5 years.
Human Resources :	There are no human resource implications as the proposed staff group will be employees of the appointed service provider.

Legal :	The procurement is above EU thresholds for services as classified within the Public Contracts (Scotland) Regulations 2015. The Service Design and Procurement Team as well as Finance Services will be involved in the procurement process. The Procurement will be carried out in line with; • The Public Contracts (Scotland) Regulations 2015 (SSI 2015/446) • North Ayrshire Council's Standing Orders relating to Contracts and procedures in regard to collaborative contracts.
Equality :	The ongoing provision of this service will offer appropriate support to people who are experiencing difficulties at a point in their lives due to previous sexual abuse or rape. These individuals are not expected to be disadvantaged through the provision of this service, rather through early intervention they will be supported at the right time in order to reduce future service requirements.
Environmental & Sustainability :	There are no environmental implications in connection with this proposal.
Key Priorities :	This supports the NAC Plan Priority 4 and NAHSCP priorities; reducing inequalities and improving mental health and wellbeing by providing access to expert counselling and support.
Risk Implications :	
Community Benefits :	A non-core community benefit clause will be included in the Tender.

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

5.	**CONSULTATION**
5.1	Consultation has taken place with a range of stakeholders including colleagues from NAHSCP such as Addictions, Mental Health Services, Children and Families Fieldwork, NHS and EAC.
6.	**CONCLUSION**
6.1	IJB are asked to : 1. Note the requirement for this collaborative tender; 2. Approve the procurement of this service using the Open Procedure via the Public Contract Scotland Tender system.

For more information please contact; Nicola Murphy, Senior Manager – Children, Families and Criminal Justice on 01294 317844 or nicola.murphy@north-ayrshire.gov.uk.

DIRECTION

From North Ayrshire Integration Joint Board

1.	**Reference Number**			
2.	**Date Direction Issued by IJB**	14 September 2017		
3.	**Date Direction takes effect**	14 September 2017		
4.	**Direction to**	**North Ayrshire Council**		√
		NHS Ayrshire & Arran		
		Both		
5.	**Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)**	**Yes**		
		No	No	
6.	**Functions covered by the direction**	Counselling, group work and therapy for survivors of rape and childhood sexual abuse for people in North and East Ayrshire as highlighted in report		
7.	**Full text of direction**	North Ayrshire council is directed to undertake a tendering exercise on behalf of North Ayrshire Health and Social Care Partnership IJB to the value of £50,000 per annum for 3 years plus 2 (two) optional 1 (one) year extensions as outlined in report.		
8.	**Budget allocated by Integration Joint Board to carry out direction**	NAC £50,000 per annum EAC £50,000 per annum		
9.	**Performance Monitoring Arrangements**	The contracts forming part of this service will be managed in line with the Performance Management Framework for North Ayrshire HSCP and a monitoring officer will be appointed from the HSCP.		
10.	**Date of Review of Direction (if applicable)**			

Minutes of North Ayrshire Strategic Planning Group Meeting
Held on Wednesday 2nd August 2017, 10.00am
Greenwood Conference Centre

Present:
Councillor Robert Foster, Chair,
Stephen Brown, Interim Director, NAHSCP
David Rowland, Head of Service, Health & Community Care, HSCP
Jo Gibson, Principal Manager, Planning & Performance, NAHSCP
David MacRitchie, Senior Manager, Criminal Justice Services
Simon Morrow, Dental Representative
Dr Paul Kerr, Clinical Director, NAHSCP
Lynn McNiven, Consultant in Public Health, NHS
Gavin Paterson, Engagement Officer, NAHSCP
Brenda Knox, Health Improvement Lead, NHS, A&A
Heather Molloy, Independent Sector Development Officer
Dr Janet A McKay, Chair of Garnock Valley Locality Forum
Annie Weir, Programme Manager, Integration of Health & Social Care, HSCP
Eunice Johnstone, Planning Manager, HSCP
Mark Gallagher, Alcohol & Drugs Partnership Representative
Fiona Thomson, PPF Representative

In Attendance:
Scott Bryan, Team Manager – Planning, NAHSCP
Stuart Singleton, Planning & Performance Assistant, NAHSCP
Louise Harvie, Clerical Officer, NAHSCP

Apologies Received:
Margaret Hogg, Chief Financial Officer, NAHSCP
Donna McKee, Head of Children & Families/Criminal Justice, NAHSCP
Helen McArthur, Senior Manager, Community Care Services, NAHSCP
Isabel Marr, Senior Manager, Long Term Conditions, NAHSCP
Elaine Young, Assistant Director of Public Health, NHS
Louise McDaid, Staff Representative
Debbie Campbell, Team Manager, Performance, NAHSCP
Alistair Reid, Allied Health Professions Lead, NAHSCP
Geoff Coleman, Public Support Manager, NHS
Thelma Bowers, Head of Mental Health Services, NAHSCP
David Donaghey, Partnership Representative, NAHSCP
Dr John Taylor, Associate Medical Director, Mental Health, NAHSCP
Dr Rachel Fraser, Largs Medical Group
Sharon Bleakley, Local Officer, Scottish Health Council
Eleanor McCallum, Partnership Engagement Officer
Vicki Yuill, Operations Manager, Arran CVS
Fiona Comrie, KA Leisure
Christine Speedwell, Service Coordinator, Unity Enterprise NA Carers Centre

1.	**WELCOME & APOLOGIES**	
1.1	Councillor Robert Foster introduced himself as the new Strategic Planning Group chair and welcomed all to the meeting. Apologies were noted and accepted.	
2.	**MINUTES/ACTION NOTE OF PREVIOUS MEETING (23.03.17)**	
2.1	Minor amendment made to section 4.8: Dr Louise has now been updated to include surname and amended to Dr Louise Wilson. Minutes were now agreed as accurate.	
2.2	Action 2.6 Establish writing group to develop Strategic Plan and Annual Performance Report. Expressions of interest to be forwarded to Jo Gibson – **Working Group has been established. Action complete**	
2.3	Action 2.6 Progress on development of the Annual Performance Reports to be fed into Strategic Planning Group – **Carried forward to meeting on 2nd October 2017.**	
2.4	Action 5.1 Budget and Challenge Fund presentation to be distributed to the group for comment – **Distributed to group on 27th March 2017. Action complete.**	
2.5	Action 7.1 Local Housing Strategy presentation to be circulated to the group – **Distributed to group on 27th March 2017. Action complete.**	
2.6	Action 8.1 Performance presentation to be distributed to the group – **Circulated to group on 27th March 2017. Action complete.**	
3.	**MATTERS ARISING**	
3.1	There were no matters arising to be discussed.	
4.	**REVIEW OF SCHEME OF INTEGRATION**	
4.1	Stephen Brown, Interim Director, provided a presentation on the Review Scheme of Integration. Stephen provided information as to why the review is taking place. Each Integration Scheme requires to be reviewed every five years, or earlier on the request of the local authority or the Health Board. As the Partnership is coming to the end of its original 3 year Strategic Plan, now seems the opportune time to review the Integration Scheme.	

	The Local Authority and Health Board must jointly carry out a review of the scheme for the purpose of identifying whether any changes to the scheme are necessary or desirable. Stephen advised that only North and East Ayrshire have agreed to review their Scheme of Integration. South will not be reviewing theirs at this time.	
4.2	The presentation gave detail on the ongoing challenges in Ayrshire and Arran and highlighted the 9 Key Elements of the Integration Scheme. These elements included:- • Governance • Lead Partnership Arrangements • Strategic Planning and Locality Arrangements • Performance Management • Health and Care Governance • Workforce and Organisational Development • Financial Management • Participation and Engagement • Data Sharing and Information Management	
4.3	Jo Gibson provided detail of the two stages of the review process for Integration. <u>Stage 1- Initial consultation</u> A survey will be distributed to all stakeholders asking for their opinions on each of the 9 elements within the Scheme of Integration. This will help us identify if there is a need for change. An electronic survey will be sent to all stakeholders and responses will hopefully be assembled by Early September 2017. <u>Stage 2 – What would the new Scheme of Integration look like?</u> Should stage one identify the need for change, work will begin with stakeholders to identify what a new scheme of integration will look like. This stage will involve formal consultation and will require Parliamentary support if need for change. This activity will take place between September – December 2017. Jo highlighted that, if need for change, the revised Integration Scheme will be implemented by 1st April 2018.	
4.4	It was agreed that Jo would include a further slide within the presentation with information on the two stage process. Updated presentation will be distributed to group alongside the electronic survey. Jo urged the members to have conversations with colleagues to ensure accurate completion of survey.	L Harvie/ All

4.5	The group discussed the implications for the review highlighting both concerns and the opportunities that it could bring. Appreciation was expressed for many of the current arrangements under the current Scheme of Integration, but also a recognition that some improvements could be made. The views will be captured and incorporated into the wider consultation on the Integration Scheme.	
5.	**NEW STRATEGIC PLAN**	
5.1	Jo Gibson provided a presentation on the development of the new Strategic Plan 2018-2021, which must be published by 1st April 2018. The development of the new plan will run in parallel with emerging findings of review of Integration Scheme. A Writing Group has been established to develop the new plan with wide attendance from a range of stakeholders. The aim is to have the first draft complete by late September 2017.	
5.2	The presentation covered areas such as: • Development timescales • Key steps • Information gathering: including engagement activity and policy review • Public Consultation • Development of the operational Action Plan • Finalising the Plan and approval	
5.3	Jo advised the group that all HSCP staff will be asked to complete the 'Stepping Stones to Change' Activity, which identifies how far the HSCP has come and what still needs to be achieved. Jo outlined the SPG will complete the activity at the next meeting, but electronic copies will be distributed to all members to complete with the stakeholders they represent.	
6.	**ENGAGEMENT STRATEGY/WHAT MATTERS TO YOU**	
6.1	Gavin Paterson, Partnership Engagement Officer, delivered a presentation on the Consultation to Engagement Strategy. The Presentation included information on: • The Organisational Journey • Community Engagement Standards • Steps towards Co-Production • What Matters to You	
6.2	Gavin reported on the 'What Matters to You' day that took place on 6th June 2017. Just under 2,500 conversations took place over the course of the day with a great response from 12-18 year olds. Gavin acknowledged that twice as many females answered than males. This is something that will be looked at going forward.	
6.3	An Engagement Development group was established in July 2017 with members who have the expertise to ensure improvements are made in how we engage with our stakeholders and communities.	
7.	**ANNUAL PERFORMANCE REPORT**	

7.1	Agenda item will be covered at meeting on 7th September 2017.	
8.	**UPDATE FROM LOCALITY PLANNING FORUMS**	
8.1	Garnock Valley Janet informed the group that Garnock Valley LPF meetings continue to progress and are well represented. Janet highlighted that each meeting has a priority theme, including representatives from Mental Health and Children Services. The next meeting will focus on CAHMS to explore possible alternatives for young people with mental health concerns.	
8.2	Conversations have also taken place regarding the newly launched Café Solace within Kilbirnie. Mark Gallagher added that the Garnock Valley community have fully embraced the new model, which will have a massive impact moving forward.	
8.3	Janet advised that the LPF is continuing to link with Locality Community Planning re the Garnock Valley priorities.	
8.4	Irvine Fiona advised that meetings continue to progress well. The most recent meeting on 6th June 2017 was well attended, with representation from Housing. David Rowland also attended to discuss premises. Fiona noted that hopefully Housing will continue to attend the Irvine LPF.	
8.5	Fiona stated that the LPF is also continuing to link with Locality Community Planning regarding the Irvine priorities.	
8.6	North Coast There was no update for North Coast locality due to apologies.	
8.7	Kilwinning There was no update for Kilwinning locality due to apologies.	
8.8	General Information regarding LPF: • Jo highlighted that it was agreed at the IJB that Councillor Sweeney will chair the Three Towns locality. • Jo outlined that Kilwinning locality forum will be asked to identify a chair within the current membership. • A Development day is in the process of being organised for 22nd August 2017 to focus on the next steps of voicing for the community.	
9.	**AGENDA ITEMS FOR NEXT MEETING**	
	Proposed items for meeting on 7th September: • Annual Performance Report • Stepping Stones to change activity • Child Poverty – Lynne McNiven • Pharmacy update – Sam Falconer • ICF Projects – Chair	
9.	**AOCB**	

9.1	There was no other business to be discussed, therefore the meeting was brought to a close.	
10.	**DATES AND VENUES FOR 2017/18**	
10.1	Monday 2nd October at 10.00am, within Fullarton Connexions, Irvine Thursday, 2nd November 2017 at 10.00am within Fullarton Connexions, Irvine Thursday, 11th January 2018 at 10.00am within Greenwood Conference Centre, Dreghorn	