

Integration Joint Board Meeting



Thursday, 15 February 2018 at 10:00

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

1 Apologies

Invite intimation of apologies for absence.

2 Declarations of Interest

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

3 Minutes / Action Note

The accuracy of the Minutes of the meeting held on 18 January 2018 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

3.1 Matters Arising

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

Presentations

4 Carers

Receive a presentation from Isabel Marr, Senior Manager (Long Term Conditions).

Quality and Performance

5 Director's Report

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

6 Community Payback Order Annual Report

Submit report by David MacRitchie, Senior Manager (Criminal Justice Services) on the work undertaken through Community Payback Orders (copy enclosed).

Strategy and Policy

7 Health and Care Governance Update

Submit report by David Thomson, Lead Nurse on the arrangements for the Health and Social Clinical and Care Governance Group (copy enclosed).

Appointments

8 Appointment of Chief Finance and Transformation Officer

Submit report by Andrew Fraser, IJB Monitoring Officer, on the appointment of a Chief Finance and Transformation Officer (copy enclosed).

Tenders

9 General Medical Contract

Submit report by Dr. Paul Kerr, Clinical Director on the key on the key points of the new General Practitioner contract, IJB/North Ayrshire Health and Social Care Partnership responsibilities relating to the new GP contract and overview proposed pan-Ayrshire approach (copy enclosed).

Minutes of Meetings for Discussion

10 Strategic Planning Group Minutes

Submit the minutes of the Strategic Planning Group meeting held on 2 October 2018 (copy enclosed).

11 Integration Joint Board Performance and Audit Committee Minutes

Submit the draft minutes of the IJB Performance and Audit Committee meeting held on 29 November 2017 (copy enclosed).

12 Urgent Items

Any other items which the Chair considers to be urgent.

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
Shahid Hanif	Interim Head of Finance
Dr. Paul Kerr	Clinical Director
David MacRitchie	Chief Social Work Officer – North Ayrshire
Dr. Crawford McGuffie	Acute Services Representative
Alistair Reid	Lead Allied Health Professional Adviser
David Thomson	Lead Nurse/Mental Health Advisor
Vacant	GP Representative

Stakeholder Representatives

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



**North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 18 January 2018
at 10.00am, Council Chambers, Cunninghame House, Irvine**

Present

Councillor Robert Foster, North Ayrshire Council (Vice Chair)
Councillor Timothy Billings, North Ayrshire Council
Councillor Christina Larsen, North Ayrshire Council
Dr Janet McKay, NHS Ayrshire & Arran
Alistair McKie, NHS Ayrshire and Arran
Bob Martin, NHS Ayrshire and Arran
Stephen Brown, Interim Director of Health and Social Care Partnership
Shahid Hanif, Interim Head of Finance
David MacRitchie, Chief Social Work Officer – North Ayrshire
Alistair Reid, Lead Allied Health Professional Adviser
David Thomson, Lead Nurse/Mental Health Advisor
David Donaghey, Staff Representative – NHS Ayrshire and Arran
Louise McDaid, Staff Representative – North Ayrshire Council
Fiona Thomson, Service User Representative
Nigel Wanless, Independent Sector Representative
Heather Malloy, Independent Sector Representative
Robert Steel, Chair Kilwinning Locality Forum
Vicki Yuill, Third Sector Representatives

In Attendance

David Rowland, Head of Service (Health and Community Care)
Thelma Bowers, Head of Service (Mental Health)
Eleanor Currie, Principal Manager (Finance)
Jo Gibson, Principal Manager (Planning and Performance)
Angela Morrell, Community Empowerment Manager
Maureen Baird, Project Officer (Developing the Young Workforce/Children's Services Programme Planning)
John Godwin, Service Development Officer
Karen Andrews, Team Manager (Governance)
Amber Beveridge, Communications Support Officer
David Mackay, Modern Apprentice
Dionne Griffiths, Modern Apprentice
David Macknight, Modern Apprentice
Diane McCaw, Committee Services Officer
Euan Gray, Committee Services Support Officer

Apologies for Absence

Stephen McKenzie, NHS Ayrshire & Arran (Chair)
Dr Paul Kerr, Clinical Director
Councillor John Sweeney, North Ayrshire Council
Dr Crawford McGuffie, Acute Services Representative
Marie McWaters, Carers Representative

1. Apologies

Apologies were noted.

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 there were no declarations of interest.

3. Minutes/Action Note

The accuracy of the Minutes of the meeting held on 14 December 2017 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973, subject to the following amendment:-

Page 6 – Item 3.1 – Volunteering Strategy - the North Ayrshire draft will be discussed with East and West South at a meeting in January.

3.1 Matters Arising

Veterans First Point Service – a meeting has taken place with East and South regarding funding Veterans First Point. The IJB had decided to fund moving forward and with agreement now reached, figures are being worked on with East and South regarding proportion of contribution.

Action – V. Yuill

NACAS - The Head of Service (Health and Community Care) advised that a meeting had been held with NACAS and that options going forward were being explored with regard to the withdrawal of their outreach services.

Action – D. Rowlands

Technology Enabled Care (TEC) and Innovation – The Head of Service (Health and Community Care) will provide an update to a future meeting once clarification is provided on whether TEC will revert to NHS in its own right.

Action – D. Rowlands

Presentations

4. Carers

This item was deferred and Isabel Marr, Senior Manager (Long Term Conditions) will provide a presentation to the next meeting of the IJB on 15 February 2018.

Action – I. Marr

5. Annual Review of Children's Services

Stephen Brown and Angela Morrell provided a presentation on the Annual Review of Children's Services and the North Ayrshire Year of Young People 2018.

The presentations provided information on:-

- the launch of the Year of Young People (YoYP) 2018 Plan including a year-long programme of events and activities which will evidence the legacy of young people in North Ayrshire;
- the creation of 'Unfearties' to mark the 21st birthday of the Children's Parliament;
- the background to the Plan 'Getting it Right for You' which was published one year in advance of the statutory date and broken into three life stage sections – Early Years (0 – 5), Primary Years (5 – 12) and Secondary Years (13 – 18);
- the number of key achievements of the Plan which included development of a Named Person Service, the launch of Stop to Listen in the Three Towns locality, the recruitment of 17 additional Health Visitors, a rise in the breastfeeding rate and a fall in childhood obesity rates;
- the key next steps including the recruitment of a further six school counsellors and the establishment of a Data and Performance Sub Group to further develop the performance framework

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

- the links to the H&SC Partnership's strategic plan in connection with poverty issues through representation by young people on the Locality Partnerships and involvement in the Participatory Budget process;
- concern around transition periods in children's lives eg when they start secondary education or work;
- the high demand for SNAP and the need to have enough of a particular cohort of young people in a particular area to run a group;
- the benefits of the mental health first aiders; and
- tackling the social stigma associated with breast feeding.

The IJB agreed to support the contents of the Children's Services Plan 'Getting it Right for You' Annual Report 2016-17.

6. Director's Report

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

The report highlighted works underway in the following areas:-

- Health and Social Care Development Day – 4 December 2017;
- Meeting with the Cabinet Secretary on 7 December 2017 primarily around the winter plan;
- Session with Chief Executives, Leaders and IJB Chief Officers on 19 December 2017;

- North Ayrshire Developments – a reflection on some of the activity in 2017 and looking ahead to 2018 and the Year of the Young Person;
- The draft Strategic Plan 2018-2021, which is out for public consultation and with the final draft being submitted to IJB for approval by end March 2018; and
- Local events and campaigns in connection with the Year of Young People.

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

7. Financial Performance Update

Submit report by Eleanor Currie, Principal Manager (Finance) on the projected financial outturn for the financial year 2017/18 as at 30 November 2017.

The detailed position against the full year budget of £225.153m was set out at Appendix A to the report. Appendix B detailed some savings at risk from delivery and included £1.165m of NHS savings shortfall still to be agreed. The forecasted net position, including the projected underspend of £0.158m was outlined in Appendix C. The previously approved mitigation plan was attached at Appendix D, which if delivered will reduce the deficit to £4.490m. Appendix E provided details of the budget reconciliation.

Overspends and underspends were highlighted and Section 3.10 of the report provided an update detailing mitigating actions.

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

- Waiting lists numbers in connection with care home placements and care at home services;
- The challenge in terms of next year's budget and ensuring 2017/18 savings are at a point where the funding gap is not carried over into 2018/19; and
- Options around budgets and savings will centre on a specific session with IJB mid-February to look at funding from the Health Board and the Council and what the potential funding gap will be for the IJB.

The Board agreed to note (a) the projected financial outturn for the year; and (b) that focus for the partnership over the next three months will be to maximise the savings achievable from the Challenge Fund and refresh the medium term financial strategy.

8. Transforming Care After Treatment – Ayrshire Employability Project

Submitted report by John Godwin, Service Development Officer on the achievements of the Transforming Care After Treatment (TCAT) – Ayrshire Employability Project, which is a national partnership between the Scottish Government, Macmillan Cancer Support, NHS Scotland, the Regional Cancer Networks, Social Work Scotland, COSLA, Local Authorities and the Third Sector to support a redesign of care following active treatment of cancer.

The TCAT project has provided positive assistance to support people affected by cancer to return to work. Phase 1 of the project established an approach to holistic care across pathways and care sectors. Phase 2 has focused on three areas of business awareness, returning to work and securing work. Phase 3 will focus on embedding health and wellbeing approaches in the community. A hyperlink within the report provided access to the full evaluation report on the West of Scotland Cancer Network website <http://www.woscan.scot.nhs.uk/wp-content/uploads/North-Ayrshire-Phase-2.pdf>

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

- The Council's policy on maximising attendance and how to tie in with the project.

Noted.

9. Valedictory

The Chair advised Members that Jo Gibson, Principal Manager (Planning and Performance) would be leaving to take up a new post as Head of Service at West Dunbartonshire Council.

The Chair thanked Jo for her contribution to the work of the Partnership and wished her the very best in her new role.

Members of the Board joined the Chair in thanking Jo.

Meeting ended 11.20am

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 18 January 2018

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Volunteering Strategy	11/2/16	Agenda – prior to end 2016	The North Ayrshire draft will be discussed with East and South at a meeting in January	V. Yuill
2.	Public Partnership Forum	15/12/16	14/9/17 - IJB agreed to adopt the nomination for the service user representative 14/12/17 – Local Public Forum will be approach to seek rep. Rep will be identified from the Carers Advisory Group	Will be included in the Engagement Strategy that will be reported to the IJB in April 2018	J. Gibson and F. Thomson
3.	Technology Enabled Care (TEC) and Innovation	22/6/17	The Head of Service (Health and Community Care) will provide an update to a future meeting once clarification is provided on whether TEC will revert to NHS in its own right	Ongoing	D. Rowland
4.	Peer Support Services Specification for People with Mental Health Problems in North Ayrshire	16/11/17	A report be provided to a future meeting on the scoping exercise undertaken in respect of the recovery college.	*** Thelma to provide timetable	D. Meller

5.	Director's Report	14/12/17	(a) the Clinical Director provide a presentation and workshop session to a future meeting of the IJB on primary care; and (b) the Interim Director publish a financial position statement.	Ongoing	Dr P Kerr S. Brown
6.	Veterans First Point Service	18/1/18	A meeting has taken place with East and South regarding funding. The IJB had decided to fund moving forward and with agreement now reached, figures are being worked on regarding proportion of contribution.	Agreed at SPOG to continue funding	T. Bowers
7.	North Ayrshire Citizen's Advice Service	14/12/17	The Head of Service (Health and Community Care) advised that a meeting had been held with NACAS and that options were being explored with regard to the withdrawal of their outreach services.	Ongoing	D. Rowland

Integration Joint Board
15th February 2018

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
YCS	Young Carers Statement
EPiC	Equal Partners in Care
ACSP	Adult Carers Support Plan

1. EXECUTIVE SUMMARY

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

2. CURRENT POSITION

National Developments

- 2.1 West of Scotland Regional Delivery Plan Event – 1st March 2018

IJB Voting Members, NHS Chief Executives and IJB Chief Officers have all been invited to attend the above event on 1st March 2018.

Ayrshire Developments

- 2.2 Appointment of Professional lead : Psychological Services

Janet Davies has successfully been appointed as the new Professional Lead: Psychological Services, with a pan Ayrshire remit, effective from 1 January 2018.

Catherine Kyle (Clinical Director: Psychological Services) retired after 40 years' NHS service, 27 years of those with NHS Ayrshire & Arran. During this time Cathy worked clinically in our Learning Disability and Adult Community Services and has led Psychological Services since 2003.

North Ayrshire Developments

2.3 North Ayrshire HSCP Website

North Ayrshire Health and Social Care Partnership launched its very own website on 11th January 2018. Whilst work is ongoing to further develop the content, and a full public launch (press releases, social media announcements etc) has still to happen the site can be accessed at www.nahscp.org. Prior to the public launch, it would be great to get feedback from IJB members and staff across the Partnership. If you have any comments/views on the look and feel and functionality of the site, feel free to drop Eleanor McCallum an e-mail on eleanormccallum@north-ayrshire.gcsx.gov.uk.

2.4 Adult Support and Protection Inspection

I recently met with the Care Inspectorate to receive some feedback on their findings from the recent inspection of Adult Support and Protection in North Ayrshire. This is the first inspection of its kind and has looked at six different areas across Scotland with the report being published within the next few months. I am delighted to say that the feedback for North Ayrshire was overwhelmingly positive. Indeed, the inspectors spoke of meeting with service users who had been through Adult Support and Protection processes and whose lives had been truly transformed as a result of our interventions. We now await the final report and the formal grading, but expressed my thanks to everyone who contributed to the focus groups and file reading exercise through the inspection process and with a special thanks to our Adult Protection Lead Officer, Brenda Walker.

A report will be presented to a future IJB once the full inspection report has been published.

2.5 Staff Partnership Awards

Nominations for the North Ayrshire Health and Social Care Partnership Staff Awards 2017 closed on **Friday 19 January**. The nominations will now be examined by a panel of judges and shortlisted in advance of the Awards Ceremony on Wednesday 28th February 2018 in Saltcoats Town Hall. The event is shaping up to be as successful as last year's event. The event is about celebrating our people and the work we do – working together in partnership.

2.6 North Ayrshire HSCP Strategic Plan

Consultation is now open on the Health and Social Care Partnership's new three-year strategic plan. This has been in development over the past few months following extensive public engagement across North Ayrshire.

Now the [draft plan](#) is available for public consultation and an [online questionnaire](#) has been made available to gather people's view. Paper copies of this questionnaire will be available for people who would prefer to complete in paper form, please contact Pam Bains - pambains@north-ayrshire.gov.uk

A series of drop-in sessions were held across libraries North Ayrshire to facilitate discussion about the draft strategic plan and two Strategic Plan Health & Wellbeing Events were held on 1st and 3rd February 2018.

2.7 Budget Update

All teams continue to work hard in delivering 2017/18 savings and reducing spend wherever possible to minimise the projected year overspend. Some work is ongoing with colleagues in Education around re-charges for residential school placements and we anticipate some reduction in Children and Families overspend as a result of this.

2.8 Business Support Review Event – 2nd February 2018

The purpose of the Business Support Review is to facilitate a strategic and operational alignment and streamlining of services provided. This will create a more positive environment for staff where efficiency and effectiveness will increase, the contribution to the performance of the Partnership is maximised and the fundamental role played by Business Support is fully understood and recognised.

Over 60 members of Business Support staff and managers attended a half day event at Saltcoats Town Hall. The event formed an important part of the Business Support Review and marked the start of a period of intensive and focused staff and stakeholder engagement and the movement towards action on identified themes.

The event included:

- A statement from Stephen Brown, Interim Director
- Workshops focused on the key themes identified by staff
- A 'HARDtalk' interview with Julie Davis, Principal Manager, Business Support
- An opportunity to develop positive relationships with colleagues and Business Support managers from across North Ayrshire.

The workshops focused on eight agreed themes identified through discussion and engagement with staff through meetings, one to ones and a comprehensive staff survey. The themes were:

- Organisational Structure / Career Paths
- Role Profiles / Professional Autonomy
- Training and Development
- Management / Team Development and Support
- Communications and Engagement
- Information and Communications Technology and Digital Transformation
- Reducing Bureaucracy
- Integration Culture, Consistency, Respect and Morale

Workshop participants reviewed the issues and opportunities identified, suggest actions and next steps and state how staff should be involved in the implementation of solutions.

This event was filmed and a video will be made available to all Business Support staff for comment and further suggestions.

The event certainly created a buzz with participants actively involved in all aspects of discussion to identify positive ways forward.

2.9 Locality Teams – Children’s Services

Effective multi agency working and information sharing is vital for early intervention to ensure that children and young people get the support they require. In some cases the support around the child may solely be their family, community and teacher. For some children and their families a large number of professionals are involved in providing support.

We are establishing co-located teams of professionals (in each of the six localities in North Ayrshire) who require to work together, which will improve communication, child planning and provide single points of contact for families, children and young people who require additional support by having the right professionals around them at the right time.

The Kilwinning locality has been selected as the first locality to develop this model and learning from this initial project will shape future authority wide implementation. Accommodation has been secured at Kilwinning Academy to locate fieldwork social work staff and universal early years staff together with education colleagues. The Team Managers for the Kilwinning locality have been agreed and the staffing complement will be known by the end of January 2018.

This work will assist the locality modelling also being progressed in Community Care and Mental Health. The children teams will ensure there are pathways and relationships with these teams and the wider community.

2.10 Carers (Scotland) Act 2016

This Act introduces new rights for unpaid carers and new duties for local authorities and health boards to provide support to carers. It is a key piece of new legislation that promises to promote, defend and extend the rights’ of adult carers and young carers across Scotland.

In North Ayrshire we have developed a Young Carers Statement (YCS) focusing on three key areas: quality of life, managing your caring role and emergency planning. We have identified a supporting officer for the YCS work and live testing of the YCS will begin in January 2018. Findings from the live testing will guide us towards the next steps, ensuring that full YCS implementation is ready for 1 April 2018.

Eligibility criteria for both adult carers and young carers has been developed using the National Carer Organisation Thresholds (NCO) and CoSLA National Eligibility Criteria, adapting these to fit

Other key developments to implement Carers (Scotland) Act 2016

- Live testing of draft Young Carers and Adult Carers Eligibility Criteria along with Young Carers Statements (YCS) and Adult Carers Support Plan (ACSP)
- Identifying better support for carers in hospital discharge process
- Raising awareness of the Act with internal and external stakeholders
- Developing training opportunities, exploring use of Equal Partners in Care (EPiC)
- Developing better local information for carers
- Updating the Carers and Young Carers Strategy for North Ayrshire Health and Social Care Partnership

As stated above, the Carers (Scotland) Act 2016 (the Carers Act) comes into effect on 1 April 2018. Implementation of the Act also has implications for the three Ayrshire Integration Joint Boards (IJBs), Health Boards and Local Authorities, as new duties come into force which require to be delegated. This requires changes to the three Ayrshire Integration Schemes in advance of the commencement date of 1 April 2018 for the Carers Act. A report was submitted to the NHS Board on 29th January 2018 to approve these changes, and will also be submitted to each local authority for approval.

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 & 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 5th February 2018

Subject: **Community Payback Order Annual Report**

Purpose: To present to the Integration Joint Board the Community Payback Order Annual Report 2016/17 which provides information about the work undertaken in the last year through Community Payback Orders with a particular focus on Unpaid Work Requirements

Recommendation: That the Integration Joint Board notes the Community Payback Order Annual Report.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CPOs	Community Payback Orders
MAG	Mutual Aid Group

1. EXECUTIVE SUMMARY

- 1.1 Legislation imposes a duty on the Chief Social Work Officer to submit an annual report on the operation of Community Payback Orders to Scottish Ministers. Community Payback Orders (CPOs) were introduced in 2011 to replace Community Service, Probation and Supervised Attendance Orders for all offences committed from February 2011 onwards. This is now the sixth annual report submitted by North Ayrshire. This report is embargoed for publication until the report has been approved by Scottish Ministers.
- 1.2 It is the Scottish Government's policy to promote community sentencing and build public and judicial confidence in this. The Community Payback Order (CPO) is designed to provide a viable alternative to custody and ensure that people who offend payback to society and their communities. This is done in two ways. Firstly, by requiring the person to make reparation, often in the form of an Unpaid Work Requirement, and secondly, by requiring them to address and change their offending behaviours, thereby improving the safety of local communities and providing opportunities for their reintegration as law abiding citizens.
- 1.3 The Unpaid Work Requirement is a key sentencing option which facilitates reparation and reintegration and, as with previous annual reports, the 2016/17 report has a particular focus on this.

2. CURRENT POSITION

- 2.1 A total of 769 Community Payback Orders (CPOs) were imposed in 2016/2017 and, of those, there were 615 which had an Unpaid Work Requirement. The total number of hours imposed for Unpaid Work was 79,676 and, during 2016/2017, 65,420 hours were completed.
- 2.2 A range of unpaid work has been undertaken in 2016/2017 that benefits the communities of North Ayrshire. During this past year we have held a very successful art exhibition at the Harbour Arts Centre showcasing art produced by service users on a CPO with an Unpaid Work Requirement. We have also made progress in developing our Employability Project which seeks to support service users into work or further education/training. We embarked on a Service User Engagement Project with Strathclyde University in 2016/17 which has been hugely successful. We continue to progress with our desistance approach with service users and our work with the Mutual Aid Group (MAG). Similar to last year's report, we have included some case studies which demonstrate the effectiveness of Justice Social Work Intervention in helping service users desist from further offending and engage in a pro-social lifestyle.
- 2.3 The ongoing larger scale projects provide the majority of Unpaid Work placements. Smithstone House is an established long term project. It is run like a market garden producing vegetables, fruit and flowers. Produce can be sold to generate income to help sustain the project and any excess is donated to charity. In our workshop we build garden furniture which is sold to the general public and generates income that is again donated to charity. This year £1000 was donated to the Crosshouse Hospital Neonatal Unit. Previous beneficiaries from our donations have been Victim Support, Women's Aid and the North Ayrshire Foodbank. Many local charities have our service users assisting in their shops and teams frequently deliver large furniture items to residents who could not ordinarily afford delivery costs. We continue to provide support to the North Ayrshire Foodbank and undertake weekly collections from local supermarkets and offices across North Ayrshire Council and deliver these to the Foodbank for sorting. The teams then deliver the packs to community centres across North Ayrshire for distribution. Vegetables grown at Smithstone House also go to the Foodbank and we are looking at providing this facility for Café Solace as well.
- 2.4 The work undertaken by service users on CPO Unpaid Work Requirements not only benefits the residents of North Ayrshire but provides supports to other important Council and HSCP Services. For example, we work with schools and nurseries, the Ranger Service, Streetscene, and other Social Services' sections where we give assistance, for example, to adults and children with disabilities.
- 2.5 As alluded to above, the Scottish Government wants to build public confidence in community sentencing and the setting of tighter statutory timescales for the completion of the CPO Unpaid Work Requirements was one way of doing this. Level 1 Requirements (under 100 hours) have to be completed within three months and Level 2 Requirements (between 101 and 300 hours) have to be completed within six months. Our performance continues to improve year on year. In the last year 93% of Level 1 Requirements were completed within three months (up from 90%) and 96% of Level 2 Requirements were completed within six months (up from 92%). The reasons for failing to complete Requirements within the timescales were due, almost completely, to service users' unavailability through illness, their non-compliance or them being in custody.

- 2.6 In the Scottish Government Criminal Justice Statistics for 2015/16, published in February 2017, it showed that North Ayrshire had the highest number of CPO's in Scotland per 10,000 population. The success of the justice services we provide can be seen in the reduction in recorded crime in North Ayrshire in 2015/16. The Scottish Government's publication, "Recorded Crime in Scotland 2015/16", showed that in the Ayrshire Police Division between 2014-2015 and 2015-2016 North Ayrshire had a 6% reduction in recorded crime, with East Ayrshire showing a 2% reduction and South Ayrshire a 4% reduction. The Scottish average reduction for this period was 4%.
- 2.7 A range of Criminal Justice Social Work performance data is shared across the three HSCP's in Ayrshire. The following table compares percentage completion rates of Unpaid Work Requirements for the East, South and North Ayrshire HSCP's during 2016/17 (note percentages have been rounded up or down).

CPO Unpaid Work Completion Within Timescales			
	EA-HSCP	SA-HSCP	NA-HSCP
CPO Level 1	71%	71%	93%
CPO Level 2	75%	65%	96%

3. PROPOSALS

- 3.1 That the Integration Joint Board notes the work undertaken by service users on CPO Unpaid Work Requirements and approves the CPO Annual Report.

3.2 **Anticipated Outcomes**

Delivering on National Justice outcomes to reduce offending.

3.3 **Measuring Impact**

As noted in the body of the report, crime in North Ayrshire continues to reduce.

4. IMPLICATIONS

Financial :	There are no financial implications for North Ayrshire as the service is provided with Scottish Government ring fenced funding for CPOs.
Human Resources :	There are no Human Resource implications.
Legal :	The legislation for CPOs is set out in the Criminal Justice and Licensing (Scotland) Act 2010 and North Ayrshire is complying with the legal requirements of CPOs.
Equality :	There are no apparent equality implications of CPOs.
Environmental & Sustainability :	There are no negative environmental implications from the introduction of CPOs. Indeed, some of the work undertaken undoubtedly benefits the environment of North Ayrshire.
Key Priorities :	None
Risk Implications :	None
Community Benefits :	As indicated in the CPO annual report, there are significant community benefits from CPOs.

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 Promotion and consultation regarding CPOs has been, and will continue to be, an ongoing process and priority.

6. CONCLUSION

- 6.1 CPOs have been in operation since February 2011 and there are tighter timescales for the commencement and completion of Unpaid Work Requirements than was previously the case for Community Service Orders. As indicated above, North Ayrshire's performance has been extremely good.
- 6.2 Over the past six years there has been an increasing awareness across North Ayrshire of Unpaid Work, as evidenced in the report by the People's Panel Survey. This has been helped by the range of work carried out in the communities across North Ayrshire, the promotion of Unpaid Work by Elected Members and the positive news stories about Unpaid Work that are published by the local press.

For more information please contact David MacRitchie, Senior Manager, Justice Services / Chief Social Work Officer on 01294 317781 or email dmacritchie@north-ayrshire.gcsx.gov.uk

Integration Joint Board 15th February 2018

Subject: **Health and Social Care Clinical and Care Governance Arrangements**

Purpose: To provide an update to the Integration Joint Board (IJB) relation to activity and reviewed arrangements for the Health and Social Care Clinical and Care Governance Group.

Recommendation: The IJB are asked to consider and support the proposed revised Health and Social Care Clinical and Care Governance reporting mechanisms.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
CCGG	Clinical and Care Governance Group
SAER	Serious Adverse Events Review
SPSO	Scottish Public Services Ombudsman
MAST	Mandatory and Statutory Training
MWC	Mental Welfare Commission
CBT	Cognitive Behavioural Therapy
BTB	Beating the Blues
CMHT	Community Mental Health Team
AERG	Adverse Events Review Group

1. EXECUTIVE SUMMARY

- 1.1 Working within the approved Health and Social Care Clinical and Care Governance Framework, we continue to provide robust arrangements for governance of Partnership Services in order to deliver statutory, policy and professional requirements; and also to deliver the achievement of partnership quality ambitions. This paper outlines proposals for specific elements of governance for consideration by the Integration Joint Board (IJB) in order to meet statutory requirements and the commitments outlined in the Integration Joint Board Integration Scheme and provide the IJB with assurance that robust arrangements are in place.
- 1.2 Acknowledging the Partnership's acceptance of the framework for Clinical and Care Governance (outlined at Appendix 1), we remain focussed on the core elements of the framework as follows:
 - Definition of Clinical and Care Governance
 - The process of Clinical and Care Governance
 - Accountabilities/Structure for Clinical and Care Governance
 - Arrangements for the delivery of specific elements of Clinical and Care Governance (as outlined in the Integration Scheme)

2. BACKGROUND

- 2.1 The Partnership has developed Clinical and Care Governance arrangements in line with the commitments and requirements contained in the Integration Scheme. This paper provides an update on the function of the Health and Social Clinical and Care Governance Group (CCGG) and outlines further proposals to improve the quality of reporting and promote consistent approaches across all relevant areas of practice.
- 2.2 It is recognised that the environment of health and social care continues to evolve with integration at the heart of many developments. With this there has been many changing roles, both newly developed and transitional, and also new personnel. In addition, the focus of commitment and energy has been on providing high quality, safe and effective services in a period of increasing demand in capacity against the backdrop of financial pressures. It is more crucial than ever that we confirm our commitment to governance, review our current activity and performance and ensure there is a meaningful culture of governance through our organisations.
- 2.3 It is essential that governance is understood by all and opportunities for improvement taken. To support this we are scheduling a refresh of governance awareness and training for all levels of staff within the partnership focussing on common understanding, process and outcomes/impact. The CCGG also proposes to host two learning events for key stakeholders mid 2018 to ensure governance has the profile required to contribute to safety and public assurance.

3. PROPOSALS

- 3.1 The CCGG discussed the need to review and improve reporting mechanisms from partnership services and agreed that a more robust approach and improved meeting structure would support improved assurance. A new proposed agenda has been developed to include the following:
- 1. Public Protection Update:**
 - Adult Support and Protection
 - Child Protection
 - MAPPA
 - 2. Adverse Events** (including themes identified from local, Directorate and Serious adverse events review (SAER).
 - 3. Complaints/Member Enquiries, Compliance & Compliments**
 - Learning Notes
 - Practice Bulletin
 - 4. Inspection Reports/Action Plans/SPSO**
 - 5. Workforce**
 - Policy
 - Training & Development
(include MAST & identified training)
 - Planning/safe staffing
 - 6. Consultations and safety action notices;** local and national
 - 7. Guideline/Policy Register** (to ensure none are out of date)
 - 8. Risk Register**

9. Minutes

- Mental Health Care Governance
- Acute Governance Groups (x2)
- Public Health Governance Group/Health Improvement Governance Group
- Records Management minutes
- Social Work Governance Group
- Community Care Governance Group minutes
- Any other's that may be relevant for example AHP governance

10. Professional Updates

- Chief Social Work Officer
- Clinical Director
- Lead Nurse
- Lead AHP

11. Spotlight Report: Mental Health, Learning Disabilities, Community Hospitals, District Nursing and Primary Care – One area every 2 months on rotation.

- 3.2 To ensure consistency of reporting the CCGG has also developed new standardised reporting templates to ensure the focus of reporting has an assurance and evidence focus.

- 3.3 The schedule for CCGG meetings has been agree as follows:

Wednesday 7th February 2018

Wednesday 7th March 2018

Wednesday 4th April 2018

Wednesday 9th May 2018

Wednesday 6th June 2018

Wednesday 4th July 2018

Wednesday 25th July 2018

Wednesday 22nd August 2018

Wednesday 19th September 2018

Wednesday 17th October 2018

Wednesday 14th November 2018

Wednesday 12th December 2018

- 3.4 In order to ensure that robust challenge and impartial scrutiny is provided during the CCGG we have ensured service user and carer representation continues and we will welcome new members with unique and insightful experience.

- 3.5 It is proposed that the new structures and reporting mechanism will be put in place commencing February 2018. We will review performance and progression on a continuous basis and will make adjustments that add value as we progress. The position of chair for CCGG formally held by Dr Paul Kerr has now been taken on by Mr David Thomson, Associate Nurse Director/IJB Lead Nurse (NAHSCP).
- 3.6 It has been recognised that there are at times excessive apologies being sent to the CCGG. To address this, the Chair has written to all relevant Senior Managers requesting their attendance at CCGG or to ensure a deputy who can represent the service attend in their place to ensure opportunity to question, challenge and discuss information presented contributing to more robust assurance. We will monitor attendance and this will inform our over arching reporting to IJB.
- 3.7 **Recent Highlights reported: November 2017-Janury 2018**

Children, Families & Justice Services

- Improvement Programme for Children & Families
A dedicated child protection team has been established, to assist with meeting deadlines, and is now in operation. The team was launched on the 10th October and is currently performing well and meeting timescales. The standard form (CP1) has now been adapted to make it more focussed on risk and the assessment of that risk. It was noted that this has been a difficult exercise with no new resources; existing Social Work staff with active caseloads have had to pass these back to colleagues resulting in a refocusing of staff resources.

Chief Social Work Officer

- The draft annual report has now been completed and circulated. Comments received were incorporated. This was scheduled for presentation to Cabinet on Tuesday 14th November and the Integrated Joint Board (IJB) on Thursday 16th November following this it will be signed off. Common themes will be collated from all Chief Social Work Officer Reports and issued. Noted that the national report should be tabled here for learning from other areas. Noted we need to identify pathways with the new child protection team, this being worked on.
- An Adult Support and Protection inspection took place with initial feedback appearing to be positive. Verbal feedback indicated that the auditors were happy with our processes. Positive learning(s) were identified. Brenda Walker, Senior Officer Adult Support & Protection to be invited to a future meeting to share the final report.

Health and Community Care

- Staff investigations are still ongoing following the suicide review within Elderly Mental Health. The review has, however, provided a better understanding of the needs of patients and action plan being put in place; to be presented to CCGG at a future meeting for progress report.
- An action plan was implemented in August in relation to the recent District Nursing incident. This is being progressed and will be brought back to this meeting for review in due course; date to be agreed with service.

- Update provided to the group on a recent issue encountered with the transfer of an acutely unwell patient from Arran to the mainland. The patient experienced a 12 hour delay with staff having to arrange an airlift. Resulting from this Arran staffs discussed how to improve transfers from Arran and have identified savings they can contribute to provide a transfer service. NHS Ayrshire & Arran would have to provide a further £50k.
- Senior Occupational Therapy input is currently low therefore being reviewed to ensure safe staffing levels. It is noted that current working methods are a contributable factor and this should be reviewed. Group acknowledged staffs that remain should be supported due to additional pressures and a session is being held with a staff facilitator. Noted that staff support is also available within the local authority via Occupational Health.
- Issues were noted with the Eddison System, which is the current method of saving information between acute services and community, in that this is no longer suitable. TrakCare has been identified as the system to replace Eddison. Partnership staff contributed to the creation of relevant forms etc for the new system however these did not appear within the training session attended previously raising staff concerns. Noted this should be taken through the Information Governance group. Request made that carers be heavily involved in future discussions as this is not the case currently.
- Care at Home & Anan Cara were both inspected recently and both have held their inspection report scores.
- Montrose House has had their care planning score updated to 4.
- The Dirrans Centre received grade 6's across all staff services (Quality of Care & Support, Quality of Environment, Quality of Staffing and Quality of Management Support) which is excellent. A note of congratulations to the staff on their recent win of the Investors in People Platinum Award.

Mental Health Services

- A report based on the recommendations identified in the Mental Welfare Commission (MWC) report into the care and treatment of Mr QR, a suicide that happened in 2014 in another board area being developed, and will bring this back to a future meeting. Presented at the NHS Clinical Governance Committee in January 2018.
- Due to a recommendation identified within a recent Significant Adverse Event Review (SAER) all relevant guidelines have to be amended with regards to discharge planning. The patient involved did not receive follow up for months following discharge therefore work to ensure all relevant discharges are seen for follow-up within a 7 day period has been initiated.
- A report regarding an MWC visit to Jura Ward is going to the Healthcare Governance Committee and the recommendations from this will be brought back to CCGG. It is noted this was a positive report but there were still learning identified; accommodation continues to be an issue as well as lack of therapies provided by AHPs.
- Conversation took place around Tarryholme and recent negative press. Communications are planning to engage with all community groups within the area to highlight the positive works that will take place and encourage re-engagement. Positive support from elected members was recognised and welcomed.

- The risk register workshop will now be held in January 2018 during the Mental Health Governance & Development Group to improve recording and accountability.
- Cognitive Behavioural Therapy (CBT) Beating the Blues (BTB) was successfully rolled out in August and is based within the East Health & Social Care Partnership, sitting under the administrator. An early issue raised with regards to completing the questionnaire in that an alert is issued if 'fleeting thoughts of suicide' is ticked by the practitioner. Initially it had not been identified which service would follow up on these alerts therefore it was agreed that the Community Mental Health Team (CMHT) would undertake this however as this process began it became clear that this was creating more alarm for some individuals identified who were suddenly being contacted by Mental Health Services, as a result it has now been agreed that this will now go back to GPs to pick up. Noted that the scheme is self sufficient however does require some oversight.
- There are some Child Protection Committee action plans for Mental Health Services and it was noted these should be brought to this group for endorsement and assurance. A pathway needs to be developed around perinatal mental health therefore a session is planned for the end of November, with the facilitator of the Significant Case Review, in order to identify themes and provide direction.

3.8 In order to improve communications in relation to governance and improvement performance, we have introduced new mechanism for information sharing :-

- Newsletter/Bulletin – We are developing a flash report type communication that will go to all staff groups to disseminate highlights and learning from Datix reporting. This will include sharing good practice examples, learning and awareness raising of incident reporting and where it sits within the governance framework. Consideration still to be given as to how we share information across all partner agencies within the partnership and beyond.
- An action log has to be created for all actions noted from CCGG to support the CCGG to better track actions and outcomes in relation to improvement activity and ensure followed up and/or completion of work is within identified time frames and challenge/enquiry instigated when not. The bulletin will be circulated quarterly.

3.9 It is acknowledged that there is currently a review of both Adverse Event Review Groups (AERG) and Adverse Event policy this being done with support from the Risk Management team. It has been recognised that although the North Ayrshire Partnership has a well established AERG, this group predominantly addresses issues reported via Mental Health on a pan Ayrshire basis. In order to better assure we have robust reporting systems for District Nursing, Community Hospitals and Social Work within integrated services, an extended AERG will be formed commencing February 2018. Training and support will be provided to all participating reviewers from the relevant areas of practice. In addition, all current AERG members and identified reviewers will undertake an update on root cause analysis (RCA) to ensure appropriate structures and expertise is evident when reviewing adverse and serious events.

4. IMPLICATIONS

Financial :	None
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	To meet the requirements of the The Public Bodies (Joint Working) (Scotland) Act 2014 and the Health and Social Care Integration Scheme To improve robust governance activity and ensure safe, efficient person centred care.
Community Benefits :	Assurance of safe services and improved quality of care delivery through a culture of continuous learning.

5. CONSULTATION

- 5.1 The developments have been discussed at the North Partnership Senior Team Meeting and CCGG. There has also been discussion with service managers and Risk Management.

6. CONCLUSION

- 6.1 The IJB is asked to consider and support the proposed improvement developments in relation to Clinical and Care Governance Group reporting and activity.

For more information please contact David Thomson, Associate Director of Nursing and Lead Nurse for the NASHCP on 01294 317806 or david.thomson3@aappct.scot.nhs.uk

Appendix 1

Ayrshire and Arran Integrated Health and Social Care Partnerships Clinical and Care Governance Framework

Version: 8.0

Lead Reviewer: Strategic Planning and Operational Group

Review Date: April 2018

1.0 Introduction

- 1.1 The main purpose of the integration of health, social work and social care services in Ayrshire and Arran is to improve the wellbeing of people who use such services. The Integration Schemes drawn up for each of Ayrshire and Arran's three Health and Social Care Partnerships (HSCP) are intended to achieve improved outcomes for the people of Ayrshire and Arran, in line with the National Health and Wellbeing Outcomes.
- 1.2 The Public Bodies (Joint Working) (Scotland) Act 2014 also contains a number of integration principles, which sets the context for the planning and delivery of integrated services within each HSCP. To achieve the spirit and requirements of the Act, professionals and the wider workforce, will need to work in a way that removes artificial barriers, challenges professional boundaries, to support the outcomes that individuals seek from the care and support they receive. It is important to note that the Act does not change the current or future regulatory framework within which each health and social care professionals practice, or the established professional accountabilities that are currently in place within the NHS and local authority.
- 1.3 Within this governance framework, accountability is understood as a complex phenomenon (given the number of bodies responsible for governance) with three core elements:
 - Individual professional accountability for the quality of practice (work), in line with the requirements of the relevant professional regulatory bodies.
 - The accountability of individual professionals to the requirements of the organisation in which they work.
 - The accountability of senior officers for the organisations performance, and more widely for the quality of the provision of services to the people it serves.
- 1.4 The establishment and continuous review of robust arrangements for Clinical and Care Governance of Partnership Services are essential to the delivery of statutory, policy and professional requirements; and also the achievement of Partnership quality ambitions. This framework aims to provide guidance for each Partnership to discharge responsibility for Clinical and Care Governance consistently, while allowing scope for tailored application within each Partnership. The core elements of this framework are as follows:
 - Definition of Clinical and Care Governance
 - The process of Clinical and Care Governance
 - Accountabilities/ Structure for Clinical and Care Governance
 - Arrangements for the delivery of specific elements of Clinical and Care Governance

2.0 Definition of Clinical and Care Governance

Clinical and Care governance is the system by which Health Boards and Local Authorities are accountable for ensuring the safety and quality of health and social care services, and for creating appropriate conditions within which the highest standards of service can be promoted and sustained. The following definition of health and care governance underpins the framework outlined in this paper.

Annex C of the Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework sets out in some detail the working definition to be applied

to Integrated Health and Social Care Services in Scotland. This working definition is as follows:-

- (a) Clinical and Care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation - built upon partnership and collaboration within teams and between health and social care professionals and managers.
- (b) It is the way by which structures and processes assure Integration Joint Boards, Health Boards and Local Authorities that this is happening – whilst at the same time empowering clinical and care staff to contribute to the improvement of quality – making sure that there is a strong voice of the people and communities who use services, and their carer's.
- (c) Clinical and Care governance should have a high profile, to ensure that quality of care is given the highest priority at every level within integrated services. Effective health and care governance will provide assurance to patients, service users, carers, clinical and care staff, managers, Directors alike that:
 - Quality of care, effectiveness and efficiency drive decision-making about the planning, provision, organisation and management of services;
 - The planning and delivery of services take full account of the perspective of patients, service users and carers;
 - Unacceptable clinical and care practice will be detected and addressed.
- (d) Effective health and care governance is not the sum of all these activities; rather it is the means by which these activities are brought together into this structured framework and linked to the corporate agenda of HSCP's, NHS Boards and Local Authorities.
- (e) A key purpose of health and care governance is to support staff in continuously improving the quality and safety of care. However, it will also ensure that wherever possible poor performance is identified and addressed. All health and social care professionals will remain accountable for their individual clinical and care decisions.
- (f) Many clinical and care governance issues will relate to the organisation and management of services rather than to individual clinical professional decisions. All aspects of the work of HSCP's, Health Boards and Local Authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care. Clinical and care governance is principally concerned with those activities which directly affect the care, treatment and support people receive whether delivered by individuals or teams.

2.1 Professional Governance

Professional Governance is the accountability framework that empowers health and social care professionals at the frontline to collaborate effectively in the delivery of integrated services. The elements of professional governance include such core elements as professional regulation, standards of practice, evidence based practice and continuous quality improvement.

Professional governance is achieved through the agreed accountable professional officers, namely the Nurse Director and the Medical Director. Leadership, assurance and accountability of health and social work professionals within each partnership is discharged via the senior clinicians (including the Clinical Director, Lead Nurse, Lead AHP) who directly report to the Chief Officer (Partnership Director) and professionally report to the Nurse or Medical Director. The Chief Social Work Officer holds professional and operational accountability for the delivery of safe and effective social work services and reports to the Chief Executive of the respective Local Authority.

3.0 The Process of Health and Care Governance

3.1 The Chief Officers (Partnership Director's) in each of Ayrshire and Arran's three HSCPs, the Chief Executive Officer (CEO) for NHS Ayrshire and Arran and the CEOs for each of the three Local Authorities will have in place, management structures that ensure accountability and responsibility for Clinical and Care governance in each HSCP. Annex C of the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework sets out a series of five process steps to support health and care governance as follows:-

- (a) Information on the safety and quality of care is received (this includes external scrutiny reports and action plans)
- (b) Information is scrutinised to identify areas for action.
- (c) Actions arising from scrutiny and review of information are documented.
- (d) The impact of actions is monitored, measured and reported.
- (e) Information on impact is reported against agreed priorities.

The process outlined above will directly inform the strategic outcomes for each partnership as part of an integrated performance framework (as part of the wider governance arrangements established by each Partnership Director and their IJB to fulfil those responsibilities and scrutinise their discharge).

4.0 Accountabilities for Health and Care Governance

4.1 Chief Executives (NHS and three Local authorities)

The Chief Executive Officers of NHS Ayrshire and Arran and the three local authorities hold ultimate accountability for the delivery of Health and Care Governance.

4.2 Chief Officers (Partnership Directors)

Each Partnership Director is the accountable officer for Health and Social care Integration to the Integrated Joint board. Responsibility for Health and Care Governance has been delegated to each Partnership Director by the NHS Chief Executive and the respective Local Authority Chief Executive. Each Partnership

Director will be required to establish appropriate arrangements to fulfill those responsibilities and scrutinise their discharge.

4.3 Chief Social Work Officer (CSWO)

The CSWO holds professional and operational accountability for the delivery of safe and effective social work services within each Partnership. The CSWO provides professional advice to the Local Authority, Chief Officer and the IJB.

4.4 Senior Clinicians/Professional Advisors to IJB

The Senior Partnership Clinicians (including including the Clinical Director, Lead Nurse, Lead AHP/ AHP Associate director) have a responsibility to provide professional advice to the Chief Officer and the IJB. They are also accountable for the development of clinical and care governance frameworks, systems and processes within each partnership.

Specifically:

- The Nurse Director is accountable for professional standards of care for Nurses, Midwives and Allied Health Professionals. The professional nurse member on the IJB is accountable to the Nurse Director of the health board for professional governance. The professional nurse advisor to the IJB knows when and how to escalate issues to the Chief Officer and the Nurse Director of the health board.
- The Medical Director is accountable for professional standards of care for Medical Professionals. The professional medical advisor to the IJB is accountable to the Medical Director of the health board for professional governance. The professional nurse member on the IJB knows when and how to escalate issues to the Chief Officer and the Nurse Director of the health board.

4.5 The schematic outline of Health and Care Governance Arrangements for each Partnership is outlined at Appendix 1.

5.0 Arrangements for the delivery of specific elements of Health and Care Governance

5.1 The Integration Scheme between each Ayrshire Local Authority and the NHS Board outlines the requirement to establish a **Clinical and Care Governance Group** which should be chaired by a voting member of the Integration Joint Board or the Chief Officer. Membership of the Health and Care Governance Group at a minimum will include:

- the Senior Management Team of the Partnership;
- the Clinical Director;
- the Lead Nurse;
- the Lead from the Allied Health Professions;
- Chief Social Work Officer;
- Director of Public Health or representative;
- Service user and carer representatives; and
- Third Sector and Independent Sector representatives.

Each Health and Care Governance Group may wish to invite appropriately qualified individuals from other sectors to join its membership as it determines.

5.2 The remit of the Clinical and Care Governance Group will include the following:

- To provide assurance to the IJB (and Chief Officer if not the Chair) on the quality of services delivered by the partnership.
- To support the governance of public protection within the Partnership, including child, adult protection and MAPPA.
- To oversee the processes within the Partnership to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, feedback, complaints and litigation, and that examples of good practice and lessons learned are disseminated within and across the Partnership(s) and beyond as appropriate.
- To monitor the Partnerships Risk Register from a health and care governance perspective and escalate to the IJB any unresolved risks that require executive action or that pose significant threat to patient care, service provision or the reputation of the Partnership.
- To ensure that mechanisms are in place for services to routinely listen, learn and develop from service user experience.
- To ensure that quality and self-evaluation mechanisms are in place to inform a culture of continuous improvement.
- To provide an annual report on Clinical and Care governance to the IJB and NHS Ayrshire and Arran Healthcare Governance Committee and the Cabinet of the local authority.

5.3 Health and Care Governance Group Agenda

In order to ensure a consistent approach to the discharge of the remit of each Partnership Health and Care Governance Group the following elements of Health and care governance will be standing agenda items:

- Quality standards (including scrutiny reports)
- Health and Care Governance Risks (including adverse events)
- Service user experience (including feedback and complaints)
- Learning and Improvement
- Infection control and prevention

5.4 Professional Governance

Further assurance for Clinical and Care Governance will be provided via:

- The responsibility of the Chief Social Work Officer to report directly to the Council, and the responsibility of the Health Leads to report directly to the Medical Director and Nurse Director who in return report to the NHS Board on professional matters;
- The Healthcare Governance Committee, who provide assurance to the NHS Board that systems and procedures are in place to monitor healthcare governance in line with the Board's statutory duty for quality of care. There should be agreement between the Clinical and Care Governance Group and Healthcare Governance Committee on how often assurance reports will be provided to the Healthcare Governance Committee throughout the year. It is recommended that this should be at least twice per year. It is also proposed that a representing Chief Officer attends the Healthcare Governance Committee to ensure all aspects of healthcare governance are joined up.

5.5 Adverse Events

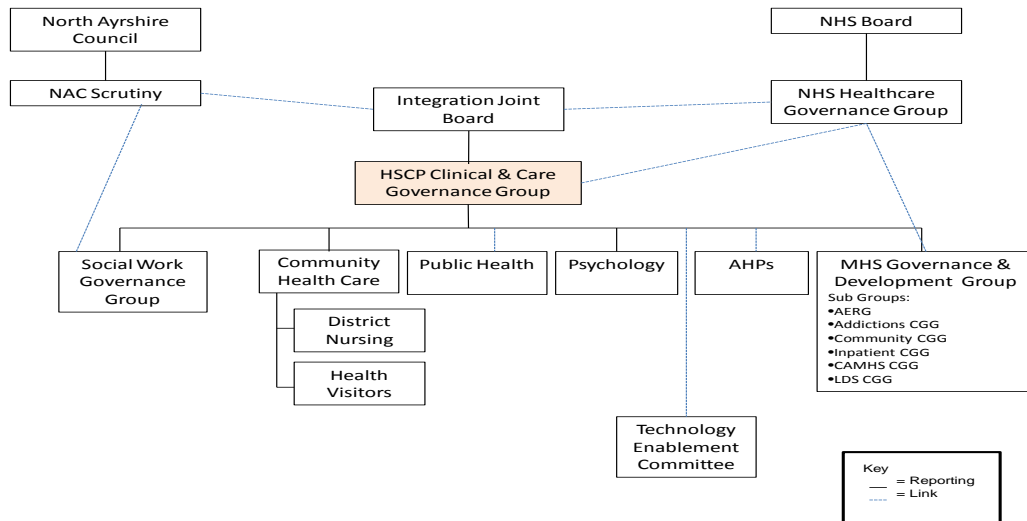
Each Partnership will establish an Adverse Events Review Group (AERG), (taking into consideration existing arrangements e.g. Mental Health Adverse Events Review Group) to provide a co-ordinated and integrated approach to managing adverse events occurring within Partnership Services. As a sub-group of the Health and Care Governance Group, the AERG will provide evidence and assurance that adverse events are being addressed appropriately (the AERG will take into consideration all statutory public protection requirements). The AERG will also identify and share learning arising from the review of adverse events (including a mechanism for sharing learning across the Ayrshire and Arran health and social care system).

6.0 Review

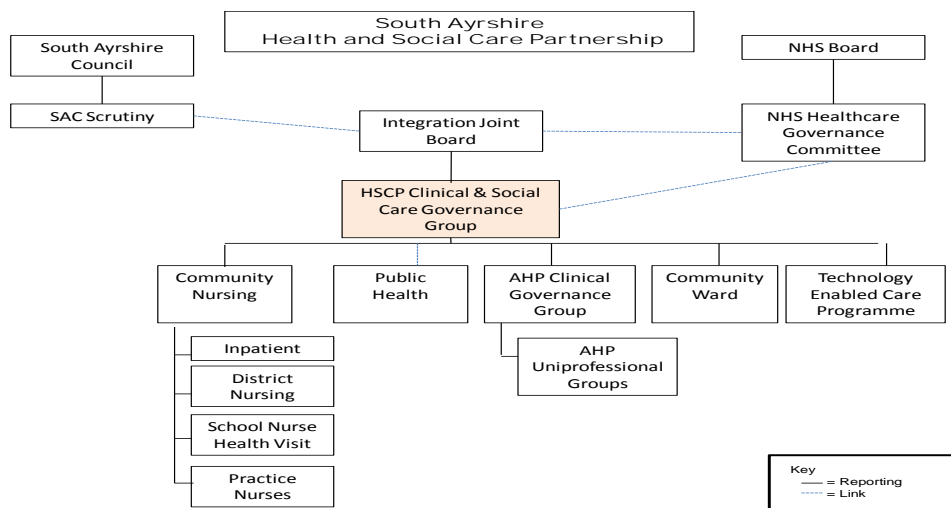
This framework for Clinical and Care governance will be reviewed and updated on at least an annual basis.

Appendix 1: Clinical and Care Governance Arrangements for each Partnership

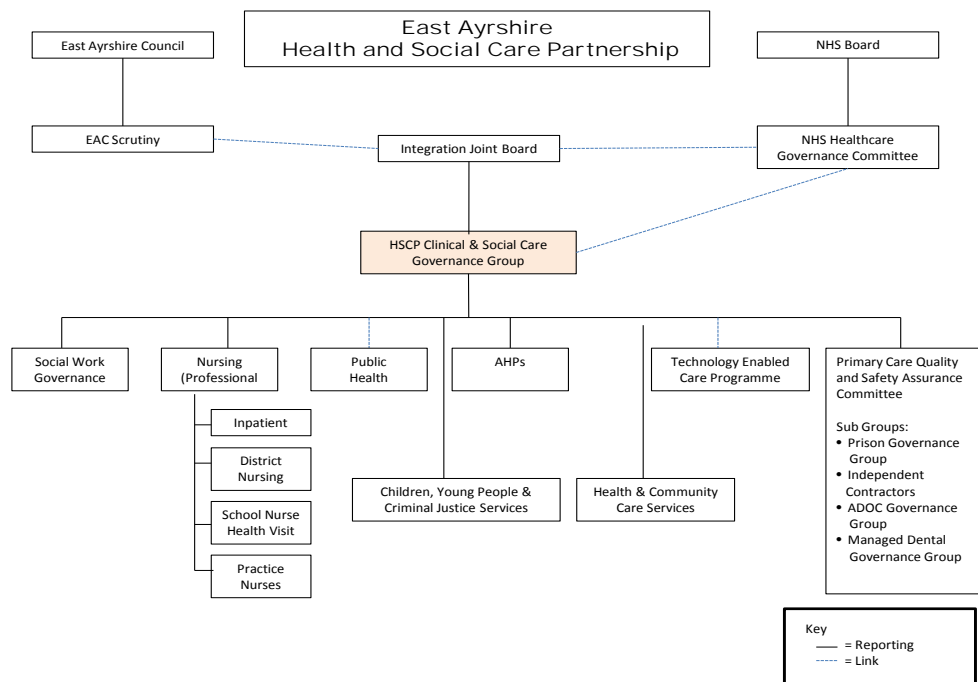
North Ayrshire Health and Social Care Partnership



South Ayrshire Health and Social Care Partnership



East Ayrshire Health and Social Care Partnership



Existing Guidance on Governance and Accountability

Clinical and Care Governance Framework (2015)
 Scottish Government
<http://www.gov.scot/Resource/0046/00465077.pdf>

Clinical and care governance across integrated services: what needs to be in place at a strategic level? (2015)

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Scottish Executive
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Integration Joint Board
15 February 2018

Subject: Appointment of the Chief Financial and Transformation Officer

Purpose: To appoint a Chief Finance and Transformation Officer.

Recommendation: The Integration Joint Board agrees:

1. that it is now necessary to put in place a dedicated full-time Chief Finance and Transformation Officer for the Integration Joint Board (IJB);
 2. that this post will have responsibility for strategic financial planning and management of all services delegated to the IJB (with accountability to the Council, Health Board and IJB), strategic transformation and to lead in terms of section 95 of the Local Government (Scotland) Act 1973
 3. that pending the appointment of a permanent Chief Finance Officer that the current interim Head of Finance for the HSCP Council services be appointed as interim Chief Finance and Transformation Officer of the Integration Joint Board (IJB), and; to recommend to North Ayrshire Council and NHS Ayrshire and Arran that the additional costs of the post are met jointly by them.
-

1. INTRODUCTION

- 1.1 This report seeks agreement to appoint a full-time Chief Finance and Transformation Officer to have responsibility for strategic and operational finance and transformation. As all Council and NHS decision making has been delegated to the IJB, including strategic, operational, and transformational duties, the IJB requires to receive financial advice on the totality of these duties. Otherwise the IJB is unable to adopt an integrated approach to finance and transformation. Accordingly the role covers finance and transformation functions relating to the delivery of services and their transformation, as well as strategic finance functions. This means that while the post will hold the role of section 95 officer in terms of the Local Government (Scotland) Act 1973, it will also have accountability to the Council and Health Board.

2. PROPOSALS

- 2.1 Section 13 of the Public Bodies (Joint Working) (Scotland) Act 2014 applies part 7 of the Local Government (Scotland) Act 1973 Act, including section 95. Section 95 states that the IJB “shall make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs.” Accordingly the IJB is required to appoint a Chief Finance Officer.
- 2.2 The IJB’s previous Chief Finance Officer held joint posts as the IJB’s Chief Finance Officer and North Ayrshire Council’s Head of Finance. This officer resigned from these posts in December 2017 to take up a dedicated Head of Finance with another HSCP in Scotland. Accordingly the IJB is required to appoint a new Chief Finance Officer with some speed to ensure that the IJB is kept informed of all national developments and appropriate correspondence and information is made available to the IJB. This is particularly urgent as Scottish Government starts to outline the 2018/19 Scottish Budget.
- 2.3 The Chief Finance Officer is the Accountable Officer for financial management and administration of the IJB. Their responsibilities include assuring probity and sound corporate governance and responsibility for achieving Best Value. They are accountable to the IJB for the planning, development and delivery of the IJB’s financial strategy; are responsible for the provision of strategic financial advice and support to the IJB and its Chief Officer, and for the financial administration and financial governance of the Integration Joint Board.
- 2.4 It is important to recognise that the role of the Chief Finance Officer is to give financial advice and support to the IJB on the totality of the functions it delivers. The level of such support will vary from one IJB to another, depending on the duties delegated to the particular IJB. The Public Bodies etc. (Scotland) Act 2014 sets out minimum functions which must be delegated to an IJB. However the Integration Scheme for North Ayrshire IJB, by maximising delegation to the IJB, sought to pursue a truly integrated approach to health and social care. In addition to exercising strategic functions, the IJB exercises all Council and NHS decision making functions in relation to delegated functions. These include decisions about service delivery and the transformation of services required to deliver an integrated service within budget. The IJB requires sound and independent financial advice on all these functions, not just strategic finance. Otherwise an integrated approach will not be possible.
- 2.5 In governance terms it is also important to recognise that section 95 of the 1973 Act has two separate duties. Firstly, the IJB is required to make arrangements for the proper administration of its financial affairs. Secondly, it is required to appoint a Chief Finance Officer who has responsibility for those affairs. This means that the Chief Finance Officer has to be appointed on a basis which ensures they are able to properly administer the Board’s financial affairs. Key to this is transformation, both in terms of further integration of services, and in addressing the increasing financial challenges facing the IJB. The degree of ongoing financial challenge can be seen from the table in Appendix 1 which summarises key financial information for the HSCP since 2014/15.

2.6 Previous Chief Finance Officers were appointed on a part-time basis. When the Partnership was formally established the anticipated governance was that the IJB CFO would only provide strategic financial advice to the IJB and that the budgets when devolved back to the Council and Health Board would become the responsibility of the Council or Health Board. This is not how it works in practice with the previous post holder being a full member of the HSCP Senior Management Team, taking a lead role in all strategic and operational financial matters, including development of the Strategic Plan, the Medium term Financial Plan, Challenge Fund initiatives and significant support to enable the HSCP to move towards financial balance. It is difficult to see how any other arrangement could properly advise the IJB on the totality of its functions, let alone deliver an integrated approach to financial planning and management.

2.7 Following the resignation of the previous Chief Finance officer, the opportunity was taken to reassess the level of strategic financial advice provided to both the Council and the IJB/HSCP. A number of factors are relevant:-

- Firstly, the fact that both North Ayrshire Council and NHS Ayrshire and Arran have chosen to delegate all Council Social Work functions and non-acute NHS functions to the IJB means that the remit of the role is far wider than might have been the case had the minimum required duties been delegated.
- Secondly, it is evident that there are significant financial challenges facing the IJB, driven by increasing demand and ongoing reductions in public sector funding. Of particular note are:
 - The IJB has a revenue budget in excess of £200m.
 - An increased risk to the financial stability of both the Council and Health Board as a result of the financial challenge;
 - The deficit of £3.2m that the Partnership carried forward from 2016/17;
 - The projected overspend in 2017/18 of £5.315m (as at period 8), elements of which, similar to previous years, relate to the inability to deliver approved savings;
 - The difficulty the HSCP / IJB is experiencing in identifying opportunities to support financial sustainability;
 - Increasing demand pressures;
 - Requirement for an increased pace and scale of transformation, supporting delivery of agreed savings, Challenge Fund initiatives and ultimately financial sustainability.
- Thirdly, the extent to which there needs to be sound financial advice supporting transformation has become increasingly clear. The only way of meeting the financial challenge is through effective transformation. This requires sound financial advice, both to those undertaking transformation and to the IJB when making decisions. This needs to cover not only strategic but operational transformation. Otherwise there will not be a joined-up approach to transformation.

- Finally, the limited strategic financial support within the North Ayrshire HSCP and the other two Ayrshire Partnerships is unique, with most other Partnerships having a dedicated post for strategic financial advice, supporting both the Director of the HSCP and the IJB.

For all of these reasons it is now evident that the post requires to be a full time one if the IJB is to comply with its section 95 duty to “to make arrangements for the proper administration of its financial affairs”. It is no longer sustainable for the role to be an add-on to another busy post.

- 2.8 It is proposed that the post would also take the lead on transformation. Effective transformation is key to successful integration for a number of reasons. The underlying rationale for integration was to enable the health and social care sector to operate in an integrated manner, with shared priorities and budget allocation focussed on such priorities. As well as delivering a more integrated and customer-focussed service, this should also help to relieve pressure on the Acute sector and deliver efficiencies. The fact that demand is steadily increasing while resources decrease means that transformation is essential if services are to be sustainable. Transformation is an integral part of the role of the Chief Finance and Transformation Officer in terms of providing robust financial support for transformation and in quantifying the costs and savings delivered. Having regard to the increasing importance of effective transformation, and its impact on the work of the Chief Finance Officer it makes sense to include the transformation function within the remit of this senior post.
- 2.9 The cost of appointing this post on a full time basis is £104,569, based on Council grading scales. Given the current financial situation of the IJB it is recommended that this additional funding is sought from North Ayrshire Council and NHS Ayrshire and Arran. The Council has already agreed to fund an interim Head of Finance to support the HSCP in respect of Services delegated back to the Council.
- 2.10 If agreed, it is intended to advertise the full-time permanent Chief Finance and Transformation Officer Post as soon as possible. In the meantime, to avoid the risks inherent in the IJB operating without proper financial advice, it is essential to ensure the IJB has an interim Chief Finance Officer. As identified in paragraph 2.8, pending agreement on the level of strategic support required by the IJB / HSCP, North Ayrshire Council's Cabinet, at its meeting on 14 November 2017, agreed that appropriate strategic financial support be put in place as soon as possible. An interim Head of Finance, with a focus on the social care element of the HSCP, was therefore appointed on 11 December. It is recommended that this interim Head of Finance, is appointed on a full-time, interim basis as the IJB's Chief Finance and Transformation Officer, pending recruitment of a permanent full time Chief Finance and Transformation Officer to support the Partnership develop and deliver its significant transformation programme, key to securing financial sustainability.

3 PROPOSALS

- 3.1 It is recommended that the Integration Joint Board agrees:

1. that it is now necessary to put in place a dedicated full-time Chief Finance and Transformation Officer for the Integration Joint Board (IJB);
2. that this post will have responsibility for strategic financial planning and management of all services delegated to the IJB (with accountability to the Council, Health Board and IJB), strategic transformation and to lead in terms of section 95 of the Local Government (Scotland) Act 1973;


3. that pending the appointment of a permanent Chief Finance and Transformation Officer the current interim Head of Finance for the HSCP Council services be appointed as interim Chief Finance and Transformation Officer of the Integration Joint Board (IJB), and;
4. to recommend to North Ayrshire Council and NHS Ayrshire and Arran that the costs of the post are met jointly by them'

4 IMPLICATIONS

Financial :	The IJB requires to make arrangements for the proper administration of their financial affairs and ensure that a proper officer of the authority has responsibility for the administration of those affairs. Audit Scotland have been critical of IJBs who have failed or delayed to appoint a Chief Finance Officer. It is now evident that this role requires a full- time appointment. The additional annual cost of this is £104,569. Given the current IJB overspend it is recommended that this be met by North Ayrshire Council and NHS Ayrshire and Arran.
Human Resources :	It is intended to advertise the full-time permanent Chief Finance Officer post. In the interim, given the need to ensure proper and independent financial advice for the IJB, the Council have secured the services of a full-time, interim post.
Legal :	The IJB require to appoint a Chief Finance Officer under section 95 of the 1973 Act. This report recommends that a full- time post is necessary in order to comply with the duty to "make arrangements for the proper administration of their financial affairs".
Equality :	There are no significant equality implications of this report. The appointment of a Chief Finance Officer ensures that the duties set out in 2.4 are complied with. In turn, these benefit children and young persons through the provision of Best Value services.
Environmental & Sustainability :	There are no implications.
Key Priorities :	Proper financial support for the IJB underlies all of its strategic priorities.
Community Benefits :	There are no community benefits.

5. CONCLUSION

- 5.1 There has been consultation with the Chief Executives and Chief Finance Officers of NHS Ayrshire and Arran and North Ayrshire Council, and the IJB Chair.

A handwritten signature in black ink that reads "Elma Murray". The script is cursive and fluid.

Elma Murray OBE
Chief Executive

Insert titles of any background papers or N/A

Appendix 1

	2014/15	2015/16	2016/17	2017/18	cum to 2017/18	2018/19
Council						
previous year overspend			0	3,245		2,340
in year pressures (net of committed new monies) **	3,598	5,772	6,940	5,572	21,882	6,486
savings target	(952)	(2,069)	(4,016)	(883)	(7,920)	(6,664)
savings delivered (anticipated)			(2,797)	(341)		
year end variance (adverse / favourable) prior to non recurring investment	2,637	2,109	3,245	2,340		
non recurring investment	2,637	2,109	0	0	4,746	
final year end variance (adverse / favourable) after non recurring investment	0	0	3,245	2,340		0
Health Board						
in year pressures			1,952	5,686	7,638	TBC
savings target			(2,871)	(4,155)	(7,026)	TBC
savings delivered (anticipated)			(1,959)	(2,213)		
non recurring investment						
year end variance (adverse / favourable) prior to non recurring investment		0	1,400	3,073		
non recurring investment			1,400	0		
final year end variance (adverse / favourable) after non recurring investment	0	0	0	3,073		0
National funding			7,280	5,130		
National Pressure			(2,388)	(5,130)		
National funding for local pressures **			4,892	0		

Integration Joint Board
15th February 2018

Subject: **New General Medical Services Contract**

Purpose: To identify the key points of the new General Practitioner (GP) contract – in particular the implications for North Ayrshire Health and Social Care Partnership (HSCP). The document will summarize the key points of the GP contract, the key Integrated Joint Board/North Ayrshire Health and Social Care Partnership (IJB/NAHSCP) responsibilities relating to the new GP contract and will overview the proposed pan-Ayrshire (multiple IJB collaboration) approach.

Recommendation: Members of the IJB are asked to note the key points of the new GP contract and how this relates to North Ayrshire HSCP.

GP	General Practitioner
HSCP	Health and Social Care Partnership
IJB	Integrated Joint Board
NA HSCP	North Ayrshire Health and Social Care Partnership
EMG	Expert Medical Generalist
HB	Health Board
PC	Primary Care
SPOG	Strategic Planning Operational Planning Group
A&A	Ayrshire and Arran
NA	North Ayrshire

1. EXECUTIVE SUMMARY

- 1.1 The General Practitioner (GP) contract has been accepted and approved by Scottish GPs. The contract will change the way in which Primary Care services are delivered in Scotland and North Ayrshire.
- 1.2 Integration authorities have a statutory role to commission Primary Care services.
- 1.3 Health and Social Care Partnerships (HSCPs) must produce Primary Care improvement plans to clarify funding and timescales to deliver the content of the new contract.
- 1.4 The contract indicates that there must be a pan-Ayrshire approach to the production of improvement plans to ensure consistency of approach within our health board (HB) area.

2. BACKGROUND

- 2.1 The new GP contract (the Blue Book) was accepted by general practitioners via a national vote: 71% voted in favour. The new GP contract aims to provide a new way of providing general medical services in Scotland in order to deal with significant GP practice sustainability issues linked with increasing primary care demand associated with changing national demographics including an ageing population and poverty.
- 2.2 Part of the new contract documentation includes a paper entitled: 'Memorandum of Understanding' which outlines the roles and responsibilities of various stakeholders in the delivery of this new contract. The new contract will deliver significant changes in a phased manner over a 3 year period from 1st April 2018 until 1st April 2021.
- 2.3 The following are the key IJB /HSCP points/implications
1. Integration bodies have a statutory role in commissioning primary care services in order to re-design services to support general practitioners and their new role, as described in the new contract, as Expert Medical Generalist (EMG).
 2. IJBs will plan, design and commission primary care services and will direct the health board (HB) to provide the proposed primary care (PC) services
 3. Each HSCP has to compile and complete an HSCP PC improvement plan by 1st July 2018. This plan will clarify funding and timescales associated with implementing the proposed changes within this plan.
 4. In HB areas where there is more than one HSCP, the new contract states that HSCPs must work together to produce improvement plans that support complementary pan-HB developments. This means that locally we are empowered to produce 'Pan-Ayrshire' improvement plans collaboratively with South and East Ayrshire HSCPs.
 5. A Strategic Planning Operational Group (SPOG) meeting was held on 26th January 2018 to discuss Pan-Ayrshire improvement plan principles / guidelines, alongside Clinical Directors and local GP representatives. At this meeting it was agreed that there will be a Pan-Ayrshire approach to the production of HSCP PC development plans. This will be managed via the PC Programme Board which will be expanded and co-chaired by the Chief Officer of EA HSCP and the Secretary of the GP Sub Committee.
 6. An important part of the new contract is moving work from GPs to the health board and development of multi-disciplinary team working. As part of this process, there are 7 key priorities embedded in the new contract. These include the following which must be completed over a 3 year period:
 - Vaccination transformation program
 - All vaccinations will be managed and administered by non-GP providers. Key priority is travel vaccination
 - Pharmacotherapy
 - All non-consultation prescribing tasks will be devolved to the Ayrshire and Arran (A&A) HB prescribing team
 - Community treatment and care services
 - Urgent care including out of hours
 - Additional professional roles

- Community link workers
 - Workforce optimization – recruitment and retention
7. The following funding will be made available to facilitate the progress and completion of the first three years of the new GP contract. Some of this proposed funding is already in the system. Over the next three years the following funding will be made available across Scotland, in brackets is the Ayrshire allocation within that sum:-

1. 2018/19 £45m (£3.4m)
2. 2019/20 £58m (£4.3m)
3. 2020/21 £112m (£8.4m)

£23m has been committed to finance the new funding allocation to GP practices in Scotland. Practices with high demand and socio-economic deprivation will have increased funding. This includes many North Ayrshire practices. No practices will have any reduction in their funding.

In addition to the £45m funding to fund the new GP contract in 2018/19 (including MDT formation and delivery of the seven key priorities) a further £65m will be made available to health boards to pay for general medical service provision and primary care development.

8. Funding

By the end of this Parliament the Scottish Government will invest an additional £250m in support to General Practice. The funds will support the new practice funding formula, national support arrangements, premises support and the development of the multi-disciplinary team.

- The Scottish Draft Budget proposals for 2018/19 published in December 2017 confirmed a first phase of funding of £110m for 2018/19;
- A letter was circulated in November 2017 to Practices setting out the implications from the new proposed funding formula and allocating the £23m. No practice has a reduction in funding;
- A proportion (to be confirmed) of the £110m for 2018/9 will be allocated using the NRAC formula to support the development of multi disciplinary teams in line with the MoU. Primary Care Improvement Plans will set out how these funds will be used.

3. PROPOSALS

- 3.1
- NA IJB and HSCP note the implications of the new GP contract
 - NA IJB agree to pan-Ayrshire IJB collaboration to produce primary care improvement plans which will facilitate the implementation of the new GP contract

3.2 **Anticipated Outcomes**

The new GP contract has been approved. The IJB will be responsible for the commissioning and delivery of several primary care services that were previously carried out by GPs and their practice-based teams. The 3 HSCPs and IJBs in Ayrshire are tasked with developing 'Pan-Ayrshire' primary care improvement plans in collaboration with East and South HSCPs/IJBs. These plans must detail resources and timelines over the 3-year time frame for delivery of the content of the new GP contract.

3.3 **Measuring Impact**

Impact will be measured within North IJB and across our fellow Ayrshire IJBs via delivery of anticipated outcomes. Processes/plans of action and timelines will be developed to measure progress and achievement of outcomes.

4. **IMPLICATIONS**

Financial :	The Scottish Government has empowered IJBs to be service commissioners and this is bound in statute. The IJB in collaboration with the other Ayrshire IJBs will develop primary care improvement plans which will deliver the outcomes which have been ordered by the Scottish government. These outcomes must be delivered within the context of tight fiscal context faced by all IJBs with additional funding from the Scottish government, the details of which have yet to be fully clarified.
Human Resources :	None.
Legal :	None.
Equality :	None.
Environmental & Sustainability :	None.
Key Priorities :	None.
Risk Implications :	None.
Community Benefits :	None.

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 This document is based on consultation with my interpretation of the new GP contract and with primary care teams, pan-Ayrshire.

6. **CONCLUSION**

- 6.1 Members of the IJB are asked to note the key points of the new GP contract and how this relates to North Ayrshire HSCP.

For more information please contact Dr Paul Kerr, Clinical Director on 01294 317705 or paulkerr@north-ayrshire.gcsx.gov.uk



Minutes of North Ayrshire Strategic Planning Group Meeting

Held on Monday 2nd November 2017, 10.00am

Fullerton Connexions, Irvine

Present:

Councillor Robert Foster, Chair,
Jo Gibson, Principal Manager, Planning & Performance, NAHSCP
Christine Speedwell, Service Coordinator, Unity Enterprise NA Carers Centre
Robert Steel, Locality Lead, Kilwinning Area
Sharon Bleakley, Local Officer, Scottish Health Council
Elaine Young, Assistant Director of Public Health, NHS
Gavin Paterson, Engagement Officer, NAHSCP
Brenda Knox, Health Improvement Lead, NHS A&A
Louise McDaid, Staff Representative
Sam Falconer, Community Pharmacist NHS A&A
Simon Morrow, Dental Representative
David Bonellie, Optical Representative
Lynne McNiven, Consultant in Public Health, NHS
Regina Mcdevitt, Public Health, NHS
David Rowland, Head of Service, Health & Community Care, NAHSCP
Norma Bell, Manager, Planning & Performance, Mental Health, NAHSCP
Vicki Yuill, Operations Manager, Arran CVS
Eunice Johnstone, Portfolio Programme Manager (Transformation and Sustainability)

In Attendance:

Scott Bryan, Team Manager – Planning, NAHSCP
Debbie Campbell, Team Manager, Performance, NAHSCP
Sharna Lynn, Planning & Performance assistant, NAHSCP

Apologies Received:

Dr Paul Kerr, Clinical Director
Eleanor McCallum, Partnership Engagement Officer, NAHSCP
David Thomson, AND/ Lead Nurse, NHS A&A
Dr Chris Black, GP, Bourtrees Medical Practice
Thelma Bowers, Head of Service, Mental Health, NAHSCP
David Donaghey, Partnership Representative, NAHSCP
David MacRitchie, Senior Manager, Justice Services (CSWO)
Marion Gilchrist, Community Nurse, NHS A&A
Louise Gibson, Dietetic lead, integrated services, NHS A&A

Christine Speedwell, Service Coordinator, Unity Enterprise NA Carers Centre
Dr Rachel Fraser, GP
Fiona Thompson, Locality Lead, Irvine
Isabel Marr, Senior Manager, Long Term Conditions
Helen McArthur, Senior Manager, Community Care
Clive Shephard, NA Federation of Community Associations
Mark Gallagher, Alcohol & Drugs Partnership

1.	<u>WELCOME & APOLOGIES</u>	
1.1	Councillor Robert Foster welcomed all to the meeting. Apologies were noted and accepted.	
2.	<u>MINUTES/ACTION NOTE OF PREVIOUS MEETING (02.10.17)</u>	
2.1	Minute was agreed as accurate with no amendments.	
3.	<u>MATTERS ARISING</u>	
3.1	There were no matters arising to be discussed.	
Focus on: Draft Strategic Plan		
	The meeting provided the Strategic Planning Group to review and input to the draft Strategic Plan for 2018-21 that is currently under development. The meeting consisted of two sessions, one focussed on the overall content of the draft document and the other focussed on the sections relating to localities. All feedback gathered from the event would be used to further inform the development of the content of the Strategic Plan.	
4.	<u>Content of Strategic Plan</u>	
4.1	Discussion was organised around 7 sections of the plan. Tables were organised each with a topic facilitator. The sections discussed were: <ul style="list-style-type: none"> • Context and Reflections (Debbie Campbell) • Resources Available (Jo Gibson) • Tackling Inequalities (Scott Bryan) • Engaging Communities (Gavin Paterson) • Bringing Services Together (Annie Weir) • Prevention & Early Intervention (Calum Webster) • Improving Mental Health & Wellbeing (Norma Bell) • 	
4.2	At each discussion, participants were asked to address 4 questions: <ol style="list-style-type: none"> 1. Is the direction (of the plan) right? 2. Is the plan clear? 3. Is there anything missing? 4. What will the impact be? 	
4.3	Two, twenty minute discussions were held, with participants moving tables between rounds.	
4.4	At the end of both rounds, facilitators provided an overview of the key topic discussions.	
5.	<u>Locality sections</u>	
5.1	Discussion was organised around each the locality section of the plan. Due to numbers, 3 tables were organised, with 2 localities represented in	

	each. In most cases, discussion was facilitated by locality chairs. The groups were: <ul style="list-style-type: none"> • North Coast & Kilwinning • Irvine & Arran • Three Towns & Garnock Valley 	
5.2	Again, participants were asked to address 4 questions: <ol style="list-style-type: none"> 1. Is the direction for the locality planning forum right? 2. Does the narrative capture the locality? 3. Are the priorities still right? 4. Are the infographics meaningful? 	
5.3	Two, twenty minute discussions were held, with participants moving tables between rounds	
5.4	Due to time constraints no group feedback was provided.	
6.	Agenda items for next meeting	
6.1	Councillor Foster suggested an input on the HSCP budget.	
7.	DATES AND VENUES FOR 2018	
	<ul style="list-style-type: none"> • Wednesday, 28th February 2018, at 10:00am, Greenwood Conference Centre • Wednesday, 25th April 2018, at 10:00am, Fullarton Connexions • Wednesday, 20th June 2018, at 10:00am, , Greenwood Conference Centre • Wednesday, 15th August 2018, at 10:00am, Greenwood Conference Centre • Wednesday, 10th October 2018, at 10:00am, Greenwood Conference Centre • Wednesday, 05th December 2018, at 10:00am, Fullarton Connexions 	



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

**Wednesday 29 November 2017 at 10.00 a.m.
Irvine and Kilwinning Committee Room, Cunninghame House, Irvine**

Present

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

In Attendance

Stephen Brown, Interim Director of the North Ayrshire Social Care Partnership NAHSCP
Debbie Campbell, Team Manager (Performance) NAHSCP
Thelma Bowers, Head of Service (Mental Health) NAHSCP
Anne-Marie Fenton, Team Manager – Internal Audit
Jo Gibson, Principal Manager (Planning and Performance) NAHSCP
Margaret Hogg, Section 95 Officer, NAHSCP
Isabel Marr, Senior Manager (Long Term Conditions), NAHSCP
Diane McCaw, Committee Services Officer

1. Apologies

There were no apologies submitted in respect of members of the Committee.

2. Declarations of Interest

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

3. Minutes

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

4. Self-Directed Support Progress Report 2017 (Audit Scotland)

Submitted report by Isabel Marr, the Senior Manager (Long Term Conditions) providing an update on the Self-Directed Support (SDS) progress from a national and local perspective.

The SDS Strategy Implementation Plan 2016-2018, together with information on the four statutory principles of SDS, were detailed at Appendices 1 and 2 to the report. Appendices 3 and 4 provided information on practitioner consultation feedback and the Audit Action Plan.

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

- the flexibility provided by SDS in terms of working around the individual to ensure they have care in place that is effective for them;
- any barriers to the recruitment of carers;
- concerns around ensuring that appropriate health and safety arrangements are in place as raised with the staff representative;
- that the Ethical Care Charter needs to link into SDS;
- getting the message across in terms of the payment of the living wage and access to pensions for personal assistants;
- that the paperwork around SDS is complicated and needs to be reviewed and that this process has already been started;
- the need to be more pro-active to highlight the aspects of SDS which are working well;
- the resources within the small SDS Team and the possibility of employing an additional staff member through time;
- any savings evidenced by the implementation of SDS;
- that targeted stakeholder and carer consultations will take place early in the New Year in relation to the changes to the Integration Scheme; and
- that phase 2 of the challenge fund monies could potentially provide some resource around training and development and publicity materials in terms of SDS.

Stephen Brown

The Interim Director undertook to look at support going forward in terms of some of the issues highlighted for SDS and to ensure that people are given the right choices at the right time.

The Committee agreed to note the report.

5. Internal Audit Reports Issued

Submitted report by Paul Doak, the IJB Chief Internal Auditor, on the key findings of Internal Audit work from the approved audit plans.

The appendices to the report provided a summary of the key findings from audit work carried out within North Ayrshire Council in service areas that fall within the remit of Health and Social Care and relevant audit work completed within NHS Ayrshire and Arran.

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

- the large number of staff who have moved jobs within the Council or Partnership still having inappropriate access to confidential information contained in the Childcare folder;
- that cyber security is also an issue being addressed within the NHS with concern highlighted around resources;
- next year's Audit Plan focussing a piece of work around access permissions and access to shared drives for staff;
- the requirement for IT to be involved in the wider audit work that will be carried out;
- that there needs to be an awareness of the specific job roles carried out by workers within residential units in terms of any updates to financial procedures;
- that Internal Audit monitor progress in terms of each of the actions highlighted within the Audit reports and update on a quarterly basis; and
- that an Engagement Steering Group has been established to share process in terms of Ayrshire-wide public engagement .

The Committee agreed to note the current position in terms of the audit matters set out in the report.

6. Quarter 2 2017-18 Performance Report

Submitted report by Debbie Campbell, Team Manager (Performance) on the Quarter 2 2017-18 Performance Report for the Partnership.

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

The Principal Manager (Planning and Performance) highlighted the changes to the format of the report including linking indicators to actions and that the Ministerial Steering Group indicators now form part of the body of the report.

Thelma Bowers, Head of Service (Mental Health) gave an overview of highlights for mental health including change programme developments which will make a significant impact to services over the next few years, weekend clinics to streamline waiting lists, review of mental health teams and work around services in relation to

CAMHS. The need to look at the expansion of dashboard targets to make them more explicit was also highlighted.

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

- the setting of clear indicators and targets will be resolved next financial year following the redesign of the Strategic Plan;
- the overall immunisation uptake figures for children and that additional information on this can be provided to the next meeting;
- clarification on the purchased care services covered by contract and the work that is ongoing to ensure formal contractual procurements arrangements are in place for every contract;
- improvements in relation to delayed discharges;
- joined up working through the MADART group, locality forum chairs and local head teachers in relation to missing children;
- the ongoing work in relation to record keeping at Ward 1 and development days for staff; and
- reporting methods to Government Committees and the success in relation to community payback orders which has led to funding being transferred from Scottish prison services to community justice services.

The Committee agreed to note the report.

7. Valedictory

The Chair advised Members that Margaret Hogg, Section 95 Officer, would be leaving the Council and the North Ayrshire Health and Social Care Partnership to take up a new post.

The Chair thanked Margaret for her valued contribution to the work of the Committee and wished her well in her new role. Members of the Committee joined the Chair in wishing Margaret well.

Margaret thanked the Chair and the Committee for their kind words.

8. Date of Next Meeting

The next meeting of the Integration Joint Board Performance and Audit Committee will be held on 8 March 2018. Business for that meeting will include the following:-

- | | |
|--|---------------|
| • Report on the External Audit operation budget | Stephen Brown |
| • Summary of Care Inspectorate report with highlights and key issues | Stephen Brown |
| • Report on Mental Welfare Commission annual visit and what is happening nationally and locally | Thelma Bowers |
| • Health Services on Arran – David Rowland to attend the meeting as he is leading the Arran review | David Rowland |

Noted.

The meeting ended at 11.45 am

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

DRAFT

