

## **Integration Joint Board**

**Thursday 19 May 2016 at 10.00 a.m.**

**Council Chambers  
Cunninghame House  
Irvine**

**1. Apologies**

Invite intimation of apologies for absence.

**2. Declaration of Interest**

**3. Minutes / Action Note (Page 4)**

The accuracy of the Minutes of the meeting held on 10 March 2016 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

**4. Matters Arising**

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

**5. Update: Locality Approach**

Receive a verbal update from the Chief Executive of North Ayrshire Council on the locality approach.

**Presentations**

**6. Arran Services Review (Page 16)**

Submit report and presentation on the outcome of the Arran Review of Services (copy enclosed)

**7. Fair for All: Community Planning Partnership Inequalities Strategy (Page 27)**

Submit report and presentation on a draft strategy to reduce inequalities in North Ayrshire.

## **Reports for Approval**

### **8. Appointment of Chief Finance Officer (Page 69)**

Submit report by Andrew Fraser, Head of Democratic Services on the requirement to appoint a Chief Finance Officer (copy enclosed).

### **9. Appointment of Standards Officer (Page 73)**

Submit report by Andrew Fraser, Head of Democratic Services on the requirement to appoint a Standard Officer (copy enclosed).

### **10. Concerns Hub Update (Page 96)**

Submit report by Mark Inglis, Senior Manager Intervention on the proposed arrangements to establish a Concerns Hub in Kilmarnock Police Station to screen concerns about vulnerable children and adults (copy enclosed).

### **11. Equality Outcomes (Page 102)**

Submit report by Jo Gibson, Principal Manager (Planning and Performance) on the draft Equality Outcomes (copy enclosed).

### **12. Health Improvement Strategies (Page 117)**

Submit report by Dr. Carol Davidson, Director of Public Health on an update on all Ayrshire and Arran's current Health Improvement Strategies/Action Plans (copy enclosed).

## **Reports for Noting**

### **13. Director's Report (Page 133)**

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

### **14. CMO Realistic Medicine (Page 141)**

Submit report by Eddie Fraser, Director of Health and Social Care on the Annual Report of the Chief Medical Officer for Scotland for 2014/15 (copy enclosed).

## **Exempt Information**

### **15. Exclusion of the Public**

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

#### **15.1 Red Cross House, Irvine (Page)**

Submit report by the Director of North Ayrshire Health and Social Care Partnership (copy enclosed).

# **Integration Joint Board**

## **Sederunt**

### **Voting Members**

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

### **Professional Advisors**

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

### **Stakeholder Representatives**

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

**North Ayrshire Health and Social Care Partnership  
Minute of Integration Joint Board meeting held on  
Thursday 10 March 2016  
at 10.00 a.m., Council Chambers, Cunninghame House, Irvine**

**Present**

Councillor Anthea Dickson, (Chair)  
Stephen McKenzie, NHS Ayrshire & Arran (Vice Chair)  
Bob Martin, NHS Ayrshire & Arran  
Janet McKay, NHS Ayrshire & Arran  
Councillor Peter McNamara, North Ayrshire Council  
Councillor Ruth Maguire, North Ayrshire Council

Iona Colvin, Director North Ayrshire Health and Social Care (NAHSCP)  
Lesley Aird, Chief Finance Officer  
Stephen Brown, Chief Social Work Officer – North Ayrshire  
Derek Barron, Lead Nurse/Mental Health Advisor  
Dr. Mark MacGregor, Acute Services Representative  
Louise  
Dr. Paul Kerr, Clinical Director  
Dr. Kes Khaliq, GP Representative  
Nigel Wanless, Independent Sector Representative  
David Donaghy, Staff Representative – NHS Ayrshire and Arran  
Louise McDaid, Staff Representative – North Ayrshire Council  
Fiona Thomson, Service User Representative  
Jim Nichols, Third Sector Representative  
Martin Hunter, Service User Representative  
Marie McWaters, Carers Representative  
Sally Powell, Carers Representative

**In Attendance**

Thelma Bowers, Head of Mental Health  
Jo Gibson, Principal Manager (Planning & Performance)  
David Rowland, Head of Health & Community Care  
Paul Doak, Integration Joint Board Chief Internal Auditor  
Mark Inglis, Senior Manager (Intervention Services)  
Mae Henderson, Senior Manager (Looked After and Accommodated Children)  
Marjorie Adams, Programme Manager (Early Intervention and Prevention)  
Karen Andrews, Business Support Officer  
Angela Little, Committee Services Officer

**Apologies for Absence**

Dr. Carol Davidson, NHS Ayrshire & Arran  
Councillor Robert Steel, North Ayrshire Council

## **1. Chair's Remarks**

The Chair agreed to vary the order of business to consider Agenda Item 10 (Integrated Care Fund) as the last item of business. The press and public would be excluded from the Meeting for this item of business in terms of Section 50(A)4 of the Local Government (Scotland) Act 1973, Paragraph 4 of Part 1 of Schedule 7A of the Act.

## **2. Apologies**

Apologies were noted.

## **3. Declarations of Interest**

In terms of Standing Order 7 and Section 5 of the Code of Conduct for Members of Devolved Public Bodies, Dr. Janet McKay and Nigel Wanless declared an interest in Agenda Item 10 (Integrated Care Fund), which would be considered as the last item of business.

## **4. Minutes/Action Note – 10 December 2015**

The accuracy of the Minutes of the meeting held on 11 February 2016 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

### **4.1 Matters Arising**

18.1 Integrated Care Fund – clarification that will be provided to IJB Members in respect of Members' interests in relation to the Integrated Care Fund.

Guidance from the Standards Commission had been circulated to all Members of the IJB Noted.

## **5. Kinship Care Payments**

Submitted report by Stephen Brown, Head of Services, Families and Criminal Justice on the re-alignment of Kinship Care Payments, following the decision of the Scottish Government that kinship carers should receive an allowance that is comparable to that paid to foster carers and that there should be local parity, presented by Mark Inglis, Senior Manager (Intervention Services).

The report provided information on the number of children and young people across North Ayrshire living within a kinship care placement, existing national fostering network rates relating to a child's age, the proposed kinship allowance of £200 per week/per child, additional funding of £0.180m from the Scottish Government to support the new requirements and the estimated substantial costs to the partnership in 2015/16 and 2016/17.

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

- Additional funds that have been provided by the Scottish Government for Kinship Care payments;
- An estimated additional cost to the IJB of £0.571m in 2015/16 and £1.061m in 2016/17 for kinship care payments; and
- Greater numbers of kinship carers in the North Ayrshire, East Ayrshire and Glasgow areas.

The Board approved the new Kinship Care Allowance Scheme as detailed in the report. S. Brown

## **6. Budget Deficit Recovery Plan 2015/16**

Submitted report by Lesley Aird, Chief Finance Officer, on the actions being taken to address the current financial pressures within the North Ayrshire Health and Social Care Partnership budget and the underlying budget pressure issues.

Appendix 1 to the report outlined the baseline budget pressures. A breakdown of each budget with a significant projected budget variance and, where appropriate, the remedial action required was detailed at Section 3 of the report. Significant budget pressures were outlined at section 3.3.2 of the report and included Learning Disabilities, Physical Disabilities, Mental Health Community Teams, Children and Families, Children with Disabilities.

The projected overspend for 2015/16 at month ten was £1.369m. Action has been taken to reduce the level of overspend in-year. Due to in-year emerging cost pressures around Kinship Care and further demand for services and the underlying base budget pressures this action will not be sufficient to fully recover the overspend this financial year.

Whilst the Council budget was set in February 2016, NHS Ayrshire and Arran's budget will not be formally set until 23 May 2016. An interim working budget will therefore require to be set, based on assumed funding from NHS Ayrshire and Arran.

Members asked questions and were provided with further information in relation to representations that have been made to the Scottish Government in respect of the funding shortfall for Kinship Care Payments.

The Board agreed to (a) approve the recovery plan for 2015/16; and (b) note the implications for the 2016/17 budget. Section 95 Officer

## **7. Financial Management Report as at 31 January 2016**

Submitted report by Lesley Aird, Chief Finance Officer, on the current financial position of the North Ayrshire Health and Social Care Partnership, as well as the projected outturn for 2015/16 as at period 10 to 31 January 2016.

The projected overspend for 2015/16 is £1.369m. The main areas of overspend are Children's Services, Learning Disabilities, Prescribing, Lead Mental Health services and Learning Disabilities, partially offset by anticipated underspends on Older People's Services, Direct Overheads and Support Services.

Appendix 1 to the report provided information on the approved budgets and projected outturns across the Partnership. Appendix 1a detailed the main variances across all Partnership services, with Appendices 2 and 3 detailing the main variances across budgeted services delivered by North Ayrshire Council and the Health Board respectively. Appendix 4 to the report provided a summary of current projected spend on each fund.

The Board agreed to (a) note the content of the report; and (b) approve the actions being taken, as outlined in paragraph 2.4 of the report, to bring the budget back into line. Section 95 Officer

## **8. Reserves Strategy**

Submitted report by Lesley Aird, Chief Finance Officer on the Reserves Strategy for the North Ayrshire Integration Joint Board.

The proposed Reserves Strategy was attached as Appendix 1 to the report and outlined the process for creating and using IJB reserves. In line with recommended practice, the strategy recommends that the IJB reserves are between 2 and 4 % of revenue expenditure, which would equate to between £4m and £8m.

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

- Planned underspends that can be retained by the IJB to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan; and
- Windfall underspend that will be returned to parties in the same proportion as individual parties contribute to joint pressures.

The Board agreed to approve the Reserves Strategy.

Section 95 Officer

## **9. Budget 2016/17**

Submitted report by Lesley Aird, Chief Finance Officer on the indicative 2016/17 North Ayrshire Health and Social Care Partnership budget position. The IJB budget for 2016/17 will be formally set once the Health Board has confirmed their budget for the year and their contributions to the Partnership.

The budget setting timetable was outlined in Paper 1 of Appendix A to the report. Paper 2 provided a summary of the indicative core Partnership funding streams and budget for 2016/17. A summary of the Council approved budget and funding for Council services for 2016/17, based on the assumed pressures and savings outlined in 2.2 of the report and including temporary funding allocations for each year were detailed in Paper 3. Paper 4 identified indicative budget pressures. Details of £3.316m of savings were provided in Paper 5. Paper 6 contained a summary of the indicative budget and funding for Health services for 2016/17 based on the assumed pressures and savings detailed at 3.2 and 3.3 of the report. Indicative budget pressures for Health services were detailed in Paper 7. Paper 8 identified a number of areas for review, in respect of Cash Releasing Efficiency Savings of £2.768m for 2016/17.



Appendix B to the report outlined the Equality Impact Assessments carried out for all developed pressures and savings proposals.

A detailed breakdown of committed Integrated Care Fund (ICF) funding for 2016/17 was provided at Appendix C to the report.

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

- A proposed saving of £500,000 as a result of the reduced demand in beds in the care of elderly/elderly mental health and purchased nursing care beds;
- The delivery of savings in the areas of increased income generation and streamlining management that has already been achieved;
- Discussions that will take place with relevant parties in respect of the areas identified for further work in terms of savings development, management of efficiencies by the non-filling of posts and a report that will be presented to the June meeting on savings; and
- Services that received temporary funding that has now come to an end and a report to a future meeting on discussions with the Hearing Loss Group.

Louise McDaid and Nigel Wanless asked that their dissent to the proposals outlined in Paper 8, in respect of Cash Releasing Efficiency Savings be noted.

The Board agreed to (a) approve the proposed pressures for Council services for 2016/17; (b) approve the proposed 2016/17 savings against Council services; (c) note the indicative 2016/17 Health services budget pressures and savings proposals; (d) note the proposed timeline for formal approval of the 2016/17 budget; (e) note the previously agreed Integrated Care Fund project funding for 2016/17; and (f) note the dissent of Louise McDaid and Nigel Wanless to the proposals outlined in Paper 8 of Appendix 1 to the report.

Section 95 Officer

## **10. Corporate Parenting**

Submitted report by Mark Inglis, Senior Manager (Children and Families) on the work progressing as part of the Corporate Parenting responsibilities of the Health and Social Care Partnership for Looked After Children.

The introduction of the Scottish Care Leavers Covenant (2015) supports Scotland's corporate parents in fulfilling their duties to improve the life chances of all of Scotland's care leavers. Section 3 of the report outlined areas of improvement in supporting young care leavers towards entering education, employment and training and work that will be done to update the Corporate Parenting Strategy 2014/17 in light of the Children and Young Person Act 2014.

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

- Work that has commenced on reviewing the Corporate Parenting Strategy 2014/17;
- An estimated completion of the new strategy by summer 2016; and
- Inclusion within the strategy of how the impact of the strategy is measured.

The Board agreed to (a) approve the approach to Corporate Parenting under the new Act; and (b) to adopt the Scottish Care Leavers Covenant (2015). M. Inglis

## **11. Director's Report**

Submitted report by Iona Colvin, Director, on developments within the North Ayrshire Health and Social Care Partnership.

The report highlighted work that has been underway in the following areas:-

- Strategic Planning and Operational Group (SPOG)
- National Developments;
- National Clinical Strategy for Scotland;
- Ayrshire developments:- Woodland View; new models of care for older people and people with complex needs (Appendix 1) and transforming care after treatment employability project (Appendix 2);
- North Ayrshire developments:- the Untitled: Bad Entertainment Exhibition, Foster Care Awards and GP/Primary Care event.

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

- Consultation that will take place with the third and voluntary sector in respect of the transport review; and
- The draft framework for Clinical Care and Governance arrangements across the three partnerships and NHS that will be circulated through Partnership Management Teams, NHS, CMT and Staff Partnership Fora and submitted to IJBs, NHS Integrated Governance Committee and Council Audit Committees in May 2016.

Noted.

I. Colvin

## **12. Audit Scotland Report – Health and Social Care Integration**

Submitted report by Paul Doak, IJB Chief Internal Auditor on the recent national report by Audit Scotland on the integration of Health and Social Care services.

Appendix 1 to the report provided information on Audit Scotland's recommendations for Integration authorities, North Ayrshire IJB's current position and planned actions. The Audit Scotland report was attached as Appendix 2 to the report and highlighted current issues such as:-

- governance arrangements
- scrutiny arrangements;
- the role of IJB Members and the management of conflicts of interest
- sound financial procedures;
- financial constraints and differing financial planning cycles between Councils and NHS boards;
- strategic planning and supporting strategies and
- performance management systems;

The report also provided information on a number of areas that are currently subject of review by Internal Audit, namely, governance framework and organisational development arrangements.

The Board was advised that Audit Scotland will attend the IJB Performance and Audit Committee in June 2016 to present their report on Health and Social Care Integration.

Members asked questions and were provided with further information in relation to work that will be done to agree how resources are reinvested.

Noted.

### **13. North Ayrshire Children's Services Plan 2016/20**

Submitted report by Marjorie Adams, Programme Manager (Early Intervention and Prevention) on the development of the North Ayrshire Children's Services Plan 2016/20: Getting It Right for You.

The Children's Services Plan was based on the four priorities from the Improving Children's Outcomes survey with the Scottish Government and the Dartington Social Research Unit. Consultation took place to obtain view on the plan's "promises" and to ensure that its plans to improve children's services and outcome meet with local needs, expectations and aspirations.

The draft Children's Services Plan was attached at Appendix 1 to the report and contained the Action Plan detailing actions against each promise to indicate what is planned to deliver them.

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

- a variety of methods that will be used to make the plan accessible to young people, including a comic strip booklet, a z-card that folds out with each promise and the action planned underneath and promotion via social media;
- the development of a performance framework to measure implementation which will be reported back to the Community Planning Partnership and the IJB;
- work that will be done with young people to examine appropriate ways to report back to them.

Noted.

M. Adams

### **14. Nursing and Midwifery Revalidation**

Submitted report by Derek Barron, Lead Nurse on the current position in relation to Nursing and Midwifery Revalidation.

The Nursing and Midwifery Council (NMC) has introduced revalidation for all nurses and midwives in the UK. Revalidation is a three yearly process and will replace the current Notification of Practice. An updated Code of Conduct which outlines the underpinning standards that nurses and midwives require to demonstrate has been introduced.

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

- work that has been done to support the roll out of revalidation, including a number of awareness sessions held across Ayrshire; and
- additional time that will be added to registrant's annual appraisal to incorporate revalidation.

Noted.

## **15. Occupied Bed Days**

Submitted report by David Rowland, Head of Health and Community Care on the impact of the whole system approach to winter planning on occupied bed days saved and the development of a projection model to link projected population changes to historical occupied bed days in acute hospitals, presented by Jo Gibson, Principal Manager (Planning and Performance).

The report provided information on the initial finding of the projection model in respect of the population change, bed days, average occupied beds and new beds required. Details of increased care at home capacity, admissions to Pavilion 3 – Intermediate Care and Rehabilitation Hub, occupancy and lengths of stay in Pavilion 3, funding of care home placements, telecare/community alarm services – 999 response service and social care assessments in hospital.

Noted.

## **16. Date of Next Meeting**

The next meeting will be held on Thursday 2016 at 10.00 a.m. in the Council Chambers, Cunninghame House, Irvine.

## **17. Exclusion of the Public**

The Board resolved, in terms of Section 50(A)4 of the Local Government (Scotland) Act 1973, to exclude from the Meeting the press and the public for the following item of business on the grounds indicated in terms of Paragraphs 4 and 8 of Part 1 of Schedule 7A of the Act.

### **17.1 Integrated Care Fund**

Submitted report by Jo Gibson, Principal Manager (Planning and Performance) on proposals for the Integrated Care Fund (ICF).

The report provided information on (a) the continued funding of a number of projects that had been agreed by the IJB at its meeting in February 2016; (b) discussions that took place with each of the 13 projects not recommended for funding and presentation opportunities taken up by 10 of these projects; (c) a recommendation on each of the 10 projects, totalling £230,000, of which £140,00 would be from the Integrated Care Fund.

Members asked questions and were provided with further information in relation to staffing issues that affected the start-up of projects.

The Board agreed to the recommendations outlined in the J. Gibson report.

## **18. Valedictory**

The Chair advised Members that Lesley Aird, 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 Lesley for her outstanding contribution to the work of the partnership and wished her the very best in her new role. Members of the Board joined the Chair in paying tribute to Lesley.

Lesley thanked the Chair and the Board for their kind words.

The meeting ended at 12.50 p.m.

## North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 10 March 2016

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Development and Implementation of a North Ayrshire Social Enterprise Strategy	4/6/15	Draft Social Enterprise Strategy to be submitted to the IJB, NACMT and NAC Cabinet Meeting.	Agenda – June meeting  (Report going to Cabinet on 10/5/16)  Economic Development	John Godwin
2.	Model Publication Scheme	13/8/15	Report on progress including the outcome of the options appraisal	Agenda – possibly June 2016	Neil McLaughlin
3.	GP Strategy	13/8/15	Progress report	Agenda – Presentation to 19 May 2016  <b>Remove if presentation is confirmed</b>	Dr P Kerr
4.	Volunteering Strategy	11/2/16		Agenda – future meeting	J. Nicols
5.	Official opening of Woodland View	11/2/16	Details of official opening to be provided to IJB Members	As soon as available	T. Bowers

<b>Subject:</b>	<b>Arran Review of Services – Integration and whole system change.</b>
<b>Purpose:</b>	To provide an update to the IJB on the outcome of the Arran Review of Services
<b>Recommendation:</b>	The Integration Joint Board is asked to consider the findings of the Arran Review to support and endorse the detailed planning required to deliver a fully integrated hub.

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<b>1.</b>	<b>INTRODUCTION</b>
1.1	The integration of Health, Social Care, Third and Independent Services within North Ayrshire has provided the opportunity to review how services are provided on the Isle of Arran by Health and Social Care Teams, as well as by Third and Independent Sector providers.
1.2	<p>To support this review a multi-agency, multi-disciplinary group was formed to engage members of the public and staff through a review and assessment process, leading to the vision of:</p> <p><i>“A new model that increases support for an ageing population with increasing multi-morbidity, delivered by an enhanced and extended multi-disciplinary team that are truly integrated and co-located. This will redefine the balance between prevention and early intervention, promotion of self-care, proactive planned care and emergency care, leading to greater independence, fewer admissions and reducing delays in discharge with re-establishment of independent living in a person’s own home wherever possible.”</i></p>
1.3	<p>This report summarises the assessment, findings and recommendations of the review. More detailed analyses of each aspect of the review are available on request as follows:</p> <ul style="list-style-type: none"><li>• Paper 1a – Locality Profile</li><li>• Paper 1b – Mapping Service User Experience</li><li>• Paper 1c – Barbara’s Story</li><li>• Paper 1d – Appreciative Enquiry Outputs</li><li>• Paper 1e – Estate Infrastructure</li><li>• Paper 1f – IT Infrastructure</li></ul>



<b>2.</b>	<b>CURRENT POSITION</b>
2.1	The Isle of Arran is located in the Firth of Clyde off the coast of Ayrshire. At 432km <sup>2</sup> , it is the seventh largest Island in Scotland. At the 2009 General Register Office for Scotland population survey, the population was 5205 people located across the Island. A marked increase in the population is identified between April and October with a marked increase of visitors and temporary residents to the island.
2.2	The proportion of Arran's total population aged 65 years and over has increased dramatically in recent years, rising from 23% in 2001 to 35 % in 2013. In comparison there has been a 32% fall in the child population (under 16s), and a 16% fall in the adult population (16-64).
2.3	There are no figures to estimate the population projections for Arran in the future. However population projections for North Ayrshire give a general idea of the expected projected change.
2.4	Between 2008 and 2033, the proportion of older people aged over 75 years' increases from 7.8% of the total to 15.7% (nearly double). At the same time the proportion of adult (working age) population decreases from 51.8% to 47.4%. (Data provided by GROS – small area population estimate by SIMD localities.)
2.5	Arran has an older age profile than the mainland which will put increasing demand on health and social care services. The proportion of residents aged 65yrs and over is approximately 27% compared with a North Ayrshire rate of 19% (see Paper 1a)
2.6	There is also a higher life expectancy on Arran for both men and women in comparison to North Ayrshire and Scotland. Arran Medical Group practice registered population shows there are a higher ratio of men and women in the 65-74, 75-84 and 85+ age categories.
2.7	Local data indicates there is greater disease prevalence on Arran for people with Atrial Fibrillation, COPD, Depression, Epilepsy and Heart Failure. The prevalence for Cancer, CKD, Diabetes, Hypertension, Obesity, Palliative Care, Rheumatoid Arthritis, Stroke and Thyroid disease is the same as the rest of Ayrshire.
2.8	This means that there are significant numbers of frail elderly people with multi-morbidity. Details of local need are set out in Paper 1a. The exacerbation of any of these illnesses, common in the older person leads to increased demand for health and social care services.
2.9	Current service provision is complex and likely to appear confusing to service users and those who deliver treatment, care and support. This is exemplified by the Mind Map (see Appendix 1). There are many links and strong interdependencies necessary to ensure service delivery, some of which are tenuous and unclear.
2.10	The Mind Map shows services being provided by multiple providers, from a variety of locations by a large number of professionals, but often, to the same client. See Current Service Overview Report (Paper 1b) for a more detailed description of these services.
2.11	In order to better understand how local people currently access services it was decided to focus on 10 people with multi-morbidity who were known to all services on Arran. A process mapping exercise for these 10 people helped to highlight the way current services are provided and showed the fragmentation, lack of

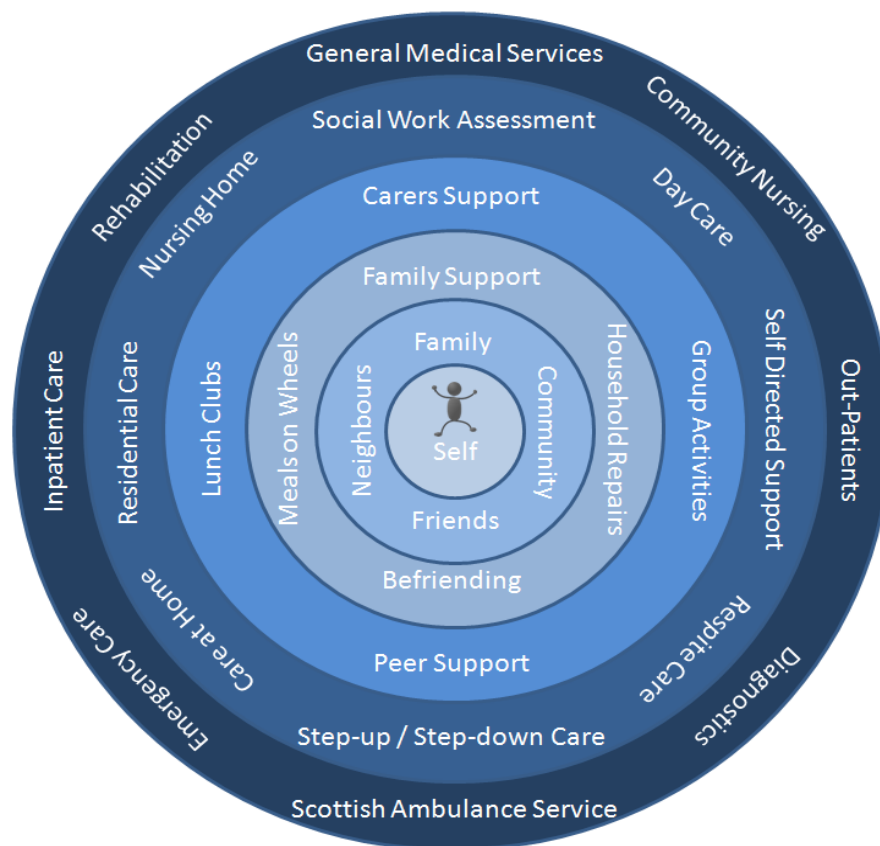
	coordination and duplication. This also allowed current service gaps to be highlighted. Details of this exercise are set out in Appendix 1b.
3.	<b>AN INDIVIDUALS PERSPECTIVE</b>
3.1	<p><u>Case Study - Barbara's Story</u></p> <p>Although the process mapping exercise highlighted a number of issues it was agreed a more in depth analysis of an individuals experience was required to understand and confirm the picture of multiple service providers. It was also important that the individual's perspective would be used to drive the change and new model.</p>
3.2	By interviewing one of the 10 people who were part of the process mapping exercise a more in depth picture has been developed (see Paper 1c). This has highlighted the concerns and worries from an individual's perspective and helped to prioritise areas for change and is the basis for some elements of the emerging new model.
4.	<b>STAKEHOLDER ENGAGEMENT</b>
4.1	<p>An 'Appreciative inquiry' event was held on Arran with 30 stakeholders (see Paper 1d):</p> <p>The results included suggestions that services could be improved by:</p> <ul style="list-style-type: none"> <li>• The development of a fully integrated hub to co-ordinate service delivery on Arran.</li> <li>• Services designed to enable the early identification of individual needs and the swift deployment of support, care and treatment services. Ensuring services adapt to meet long-term needs when they arise</li> <li>• The redesign of the local workforce utilising an organisational development programme which will ensure the workforce is configured to meet the needs of local people and adopts the principle of meeting the needs of the individual they are engaging with as far as skills and competencies allow</li> <li>• The development of a coherent and cohesive vision for Island Services</li> </ul>
4.2	<p>Further stakeholder engagement discussions and written submissions were gathered from the multiagency team. There was a 6 month iterative process which included team meetings to ensure constant feedback and validation from front line teams for each stage of the review prior to moving to the next stage. The outcomes included:</p> <ul style="list-style-type: none"> <li>• There should be a single point of contact for all island services manned by suitably trained staff who can triage calls/make appointments etc</li> <li>• There should be suitable and integrated IT and telephony to support services.</li> <li>• Co-location of staff and services</li> <li>• The development of an island 'Hub' to co-locate services, staff etc – one stop shop</li> <li>• Generic team of appropriate staff able to work across a variety of areas</li> <li>• Harmonisation of terms and conditions amongst staff</li> <li>• Single, local management structure for all services</li> <li>• Provision of appropriate respite/step up-down services</li> <li>• Improved co-ordination of transport for local residents</li> <li>• Improved 'sitter' / day care services</li> </ul>

	It is interesting to note that the outcomes from the Appreciate Inquiry and staff engagement support each other. Paper 1d provides a more detailed analysis of the Appreciative Inquiry.
4.3	The Health and Social Care Locality Forum for Arran was established in March 2016. Membership of the Forum includes Patient, Carer, Third and Independent Sector representatives, in addition to a GP from the Arran Medical Group, and a range of Health and Social Care Managers and Professional Staff.
4.4	<p>It was agreed at the first formal meeting of the Forum that the following priorities (identified as part the Arran Service Review) would form the initial focus :</p> <ul style="list-style-type: none"> <li>• Reducing Social Isolation on Arran (including extending provision of Befriending, potential use of Montrose House facilities for social activities etc.)</li> <li>• Transport (including conducting a mapping exercise of on and off Island arrangements in relation to Crosshouse and Ayr Hospitals, and exploring opportunities to improve future transport arrangements.)</li> <li>• Generic roles</li> </ul> <p>The projects identified will be taken forward in parallel to the Arran Service Review.</p>
5.	<b>SUPPORT SERVICES &amp; FACILITIES</b>
5.1	<p><u>Premises and Information Technology</u></p> <p>A comprehensive review of all buildings and IT systems was undertaken. This has revealed that there are a total of 8 partnership premises and over 50 IT systems used by staff within the partnership.</p>
5.2	Three premises are relatively new and provide an environment conducive to care provision, however many other facilities are old and questionably fit for purpose, with poor internal and external access.
5.3	The number of separate buildings and different IT systems is not conducive to integration and in fact builds in inefficiencies on how care and support is delivered on Arran. More details on the current estate infrastructure can be found in Paper 1e with similar information on the IT infrastructure in Paper 1f.
6.	<b>WORKFORCE</b>
6.1	Workforce profiling on Arran shows that there is an ageing workforce and significant challenges when recruiting staff. For example, there has been a vacant GP post for over 12 months on Arran along with a large number of vacancies in the Care at Home team despite numerous recruitment initiatives.
6.2	It is essential that any new service model on Arran addresses this key challenge and ensures sustainability of services.
7	<b>EMERGING MODEL OF CARE</b>
7.1	<p>This has been driven by the individual's story, process mapping, staff and wider engagement of Arran locality. Based on their assessment of the intelligence, those involved in the review propose a new model for Arran that focuses on;</p> <ul style="list-style-type: none"> <li>• The provision of generic community based care e.g. transport and foot care, help</li> </ul>

at home

- The development of generic roles and enhanced roles – skills escalator
- The development of a single team who are co-located
- An enhancement from the current management structure to a single, local management structure for all statutory services
- The development of an Arran Hub – to include people, primary, community, hospital, social service and third sector staff
- The introduction of the Community Connector within primary care
- Continued provision of acute care with well maintained links with secondary care providers
- That development and delivery of a single IT system to support the sharing of information relevant to an individuals care between teams
- The development of a single point of contact for all needs

This can be represented by



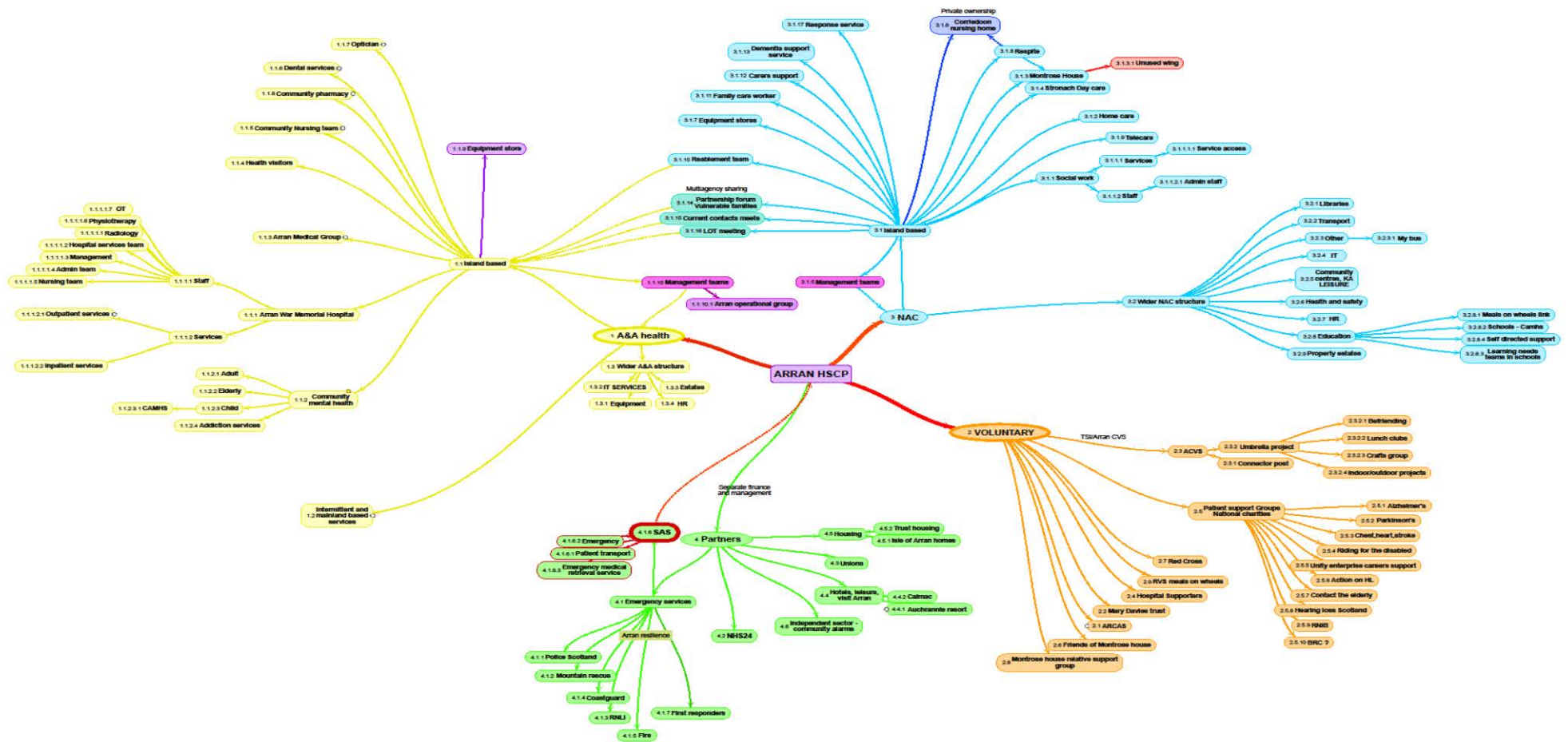
8.	<b>CHALLENGES AND DRIVERS FOR CHANGE</b>
8.1	This new model will allow us to deliver a whole system change that brings an integrated health, social care, third and independent sector model that is viable and sustainable.
8.2	<p>Our key challenges are:</p> <ul style="list-style-type: none"> <li>• Demographics – older population with a high dependency ratio</li> <li>• Ageing workforce – difficulties in recruiting and retaining staff</li> <li>• Infrastructure – numerous buildings and IT systems</li> <li>• Fragility/resilience on Arran, as absence of small numbers of staff can have a disproportionate affect on service delivery</li> <li>• Availability of affordable housing</li> </ul>

	<ul style="list-style-type: none"> <li>• Changing traditional boundaries of care and professional roles</li> <li>• Integrating teams with different cultures, terms and conditions and ways of working</li> <li>• Financial resources</li> </ul>
8.3	At this stage the emerging model focuses on older people, but it is acknowledged that as the Locality Forum develops on Arran other areas such as Mental health and Young people's services will also need to be reviewed.
<b>9.</b>	<b>TEST OF CHANGE</b>
9.1	<p>To progress development, a number of smaller scale changes are already underway. These include</p> <ul style="list-style-type: none"> <li>• A PDSA (Plan, Do, Study, Act) has been implemented to support nursing assistants from Primary Care/Community Nursing and Care at Home to 'shadow' each other to understand each others roles, to identify similarities and differences. This is a first step to developing generic job roles.</li> <li>• Roll out of Care First to clinical areas to minimise duplication and share appropriate information</li> <li>• Trusted assessor training supporting a multidisciplinary approach to assess for and supply appropriate community equipment</li> <li>• Exploring ways of delivering a foot care service for Arran residents.</li> </ul>
<b>10.</b>	<b>NEXT STEPS</b>
10.1	<p>In order to achieve such an ambitious whole system change it is acknowledged that there will need to be some additional resource for clinical and managerial leadership on Arran. This will include :</p> <ul style="list-style-type: none"> <li>• The ongoing support of the existing project manager for 2 days per week and resultant 'back fill' required for Arran Medical Group</li> <li>• The ongoing support of a GP acting as 'clinical lead' as required</li> </ul>
10.2	This will allow the implementation of the emerging new model including; single point of contact, feasibility study for an Arran hub, development of generic roles and implementation of a new management structure which will incorporate primary care. See appendix 3 for outline of additional resource required.
10.3	Reflecting on the experience from the Arran Review, it is evident that the clarity offered by the Locality Profile in terms of understanding local health and social care needs, combined with the process mapping of current service provision to understand how local teams respond to this have proven to be particularly helpful. It is therefore proposed that these approaches are shared with the Locality Planning Forums to review, refinement and rollout as part of their planning processes.
<b>11.</b>	<b>IMPLICATIONS</b>
11.1	<p><b>Financial Implications</b></p> <p>There will be no substantive, recurring revenue investment required to deliver the new model of care with a clear understanding by the review group that all service changes must be delivered within existing resources. The Capital implications of creating a fully integrated Health and Social Care Hub will be developed through the</p>

	business case development process subject to Integration Joint Board approval of the direction being set. The associated costs will be presented back to the Integration Joint Board along with the anticipated capital receipts from the potential sale of any properties deemed surplus to requirements as a result of the new integrated hub.
11.2	<b>Human Resource Implications</b>  Through continued dialogue with trade union and staff side colleagues, the potential Human Resource implications of new role development to support the model of care will be fully explored.
11.3	<b>Legal Implications</b>  There are no legal implications.
11.4	<b>Equality Implications</b>  None at this time with a commitment to ensure implementation planning will be underpinned by the Equalities Outcomes when ratified by the Integration Joint Board to ensure services are responsive to the needs of people with protected characteristics and meet our three duties.
11.5	<b>Environmental Implications</b>  There are no environmental implications.
11.6	<b>Implications for Key Priorities</b>  The conclusions and recommendations set out herein are underpinned by and designed to deliver the Partnership's strategic priorities as set out in the Integration Joint Board approved Strategic Plan.
<b>12.</b>	<b>CONSULTATIONS</b>
12.1	The Arran Service Review has adopted an inclusive, engaging approach designed to maximise opportunities for feedback from a wide range of stakeholder groups. The detail of this has been set out in section 4 of this report.
<b>13.</b>	<b>CONCLUSION</b>
13.1	The six month review has mapped current services and the needs of older people on Arran. Utilising a wide range of consultative techniques a clear consensus on a future model of care has emerged.
13.2	The primary aim is to place the person at the centre of planning care, building on the integration of primary care, secondary care, third and independent sectors as well as the best of a complex range of health and social care services, enhancing care and facilitating the strengthening of local resilience. It is an opportunity to evolve highly effective, flexible and integrated management of all these services.
13.3	The vision is of a redesigned service that doesn't cost more but it will be necessary to invest in planning and implementation to achieve this

For more information please contact Alan Stout on 01770 601030 or [a.stout@aapct.scot.nhs.uk](mailto:a.stout@aapct.scot.nhs.uk)

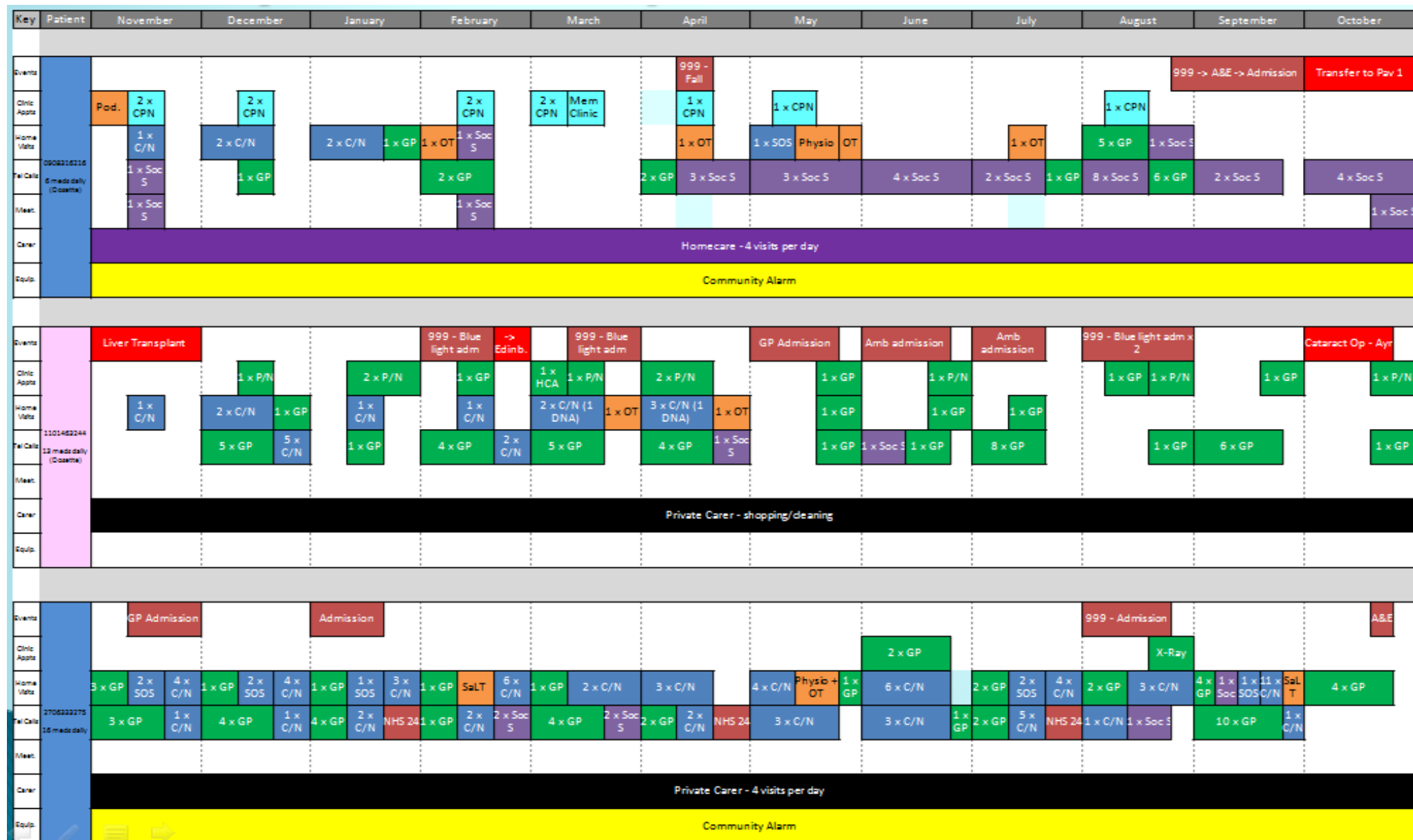
## Appendix 1 Mind Map





## Appendix 2

### Service Mapping – bar graphs



## Appendix 3

### Support cost outline

Clinical Lead and Management support for implementation of Arran Review recommendations.

In order to support the Senior Manager, Integrated Island Services to coordinate and implement the recommendations outlined in the Arran Review paper there will need to be some additional clinical and management support for the project.

This will enable the existing project manager to continue in the role and support moving the project to the implementation stage, develop project plans and teams to deliver the recommendations in conjunction with the Senior Manager.

The Project manager will also continue in the Locality Coordinator role for Arran.

It is recognised that this will require more than the 1 day per week that has been used thus far for the scoping phase of the project.

The project team also recognise that the clinical lead role will be crucial to successful implementation. The increase in clinical sessions identified will be used to provide clinical leadership for the project on Arran.

The following costs are associated with these roles;

Project Manager	Backfill for Arran Medical Group plus ongoing co-ordination of the Arran Locality Forum	2 days per week for 12 months	£40,000
Clinical Lead	Clinical leadership	4 sessions per month for 12 months	£12,000
		<b>Total</b>	<b>£52,000</b>

**Subject:** **Fair For All : Community Planning Partnership Inequalities Strategy**

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**Purpose:** To ask IJB Members to approve Fair for All, a draft strategy to reduce inequalities in North Ayrshire.

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**Recommendation:** That IJB members approve the draft Inequalities Strategy Fair for All

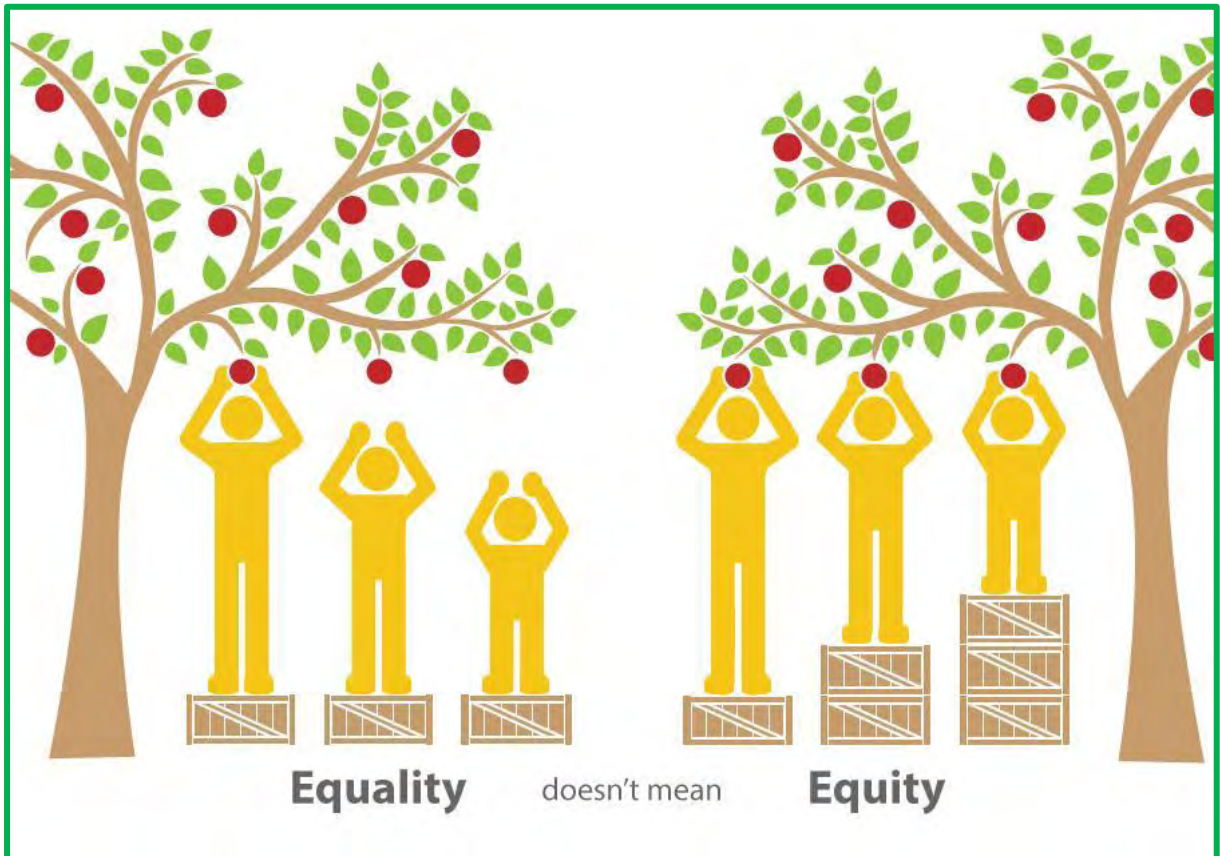
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<b>1.</b>	<b>INTRODUCTION</b>
1.1	The CPP requested that a strategy be developed to ensure joint work is evidence based and has the greatest potential impact on reducing inequalities.
1.2	A Steering Group was set up to co-ordinate this work and a number of key engagements events have taken place.
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	The draft strategy provides a distillation of the evidence about both what causes inequality and what interventions would be effective in reducing inequalities. This strategy is the start of a journey as it represents the opportunity for us to check the work we are doing, both together and as individual organisations, and assess whether this forms a coherent strategy in light of the evidence. The draft strategy was approved by the Community Planning Partnership Board on 24 <sup>th</sup> March 2016. A copy of the strategy is attached at Appendix 1.
<b>3.</b>	<b>KEY FINDINGS</b>
3.1	There is a significant amount of work going on across North Ayrshire designed to reduce the inequality experienced by many of our citizens. Until now, we have not had the ability to see and appreciate the scale of that work, and more significantly, to consider whether the totality of the work forms a strategy that is likely to have the transformational impact that North Ayrshire requires.
3.2	The stocktake indicates that while a wide range of work is underway, this may not as it stands, provide a coherent strategy when we consider the evidence relating to what reduces inequality.

<b>4.</b>	<b>CONCLUSION</b>
4.1	While much work is already underway, a significant commitment is required by CPP partners, to support a thorough review of the scale and breadth of this work, drawing on evidence, and national expertise, to create a more tailored and effective set of responses which are more likely to deliver the change required.
	This will require a period of evidence gathering and action planning.
<b>5.</b>	<b>RECOMMENDATION</b>
5.1	IJB members are asked to consider and agree :-
	<ul style="list-style-type: none"> <li>• The Draft Strategy</li> <li>• The establishment of the Fair for All Board</li> <li>• The further refinement and commitment to Our Pledges</li> <li>• The next steps required to develop short and long term plans to deliver these Pledges.</li> </ul>

**For more information please contact Jo Gibson, Principal Manager – Planning & Performance (NAHSCP).**

# Fair for All



**A strategy to reduce inequality in North Ayrshire**

**DRAFT**

**March 2016**

Version 0.14

## Contents

1. Introduction	1
2. Understanding inequalities	2
3. Responding to inequalities	4
4. The national picture – policy and strategic context	5
5. The local picture – policy and strategic context	6
6. Our strategic vision and priorities	7
7. Conclusion	11
8. Our pledges	12
9. The Fair For All board	13
Appendices	
Appendix 1: Summary of Key Activities	14
Appendix 2: Our Pledges	16

## 1. Introduction

- 1.1 High levels of inequality, particularly poverty exist in North Ayrshire. *Fair for All: A strategy to reduce inequalities in North Ayrshire* focusses on the impact of poverty, and the opportunities, based on evidence, of where and how North Ayrshire Community Planning Partnership (CPP) partners can work to achieve the greatest effect in reducing inequality.
- 1.2 North Ayrshire CPP is committed to tackling issues of inequality by accepting inequalities as a key theme of the Single Outcome Agreement. *Fair for All* and associated *Inequalities Stocktake* are the key tools with that the CPP will use when working with people to reduce inequalities and create a more fair North Ayrshire.
- 1.3 The CPP will champion and lead the case for tackling inequality across all communities in North Ayrshire. They will understand and respond to inequalities across a broad range of socio-economic and health issues. This commitment is supported by UK and Scottish legislative and policy frameworks that place a duty on all public sector organisations to provide fully inclusive and equitable services. This strategy proposes how to tackle inequalities. **It marks the start of a journey, where CPP partners will increasingly work more closely together, in order to design, improve and challenge, how they individually and collectively act to reduce inequalities.**
- 1.4 The evidence is clear. Societies where there is a significant gap between the most well-off and least well-off, experience more difficulties across a range of health and social care issues such as mortality rates, imprisonment rates, incidences of mental illness including drug and alcohol problems, children's educational performance, obesity and social mobility (Wilkinson and Pickett, 2009). It is also crucial to acknowledge that the evidence also demonstrates that a **society as a whole stands to gain when levels of inequality are reduced**. A whole society suffers when the inequality gradient is steep. Therefore tackling inequality is a key local and national objective.
- 1.5 People have a right to the same life chances regardless of their socio-economic status or Protected Characteristics (Equality Act, 2010) such as:
  - Age
  - Sexual orientation
  - Disability
  - Sex
  - Religious Belief
  - Gender identity
  - Marital or Civil Partnership Status
  - Race
  - Pregnancy or Maternity Status

Other mechanisms exist within and between CPP partners to ensure a focus on Protected Characteristics.

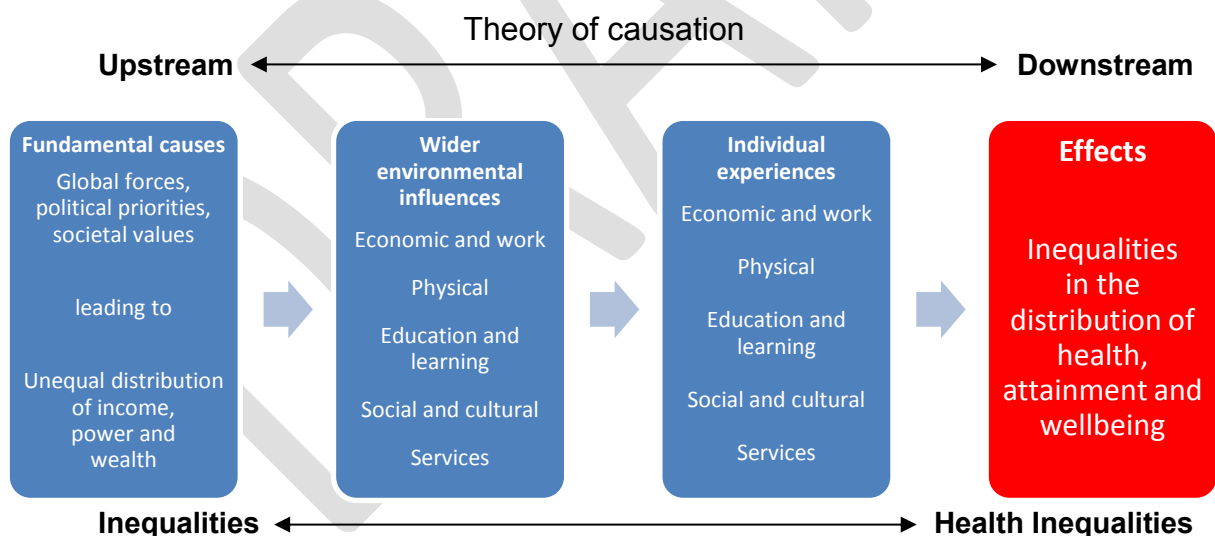
- 1.6 North Ayrshire is one of the most deprived areas in Scotland. Deprivation levels are significantly higher than the Scottish average. According to recent data poverty levels are increasing. The number of areas assessed as being among the 15% most deprived in Scotland has risen by over 28% in a four year period (SIMD, 2012). In addition, unemployment levels in North Ayrshire are high, there are significant numbers of people on low income and almost a third of children live in poverty.
- 1.7 Inequalities in outcomes can be seen across all sectors including education, employment, income and health and wellbeing. They are the result of an imbalance in power, money and resources across society, further compounded by the recent economic conditions of recession, austerity and welfare reform.
- 1.8 *Fair for All* and the accompanying *Fair for All Stocktake* forms the overarching context in which many of the CPP and partner specific plans are embedded. Many of these are referred to in detail in the accompanying stocktake.
- 1.9 This document details how we understand inequality, its causes, and the most effective ways of responding. It sets out the approach that North Ayrshire CPP will take to address the fundamental and intermediate causes of inequalities, and to help individuals recover from the impact of these inequalities.

## **2. Understanding Inequalities**

- 2.1 Educational, economic, health and social inequalities are avoidable differences in people's life outcomes across social groups and between different population groups. These inequalities result in thousands of unnecessary premature deaths every year in Scotland, and for men living in the most deprived areas this means nearly 24 fewer years of life with good health. This does not occur by chance, it is because of circumstances largely beyond an individual's control. These socially determined circumstances disadvantage people and limit their chance to live as long and as healthy a life as other people in the same country, or in some cases, even in the same geographical area.
- 2.2 Inequalities are often expressed as the gap between those with the best and worst outcomes; however, not all disadvantaged people live in the most deprived areas and not all people living in deprived areas are disadvantaged.
- 2.3 While a clear link exists between poverty, levels of deprivation and poor social and health outcomes, the issue is not only about 'the poor' or unemployed. For example;
- Data from the Office for National Statistics (2007) shows that for the period 2002–5, men in professional occupations had a life expectancy at birth of 80.0 years, compared with 72.7 years for those in unskilled manual occupations.



- Women in professional occupations had a life expectancy at birth of 85.1 years, compared with 78.1 years for those in unskilled manual occupations.
  - Life expectancy at age 65 also varied by occupation, with professional men aged 65 expecting to live to 83.3 years on average, and unskilled manual working men expecting to live to 79.1 years.
- 2.4 Mortality rates have been used as an example; tackling inequality can be literally a matter of life and death.
- 2.5 The research also shows that there is not a simple threshold below which people have shorter lives. There is, instead, a life expectancy gradient, with people in higher socio-economic positions living longer than those in lower ones. For example, those in the most senior management jobs live longer, on average, than those in less senior management jobs. (Marmot, *et al.*, 1978; Marmot, *et al.*, 1984; Marmot and Shipley, 1996). Health inequality is not therefore an issue just of poverty but is related to economic inequality more widely, and affects *each and every one of us*.
- 2.6 **What causes inequalities?**  
Research shows a range of factors which, when distributed unequally in society, result in inequality of outcomes across socio-economic groups.



- 2.7 Inequalities in individual outcomes are directly linked to wider socio-economic inequalities in society. The distribution of power, money and resources has a direct influence on environmental influences such as:
- availability of health enhancing work
  - access to good quality and affordable housing
  - social and cultural experiences
  - transport
  - education and learning opportunities
  - availability and quality of services

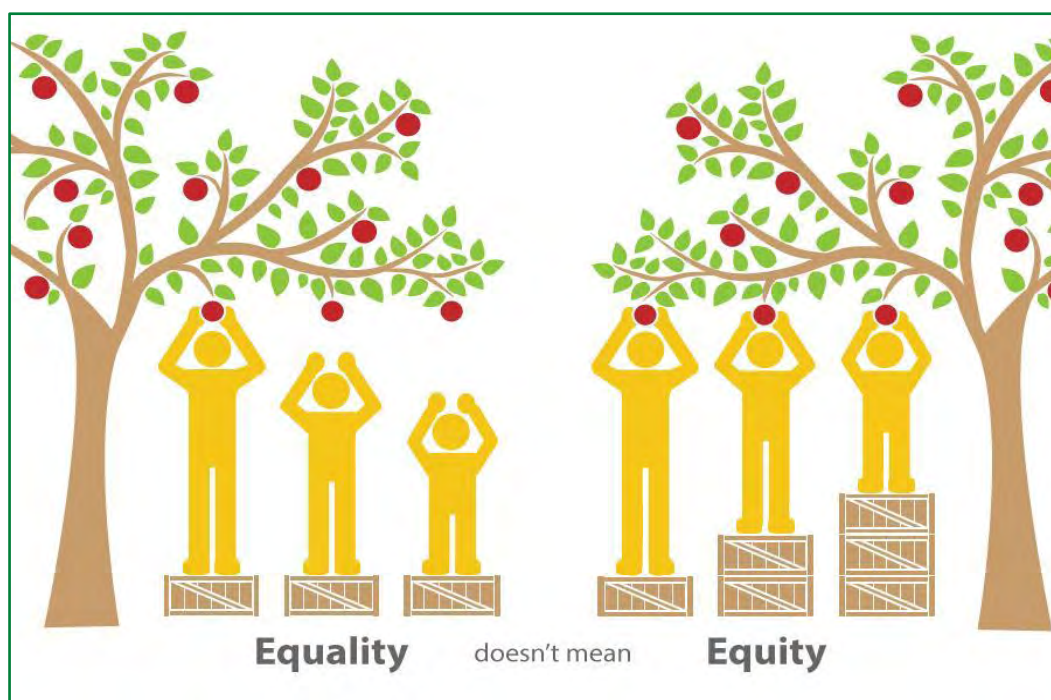
- 2.8 A combination of these factors affects the length and quality of an individual's life. These environmental influences shape people's individual experiences, making it more likely to result in people living in poor housing, experiencing poor access to health care, being unemployed or employed in low paid work. In addition, as these conditions are all underpinned by the same fundamental factors, they tend to be clustered in neighbourhoods and population groups; for example, evidence shows that women and those with disabilities are most affected by austerity and welfare reform. While there will be some fundamental causes which are outwith the control of North Ayrshire CPP, there are many areas where an impact can be made.
- 2.9 A review of the literature suggests that in order to be most effective, interventions need to be taken at all three levels:
- *undo* the fundamental causes
  - *prevent* the wider environmental influences
  - *mitigate* the individual experiences
- 2.10 Our approach to tackling and reducing inequalities needs to be considered across and within these three levels.

### 3. Responding to Inequalities

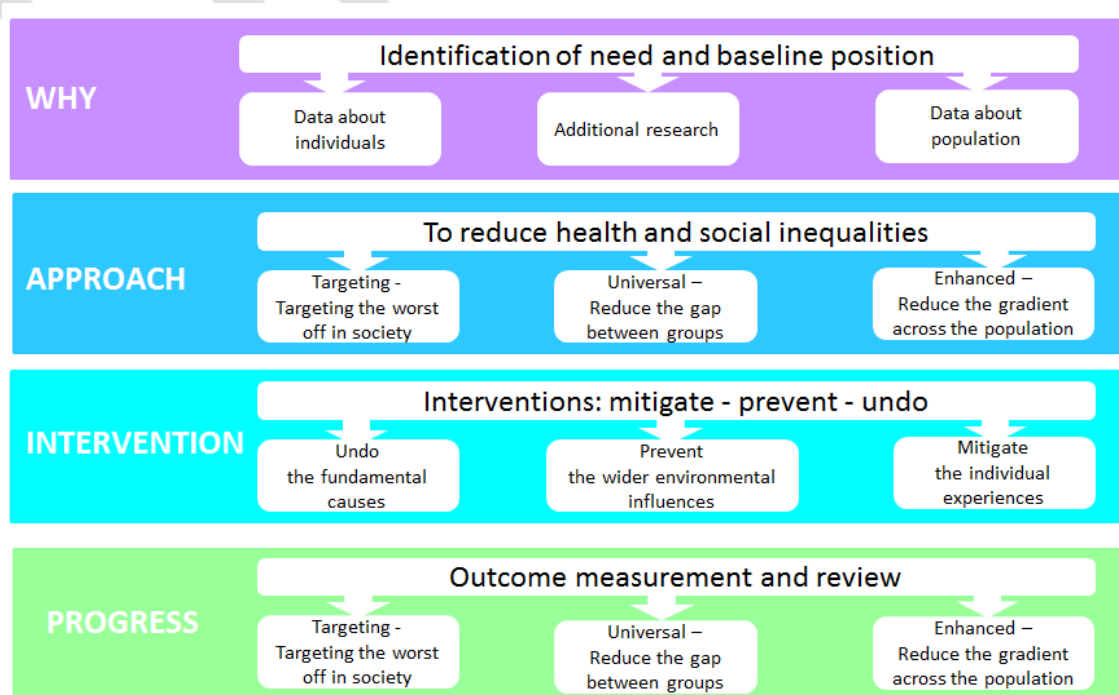
*No progress towards positive outcomes can or will be achieved without addressing the issue of inequality.*  
(Equality & Human Rights Commission, 2011)

- 3.1 As well as needing to ensure that our approach intervenes at all three levels described above, research also demonstrates that a combination of approaches across three areas of the population is essential to effectively tackle inequalities. These three approaches are:
1. Targeting - Targeting the worst off in society
  2. Enhanced - Reducing the gap between groups
  3. Universal - Reducing the gradient across the population
- 3.2 **Reducing Inequalities is so much more than a 'health issue'**  
Reducing health and social inequalities will require actions other than simply improving health across a whole population. For example, actions might aim to improve health in a targeted group faster than a comparator group (reducing the gap), or it might aim to reduce inequalities for any disadvantaged group or individual by strengthening equitable provision of universal opportunities or interventions in proportion to need (reducing the gradient). For example, targeted actions might include an increase in the minimum wage, a service for homeless people, or free swimming for children from low-income households. The targeted actions would clearly benefit those on least income, or in most need, but they could not claim to reduce the gap without action or at least robust comparison at the other end of the scale.

- 3.3 Provision of universal interventions in proportion to need requires understanding of need, including barriers to access to the intervention. For example, NHS services are often assumed to be universal but factors such as disadvantage, ethnicity and disability have been associated with poorer access (EHRC, 2010; SHRC, 2013) and poorer experiences (Scottish Government, 2011), and additional efforts are required to ensure equality of access to services for those furthest from service provision (Marmot, 2010). This is called proportional universalism.



- 3.4 North Ayrshire CPP will develop policies that recognise the effectiveness of proportionate universalism.



- 3.5 The framework above demonstrates how clear identification of need, can help to identify the approach to tackle inequalities in order for the best intervention to be put in place. Research suggests that a combination of interventions that target certain groups, combined with whole population approaches that can be tailored to the appropriate gradient, are most likely to be successful in responding to inequalities.

#### 4. The National Picture – Policy and Strategic Context

- 4.1 The reduction in inequalities of outcome is central to the Scottish Government's vision for a wealthier and fairer, healthier, safer, smarter and greener Scotland. The key policy documents produced by the Scottish Government on inequalities are as follows:

- *Better Health, Better Care: Action Plan for NHSScotland* (Scottish Government, 2007). The action plan supported delivery of a 'Healthier Scotland', with actions to make progress on health improvement, **tackling health inequality** and improving the quality of health care.
- As part of *Better Health, Better Care Action Plan*, Scottish Government established a Ministerial Task Force on Health Inequalities. Their report, *Equally Well* (Scottish Government, 2008), reinforced the cross-government approach needed for tackling inequalities and the role to be played by all sectors in society. It established a set of principles for policies to have a greater impact on health inequalities, identified critically important roles for the NHS, re-stated the importance of activity in the early years, and examined the interface between health inequalities and the Government's commitments to make Scotland Greener, Safer and Stronger, and Wealthier. The report identified a number of actions brought together in an implementation plan.
- There have been subsequent reviews following publication of *Equally Well*. The most recent, reporting in March of 2014, established a **central role for CPPs**, emphasised the need for a greater focus on delivery and highlighted the need for inequalities work to more successfully broaden out, noting that *Equally Well* had largely remained a health and well-being initiative.
- *Healthcare Quality Strategy for NHS Scotland* is a development of *Better Health, Better Care* (2007). In 2011 the Scottish Government set out the 2020 Vision, which gives the strategic narrative and context for taking forward the implementation of the Quality Strategy. The Vision is that by 2020 everyone is able to live longer healthier lives at home or in a homely setting. These two strategic documents, together with the major programme of reform through the integration of health and social care under The Public Bodies (Joint Working) (Scotland) Act, provide the main strategic and legislative context for health and social care services today. The Scottish Government is currently building on its 2020 Vision for Health to shape a transformational change in Scotland's approach to population health and the delivery of health and social care services by 2030. Within this there is the understanding that there will be a significant **emphasis on addressing inequalities**.

- An **Inequalities Action Group (IAG)** was set up in 2014. The aim of the group is to better co-ordinate and to speed up work to reduce health inequalities. The group is tasked with identifying feasible actions to address health inequalities through the Community Planning Partnership (CPP) process (national and local) over the next three years. It follows a recommendation in the Ministerial Task Force report for greater support for CPPs and the community planning process to assist in taking forward actions targeted at health inequalities.

Two documents have been produced to date, with more to follow, these are:

- Housing and Homelessness
- Employment and Income

Future work will include:

- Supporting the development of policy in relation to the Healthier and Fairer national conversations, ensuring all opportunities are taken to reduce inequalities.
- Development of tools and resources to support local delivery and measure the impact of decisions on tackling health inequalities.

## 5. The Local Picture – Policy and Strategic Context

- 5.1 North Ayrshire has many natural assets; however evidence of inequalities within and across our neighbourhoods and communities clearly exists and is perhaps even more evident when North Ayrshire is compared with the rest of Scotland.
- 5.2 The Scottish Index of Multiple Deprivation (SIMD) identifies areas with high levels of deprivation. 34.6% of North Ayrshire's datazones lie within the 20% most deprived datazones in Scotland

While overall life expectancy has increased, there are significant differences in life expectancy within areas of North Ayrshire. For example, the difference in men's life expectancy between Fullarton, Irvine (66yrs) and Whitehurst Park, Kilwinning, (83yrs) is 17 years.

For women living in North Ayrshire's most deprived communities a difference of 14 years exists between Fullarton, Irvine (72.4yrs) and Fairlie, North Coast (86yrs).

Within North Ayrshire 27% of children live in poverty. This is the 3<sup>rd</sup> highest child poverty level in Scotland.

In relation to unemployment, 10% of North Ayrshire residents are unemployed, compared to 7.1% of the Scottish population

The percentage of North Ayrshire residents claiming Job Seekers' Allowance (JSA) is 4.1% compared to the Scottish average of 2.3% and 7% of 18-24

year olds claim JSA in North Ayrshire, compared to the Scottish average of 3.6%

5.3 There are 4,460 North Ayrshire children (26.23%) in low income families, the majority (67.5%) are in low income **working** families. There are some communities with higher rates where poverty is more concentrated, for example, in Castlepark, Fullarton, Ardeer, Hayocks, Ardrossan and Blacklands where rates are between 40 to 50%. Those at increased risk of childhood poverty include:

- Lone parents with dependent children
- Households with younger children and with more than two children, where parents are either in receipt of benefits or low-paid work
- Households affected by disability, including those with mental health problems
- Looked After children and care leavers
- Households affected by homelessness
- Households affected by drug and alcohol use
- Offenders and ex-offenders and their families

5.4 North Ayrshire CPP has developed a Single Outcome Agreement for the period 2013 to 2017. This sets out a range of high level outcomes which include:

- Children's health and wellbeing is improved by breaking the cycle of poverty, inequality and poor outcomes
- Adults and older people in North Ayrshire live healthier and more active lives
- Worklessness is no greater than to the Scottish level
- Job density in North Ayrshire is increased
- North Ayrshire is a safer place to live
- North Ayrshire residents feel safer and communities are empowered

5.5 These high level outcomes have been integrated into five emerging key themes that North Ayrshire CPP considers integral to tackling and reducing inequalities to create Fair for All. These are:

- Children
- Health
- Economy
- Environment
- Food – availability and quality

5.6 A range of activity is taking place currently within each theme and is supported by a number of local strategies and action plans. Some of these activities are described more fully below.

## **Children**

- 5.7 The Children's Services Plan has the reduction of inequalities experienced by children and young people at its core. It advocates a more rapid shift to early intervention to improve the outcomes for the most vulnerable children and young people. This approach works towards preventing inequalities; across the various service delivery areas (e.g. midwifery, education, health visiting, additional support needs services, Early Years Centres, child protection) in line with best evidence. It adopts various approaches that target the least well off as well as approaches which could be considered 'proportionately universal' – universal services combined with elements of enhanced provision.

The plan builds on the learning from the Improving Children's Outcomes survey carried out by Dartington Social Research Unit.

- 5.8 Inclusive education is a priority of the local authority. Every young person will have access to high quality learning and teaching in learning environments which offer opportunities to secure the skills, experiences and qualifications that ensure they benefit fully from their education. All young people should receive pastoral support, guidance and careers advice in a nurturing education environment. Schools will recognise and develop their unique skills and talent. All young people should leave school and move into a positive sustainable destination.
- 5.9 A number of other key strategies and plans are in place or are emerging that aim to reduce the impact of inequalities for children. Examples of these include the Attainment Challenge and Education's Inclusion Strategy.

## **Economy**

- 5.10 Critical to North Ayrshire's future prosperity and equality is a virtuous circle of growth: growth in our businesses, leading to growth in employment and growth in individual and household prosperity. In our proposals economic growth and reductions in inequalities are bound together. We will only achieve our ambitious vision of the future for North Ayrshire if our communities are better connected to the economy and have the opportunity to prosper.
- 5.11 Inclusive growth as an objective is not new to CPP partners. It is the mainstay of our work: whether that be supporting our businesses, improving access to further and higher education, improving our schools, or developing skills and employability initiatives.
- 5.12 It is important that the pursuit of inclusive growth is embedded in all that we do. What we have already achieved in relation to inclusive growth provides a solid foundation but more needs to be done and we wish to use the opportunity of the 'Ayrshire Growth Deal (AGD) to take this forward. All our proposals whether they are business or infrastructure related need to positively impact upon our most disadvantaged communities.
- 5.13 The principle of inclusive growth runs right through our proposals for the Ayrshire Growth Deal. Our frameworks for business growth focus on

innovation and internationalisation are for all companies that have growth potential – engineering, tourism, food and drink, and others. Our frameworks recognise that innovative and internationally focussed businesses require a skilled workforce drawn from all sections of our community; we propose skills pathways and employment support to enable this to happen.

- 5.14 Our infrastructure proposals are designed to ensure that we both maximise business access to markets and opportunities to link some of our most disadvantaged communities to economic opportunity. Whether that is physical road and rail infrastructure or digital infrastructure the objectives remain the same: linking people and businesses to opportunity.
- 5.15 Our ambitions for communities are to build confidence, aspiration and sustainability, and to ensure all of our young people are well prepared for the world of work and inspired to succeed. We aim to build local employment opportunities and develop clear routes for young people to participate in the industries of the future.
- 5.16 Strong communities are essential for a thriving economy; ultimately our success will be measured on both the outcomes of increasing wealth and jobs, and reducing deprivation and inequality. We have the opportunity to grow the economy for Ayrshire, Scotland and the UK. If we approach it wisely, we can really improve the lives of North Ayrshire people.
- 5.17 North Ayrshire's Economic Development and Regeneration team works closely with the Urban Regeneration Company to promote the wellbeing of the local area. This approach goes some way towards mitigating inequalities; creating and developing opportunity for social mobility in North Ayrshire, aiming to increase the number of jobs through a coordinated approach that encourages start-up, supports existing business to grow and attracts businesses to North Ayrshire. In addition work is underway to review the Welfare Reform Working Group.

## **Environment**

- 5.18 North Ayrshire has a number of strategies and action plans in place to reduce our effect on the local environment and to make better use of renewable energy. These plans have made North Ayrshire one of the best areas for waste recycling, reducing our energy use and increasing the proportion of our energy coming from renewable sources. Our public spaces are well maintained and have recently won a Clean Britain Gold Award. Over 99% of our housing meets the energy efficiency requirements of the Scottish Housing Quality Standard.
- 5.19 North Ayrshire is also one of the few Local Authorities in Scotland to have achieved Soil Association's Food for Life Gold Catering Mark, and we continue to source many of our products locally within Scotland. Among other aspirations for our environment we want North Ayrshire to have a high quality diverse natural environment where our public spaces and transport networks are of high quality and support environmentally friendly travel and meet the



needs of our communities, and where our communities support environmental matters.

## **Health**

5.20 North Ayrshire Health and Social Care Partnership's (NAHSCP) Strategic Plan sets out commitments to meeting the health and social care needs of all children, young people and adults in North Ayrshire. Working with partners in a range of innovative ways, the HSCP aims to deliver joined up community health and social care services offering seamless care across North Ayrshire. With the inception of one of the first Health and Social Care Partnerships in Scotland, North Ayrshire is at the forefront of change in how health and social care services are designed and delivered and how our citizens are involved decisions about their care. The creation of NAHSCP provides renewed focus for health, social care, the third and independent sectors and community resources to work together to meet the five NAHSCP strategic priorities.

NAHSCP Strategic Priorities are:

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

## **Food**

5.21 North Ayrshire has a proud history of agriculture and large expanses of quality farm land and diverse sea life that could provide food for the whole population of North Ayrshire and far beyond. . However, many people cannot afford good food. The use of the North Ayrshire Food Bank has risen by over 300% over the last two years and childhood obesity in North Ayrshire is the second highest level when compared to the whole of Scotland.

5.22 The Food and Fairness initiative aims to reduce the length of the food chain in North Ayrshire, creating secure work in agriculture, horticulture and catering, by ensuring local demand. A number of key stakeholder with an interest in making food fairer in North Ayrshire and working together to try to improve procurement, access to local sources produce, cooking skills and growing food.

5.23 An action plan is being developed.

## **6. Our Strategic Vision and Priorities**

6.1 North Ayrshire's Community Planning Partnership' vision is:  
North Ayrshire – A Better Life

6.2 The CPP is committed to tackling inequality across all communities in North Ayrshire and through this strategy help create a society that is Fair for All.

6.3 The principles underpinning the CPP's work include:

- North Ayrshire CPP enables opportunities for change through the removal of barriers within service delivery and the promotion of a shared outcome approach to local services
- Wider social determinants of health and wellbeing are considered in all aspects of community planning activity
- The relationship between educational, income, employment and health outcomes is recognised
- Early intervention is prioritised
- Individuals, communities and families are actively involved in creating actions and solutions
- A highly skilled, flexible, and inequalities sensitive workforce is nurtured and supported to work across organisational boundaries

#### 6.4 Where do we go from here?

In recognising that already, a great deal of work is being done across North Ayrshire to tackle inequalities, and to plan next steps, North Ayrshire's CPP undertook a 'stocktake' of current and planned actions to address inequalities. As well as bringing together into one place the breadth of work underway, it also provided the opportunity for us to assess the coherence of our work, against our developing understanding of the Theory of Causation and the need to intervene at all three levels of the population; targeting the worst off, reducing the gap and reducing the gradient.

We found that in terms of all the actions underway, against the Theory of Causation, these can be categorised as follows:

Enhanced	49	17.0%
Targeted	171	59.2%
Universal	69	23.9%
Total	289	100.0%

In terms of where in the population we intervene, we found the following:

Mitigate	160	55.4%
Prevent	119	41.2%
Undo	9	3.1%
Undo/Mitigate/Prevent	1	0.3%
Total	289	100.0%

This allows us to consider in depth, what we need to do more of, and perhaps stop doing those things that are not supported by evidence. This stocktake forms a useful baseline and will help inform the specific commitments of the Fair for All Board as we move forward.

## 7. Conclusion

- 7.1 This strategy provides an overview of how our CPP understands inequalities and its commitment to ensuring North Ayrshire is Fair for All.

- 7.2 This Strategy is a call for action. We are committed to considering actions that can be taken to undo, prevent and mitigate the causes and impact of inequalities. Please see the *Fair for All Stocktake (2016)* for the current and planned activities of the partnership.

But as stated in the introduction to this strategy, this is only the start of a journey. The *Fair for All Stocktake* forms a useful baseline but, having understood and accepted the causes of inequality, and the interventions that are likely to be effective, we now need to **undertake a detailed review of the areas where we need to focus our efforts**, in order to have a much more significant impact, **and to seek local support, and specialist expertise, to do this.**

## 8. Our Pledges

- 8.1 North Ayrshire CPP is committed to working together to ensure that North Ayrshire is *Fair for All*. This means that we will undertake a shared commitment to reduce the impact of inequalities for all through building on our Summary of Key Activities (see Appendix 1) and through delivering the pledges set out for the next 15 years.
- 8.2 The Summary of Key Activities outlines the high level areas of work identified by the stocktake, structured by our key themes. It also identifies work that the CPP partners can do individually to help make the changes we have outlined throughout this document.
- 8.3 We now need to further develop the Summary of Key Activities into tangible interventions. We propose that some of the early work of the Fair For All Board is to consider all the activities highlighted by the stocktake under each of the five themes. The Board should then hear evidence of what is needed for North Ayrshire and develop short and longer term solutions to ensure the changes we would like to see by 2030.

**By 2030, our aim is to create a North Ayrshire that is Fair for All** by making transformational improvements to those key, nationally accepted measures of inequality outlined in Appendix 2: Our Pledges.

## 9. The Fair for All Board

- 9.1 Whist this strategy and associated *Fair for All Stocktake* sets out our approach, to ensure that we will deliver the scale of change required for North Ayrshire; the **Fair for All Board** will be established.
- 9.2 Senior leaders from across public, private and voluntary agencies will work together and be accountable to the people of North Ayrshire for the delivery of the pledges in this document.

<b>Fair for All Summary of Key Activities</b>	
<b>Pledges</b>	
<b>General</b>	
<ul style="list-style-type: none"> <li>• Provide inequalities training for staff</li> <li>• Ensure adherence to equality guidance and legislation</li> <li>• Complete the Health Inequalities Self-Assessment Workbook</li> <li>• Provide opportunities for learning and development</li> <li>• Provide opportunities for work-based learning, including apprenticeships, for those furthest removed from the labour market</li> <li>• Provide flexible employment opportunities that are suitable for a range of needs including lone parents, carers and people with mental and physical health problems</li> </ul>	
<b>Children</b>	
<ul style="list-style-type: none"> <li>• Prioritise pre and postnatal interventions</li> <li>• Provide support to families e.g. parenting programmes</li> <li>• Support children to reach their full potential</li> <li>• Reduce the number of children looked after by the authority</li> <li>• Support children and families to access leisure activities</li> <li>• Promote school leavers going on to positive destinations</li> </ul>	
<b>Health</b>	
<ul style="list-style-type: none"> <li>• Enable access to adequate nutrition and physical activity</li> <li>• Prioritise investment in early intervention and prevention</li> <li>• Support people to live as independently, at home, or in a homely setting</li> <li>• Promote self-management of health conditions</li> <li>• Support for changing harmful behaviours relating to alcohol, tobacco, obesity, levels of physical activity and mental health</li> <li>• Create seamless service provision centred around GPs</li> </ul>	
<b>Economy</b>	
<ul style="list-style-type: none"> <li>• Promote educational and skills development and achievement</li> <li>• Promote social and emotional development as well as physical and mental health and wellbeing</li> <li>• Increase access to and use of quality lifelong learning opportunities</li> <li>• Provide, where possible, the living wage</li> <li>• Develop opportunities for volunteering</li> </ul>	
<b>Environment</b>	
<ul style="list-style-type: none"> <li>• Improve and maintain good quality spaces</li> <li>• Develop good quality neighbourhoods</li> <li>• Develop social support, within and between communities</li> <li>• Reduce potential for social isolation</li> </ul>	
<b>Food</b>	
<ul style="list-style-type: none"> <li>• Support children and families to access and prepare nutritious food</li> <li>• Reduce the number of people who have to use the foodbank</li> <li>• Reduce the length of the food chain, improving the local food economy</li> <li>• Provide opportunities for children to eat school meals in holidays</li> </ul>	

## Appendix 2

### Fair for All Improvement Measures

Aspiration: To be in the top quartile of Scottish local authorities for...	North Ayrshire (%)	North Ayrshire (Number)	Current Rank (1=Best)	10 Year target: Scotland Average	15 year Target: Upper Quartile (Scotland Top 8)	Impact of Scottish Average	Impact of Scottish Top 8
<b>Children</b>							
Fewest children under 16 in poverty	25.5%	5,963	31	17.7%	11.4%	1,824 fewer children in poverty	3,297 fewer children in poverty
Fewest children looked after by local authority	20.1	581				14.4	
Lowest child obesity rates in primary 1	14.5	200				10.1	
Educational attainment measure tbc	tbc	tbc				tbc	
<b>Health</b>							
Reduced premature mortality CHD (<75 yrs)	75.7	98	29	60.7%		19 lives saved	
Good Mental Health							
<b>Economy</b>							
Claimant unemployment	4.0%	3,420	32	2.1%	1.4%	1,625 fewer unemployed	2,223 fewer unemployed
Gross weekly pay		£479.80	30	£527.00	£554.20	£47.20 increase to median pay	£74.40 increase to median pay
Levels of fuel poverty	39.0%	53,430	22	36.0%	33.0%	4,110 people taken out of fuel poverty	8,220 people taken out of fuel poverty

Aspiration: To be in the top quartile of Scottish local authorities for...	North Ayrshire (%)	North Ayrshire (Number)	Current Rank (1=Best)	10 Year target: Scotland Average	15 year Target: Upper Quartile (Scotland Top 8)	Impact of Scottish Average	Impact of Scottish Top 8
Adults identifying themselves as internet users	83.0%	113,710	5	80.0%	82.0%	Already achieved	Already achieved
Voting turnout in Council elections	39.1%	41,082	23	39.6%	44.1%	525 more voters in council elections	5,253 more voters in council election
Numbers of people involved in volunteering	26.0%	35,620	21	27.0%	34.0%	1,370 more people volunteering	10,960 more people volunteering
People aged 16+ with no qualifications	31.3%	35,561	26	26.8%	23.7%	5,113 more people with qualifications	8,635 more people with qualifications
<b>Environment</b>							
Adults rating neighbourhood as 'a very good place to live	46.4%			55.8%		55.8%	
Population within 500 metres of a derelict site	39.3	54,114		29.7 %		13,219 fewer	
<b>Food</b>							
Eradication in the use of Foodbanks		4,063	n/a	n/a	n/a	4,063 fewer people depending on food bank	
Increase in employment opportunities in the local food supply chain							
Increase by 30% of public sector food procurement from within North Ayrshire.							

# North Ayrshire: Fair for All Stocktake

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## Introduction

This stocktake accompanies North Ayrshire Community Planning Partnership's, *Fair for All* - a strategy to reduce inequalities.

The stocktake builds on the shared understanding of how inequalities develop and the effective responses to reducing inequalities as outlined in the strategy. In line with that document, the stocktake identifies the actions that are currently underway (and those that are planned) and identified for each of these, where they seek to:

- **Undo** the fundamental causes
- **Prevent** the wider environmental influence
- **Mitigate the individual experiences**

From this we can appreciate and evaluate the spread of our shared activity across the spectrum from the fundamental causes to the effects on individuals.

The strategy also highlights the need to have a three pronged approach:

- Targeting the worst off in society (**Targeted**)
- Reducing the gradient across the population (**Enhanced**)
- **Reducing the gap between group in society (Universal)**

The stocktake highlights for each activity, which of these three approaches it based on.

## SECTION 1: CURRENT ACTIVITY

### 1. CHILDREN

TARGETING THE WORST OFF (TARGETED)			
No.	Action	Interventions	Lead Organisation
1.1.1	Quarriers Family Support Service – 12 week programme to support children, young people and families.	Mitigate	NA HSCP
1.1.2	Quarriers – Together we can – Support to families with Addictions / Domestic abuse issues.	Mitigate	NA HSCP
1.1.3	Pathways to Positive Future – Contact Centre for accommodated children and families.	Prevent	NA HSCP
1.1.4	‘Learning, Language and Loving it’: Asset Based Community Development project. Support children’s speech and language development.	Prevent	NA HSCP
1.1.5	Early Years Collaborative: New improvement model		Early Years Collaborative
1.1.6	Development of Children’s Services Plan, building on learning from Improving Children’s Outcomes Survey carried out by Dartington Social Research Unit.	Prevent	NA CPP
1.1.7	Activities undertaken by Scottish Fire & Rescue: <ul style="list-style-type: none"> <li>• Appliance visit, visits to station and talks to vulnerable groups on fire safety and demonstrations</li> <li>• Visits to residential care units to discuss fire setting issues with young residents</li> <li>• North Ayrshire (NA) Schools Liaison officers deliver fire safety talks and road safety awareness to local primary and secondary schools with a focus on the seasonal safety message</li> <li>• Appliance attendance at local family fun days and providing information stalls at events.</li> <li>• Yearly Fire Safety Audits of all registered care premises including children’s units to ensure the safety of the occupants.</li> </ul>	Mitigate	Scottish Fire & Rescue
1.1.8	Rosemount Crisis Intervention Service working with CAMHS, Education Services and NHS Ayrshire & Arran to provide holistic support to young people at ‘high risk’ of being accommodated	Prevent	NA HSCP
1.1.9	Accessibility Strategy Stocktake to support and sustain young people with Additional Support Needs in mainstream	Prevent	NA Education & Youth Employment
1.1.10	Support to ASN groups, such as The Butterfly Club	Mitigate	NA Economy and Communities
1.1.11	Capacity building with parents through specific groups, such as Addiction Services or part of save the Children’s FAST (Families and Schools Together Programme)	Mitigate	NA Economy and Communities
1.1.12	Play activities for 5-10 years olds at Redburn Travellers’ Site	Mitigate	NA Economy and Communities
1.1.13	Appiness: North Ayrshire Appiness is an innovative, UK award winning learning programme. It brings together library resources and quality-approved educational apps for very young children and their families, in a learning programme which helps parents/carers to support their child’s development. We are using digital learning apps and the North Ayrshire library digital resources to promote attitudinal and behavioural change.	Prevent	NA Economy and Communities



1.1.14	Read Write Count- Scottish government programme to encourage literacy through libraries	Prevent	NA Economy and Communities
1.1.15	Youth Work in Schools delivered via partnership agreements with local secondary schools , working with targeted groups within schools.	Mitigate	NAC Economy and Communities (CC)
1.1.16	Diversiory youth work delivered in conjunction with the Multi Agency Problem Solving group , SNAP,	Mitigate	NAC Economy and Communities (CC)
1.1.17	School of Sport programmes in 4 Secondary schools	Mitigate	NAC Economy and Communities (CC)
1.1.18	Minimise the impact of homelessness by supporting children through the transition ensuring access to health education and social networks. (Barnardo's Children's integration service)	Mitigate	NAC Physical Environment (Housing Services - Homelessness)

### REDUCING THE GRADIENT ACROSS THE POPULATION (ENHANCED)

No.	Action	Interventions	Lead Organisation
1.1.19	College Engagement activity: Office in place to engage with local schools to inform pupils of opportunities at college.	Mitigate	Ayrshire College
1.1.20	HIVE (Hope, Inspiration, and Vision in Education) programme (helps with soft skills, acting like a nurture group within College, preparing students for work and other learning opportunities)	Mitigate	Ayrshire College
1.1.21	Skills Centre for Excellence: Provides practical training courses to provide young people with the skill set valued by local employers.	Mitigate	NA CPP
1.1.22	Capacity Building with Parents Project – improve parenting skills	Prevent	
1.1.23	Police Scotland Concerns Hub: Multi agency approach to address concerns identified by Officers in the community	Mitigate	Police Scotland
1.1.24	Campus Police	Mitigate	Police Scotland
1.1.24	Two posts for teachers with specialist training in child and adolescent mental health. Post holders will work in partnership with colleagues in HSCP and education to develop person centred support to pupils and develop a common narrative in communicating the Mental Health needs of children and young people.	Prevent	NA HSCP
1.1.26	Establishment of nurture bases in 15 Primary Schools with identified areas of deprivation.	Prevent	NA HSCP
1.1.27	Nurture steering group established	Prevent	NA HSCP
1.1.28	Training in nurture approaches provided to Secondary Staff and pupil support teachers	Prevent	NA HSCP
1.1.29	Bookbug and Bookbug Assertive Outreach	Prevent	NA Economy & Communities
1.1.30	Children's library services	Prevent	NA Economy and Communities

### REDUCING THE GAP BETWEEN GROUPS IN SOCIETY (UNIVERSAL)

No.	Action	Interventions	Lead Organisation
1.1.31	Fire Safety Talks to Community Groups	Mitigate	Scottish Fire & Rescue
1.1.32	'Parents Matter' course: designed to improve levels of parental confidence	Prevent	NA Education & Youth Employment
1.1.33	Encourage fathers participation in 'Mellow Parenting'	Prevent	NA Education & Youth Employment

1.1.34	Delivery of 'PEEP' training: to improve parental awareness of children's development	Prevent	NA Education & Youth Employment
1.1.35	Sharing best practice of parental engagement across North Ayrshire	Prevent	NA Education & Youth Employment
1.1.36	Mapping of family learning and parental engagement programmes across authority.	Prevent	NA Education & Youth Employment
1.1.37	Staff training to support effective provision of an accessible curriculum. Writing Child's Plans using SMART approached	Prevent	NA Education & Youth Employment
1.1.38	Provision of 600+hrs of learning and childcare for entitled 2 year olds	Prevent	NA Education & Youth Employment
1.1.39	Embedding GIRFEC principles within Education & Youth Employment	Prevent	NA Education & Youth Employment
1.1.40	Continue to Develop approaches to GIRFEC	Prevent	NA Education & Youth Employment
1.1.41	CARIS: information and advice covering North Ayrshire, South Ayrshire and East Ayrshire on Childminders, Nurseries, Out of School Care, Breakfast Clubs, Playgroups, Parent and Toddler Groups, Sitter Services etc	Mitigate	NA Economy and Communities
1.1.42	Wild Toddlers at Eglinton Country Park – programme which encourages outdoor play and learning in natural environment	Prevent	NA Economy and Communities
1.1.43	Dance framework and related dance activities through the Harbour Arts Centre and Arts Service	Prevent	NA Economy and Communities
1.1.44	Learning Community Librarian's support for Information Literacy (NAIL IT), transition from Primary to secondary, literacy and IT literacy and careers planning and readiness for a range of positive destinations	Prevent	NA Economy and Communities
1.1.45	Delivery of extra -curricular opportunities to increase participation , volunteering and number of young people progressing into local sports clubs.	Mitigate	NAC Economy and Communities (CC)
1.1.46	Arran Outdoor Centre delivers 5 day residential primary and secondary school outdoor learning programmes including Health & Well Being and transition courses, Leadership development etc. Accredited for John Muir and Duke of Edinburgh's award programmes	Mitigate	NAC Economy and Communities (CC)
1.1.47	Minimise the risk of homelessness for children & young people. Delivered in all secondary schools by Community Housing Advocacy Prevention & early intervention work by HAPA & housing support services	Prevent	NAC Physical Environment (Housing - Homelessness)

## 2. ENVIRONMENT

TARGETING THE WORST OFF (TARGETED)			
No.	Action	Interventions	Lead Organisation
1.2.1	'Reckless Driving wrecks lives' event delivered to college students with support from Police Scotland	Prevent	Ayrshire College
1.2.2	Workshops on Road Safety delivered in colleges	Prevent	Ayrshire College
1.2.3	Ageing Safely Week: partnership project to improve safety of older people.	Prevent	NAC Housing Scottish Fire & Rescue
1.2.4	Dementia awareness training provided to Fire and Rescue teams.	Mitigate	NAC Dementia Support Service Scottish Fire & Rescue
1.2.5	Sharepoint work carried out on UFAS(unwanted fire alarm signals) and derelict building register	Mitigate	Scottish Fire & Rescue
1.2.6	Prevention First - aims to prevent crime, reduce victimisation and reduce locations where offending takes place, through a partnership early intervention approach which gets to the heart of issues and identifies the	Mitigate	Police Scotland

	best way to solve problems and tackle community concerns.		
1.2.7	Home Energy Efficiency Programmes for Scotland: Area Based Scheme (HEEPS:ABS) The key objective is to improve the energy efficiency of Scotland's homes. Targeting fuel poor and high deprivation areas	Mitigate	NAC Physical Environment (Energy and Sustainability)
1.2.8	HEEPS: Cashback Scheme for Social Housing Providers 2015/16 North Ayrshire Council were successful in securing funding from the Energy Savings Trust (on behalf of the Scottish Government) to accelerate specific energy improvements in the social housing sector. Funding has been secured for 100 council properties to receive external wall insulation. These are within in areas of high deprivation and are considered hard to insulate due to their non-traditional construction.	Mitigate	NAC Physical Environment (Energy and Sustainability)
<b>REDUCING THE GRADIENT ACROSS THE POPULATION (ENHANCED)</b>			
<b>No.</b>	<b>Action</b>	<b>Interventions</b>	<b>Lead Organisation</b>
1.2.9	Community Safety initiatives (work of Safe, Positive Communities), graffiti removal, repair street lighting etc.	Mitigate	NA CPP
1.2.10	Deliver road safety education to all age groups. This includes schools, targeted to age groups. Where the school is additional support needs school the presentations are modified to suit.	Prevent	NAC Physical Environment (Roads)
1.2.11	Corporate Transport Hub - provision of Council's transport functions to Schools, and social service users	Prevent	NAC Commercial Services
1.2.12	Assisted Waste Collection provided to those unable to present their waste and recycling to the kerbside for collection	Mitigate	NAC Commercial Services
<b>REDUCING THE GAP BETWEEN GROUPS IN SOCIETY (UNIVERSAL)</b>			
<b>No.</b>	<b>Action</b>	<b>Interventions</b>	<b>Lead Organisation</b>
1.2.13	Attendance at events providing leaflets and fire safety information	Prevent	Scottish Fire & Rescue
1.2.14	Fire safety talks to groups	Prevent	Scottish Fire & Rescue
1.2.15	Fire safety leaflets provided to customers in local shopping areas, supermarkets, cinemas, caravan parks, museums and community centres	Prevent	Scottish Fire & Rescue
1.2.16	Delivered fire safety and road safety presentations throughout Ayrshire College's 'Respect week'	Prevent	Scottish Fire & Rescue
1.2.17	Environmental Visual Audit programme delivered to primary schools to promote Safe, Positive Communities	Prevent	NA CPP
1.2.18	Fire safety leaflets provided to customers in local shopping areas, supermarkets, cinemas, caravan parks, museums and community centres	Prevent	Scottish Fire & Rescue
1.2.19	Civil Contingency planning and preparedness exercises.	Mitigate	Scottish Fire & Rescue
1.2.20	Provision of well-kept Play Parks, to provide safe areas that promote health and well-being	Prevent	NAC Physical Environment (Housing Services - Development and Strategy)
1.2.21	To develop a strategy for the prevention of homeless, supply of housing to meet demand, improve the condition of private sector housing, partnership working, ensuring a sustainable housing supply, and allows	Mitigate	NAC Physical Environment (Housing Services - Development and

	residents to participate in the strategic process. (LHS 2017-2022)		Strategy)
1.2.22	iCycle training, Junior Road Safety Officers, theatre group visits and driver presentations. For adults we provide information and advice on many road safety related subjects such as child cars seats, motorcycling , driving, horse riding. and driver training in house.	Prevent	NAC Physical Environment (Roads)
1.2.23	Local Energy Advice Forum (LEAF) North Ayrshire Council works in partnership with other bodies and organisations to tackle energy issues faced by North Ayrshire residents.	Mitigate	NAC Physical Environment (Energy and Sustainability)

### 3. ECONOMY

TARGETING THE WORST OFF (TARGETED)			
No.	Action	Interventions	Lead Organisation
1.3.1	Job Club – for those actively looking for work (IT skills, CV preparation, Job Search support)	Mitigate	The Ayrshire Community Trust
1.3.2	Day Centre opportunities to people with Learning Disabilities to develop new skills.	Mitigate	NA HSCP
1.3.3	Support to students to access a range of funding sources	Prevent	Ayrshire College
1.3.4	Support to students with budgeting and referral to Citizens Advice	Mitigate	Ayrshire College
1.3.5	College provides support to students with Additional Support Needs through Inclusive Learning Team	Mitigate	Ayrshire College
1.3.6	Range of SCQF programmes (level 1 – 4) have been developed for students with learning disabilities.	Mitigate	Ayrshire College
1.3.7	Transition into further education for students with learning disabilities facilitated by close working with college and local supported learning centres.	Mitigate	Ayrshire College
1.3.8	HIVE (Hope, Inspiration, Vision and Education) provision to support students disengaged with education.	Mitigate	Ayrshire College
1.3.9	Welfare Reform Working Group	Prevent	NA CPP
1.3.10	Big Lottery and ESF Financial Inclusion funding	Prevent	NA CPP
1.3.11	North Ayrshire Youth Employment Strategy	Undo	NA CPP
1.3.12	Living Wage – KA Leisure pays at least the Living Wage to all employees of the Company	Undo	KA Leisure
1.3.13	Debt and Money Advice	Mitigate	NACAS
1.3.14	Tribunal Representation to ensure vulnerable peoples' voices are heard and represented	Mitigate	NACAS
1.3.15	People and Communities (Financial Capability): Working with employability partners to support personal financial management	Mitigate	NACAS
1.3.16	Library services – including digital participation, jobs clubs, Employability Hubs to encourage literacy, learning, skills, digital inclusion, health and assistance in alleviating poverty through joblessness through libraries.	Mitigate	NA Economy and Communities
1.3.17	Case load management and Job Brokerage Service with NAC, Ayrshire College and SDS	Mitigate	DWP
1.3.18	Skills Development Scotland support residents in North Ayrshire by funding the Employability Fund Programme, the first step for many young people seeking employment. We also manage the funding of Modern Apprenticeships.	Mitigate	SDS
1.3.19	Funding for vulnerable, targeted groups through the Open Doors Consortium.	Mitigate	SDS
1.3.20	Additional funding available to young people with additional support needs to allow them easier access to Employability Fund training.	Mitigate	SDS
1.3.21	Career, Information, Advice and Guidance to pupils S1-S6 in all North Ayrshire schools.	Mitigate	SDS
1.3.22	Employability and skills services based around the 5 stage employability and skills pipeline. This targets resources at engaging with the most disadvantaged, long-term unemployed local residents;	Mitigate	NAC Economy and Communities (EG)

	providing support to remove barriers preventing progression into employment; vocational support – to improve skills; support to access employment; providing work experience, volunteering, pre-employment support ( available to beneficiaries who have multiple barriers to employment)		
1.3.23	Welfare reform programme – advice and support programme supporting families most likely affected by the roll-out of welfare reform (completing April 2016)	Mitigate	NAC Economy and Communities (EG)
1.3.24	Employer recruitment incentives – to encourage employers to recruit unemployed and disadvantaged beneficiaries into their businesses; this includes modern apprenticeship and graduate programmes ( north Ayrshire wide but mainly for 16-29 year olds)	Mitigate	NAC Economy and Communities (EG)
1.1.25	Council Modern Apprenticeship (MA) programmes - support 16-19 year olds into to Council MA programmes.	Mitigate	NAC Economy and Communities (EG)
1.1.26	Sector Based work academies – delivered on ad hoc basis to support specific recruitment specific to employer demand	Mitigate	NAC Economy and Communities (EG)
1.1.27	Team North Ayrshire – collaboration across public and private partners to grow local businesses grows local economy, increase employment and improve local skills base. Activity includes: support to grow local businesses; creating jobs; attracting new businesses to the area; promoting living wage.	Undo	NAC Economy and Communities (EG)
1.1.28	Housing Welfare Reform Team provides intensive support and advice to tenants affected by welfare reform, providing advice and assistance on issues such as housing benefit, housing options, debt/budgeting advice and employment advice. The team also consists of 2 debt advice workers and 2 welfare rights officers who provide drop in sessions for tenants and advice sessions for other organisations/services.	Mitigate	NAC Physical Environment Housing Services
1.1.29	Financial Access Partnership – North Ayrshire Council/other Ayrshire landlords have created a partnership with 1st Alliance Credit Union to help tenants prepare for changes brought in by the introduction of Universal Credit. The project is offering assistance to tenants to set up bank accounts and manage household budgets.	Mitigate	NAC Physical Environment Housing Services
1.1.30	Scottish Legal Aid Board Grant Funding – Making Advice Work Programme. Projects aim to provide advice, information and/or representation for social tenants dealing with the impact of changes to the benefit system, particularly those changes which are likely to impact on their ability to manage their housing costs or to sustain their tenancies.	Mitigate	NAC Physical Environment Housing Services
<b>REDUCING THE GRADIENT ACROSS THE POPULATION (ENHANCED)</b>			
<b>No.</b>	<b>Action</b>	<b>Interventions</b>	<b>Lead Organisation</b>
1.3.31	Employment & Engagement Officer (EEO) to work in schools with young people at risk of not progressing to positive destination	Prevent	Ayrshire College
1.3.32	Generalist Advice across a range of areas including but not limited to employment, housing, debt, consumer issues, benefits etc.	Mitigate	NACAS
1.3.33	Pension Wise - advice and support regarding pensions	Mitigate	NACAS

1.3.34	Scottish and Southern Energy Project: Info and advice on fuel efficiency.	Mitigate	NACAS
1.3.35	Career, Information, Advice and Guidance to all residents in North Ayrshire with additional case management support provided to 15-19yr olds for whom we have a statutory responsibility	Mitigate	SDS
<b>REDUCING THE GAP BETWEEN GROUPS IN SOCIETY (UNIVERSAL)</b>			
<b>No.</b>	<b>Action</b>	<b>Interventions</b>	<b>Lead Organisation</b>
1.3.36	IT classes, run by volunteers, to help anyone improve IT skills	Mitigate	The Ayrshire Community Trust
1.3.37	Volunteer opportunities available to all	Mitigate	The Ayrshire Community Trust
1.3.38	Officers from CPP agencies attended Community Consultation Training.	Prevent	NA CPP
1.3.39	Work with Job Centre Plus, Community Learning & Development, Economic Development and Third Sector to deliver bespoke employability courses to local people seeking employment.	Mitigate	Ayrshire College
1.3.40	Training provided by Prontoport training facility, in partnership with NAC, Skills Development Scotland and local businesses (Providing training in Wind Turbines, Health & Safety, Working at Heights, etc.)	Prevent	Ayrshire College.
1.3.41	Library services	Mitigate	NA Economy and Communities
1.3.42	Annual Apprenticeship scheme - Building Services provide 4 year craft apprenticeships to young people aged between 16-21 years	Prevent	NAC Building Services

## 4. HEALTH

TARGETING THE WORST OFF (TARGETED)			
No.	Action	Interventions	Lead Organisation
1.4.1	Family Nurse Partnership – provision to first time parents up to 19 years of age	Mitigate	NA HSCP
1.4.2	Care at Home Services	Mitigate	NA HSCP
1.4.3	Provision of Community Alarm/Telecare	Prevent	NA HSCP
1.4.4	Dirrans Community Rehabilitation Centre (Head Injury. Physical Disabilities or neurological disorders)	Mitigate	NA HSCP
1.4.5	Work with 3 <sup>rd</sup> Sector to extend lunch club capacity	Mitigate	NA HSCP
1.4.6	Providing information and advice on prevention services available in local communities	Prevent	NA HSCP
1.4.7	Development of CareNA	Prevent	NA HSCP
1.4.8	‘Invigorate’ classes delivered with KA leisure is a falls prevention initiative for Older People	Prevent	NA HSCP
1.4.9	Dementia Support Services available to families impacted by dementia	Mitigate	NA HSCP
1.4.10	Support to Carers	Prevent	NA HSCP
1.4.11	Older People Housing Strategy	Undo	NA HSCP
1.4.12	Dreghorn Sheltered Housing Centre	Mitigate	NA HSCP
1.4.13	Refurbishment of Sheltered Housing Units in Kilbirnie and Irvine to include development of Social Hubs	Mitigate	NA HSCP
1.4.14	Establish Supported accommodation hub in Ardrossan for individuals with learning disabilities and mental health problems	Mitigate	NA HSCP
1.4.15	Community Mental Health Team focus on complex cases best met through multi-disciplinary approach	Mitigate	NA HSCP
1.4.16	Primary Care Mental Health Teams delivers care to people with wide variety of Mental Health Issues	Mitigate	NA HSCP
1.4.17	CAMHS offers short and long term interventions to young people based on nature of need	Mitigate	NA HSCP
1.4.18	Addictions service provide range of support service to local services users; mental, physical and sexual health-related clinical interventions, detoxification support at home and access to hospital-based admission, access to Occupational Therapy support, access to the prescribing of Opiate Replacement Therapy (ORT) medication with associated support	Mitigate	NA HSCP
1.4.19	Addictions Services provide the delivery of injecting equipment provision and needle exchanges, blood borne virus related support and psychosocial interventions	Mitigate	NA HSCP
1.4.20	Addictions Service provide access to specialist group programmes (Creative art group, Women’s Group, Parenting Group, allotment project and relapse and anxiety management)	Mitigate	NA HSCP
1.4.21	Volunteers involved in developing community garden in Eglinton Park	Mitigate	NA HSCP
1.4.22	MADART (Multi Agency Domestic Abuse Response Team)	Mitigate	NA HSCP
1.4.23	MADART (Disclosure Scheme for Domestic Abuse Scotland)	Prevent	NA HSCP
1.4.24	College works closely with ASP learning and development sub-group to provide better support to vulnerable students	Prevent	Ayrshire College
1.4.25	Meeting with Dementia Services to promote our service and HFSV	Prevent	Scottish Fire & Rescue



1.4.26	Training received from Dementia Services staff on fire safety awareness that will lead to joint HFSV's	Prevent	Scottish Fire & Rescue
1.4.27	Training carried out at Ayr College on Home Fire safety and referral pathways with Community Mental Health student nurses.	Prevent	Scottish Fire & Rescue
1.4.28	Participation at the Pan Ayrshire Tobacco Control Strategy Steering Group and associated activities.	Mitigate	Scottish Fire & Rescue
1.4.29	Participation on the Ayrshire Equalities Partnership and Sub-group which is developing a welcome pack for newly arrived citizens.	Prevent	Scottish Fire & Rescue
1.4.30	Violence Against Women Partnership – raising awareness of this social problem both internally and externally with an aim to eradicating this problem.	Prevent	Scottish Fire & Rescue
1.4.31	'On Yir Bike' programme delivered at Dirrans Centre making cycling accessible to all and promoting employability skills	Mitigate	NA HSCP
1.4.32	Recovery At Work Programme – support to those recovering from addiction.	Mitigate	NA HSCP
1.4.33	Café Solace: Social Enterprise run by those recovering from addictions. Provides community café and support hub in Ardrossan for recovery and wider communities	Mitigate	NA HSCP
1.4.47	Gym and Fitness Classes – casual use and subscriptions available for 14 – 16 year olds	Mitigate	KA Leisure
1.4.54	Sports Development Activity 0 - 5 years – Fit Ayrshire Babies; Mini Movers; Mini Kickers; Boogy Books; Nursery Sessions etc.	Prevent	KA Leisure
1.4.55	Sports Development Activity 5 - 12 years – Run, Jump, Throw Athletics; PDC Football Centres; Rugby; Basketball; club support etc.	Prevent	KA Leisure
1.4.56	Sports Development Activity 12 - 15 years – Athletics; Football; Rugby; Basketball; Swimming; club support etc.	Prevent	KA Leisure
1.4.57	Sports Development Activity Disability Sport – Swimming Clubs; North Ayrshire Sports Assoc. For Disabled (NASAD).	Mitigate	KA Leisure
1.4.58	Sports Development Activity Adult Activity – SFA Coach Education; Jogging Group; Over 35s Football League; club support etc.	Mitigate	KA Leisure
1.4.59	Sports Development Activity Over 50's – Walking Football; Pickle Ball	Mitigate	KA Leisure
1.4.60	Activator - The Activator is a versatile mobile activity unit incorporating a team of appropriately trained Activators delivering community based health and fitness testing and advice to North Ayrshire residents with emphasis on Regeneration Areas	Mitigate	KA Leisure
1.4.61	Community Outreach Activity – The Community Outreach Programme delivers a diverse programme of physical and social activities within local communities and across North Ayrshire with emphasis on Regeneration Areas.	Mitigate	KA Leisure
1.4.63	Active North Ayrshire Exercise on Referral Programme – targets groups and individuals at risk of and recovering from health conditions or disabilities who are not currently engaged in physical activity and supporting them towards a healthy active lifestyle. (Delivered in partnership)	Mitigate	KA Leisure
1.4.64	"Invigor8" Falls Prevention Programme – supported physical activity programme targeting individuals referred by local GPs and NHS departments who have previously experienced a fall. (Delivered in	Mitigate	KA Leisure

	partnership)		
1.4.65	“Weigh to Go” - supported physical activity and nutrition programme targeting individuals referred by local GPs and NHS departments who have weight management concerns. (Delivered in partnership)	Mitigate	KA Leisure
1.4.66	“Mind and Be Active” – supported physical activity programme for adults currently experiencing Mental Ill Health. (Delivered in partnership)	Mitigate	KA Leisure
1.4.67	Portable Football Pitch – KA Leisure deploys the Portable Football Pitch and staff to areas of high anti-social behaviour and youth disorder. (Delivered in partnership)	Mitigate	KA Leisure
1.4.68	Cashless Accounts – Free at Point of Sale access to facilities is provided to partners targeting specific groups within North Ayrshire. Partners include Rosemount; YPST; Jump Start; Pupil Support; Townhead Centre; EEI etc. (Delivered in partnership)	Mitigate	KA Leisure
1.4.69	Welcome to Ayrshire initiative - refugee reallocation programme in conjunction with partners including education and social work	Mitigate	Police Scotland
1.4.70	Macmillan Cancer Information and Support Services at Saltcoats Library and health information in Public Libraries programme and Health Information Buddy. There are also a range of health clinics in libraries run with partners like Action on Hearing Loss.	Mitigate	NA Economy and Communities
1.4.71	Library services – including literacy, digital participation, provision of material like audio books for VIP, large print, Home Library Service for housebound, etc to encourage literacy, learning, skills, digital inclusion, health, wellbeing and alleviate loneliness and social isolation through libraries.	Mitigate	NA Economy and Communities
1.4.72	Braking ground group at Eglinton Country Park	Mitigate	NA Economy and Communities
1.4.73	Heritage and arts services – including participation in Luminate Creative Aging festival, intergeneration and reminiscence work, Older people’s choirs and art exhibitions of older people’s groups , often in partnership with Community Development Team.	Mitigate	NA Economy and Communities
1.4.74	Ensuring Adults are appropriately supported and protected in North Ayrshire. For all adults (age 16 years and over) who are Unable to safeguard themselves; at risk of harm (any kind: physical, emotional, financial, self-harm, sexual etc.) and have a mental or physical infirmity which makes them more vulnerable to harm than the general population	Mitigate	NA HSCP
1.4.75	Reduce health inequality for homeless people by working with partners within the H&SCP to ensure all homeless people are linked with primary health care, are accessing national screening programmes and have access to specialist services as required.	Mitigate	NAC Physical Environment (Housing Services - Homelessness)
<b>REDUCING THE GRADIENT ACROSS THE POPULATION (ENHANCED)</b>			
<b>No.</b>	<b>Action</b>	<b>Interventions</b>	<b>Lead Organisation</b>
1.4.76	Police Scotland Concerns Hub: Multi agency approach to address concerns identified by Officers in the community	Mitigate	Police Scotland
1.4.77	Attendance at Care Programme Approach / ASP /meeting /Review	Mitigate	Scottish Fire & Rescue
1.4.78	Attendance at multi agency partnership meetings and initial case reviews	Mitigate	Scottish Fire & Rescue
1.4.79	Meeting with CARENA to discuss web site design for SFRS	Prevent	Scottish Fire & Rescue

1.4.80	Meeting with Dementia Services to promote our service and HFSV	Prevent	Scottish Fire & Rescue
1.4.81	Training received from Dementia Services staff on fire safety awareness that will lead to joint HFSV's	Prevent	Scottish Fire & Rescue
1.4.82	Preventing young people from starting to smoke and becoming addicted and protecting them from the harmful effects of second-hand smoke. Development and implementation of 'Toby the Cat' Resource.	Prevent	NA HSCP
1.4.83	Gym and Fitness Classes – Strategic Partner discounts – NAC; NHS; Police; Fire & Rescue; Armed Forces etc.	Mitigate	KA Leisure
1.4.84	Gym and Fitness Classes – discounted rates for registered Volunteers within North Ayrshire (in partnership with TACT)	Mitigate	KA Leisure
1.4.85	Gym and Fitness Classes - discounted rates for registered Carers within North Ayrshire (in partnership with North Ayrshire Carers Centre)	Mitigate	KA Leisure
1.4.86	Gym and Fitness Classes Access Plus – discounted rates for individuals and families in receipt of certain benefits, over 60's, students etc.	Mitigate	KA Leisure
1.4.87	Golf Activity Discounted – discounted access is available for Over 60s; individuals in receipt of benefits, Youths etc.	Mitigate	KA Leisure
1.4.88	Swimming Activity Access Plus – discounted rates for individuals and families in receipt of certain benefits, over 60's, students etc.	Mitigate	KA Leisure
1.4.89	Patient Advice and Support Service (PASS)	Mitigate	NACAS
1.4.90	Implementation of VAW strategy - working towards achieving Priority 1: Scottish society embraces equality and mutual respect, and rejects all forms of violence against women and girls and; Priority 2: Women and girls thrive as equal citizens socially, culturally, economically and politically	Mitigate	NAC Physical Environment ASB/CSS
<b>REDUCING THE GAP BETWEEN GROUPS IN SOCIETY (UNIVERSAL)</b>			
<b>No.</b>	<b>Action</b>	<b>Interventions</b>	<b>Lead Organisation</b>
1.4.91	Existing Named Person model within Health Visiting	Prevent	NA HSCP
1.4.92	Suicide prevention training for SFRS personnel	Prevent	Scottish Fire & Rescue
1.4.93	Smoking cessation support provided by Community Pharmacies	Prevent	NA HSCP
1.4.94	Fresh- Ayrshire Service	Prevent	NA HSCP
1.4.95	Gym and Fitness Classes – casual use, multi-use subscriptions, gym only subscriptions, 147 fitness classes per week	Mitigate	KA Leisure
1.4.96	Other Indoor Activity – Badminton; Table Tennis etc. club support	Mitigate	KA Leisure
1.4.97	Golf Activity – Golf Coaching; Driving Range; 3 Golf Courses	Mitigate	KA Leisure
1.4.99	KA Walk Activities – 7 community lead walking groups are supported across North Ayrshire	Mitigate	KA Leisure
1.4.99	KA Leisure Community Events – programme of events delivered across the local authority area i.e. North Ayrshire Community Games; Sports hall Athletics; Schools Cross Country; Swimming Galas; Rugby Tournaments etc.	Mitigate	KA Leisure
1.4.100	Swimming Activity – Swimming lessons activity and casual public swims, swimming clubs	Mitigate	KA Leisure

## 5. FOOD

TARGETTING THE WORST OFF (TARGETED)			
No.	Action	Interventions	Lead Organisation
1.5.1	We promote healthy eating within the college ensuring and are currently run a pilot offering free soup to students. For students experiencing hardship we will support with lunch vouchers and we are a referral partner for the food bank.	Mitigate	Ayrshire College
1.5.2	Extension of provision of school meals over holiday period for eligible children (most in need)	Mitigate	NAC Commercial Services
REDUCING THE GRADIENT ACROSS THE POPULATION (ENHANCED)			
No.	Action	Interventions	Lead Organisation
1.5.3	Café Solace: Social Enterprise run by those recovering from addictions. Provides community café and support hub in Ardrossan for recovery and wider communities	Mitigate	NA HSCP
REDUCING THE GAP BETWEEN GROUPS IN SOCIETY (UNIVERSAL)			
No.	Action	Interventions	Lead Organisation
1.5.4	Healthy Start and school holiday lunch clubs – support for schools, play activities	Mitigate	NA Economy & Communities

## SECTION 2: PLANNED ACTIVITY

### 1. CHILDREN

TARGETING THE WORST OFF (TARGETED)			
No.	Action	Interventions	Lead Organisation
2.1.1	Reduce early initiation of substance use through preventative programmes	Prevent	NA HSCP
2.1.2	Improve social and emotional wellbeing by providing more counselling and other support for children and young people	Mitigate	NA HSCP
2.1.3	Share information with the named person or service provider on a wellbeing concern within 1 day	Mitigate	NA HSCP
2.1.4	Expand use of AYRshare to share information between services	Prevent	NA HSCP
2.1.5	Improve the use child protection procedures	Prevent	NA HSCP
2.1.6	Co-ordinate a plan of support & intervention to reduce smoking, alcohol and/or drug intake using specialist services e.g. Fresh Air-shire, Addictions Services,	Prevent	NA HSCP
2.1.7	Assess and address any significant risks to a child's wellbeing due to their parents' lifestyle by using the High Risk Pregnancy Protocol	Mitigate	NA HSCP
2.1.8	Increase awareness of young people in school (S4 & S5) on the harmful effects of smoking alcohol and drugs on babies and on the benefits of breast feeding	Prevent	NA HSCP
2.1.9	Introduce a new Health Visiting Pathway of Care	Prevent	NA HSCP
2.1.10	Refer, if appropriate, to support services e.g. Speech & Language Therapy, Snappy Chats locality clinics, and Audiology following 27-30 month review visit by Health Visitor	Mitigate	NA HSCP
2.1.11	Provide a Communication Champion in all early years establishments who has had extra training in speech, language and communication	Mitigate	NA HSCP
2.1.12	Provide access to 600 hours of childcare for all 3 year olds suitable to their personal needs and circumstances	Mitigate	NA HSCP
2.1.13	Deliver exercise and healthy eating programmes in early years establishments	Prevent	NA HSCP
2.1.14	Deliver diversionary and preventative activity programmes e.g. Jump2it and Jumpstart	Prevent	NA HSCP
2.1.15	Provide Stop Now and Plan (SNAP) in all localities for children with social and emotional needs	Prevent	NA HSCP
2.1.16	Establish a community-based mental health resource to reduce the number of young people being admitted to hospital with mental health problems	Prevent	NA HSCP
2.1.17	Provide CAMHs training to two trained teachers to improve mental wellbeing in schools	Prevent	NA HSCP
2.1.18	Deliver training on use of mental health toolkit to staff in schools and in the community	Prevent	NA HSCP
2.1.19	Provide an alternative home where a young person can no longer be sustained at home	Mitigate	NA HSCP
2.1.20	Provide parenting programmes for parents and young people which meet their needs e.g. Rosemount Crisis	Mitigate	NA HSCP

	Intervention Service		
2.1.21	Introduce Functional Family Therapy (FFT) programme	Mitigate	NA HSCP
2.1.22	Provide Child Protection and GIRFEC training to staff across services to help identify early indications of risk and abuse	Prevent	NA HSCP
2.1.23	Introduce a new system for dealing with wellbeing concerns through a Concerns Hub	Mitigate	NA HSCP
2.1.24	Fire Reach Courses – 5 two day courses planned for 2016, providing Fire Service working practice training to pupils in Secondary Schools	Prevent	Scottish Fire & Rescue
2.1.25	Develop a Communication and Language Strategy to support the learning and teaching of children with communication and language needs	Mitigate	NA Education & Youth Employment
2.1.26	Provide training to staff in the area of Autistic Spectrum Disorder	Mitigate	NA Education & Youth Employment
2.1.27	Proposal to build new ASN school to replace current provision	Mitigate	NA Education & Youth Employment
2.1.28	Working with Health and Social Care partnership to deliver effective behaviour management through SNAP project for vulnerable children and their families	Prevent	NA Education & Youth Employment
2.1.29	Early 2015 placement within CAMHs to scope child and young person profile accessing specialist CAMHs Identify personal development needs	Mitigate	NA HSCP
2.1.30	CAMHs – developing an interagency stocktake	Mitigate	NA HSCP
2.1.31	Reduce early initiation of substance use through preventative programmes	Prevent	NA HSCP
2.1.32	Improve social and emotional wellbeing by providing more counselling and other support for children and young people	Mitigate	NA HSCP
2.1.33	Share information with the named person or service provider on a wellbeing concern within 1 day	Mitigate	NA HSCP
2.1.34	Expand use of AYRshare to share information between services	Prevent	NA HSCP
2.1.54	Improve the use child protection procedures	Prevent	NA HSCP
2.1.36	Co-ordinate a plan of support & intervention to reduce smoking, alcohol and/or drug intake using specialist services e.g. Fresh Air-shire, Addictions Services,	Prevent	NA HSCP
2.1.37	Assess and address any significant risks to a child's wellbeing due to their parents' lifestyle by using the High Risk Pregnancy Protocol	Mitigate	NA HSCP
2.1.38	Increase awareness of young people in school (S4 & S5) on the harmful effects of smoking alcohol and drugs on babies and on the benefits of breast feeding	Prevent	NA HSCP
2.1.39	Introduce a new Health Visiting Pathway of Care	Prevent	NA HSCP
2.1.40	Reduce early initiation of substance use through preventative programmes	Prevent	NA HSCP
<b>REDUCING THE GRADIENT ACROSS THE POPULATION (ENHANCED)</b>			
<b>No.</b>	<b>Action</b>	<b>Interventions</b>	<b>Lead Organisation</b>
2.1.41	Vulnerable Pregnancy Service-supporting vulnerable people	Prevent	NA HSCP
2.1.42	Campus Police – service will be redeveloped in line with the development of locality structures	Prevent	Police Scotland
2.1.43	Increasing capacity for early years provision – Hayocks Primary School and St John Ogilvie	Prevent	NA Education & Youth Employment

2.1.44	Professional Learning Academy – delivery of high quality training with a focus on numeracy and literacy	Mitigate	NA Education & Youth Employment
2.1.45	Development of nurturing approaches across schools through training and plan of support	Mitigate	NA Education & Youth Employment
2.1.46	Work with families to improve understanding of normal growth and development and of the food portion sizes and levels of activity needed to maintain a healthy weight	Prevent	NA HSCP
2.1.47	Ayrshire college will continue to work in partnership to develop services that support the implementation of the Children's Services Plan	Prevent	Ayrshire College
<b>REDUCING THE GAP BETWEEN GROUPS IN SOCIETY (UNIVERSAL)</b>			
<b>No.</b>	<b>Action</b>	<b>Interventions</b>	<b>Lead Organisation</b>
2.1.48	Provide planned home visits at 27-30 months and at pre-school age to assess if child is meeting developmental milestones	Prevent	NA HSCP
2.1.49	Deliver parenting programmes that meet parents needs	Prevent	NA HSCP
2.1.50	Provide a breastfeeding support plan	Prevent	NA HSCP
2.1.51	A named person for every child and pregnant mother	Prevent	NA HSCP
2.1.52	Recruit 20 new Health Visitors by 2017	Prevent	NA HSCP
2.1.53	Train staff in Early Years services in communication and child development	Prevent	NA HSCP
2.1.54	Develop and provide staff training opportunities to support the effective provision of an accessible curriculum for all children and young people	Prevent	NA Education & Youth Employment
2.1.55	Development of an Inclusion strategy and stocktake, to ensure all children and young people are able to access the full range of school-based recreational, leisure and cultural activities	Prevent	NA Education & Youth Employment
2.1.56	Developing and implementing effective mechanisms and opportunities to support parental engagement	Prevent	NA Education & Youth Employment
2.1.57	Working with Robert Owen Centre in the Ardrossan Cluster to plan a programme to address the effectiveness of practice in parental engagement	Prevent	NA Education & Youth Employment
2.1.58	Working with Connected Communities to increase parental capacity to support their children's learning and achievement and to further develop family based learning	Prevent	NA Education & Youth Employment
2.1.59	Reduce obesity by providing support in healthy eating and increasing opportunities for physical exercise	Prevent	NA HSCP
2.1.60	Provide advice through preventative programmes e.g. School Nurse assessments	Prevent	NA HSCP
2.1.61	Delivery of accredited learning opportunities using youth work curriculum options to enhance the breadth of learning opportunities available and to meet CfE experiences and outcomes	Mitigate	NAC Economy and Communities (CC)

## 2. ENVIRONMENT

TARGETING THE WORST OFF (TARGETED)			
No.	Action	Interventions	Lead Organisation
2.2.1	Fire safety presentations will continue to be delivered to students	Prevent	Ayrshire College
2.2.2	Road safety activity will continue to be delivered as in previous years	Prevent	Ayrshire College
2.2.3	Prevention First - aims to prevent crime, reduce victimisation and reduce locations where offending takes place, through a partnership early intervention approach which gets to the heart of issues and identifies the best way to solve problems and tackle community concerns.	Mitigate	Police Scotland
2.2.4	HEEPS:ABS funding - awaiting an offer from the Scottish Government for HEEPS:ABS 2016/17 funding.	Mitigate	NAC Physical Environment (Energy and Sustainability)
2.2.5	A Fuel Poverty Strategy is currently in development and will support the Local Housing Strategy. Nov 2016 has been date set by Scottish Government to eradicate fuel poverty	Mitigate	NAC Physical Environment (Energy and Sustainability)
2.2.6	Installation of a biomass-fuelled Combined Heat and Power plant, in Irvine. Heating to be utilized by the five residential towers at Fullarton, Irvine, which fall within the most deprived data zones in Scotland. This project will help work towards the eradication of fuel poverty in North Ayrshire	Mitigate	NAC Physical Environment (Energy and Sustainability)
2.2.7	The North Ayrshire Council – Renewable Energy Strategy has identified the potential for PV rooftop arrays on Sheltered Housing accommodation and Council Houses. This would support the eradication of fuel poverty, reduce greenhouse gas emissions and support the local job market.	Mitigate	NAC Physical Environment (Energy and Sustainability)
REDUCING THE GRADIENT ACROSS THE POPULATION (ENHANCED)			
No.	Action	Interventions	Lead Organisation
2.2.8	Continue to promote the offer of the Employability and Engagement Officer in all secondary schools.	Prevent	Ayrshire College
2.2.9	Environment Visual Audit programme will be refined as the development of localities progresses.	Prevent	NA CPP
2.2.10	New Transport Officer Group to be established tasked with reviewing criteria for entitlement to transport services.	Prevent	NAC Commercial Services
REDUCING THE GAP BETWEEN GROUPS IN SOCIETY (UNIVERSAL)			
No.	Action	Interventions	Lead Organisation
2.2.11	NAC Road Safety Plan	Prevent	NA CPP
2.2.12	NAC Anti-Social Behaviour Strategy	Undo	NA CPP
2.2.13	Continue to work with partners (Job Centre Plus, CLD, Economic Development and 3 <sup>rd</sup> Sector) and provide bespoke training/employability courses based on employment opportunities in the local area.	Prevent	Ayrshire College
2.2.14	Implementation of the LHS from 2017-2022. The strategy addresses housing needs and demand across the entire population	Mitigate	NAC Physical Environment (Housing Services - Development and Strategy)
2.2.15	Delivery of work strands in 'current' section with ad hoc additionality	Mitigate	NAC Physical Environment (Roads)



### 3. ECONOMY

TARGETING THE WORST OFF (TARGETED)			
No.	Action	Interventions	Lead Organisation
2.3.1	Delivery of Youth Programme which young people will work towards gaining qualifications through study and volunteering experiences. This programme will be offered to 24 young people on an annual basis.	Prevent	The Ayrshire Community Trust
2.3.2	College will continue to develop financial advice and guidance services.	Prevent	Ayrshire College
2.3.3	Continue to promote and deliver the suite of HIVE	Mitigate	Ayrshire College
2.3.4	Continue to work in partnership with schools to deliver a meaning Career Academy and School/College Partnership programme in line with Developing the Young Workforce.	Undo	Ayrshire College
2.3.5	Delivery of Financial Inclusion Advice and Guidance with aim to: improve money management skills of disadvantaged participants and a decrease in participants seeing debt as a barrier to social inclusion	Mitigate	NA – Economy & Communities
2.3.6	Hope Project: to reduce recidivism and support people into positive destinations	Mitigate	Police Scotland
2.3.7	HMRC Project: support marginalised groups to engage	Mitigate	NACAS
2.3.8	Financial inclusion advice and guidance. Increase in disadvantaged participants with improved money management skills; and decrease in disadvantaged participants affected by debt as a barrier to social inclusion	Mitigate	NAC Economy and Communities (EG)
REDUCING THE GRADIENT ACROSS THE POPULATION (ENHANCED)			
No.	Action	Interventions	Lead Organisation
2.3.9	Delivery of 'Positive Steps Project' in partnership with The Ayrshire Community Trust, NAC and Alcohol & Drug Partnership will provide work experience within the Fire Services for those seeking access to employment	Prevent	Scottish Fire & Rescue
2.3.10	Continue to offer a wide range of programmes at different levels to suit all members of the local community and provide appropriate learning support as required by individual students.	Prevent	Ayrshire College
2.3.11	Continue to work with schools to ensure positive and seamless transitions from school to college	Prevent	Ayrshire College
2.3.12	Career, Information, Advice and Guidance to all residents in North Ayrshire with additional case management support provided to 15-19yr olds	Mitigate	SDS
REDUCING THE GAP BETWEEN GROUPS IN SOCIETY (UNIVERSAL)			
No.	Action	Interventions	Lead Organisation

2.3.13	Community Empowerment – as a partner of North Ayrshire TSI (Third Sector Interface) we intend to hold awareness raising sessions for all members of the community and voluntary sector on the impact of this Act.	Undo	The Ayrshire Community Trust
2.3.14	Social Enterprise Strategy: April 2016 onwards. The strategy will put in place structures to develop, support and grow the social enterprise sector locally creating jobs and providing important services and functions within local communities.	Undo/Mitigate/Prevent	NAC Economy and Communities (EG)

#### 4. HEALTH

TARGETING THE WORST OFF (TARGETED)			
No.	Action	Interventions	Lead Organisation
2.4.1	Recruitment of 2 <sup>nd</sup> Cohort of service users in November 2015. National discussion on widening inclusion criteria	Mitigate	NA HSCP
2.4.2	Work to develop better integrated services with Older People Services	Prevent	NA HSCP
2.4.3	Develop Joint Forensics Team	Mitigate	NA HSCP
2.4.4	Implement Children's Service Plan along with partners	Undo	NA CPP
2.4.5	Develop Supported Accommodation Strategy for those with Mental Health issues or Learning Disabilities	Mitigate	NA HSCP
2.4.6	Provide a range of personalised support, accommodation, advocacy and vocational services to people with mental health problems	Mitigate	NA HSCP
2.4.7	Continue to work with ASP services to better support vulnerable students.	Mitigate	Ayrshire College
2.4.8	Mental Health Innovation Fund – Working Group- Early 2016	Mitigate	Scottish Fire & Rescue Service
2.4.9	Partnership Initiative with NHS Fresh Air-shire SFRS 'Smoking' team, fire safety leaflets will also contain and insert information on stopping smoking. Starting in early 2016.	Prevent	Scottish Fire & Rescue Service
2.4.10	Training for SFRS Personnel in partnership with NHS to create a referral pathway for falls prevention.	Prevent	Scottish Fire & Rescue Service
2.4.11	A variety of different ASP events are planned over the next few months and the new two year work plan is being developed.	Mitigate	NA HSCP
REDUCING THE GRADIENT ACROSS THE POPULATION (ENHANCED)			
No.	Action	Interventions	Lead Organisation
2.4.12	A shift to provide Health Visiting (Named Person service) focused on a preventative and early intervention health model for all families with children 0-5 years.	Prevent	NA HSCP
2.4.13	The Fresh Air-shire Prevention and Cessation service are working with Education to put a programme in place where by peers are educated around the harmful effects of tobacco and act as champions and peer supporters.	Prevent	NA HSCP
REDUCING THE GAP BETWEEN GROUPS IN SOCIETY (UNIVERSAL)			
No.	Action	Interventions	Lead Organisation
2.4.14	The community garden at Eglinton Park will provide a local market place for local food producers to sell their produce. It is anticipated local businesses in the hospitality trade will be approach to purchase local produce with the possibility of creating small social enterprises to grow local food on a commercial basis thus creating employment.	Undo	The Ayrshire Community Trust

## 5. FOOD

TARGETING THE WORST OFF (TARGETED)			
No.	Action	Interventions	Lead Organisation
2.5.1	A bid has been submitted to the Lottery for financial inclusion funding. The bid centres around the setting up of food hubs where those living in the most deprived areas can access fresh healthy food at a reasonable price	Mitigate	NA HSCP
2.5.2	A stocktake to be developed to tie together procurement processes, employment opportunities in catering etc. so that Food can be procured from as local a source as possible keeping jobs in the area and the food miles as low as possible.	Mitigate	NA HSCP
2.5.3	To accompany the holiday school meal service, HSCP, NAC Education and KA Leisure will provide activity sessions for young people.	Mitigate	NAC Commercial Services
REDUCING THE GRADIENT ACROSS THE POPULATION (ENHANCED)			
No.	Action	Interventions	Lead Organisation
2.5.4	Continued funding for Café Solace: Social Enterprise run by those recovering from addictions. Provides community café and support hub in Ardrossan for recovery and wider communities	Mitigate	NA HSCP
REDUCING THE GAP BETWEEN GROUPS IN SOCIETY (UNIVERSAL)			
No.	Action	Interventions	Lead Organisation
2.5.5	Continued support for Healthy Start and school holiday lunch clubs – support for schools, play activities	Mitigate	NA Economy & Communities
2.5.6	To work with other partners to develop a food co-operative to improve health, generate employment, contribute to economic prosperity and get a fair price for produce	Mitigate	NA HSCP
2.5.7	To further develop family cooking classes and promote healthy eating	Mitigate	NA HSCP
2.5.8	Work with public bodies and their procured services to investigate ways to improve food procurement and remove barriers for local procurement	Mitigate	NA HSCP

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**Integration Joint Board**  
**19 May 2016**

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**Agenda Item 8**

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**Subject:** **Appointment of Chief Finance Officer**

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**Purpose:** To approve the appointment of the Chief Finance Officer of the Integration Joint Board

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**Recommendation:** That the Integration Joint Board agrees to appoint Margaret Hogg as the Chief Finance Officer of the Integration Joint Board.

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**1. Introduction**

- 1.1 Section 13 of the Public Bodies (Joint Working) (Scotland) Act 2014 amends the Local Government (Scotland) Act 1973, by extending the application of Part 7 of the 1973 Act (with the exception of sections 101A and 105A) to Integration Joint Boards. Accordingly, the Integration Joint Board requires to appoint a proper officer who has responsibility for the administration of its financial affairs in terms of s.95 of the 1973 Act. That proper officer will be the Chief Finance Officer of the Integration Joint Board.
- 1.2 The Chief Finance Officer is accountable to the Integration Joint Board for the planning, development and delivery of the IJB's financial strategy; is responsible for the provision of strategic financial advice and support to the Integration Joint Board and Chief Officer, and for the financial administration and financial governance of the Integration Joint Board.
- 1.3 The Chief Finance Officer is the Accountable Officer for financial management and administration of the Integration Joint Board. The Chief Finance Officer's responsibility includes assuring probity and sound corporate governance and has responsibility for achieving Best Value.

**2. Current Position**

- 2.1 The Chief Finance Officer is a key member of the Senior Management Team, helping it to plan, develop and implement business strategy and to resource and deliver the Integration Joint Board's strategic objectives sustainably and in the public interest.

- 2.2 The Chief Finance Officer is responsible for developing the financial strategy of the IJB and must be actively involved in, and able to bring influence to bear on all material business decisions to ensure immediate and longer term financial implications, opportunities and risks are fully considered, and alignment with the Integration Joint Board's financial strategy. The Chief Finance Officer must lead the promotion and delivery by the Integration Joint Board of good financial management so that public money is safeguarded at all times and used appropriately, economically, efficiently and effectively. The Chief Finance Officer is responsible for creating, in conjunction with the Council and Health Board Directors of Finance, a collaborative arrangement with Business partners and associated Chief Financial Officers within Ayrshire and Arran.
- 2.3 The Chief Officer and the Chief Finance Officer will develop the funding requirements for the Integrated Budget in 2016/17 based on the Strategic Plan. Following the determination of the amounts to be paid by the Council and NHS Board, the Integration Joint Board will refine the Strategic Plan to take account of the resources available.
- 2.4 The Chief Officer will deliver the Health and Wellbeing Outcomes prescribed by the Scottish Ministers within the total delegated resources. Where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the IJB and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which is subject to the approval of the Integration Joint Board.
- 2.5 The Integration Joint Board is required to appoint a Chief Finance Officer. The Council and NHS Board recommend the appointment of Margaret Hogg as Chief Finance Officer of the Integration Joint Board.

### **3. Implications**

#### **3.1 Financial Implications**

None.

#### **3.2 Human Resource Implications**

None, it is recommended that Margaret Hogg is appointed as Chief Finance Officer who is an employee of North Ayrshire Council.

#### **3.3 Legal Implications**

The appointment of the Chief Finance Officer of the Integration Joint Board is required by s.95 of the Local Government (Scotland) Act 1973.

#### **3.4 Equality Implications**

None.

#### **3.5 Environmental Implications**

None.

### **3.6 Implications for Key Priorities**

There are no implications for key priorities arising from this report

## **4. Conclusion**

- 4.1 In appointing the Chief Finance Officer, Members are complying with legislation which states the Integration Joint Board is required to appoint a proper officer in respect of its financial affairs.

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

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**Integration Joint Board**  
**19 May 2016**

**Agenda Item 9**

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**Subject:** **Appointment of Standards Officer**

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**Purpose:** To approve the appointment of a Standards Officer for the Integration Joint Board.

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**Recommendation:** The Integration Joint Board approves the appointment of Andrew Fraser, Head of Democratic Services as the Integration Joint Board Standards Officer and agrees to adopt the Standards Commission Code of Conduct.

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<b>1.</b>	<b>INTRODUCTION</b>
1.1	The Ethical Standards in Public Life (Scotland) Act 2000 (Register of Interests) Regulations 2003 requires the Integration Joint Board to appoint a Standards Officer.
1.2	The Standards Commission is an independent body whose responsibility is to encourage high ethical standards in public life. It does this through the promotion and enforcement of Codes of Conduct and to issue guidance to councils and devolved public bodies.
1.3	The Standards Commission will also adjudicate on alleged breaches of the Codes of Conduct, and where a breach is found, apply a sanction.
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	The Standards Commission has recently provided guidance on the role of a Standards Officer.
2.2	The guidance highlighted the duties of the Standards Officer as :-
	1. Ensure training is provided to Members on the Ethical Standards Framework and the Members' Code of Conduct.
	2. Contribute to the promotion and maintenance of high standards of conduct by providing advice and support to members.
	3. Ensure the IJB keeps a Register of Interests and a Register of Gifts and Hospitality.
	4. Ensure there is a consistent approach to obtaining and recording declarations of

	interest at the start of its meetings.
	5. An investigatory role if local resolution is appropriate in terms of complaints or concerns about a Member's conduct.
	6. Report to the IJB on matters relating to the Ethical Standards Framework.
	7. Act as the principal liaison officer with the Standards Commission.
	8. Act as the principal liaison officer with the Commissioner for Ethical Standards in Public Life in Scotland (CESPLS) and assist whenever necessary in connection with the investigation of complaints against a Member of the IJB.
2.3	The Standards Commission has agreed with the Scottish Government (Directorate for Health & Social Care Integration), an approval process for the appointment of Standards Officers.
2.4	As part of that process, the IJB are required to appoint a Standards Officer to fulfil the functions listed in the guidance. The Standards Commission will consider, and subject to approval, ratify the appointment.
2.5	The Standards Commission have also developed a template Code of Conduct to be adopted by all IJBs, advising that this should be submitted to Scottish Ministers by 21 <sup>st</sup> June 2016. North Ayrshire IJB members have previously signed up to the Model Code of Conduct for Devolved Public Bodies. The template Code of Conduct is almost identical to the Model Code of Conduct IJB members have already signed. A copy of the Code of Conduct is attached at Appendix 1.
2.6	It is recommended that the North IJB submit the revised Code of Conduct to Scottish Ministers as our Code. Once Ministers have agreed this, IJB members will be asked to sign a new form agreeing to be bound by this Code.
<b>3.</b>	<b>PROPOSALS</b>
3.1	It is proposed that Andrew Fraser, Head of Democratic Services, be appointed as the Standards Officer for the North Ayrshire IJB.
3.2	It is proposed that the North Ayrshire IJB adopt the Standards Commission Code of Conduct.
3.3	Once agreed by Scottish Ministers, it is proposed that IJB members sign up to the new Code of Conduct.
<b>4.</b>	<b>IMPLICATIONS</b>
4.1	<b>Financial Implications</b>
	There are no financial implications.
4.2	<b>Human Resource Implications</b>
	There are no human resource implications.
4.3	<b>Legal Implications</b>
	There are no legal implications

4.4	<b>Equality Implications</b>
	There are no equality implications.
4.5	<b>Environmental Implications</b>
	There are no environmental implications.
<b>5.</b>	<b>CONSULTATIONS</b>
5.1	The Standards Commission recommends that Standards Officers develop relationships with other Standards Officers to share knowledge, experience and information.
<b>6.</b>	<b>CONCLUSION</b>
6.1	The IJB are asked to note the roles and responsibility of the Standards Officer and agree the appointment of Andrew Fraser, Head of Democratic Services as Standards Officer and agree to sign the Standards Commission Code of Conduct.

**For more information please contact Andrew Fraser/Karen Andrews on 01294 324125 or 01294 317725.**

**CODE of CONDUCT**  
**for**  
**MEMBERS**  
**of**  
**North Ayrshire Integration Joint Board**

# **CODE OF CONDUCT for MEMBERS of North Ayrshire Integration Joint Board**

## **CONTENTS**

### **Section 1: Introduction to the Code of Conduct**

Appointments to the Boards of Public Bodies

Guidance on the Code of Conduct

Enforcement

### **Section 2: Key Principles of the Code of Conduct**

### **Section 3: General Conduct**

Conduct at Meetings

Relationship with Integration Joint Board Members and Employees of Related Organisations

Remuneration, Allowances and Expenses

Gifts and Hospitality

Confidentiality Requirements

Use of Health Board or Local Authority Facilities by Members of the Integration Joint Board

Appointment to Partner Organisations

### **Section 4: Registration of Interests**

Category One: Remuneration

Category Two: Related Undertakings

Category Three: Contracts

Category Four: Houses, Land and Buildings

Category Five: Interest in Shares and Securities

Category Six: Gifts and Hospitality

Category Seven: Non-Financial Interests

## **Section 5: Declaration of Interests**

General

Interests which Require Declaration

Your Financial Interests

Your Non-Financial Interests

The Financial Interests of Other Persons

The Non-Financial Interests of Other Persons

Making a Declaration

Frequent Declaration of Interests

Dispensations

## **Section 6: Lobbying and Access to Members of Public Bodies**

Introduction

Rules and Guidance

## **Annexes**

**Annex A:** Sanctions Available to the Standards Commission for Breach of Code

**Annex B:** Definitions and Explanatory Notes

## **SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT**

1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.

1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, “the 2000 Act”, provides for Codes of Conduct for local authority Councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant Code; and establishes a Standards Commission for Scotland, “The Standards Commission” to oversee the new framework and deal with alleged breaches of the Codes.

1.3 The 2000 Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. The Model Code for members was first introduced in 2002 and has now been revised in December 2013 following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.

The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Amendments & Savings) Order 2015 has determined that Integration Joint Boards are “devolved public bodies” for the purposes of the 2000 Act.

1.4 This Code for Integration Joint Boards has been specifically developed using the Model Code and the statutory requirements of the 2000 Act. As a member of North Ayrshire Integration Joint Board, “the IJB”, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Code of Conduct which has now been made by the IJB.

This Code applies when you are acting as a member of North Ayrshire Integration Joint Board and you may also be subject to another Code of Conduct.

### **Appointments to the Boards of Public Bodies**

1.5 Whilst your appointment as a member of an Integration Joint Board sits outside the Ministerial appointment process, you should have an awareness of the system surrounding public appointments in Scotland. Further information can be found in the public appointment section of the Scottish Government website at <http://www.appointed-for-scotland.org/>.

Details of IJB membership requirements are set out in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 and further helpful information is contained in the “Roles, Responsibilities and Membership of the Integration Joint Board” guidance, which also includes information on Equality Duties and Diversity.

Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government’s

equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present. In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board's appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the IJB on which you serve and of wider diversity and equality issues.

1.6 You should also familiarise yourself with how the North Ayrshire Integration Joint Board policy operates in relation to succession planning, which should ensure that the IJB has a strategy to make sure they have the members in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

### **Guidance on the Code of Conduct**

1.7 You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code of Conduct.

1.8 The Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should in the first instance seek advice from the Chair of the IJB. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.

1.9 You should familiarise yourself with the Scottish Government publication "On Board – a guide for board members of public bodies in Scotland" and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance. These publications will provide you with information to help you in your role as a member of an Integration Joint Board, and can be viewed on the Scottish Government website.

### **Enforcement**

1.10 Part 2 of the 2000 Act sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that will be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex A**.

## **SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT**



2.1 The general principles upon which this Code is based should be used for guidance and interpretation only. These general principles are:

### **Duty**

You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of North Ayrshire Integration Joint Board and in accordance with the core functions and duties of the IJB.

### **Selflessness**

You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

### **Integrity**

You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

### **Objectivity**

You must make decisions solely on merit and in a way that is consistent with the functions of North Ayrshire Integration Joint Board when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

### **Accountability and Stewardship**

You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that North Ayrshire Integration Joint Board uses its resources prudently and in accordance with the law.

### **Openness**

You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

### **Honesty**

You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

### **Leadership**

You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of North Ayrshire Integration Joint Board and its members in conducting public business.

## **Respect**

You must respect fellow members of North Ayrshire Integration Joint Board and employees of related organisations supporting the operation of the IJB and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of North Ayrshire Integration Joint Board.

2.2 You should apply the principles of this Code to your dealings with fellow members of North Ayrshire Integration Joint Board employees of related organisations supporting the operation of the IJB and other stakeholders. Similarly you should also observe the principles of this Code in dealings with the public when performing duties as a member of North Ayrshire Integration Joint Board.

## **SECTION 3: GENERAL CONDUCT**

3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of the IJB.

### **Conduct at Meetings**

3.2 You must respect the chair, your colleagues and employees of related organisations supporting the operation of the IJB in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings. You should familiarise yourself with the Standing Orders for North Ayrshire Integration Joint Board which govern the Board's proceedings and business. The "Roles, Responsibilities and Membership of the Integration Joint Board" guidance, will also provide you with further helpful information.

### **Relationship with IJB Members and Employees of Related Organisations**

3.3 You will treat your fellow IJB members and employees of related organisations supporting the operation of the IJB with courtesy and respect. It is expected that fellow IJB members and employees of related organisations supporting the operation of the IJB will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation and the Health Board or local authority of the IJB should be able to provide this information to any IJB member on request.

Public bodies should promote a safe, healthy and fair working environment for all. As a member of North Ayrshire Integration Joint Board you should be familiar with any policies of the Health Board and local authority of the IJB as a minimum in relation to bullying and harassment in the workplace, and also lead by exemplar behaviour.

### **Remuneration, Allowances and Expenses**

3.4 You must comply with any rules applying to the IJB regarding remuneration, allowances and expenses.

## **Gifts and Hospitality**

3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term “gift” includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.

3.6 You must never ask for gifts or hospitality.

3.7 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in your IJB. As a general guide, it is usually appropriate to refuse offers except:

- (a) isolated gifts of a trivial character, the value of which must not exceed £50;
- (b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or
- (c) gifts received on behalf of the IJB.

3.8 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision that North Ayrshire Integration Joint Board may be involved in determining, or who is seeking to do business with your IJB, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of North Ayrshire Integration Joint Board then, as a general rule, you should ensure that your IJB pays for the cost of the visit.

3.9 You must not accept repeated hospitality or repeated gifts from the same source.

3.10 As a member of a devolved public body, you should familiarise yourself with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

## **Confidentiality Requirements**

3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of North Ayrshire Integration Joint Board in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.

3.12 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain or for political purposes or used in such a way as to bring North Ayrshire Integration Joint Board into disrepute.

### **Use of Health Board or Local Authority Facilities by Members of the IJB**

3.13 Members of *North Ayrshire Integration Joint Board* must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the Health Board or local authority policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of North Ayrshire Integration Joint Board.

### **Appointment to Partner Organisations**

3.14 In the unlikely circumstances that you may be appointed, or nominated by *North Ayrshire Integration Joint Board*, as a member of another body or organisation, you are bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.

3.15 Members who become directors of companies as nominees of their IJB will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the IJB. It is your responsibility to take advice on your responsibilities to the IJB and to the company. This will include questions of declarations of interest.

## **SECTION 4: REGISTRATION OF INTERESTS**

4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called “Registerable Interests”. You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the IJB’s Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.

4.2 The Regulations<sup>1</sup> as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. Annex B contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

<sup>1</sup> SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

## **Category One: Remuneration**

4.3 You have a Registerable Interest where you receive remuneration by virtue of being:

- employed;
- self-employed;
- the holder of an office;
- a director of an undertaking;
- a partner in a firm; or
- undertaking a trade, profession or vocation or any other work.

This requirement also applies where, by virtue of your employment in a particular post, you are required to be a member of the IJB.

4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.

4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, "Related Undertakings".

4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.

4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.

4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.

4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.

4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.

4.11 Registration of a pension is not required as this falls outside the scope of the category.

## **Category Two: Related Undertakings**

4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.

4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.

4.14 The situations to which the above paragraphs apply are as follows:

- you are a director of a board of an undertaking and receive remuneration declared under category one – and
- you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

### **Category Three: Contracts**

4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the IJB of which you are a member:

- (i) under which goods or services are to be provided, or works are to be executed; and
- (ii) which has not been fully discharged.

4.16 You must register a description of the contract, including its duration, but excluding the consideration.

### **Category Four: Houses, Land and Buildings**

4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed.

4.18 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.

### **Category Five: Interest in Shares and Securities**

4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the body to which you are appointed and (b) the **nominal value** of the shares is:

- (i) greater than 1% of the issued share capital of the company or other body; or
- (ii) greater than £25,000.

Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

### **Category Six: Gifts and Hospitality**

4.20 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Code.

### **Category Seven: Non-Financial Interests**

4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the IJB to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. This requirement also applies where, by virtue of your membership of a particular group, you have been appointed to the IJB.

4.22 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

## **SECTION 5: DECLARATION OF INTERESTS**

### **General**

5.1 The key principles of the Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the IJB. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions. For further detail on the declaration requirements of North Ayrshire Integration Joint Board you can refer to the IJB's Standing Orders.

5.2 IJBs inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in North Ayrshire Integration Joint Board and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.

5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the **objective test** ("the objective test") which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest

as so significant that it is likely to prejudice your discussion or decision making in your role as a member of North Ayrshire Integration Joint Board. You will wish to familiarise yourself with your IJB's standing orders and the "Roles, Responsibilities and Membership of the Integration Joint Board" guidance.

5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If a board member is unsure as to whether a conflict of interest exists, they should seek advice from the board chair in the first instance.

5.5 As a member of North Ayrshire Integration Joint Board you might *also* serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your IJB and another body. Keep particularly in mind the advice in paragraph 3.15 of this Code about your legal responsibilities to any limited company of which you are a director.

### **Interests which Require Declaration**

5.6 Interests which require to be declared if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.

5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of an IJB. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of an IJB as opposed to the interest of an ordinary member of the public.

### **Your Financial Interests**



5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Code). If, under category one (or category seven in respect of non-financial interests) of section 4 of this Code, you have registered an interest as a

- Councillor or a Member of another Devolved Public Body where the Council or other Devolved Public Body, as the case may be, has nominated or appointed you as a Member of the IJB, or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

you do not, for that reason alone, have to declare that interest.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

### **Your Non-Financial Interests**

5.9 You must declare, if it is known to you, any non-financial interest if:

- (i) that interest has been registered under category seven (Non-Financial Interests) of Section 4 of the Code; or
- (ii) that interest would fall within the terms of the objective test.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You do not have to declare an interest solely because you are a Councillor or Member of another Devolved Public Body or you have been appointed to the IJB by virtue of your position under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

A member must disclose any direct or indirect pecuniary or other interest in relation to an item of business to be transacted at a meeting of the integration joint board, or a committee of the integration joint board, before taking part in any discussion on that item.

Where an interest is disclosed under the above terms the onus is on the member declaring the interest to decide whether, in the circumstances, it is appropriate for that member to take part in the discussion of, or voting on the item of business.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

### **The Financial Interests of Other Persons**

5.10 The Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;
- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

5.11 This Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of the IJB and, as such, would be covered by the objective test.

### **The Non-Financial Interests of Other Persons**

5.12 You must declare if it is known to you any non-financial interest of:-

- (i) a spouse, a civil partner or a co-habitee;
- (ii) a close relative, close friend or close associate;
- (iii) an employer or a partner in a firm;

- (iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
- (v) a person from whom you have received a registerable gift or registerable hospitality;
- (vi) a person from whom you have received registerable election expenses.

There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

### **Making a Declaration**

5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.

5.14 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words “I declare an interest”. The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

### **Frequent Declarations of Interest**

5.15 Public confidence in an IJB is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss this at the earliest opportunity with their chair.

Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

### **Dispensations**

5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before your IJB and its committees.

5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is

sought. You should not take part in the consideration of the matter in question until the application has been granted.

## **SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES**

### **Introduction**

6.1 In order for North Ayrshire Integration Joint Board to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which North Ayrshire Integration Joint Board conducts its business.

6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups. You should also familiarise yourself with the “Roles, Responsibilities and Membership” guidance for members of an Integration Joint Board.

### **Rules and Guidance**

6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Code or any other relevant rule of North Ayrshire Integration Joint Board or any statutory provision.

6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon North Ayrshire Integration Joint Board.

6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of North Ayrshire Integration Joint Board.

6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code.

6.7 You should not accept any paid work relating to health and social care:-

(a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.

(b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the IJB and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the IJB, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

Members of Integration Joint Boards are appointed because of the skills, knowledge and experience they possess. The onus will be on the individual member to consider their position under paragraph 6.7.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the chair of North Ayrshire Integration Joint Board in the first instance.

## **ANNEX A**

### **SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE**

- (a) Censure – the Commission may reprimand the member but otherwise take no action against them;
- (b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:
  - i) all meetings of the public body;
  - ii) all meetings of one or more committees or sub-committees of the public body;
  - iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.
- (c) Suspension – for a period not exceeding one year, of the member's entitlement to attend all of the meetings referred to in (b) above;
- (d) Disqualification – removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

- (a) Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.
- (b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

Full details of the sanctions are set out in Section 19 of the Act.

## ANNEX B

### DEFINITIONS AND EXPLANATORY NOTES

**“Chair”** includes Board Convener or any person discharging similar functions under alternative decision making structures.

**“Code”** code of conduct for members of devolved public bodies

**“Cohabitee”** includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

**“Group of companies”** has the same meaning as “group” in section 262(1) of the Companies Act 1985. A “group”, within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

**“Parent Undertaking”** is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking’s memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking.

**“A person”** means a single individual or legal person and includes a group of companies.

**“Any person”** includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

**“Public body”** means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

**“Related Undertaking”** is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

**“Remuneration”** includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

**“Spouse”** does not include a former spouse or a spouse who is living separately and apart from you.

**“Undertaking”** means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

**Subject: Concerns Hub**

**Purpose:** To establish a Concerns Hub to screen concerns about vulnerable children and adults.

**Recommendation:** That the Integration Board approves the proposed arrangements to establish a Concerns Hub in Kilmarnock Police Station to screen concerns about vulnerable children and adults.

<b>1.</b>	<b>INTRODUCTION</b>
1.1	Since 2013 the total number of referrals and concerns to Social Services by Police Scotland across Ayrshire has risen dramatically. It is noted that, in particular, there has been a significant rise in the number of Adult Support and Protection concerns raised. For example, in 2013 there were 290 concerns for Adult Support and Protection rising to 1,141 in 2014.
1.2	<p>The Pan-Ayrshire Concerns Hub would provide a screening and assessment of Police concerns by Health and Social Care staff to ensure that only those concerns which require further action and intervention were progressed onto fieldwork teams for action. The Hub will build upon the model developed for the North Ayrshire Multi-Agency Domestic Abuse Response Team (MADART) which has been operating now for almost three years.</p> <p>Throughout that time, significant progress has been made in relation to ensuring a more proportionate response to incidents, with fewer young people being referred to the Scottish Children's Reporters Authority. In addition, response times to incidents have been improved significantly and the overall number of domestic incidents in North Ayrshire has fallen for the second year in a row. Whilst we await the official Police Scotland figures for the year 2015/16, initial local indications suggest that the extent of the decrease in North Ayrshire has exceeded expectation and is in stark contrast to the picture elsewhere. For all of these reasons, the MADART model will form the blueprint for dealing with all police concerns.</p>
1.3	A scoping group made up of North, East and South Health and Social Care Partnerships (HSCPs), Police Scotland, SCRA, AYRshare and Health has now met on several occasions to consider the Pan Ayrshire Concerns Hub.



<b>2.</b>	<b>CURRENT POSITION</b>
2.1	Although the three Ayrshire and their partners acknowledge the potential benefits of a Pan Ayrshire Concerns Hub, the practicalities of making it operational are significant.
2.2	<p>The scoping group has mapped out the existing arrangements operating in each of the three Ayrshire areas. It then reviewed the following four options for the proposed Ayrshire model, plus two additional models:</p> <ul style="list-style-type: none"> <li>• <b>Model 1:</b> Fully Integrated, Pan Ayrshire Concerns Hub operating as a singleton team processing all concerns.</li> <li>• <b>Model 2:</b> Fully Integrated, Pan Ayrshire Concerns Hub operating as a singleton team, processing only adult concerns OR child concerns OR youth justice concerns.</li> <li>• <b>Model 3:</b> Co-location of staff using existing separate Health &amp; Social Care Partnership processes &amp; systems, three separate models.</li> <li>• <b>Model 4:</b> A phased model.</li> <li>• <b>Model 5:</b> Single HSCP model to trial the hub.</li> <li>• <b>Model 6:</b> A drop-in Hub by the three HSCPs, not co-located nor based within the Kilmarnock police station hub.</li> </ul>
<b>3.</b>	<b>HEADS OF SERVICE</b>
3.1	Following consideration with partners, a paper was written to the Heads of Service for the three Partnerships and the Superintendent for Police Scotland's Ayrshire U Division.
3.2	Following this meeting it was agreed that a scoping sub group should be established from the main group and that Model 3 from above should be considered as the preferred option.
3.3	<p>The group would consider the implications of model 3 and create a road map as well as a process map of the model and how it could be operationalised. There would also be consideration to the Named Person and how the hub would link with the Named Person.</p> <p>The group met at Kilmarnock Police station on the 21<sup>st</sup> March 2016 and below is the result of this session.</p>
<b>4.</b>	<b>PROPOSALS</b>
4.1	Model Three "Co-location of staff, using existing separate HSCP processes & systems, three separate models within a co-located hub" has been identified as the preferred model.
4.2	Given the tight time scales, this was seen as a more achievable model, and one which could be built upon. This model would enable testing of the Hub and work through some of the identified challenges, while developing solutions towards the fully integrated Pan Ayrshire model.

4.3	In practice, from the point that Police pass on the Concern to the relevant HSCP it would be up to each Partnership to progress referrals in a way which is in keeping with their own current processes, systems and paperwork. This could then have little impact upon the Hub's function itself. In this model each HSCP retains accountability and management for their own staff and Police Concern referrals for those in their HSCP area. Each HSCP retains existing models of practice for all referrals. Each HSCP would retain responsibility for local management with no impact upon staffing, such as terms and conditions. Increased resilience would be added in terms of staffing, with limited impact upon turnover and absences.
4.4	Its advantages would be the development of a more consistent approach across Ayrshire for partner agencies, staff would learn from each other's practice. Some standard processes from existing models could be reviewed and commonalities built on.
4.5	North Ayrshire is willing to trial the full Concerns Hub model with access to IT systems already available and existing staffing in situ through the MADART and Early Effective Intervention (Youth Justice).
4.6	<p><b><u>Anticipated Outcomes</u></b></p> <p>The group discussed the challenges in information sharing between organisations at present and the benefits which could accrue through the new hub, including:</p> <ul style="list-style-type: none"> <li>• Improved and speedier access to information on children and adults held by all services.</li> <li>• Better screening out of inappropriate concerns and reduced workloads.</li> <li>• Resources being released to respond to concerns more effectively.</li> <li>• More robust assessment of concerns.</li> <li>• Quicker decision making on concerns.</li> </ul>
4.7	The Hub would initially screen concerns only. Staff in the Concerns Hub would not be involved in home visits to children or adults, until it was staffed appropriately and it was evident that this approach was required. This was highlighted as a potential recruitment issue as qualified Social Work staff may find this work to be de-skilling and monotonous, it was considered that to rotate staff maybe a way round this.
4.8	<p><b><u>Measuring Impact</u></b></p> <p>The measures used to assess the effectiveness of the Hub would be:</p> <ul style="list-style-type: none"> <li>• The number of area team reports sent to Social Services.</li> <li>• The number of concerns that require no further action.</li> <li>• The Scottish Children's Reporter Administration (SCRA) conversion rate of referrals to hearings.</li> <li>• No of cases for "no further action" that are repeated.</li> </ul>
4.9	Means of reducing the instigation of referrals at source through further training was also discussed.
4.10	The group developed the process maps attached at <b>Appendix 1</b> which show the proposed means of dealing with concerns. This would be tested by North Ayrshire in the first phase of the project.

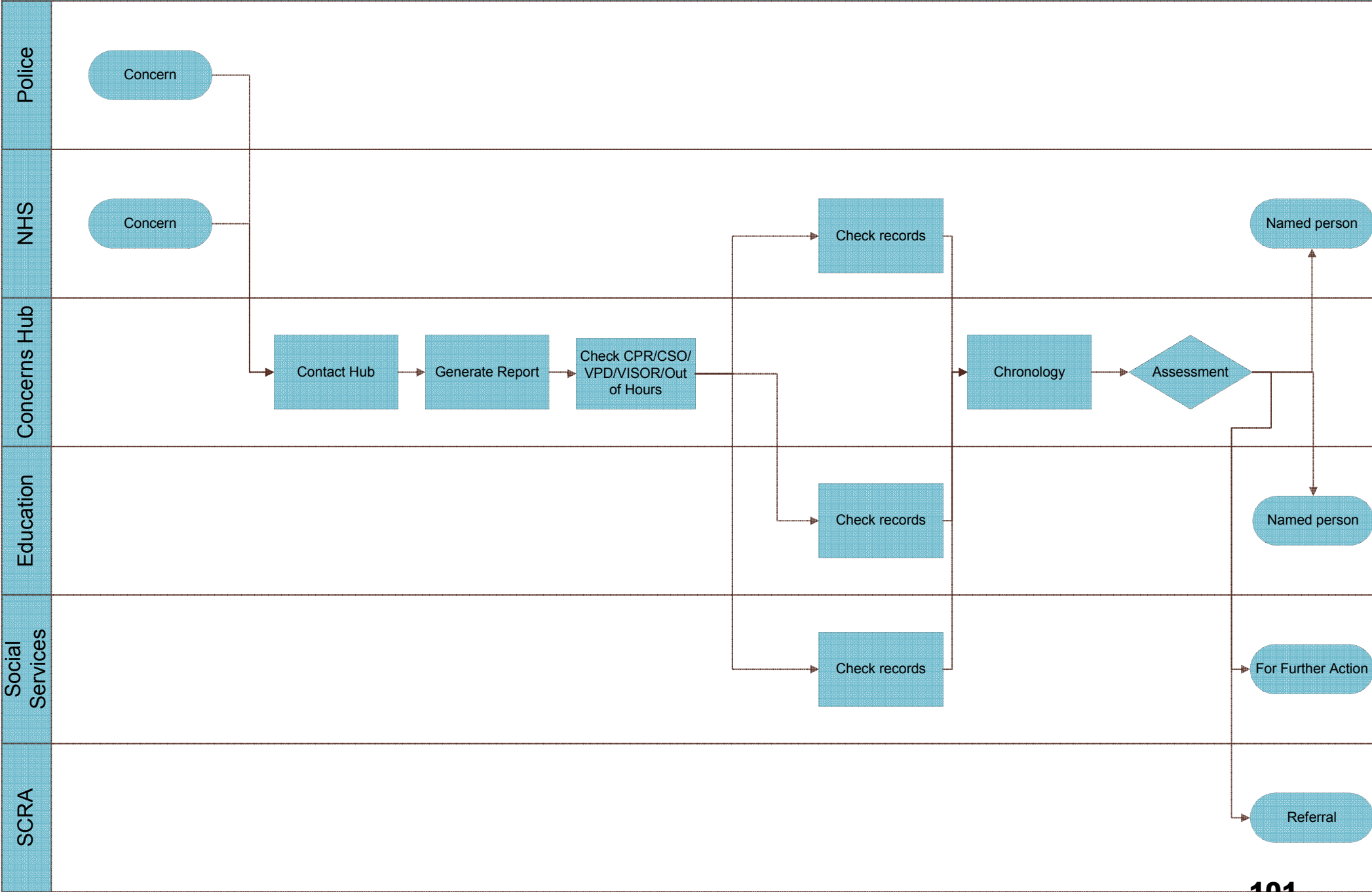
4.11	The proposed project plan is shown below																																															
	<table><tr><th>Date</th><th>Description</th><th>Responsibility</th></tr><tr><td>April</td><td>Prepare accommodation in Police Station for 9 people in Hub</td><td>L Jones</td></tr><tr><td></td><td>Identify North Ayrshire staff to be located in Hub</td><td>M Inglis</td></tr><tr><td></td><td>Arrange vetting of staff</td><td>L Jones</td></tr><tr><td></td><td>Convene IT Sub Group to resolve IT issues</td><td>M Inglis</td></tr><tr><td>May</td><td>Purchase furniture &amp; equipment, IT and phones</td><td>M Inglis</td></tr><tr><td></td><td>Move MADART Team and IT equipment to Hub</td><td>M Inglis</td></tr><tr><td></td><td>Install IT systems available (AYRshare, Police, Social Services (Carefirst initially and then Swift), and Housing</td><td>All</td></tr><tr><td></td><td>Identify how to link to other IT systems in Health (FACE &amp; others), Education (SEEMIS)</td><td>M Inglis</td></tr><tr><td>June</td><td>Hub operational</td><td>All</td></tr><tr><td></td><td>NAHSCP staff are located within the Hub</td><td>M Inglis</td></tr><tr><td></td><td>Clear processes and procedures are created for adult and child police concerns using the MADART model</td><td>M Inglis and two secondees</td></tr><tr><td>July</td><td>Processes and procedures for the NAHSCP wellbeing hub to link with the Named Person established</td><td>M Inglis and two secondees</td></tr><tr><td>August</td><td>Test wellbeing processes</td><td>M Inglis and Hub staff</td></tr><tr><td></td><td>Wellbeing and Concerns Hub fully operational</td><td></td></tr></table>	Date	Description	Responsibility	April	Prepare accommodation in Police Station for 9 people in Hub	L Jones		Identify North Ayrshire staff to be located in Hub	M Inglis		Arrange vetting of staff	L Jones		Convene IT Sub Group to resolve IT issues	M Inglis	May	Purchase furniture & equipment, IT and phones	M Inglis		Move MADART Team and IT equipment to Hub	M Inglis		Install IT systems available (AYRshare, Police, Social Services (Carefirst initially and then Swift), and Housing	All		Identify how to link to other IT systems in Health (FACE & others), Education (SEEMIS)	M Inglis	June	Hub operational	All		NAHSCP staff are located within the Hub	M Inglis		Clear processes and procedures are created for adult and child police concerns using the MADART model	M Inglis and two secondees	July	Processes and procedures for the NAHSCP wellbeing hub to link with the Named Person established	M Inglis and two secondees	August	Test wellbeing processes	M Inglis and Hub staff		Wellbeing and Concerns Hub fully operational			
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	Wellbeing and Concerns Hub fully operational																																															
4.12	The group discussed the significant IT issues to be overcome and agreed that an IT Sub Group meeting would be required to address these points, including the use of AYRshare.																																															
4.13	There is accommodation in Kilmarnock police station for 12 staff, including three staff from the MADART Team. This would allow co-location of up to nine staff who could be accommodated in concern hub team. The delays involved in vetting staff were also highlighted. Close monitoring of the effectiveness of this new system would be required to ensure the benefits and efficiencies sought through it are realised.																																															
5.	CONSULTATION																																															
5.1	There has been consultation with the scoping group on this report.																																															
6.	CONCLUSION																																															
6.1	Significant progress has been made in mapping arrangements and agreeing the process for dealing with child and adult concerns through a hub located in Kilmarnock Police Station.																																															

6.2	North Ayrshire will trial the Hub as the first phase of this project from June 2016. The operation of the Hub will be closely evaluated to ensure that it is achieving its purpose of ensuring that the increasing volume of child and adult concerns are responded to effectively and speedily. It is anticipated that the other two Ayrshire areas would become involved in the second and third phases of this project.
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**For more information please contact Mark Inglis  
Senior Manager Intervention Services  
(01294 317794)**

Concerns Hub process

Phase



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**Integration Joint Board**  
**19 May 2016**

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**Agenda Item 11**

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**Subject:** **Equalities Outcomes**

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**Purpose:** To ensure the Integration Joint Board meets its duties with regard to the publication of Equalities Outcomes

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**Recommendation:** That the Integration Joint Board homologates this set of Equalities Outcomes.

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<b>1.</b>	<b>INTRODUCTION</b>
1.1	The Equality and Human Rights Commission (EHRC) wrote to all the Chief Officers on Integration Joint Boards (IJBs) advising that IJBs are required to publish a set of equality outcomes and a report on mainstreaming the equality duty by 30 <sup>th</sup> April 2016.
1.2	The EHRC noted it would not be sufficient to simply transfer a set of outcomes from a parent organisation to an IJB without considering the functions, responsibilities, priorities and methods of working, as equality outcomes are distinct to each organisation. We therefore have a requirement to publish a set of Equalities Outcomes by the end of April 2016.
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	A set of draft Equalities Outcomes have been prepared for approval by the IJB.
<b>3.</b>	<b>PROPOSALS</b>
3.1	This would achieve our requirements for 2016/17 but a more inclusive approach across Ayrshire is proposed for 2017/2020.
<b>4.</b>	<b>IMPLICATIONS</b>
4.1	<b>Financial Implications</b>
	No financial implications
4.2	<b>Human Resource Implications</b>
	No Human Resource implications.
4.3	<b>Legal Implications</b>

	This meets the legal duties of IJBs in relation to the Equality Act 2010.
4.4	<b>Equality Implications</b>
	This ensures our services are responsive to the needs of people with protected characteristics and meets our three duties.
4.5	<b>Environmental Implications</b>
	No environmental implications.
4.6	<b>Implications for Key Priorities</b>
	These outcomes have been drawn from our Strategic Plan.
5.	<b>CONSULTATIONS</b>
5.1	These equality outcomes were developed from the Strategic Plan, which was subject to a comprehensive consultation.
6.	<b>CONCLUSION</b>
6.1	That the IJB considers and homologates the Equality Outcomes.

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



# Equality Outcomes Report 2016-2019

DRAFT

April 2016

Version 0.5



## Contents:

	Page
1. Introduction	3
2. Background	3
3. Legal Requirements	
3.1 The General Equality Duty	3
3.2 The Specific Duties	4
4. What is an Equality Outcome	5
5. Equality & NAHSCP's Strategic Plan	5
6. How we Developed our Equality Outcomes	6
7. How we Monitor our Equality Outcomes	7
8. North Ayrshire Health & Social Care Partnership Equality Outcomes	10

## Appendices:

Appendix 1 – General Equality Duties & Protected Characteristics	11
Appendix 2 – National Health & Wellbeing Outcomes	13

## **1. Introduction**

The Equality and Human Rights Commission (EHRC) wrote to all the Chief Officers of Integration Joint Boards (IJBs) advising that IJBs are required to publish a set of equality outcomes and a report on mainstreaming the equality duty by 30 April 2016.

The EHRC noted it would not be sufficient to simply transfer a set of outcomes from a parent organisation to an IJB without considering the functions, responsibilities, priorities and methods of working, as equality outcomes are distinct to each organisation. We therefore have a requirement to publish a set of Equalities Outcomes by the end of April 2016.

Across Ayrshire, the Equality Operation Delivery Group is working together to ensure a joined up approach to equality issues throughout Ayrshire by undertaking collaborative actions and consultation across a shared geographical base.

As part of this work the group is recommending that we work together across the 3 HSCPs, 3 Local Authorities and NHS Ayrshire & Arran to create a shared set of equality outcomes by April 2017. This would mean these draft outcomes would be for one year only.

## **2. Background**

North Ayrshire Health and Social Care Partnership are committed to ensuring that all individuals and communities in North Ayrshire are treated fairly and have the opportunity to thrive and fulfil their potential.

Our ambitions for a safe, healthy and active North Ayrshire cannot be realised unless we address the prejudice, discrimination and disadvantage that hold people back and prevents them from flourishing.

We have therefore developed this set of eight Equality Outcomes linking directly to our strategic plan, which provides the framework for positive action to ensure equality of opportunity and to ensure we meet the public sector equality duty and the Scottish specific duties which flow from it.

## **3. Legal Requirements**

### **3.1 The General Equality Duty**

The Equalities Act 2010 (the Act), replaced the Race Equality Duty (2002), the Disability Equality Duty (2006) and the Gender Equality Duty (2007).

The Act sets out a general duty for every public authority to have due regard to the need to (these are often referred to as the three needs (see Appendix 1)):

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.

- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

These ‘three needs’ apply to every function within our organisation, including how we plan and deliver frontline services, our role in policy making and in how we procure and contract services from outside agencies. The Act refers to this as ‘mainstreaming equality’.

The public sector equality duty covers the following protected characteristics (see Appendix One):

- Age;
- Disability;
- Gender;
- Gender reassignment;
- Pregnancy and maternity;
- Race;
- Religion or belief;
- Sexual orientation;
- Marriage and civil partnerships (this category only applies to eliminating unlawful discrimination in employment).

### 3.2 The Specific Duties

Specific duties have been designed to help authorities meet the three needs outlined in the general duty. The specific duties were created by secondary legislation in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

Each authority is required to:

- Report on mainstreaming the equality duty;
- Publish equality outcomes and report progress;
- Assess and review policies and practices;
- Gather and use employee information;
- Publish gender pay gap information;
- Publish statements on equal pay;
- Consider award criteria and conditions in relation to public procurement;
- Publish in a manner that is accessible.

NAHSCP is required to publish a set of equality outcomes which it considers would enable it to better perform the general equality duty and must then publish a fresh set of equality outcomes within four years.

In preparing a set of equality outcomes, NAHSCP must take reasonable steps to involve people who share a relevant protected characteristic and anyone who appears to the authority to represent the interests of those people.

## 4. What is an Equality Outcome?

An equality outcome is a result which we aim to achieve in order to further one or more of the three needs of the general equality duty:

- To eliminate discrimination
- Advance equality of opportunity
- Foster good relations

By focusing on outcomes rather than objectives, we aim to achieve practical improvements for individuals in North Ayrshire who experience discrimination and disadvantage. Equality outcomes are therefore results intended to achieve specific and identifiable improvements in people's life chances.

## 5. Equality and NAHSCP's Strategic Plan

National guidance on setting equality outcomes notes that these should be proportionate and relevant to the functions and strategic priorities of the organisations setting them, and that they may include both short and long term benefits for people with protected characteristics.

The NAHSCP's Strategic Plan is required to take into account the current and future health and well-being needs of the population of North Ayrshire. It seeks to address the increasing health inequalities in North Ayrshire and will focus on improving the efficiency and quality of the services being provided. The development of our Strategic Plan included extensive consultation with the people of North Ayrshire.

Individuals, families and communities are at the heart of the Plan and the Partnership is accountable to our citizens, North Ayrshire Council, The Board of NHS Ayrshire & Arran and to Scottish Government Ministers for its implementation.

The purpose of our Health and Social Care Partnership is that:

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

This means that we will support each person of any age to live safely at home, or in a homely setting where possible, close to family, friends and the local community. We will work with the NHS acute services and the third and independent sectors to deliver high quality, safe and sustainable services that are seamless to the people who use them. We will support people to make their own life choices.

To do this we developed five strategic priorities for action. These are:

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

During the development of our Strategic Plan we undertook considerable consultation and engagement with a wide range of individuals and people with protected characteristics. This has helped us to ensure equality is mainstreamed early in the planning stage and we believe this has enabled us to develop more robust outcomes.

Whilst North Ayrshire Health and Social Care Partnership is not an employer, we will work with North Ayrshire Council and the Board of NHS Ayrshire & Arran to ensure our staff are treated in a fair and equitable manner.

In addition, we have aligned our equality outcomes with National Health & Well Being Outcomes (see Appendix 2) to ensure our equality outcomes are specific and measurable. We believe these combined priorities and outcomes will provide a helpful starting point for the development of our equality outcomes framework.

## **6. How we Developed our Equality Outcomes**

We have therefore developed this set of eight Equality Outcomes linking directly to our strategic plan, which provides the framework for positive action to ensure equality of opportunity. Our Equality Outcomes are:

- The impact of inequalities will be reduced in North Ayrshire
- Vulnerable people have access to support to tackle financial difficulties
- More disadvantaged people are in work or training
- Vulnerable people are kept safe from harm
- Services are inclusive to the transgender community
- Local people are involved in improving their communities
- Carers have the support they need
- Individuals will be supported to improve their physical health and well-being

## **7. How we will Monitor our Equality Outcomes**

The Health and Social Care Performance and Audit Committee is responsible for monitoring progress against the equality outcomes. Progress will be monitored by considering the agreed performance indicators as well as staff and service user/patient data, findings from the staff surveys, complaints and compliments and anecdotal feedback received from staff, carer's, families and service users.

The Partnership will publish its first progress report by 30 April 2017.

## North Ayrshire Health and Social Care Partnership Equality Outcomes 2015–2016

### Priority 1 – Tackling Inequalities

Reducing poverty and the gap between the richest and the poorest supports increased economic participation, improved social cohesion and builds stronger communities.

Strategic Plan No	Outcomes and supporting actions	Link to national/ local outcome	Duty/ Characteristics
<b>1.1</b>	<b>The impact of inequalities will be reduced in North Ayrshire</b>		<ul style="list-style-type: none"> <li>• Eliminate Discrimination</li> <li>• Advance equality of opportunity</li> <li>• Foster good relations</li> </ul> A: Age D: Disability GA: Gender reassignment M: Pregnancy and maternity R: Race RB: Religion and belief S: Sex SO: Sexual orientation
1.1a	We will engage with local communities to understand how we can make our health and social care services that are responsive to all	3/4/5	
1.1b	We will ensure that we make the changes necessary to meet the requirements of our Inequalities Strategy	1/4/5	
1.1c	We will ensure our approaches to engaging communities reflect equality and diversity within neighbourhoods	3/5	
1.1d	We will work to ensure services are responsive and sensitive to people who are covered by equalities legislation: protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation	3/4/5	
<b>1.2</b>	<b>Vulnerable people have access to support to tackle financial difficulties</b>		<ul style="list-style-type: none"> <li>• Eliminate Discrimination</li> <li>• Advance equality of opportunity</li> </ul> A: Age D: Disability
1.2.a	We will offer advice to all people who use our services to ensure they are in receipt of their full entitlement of benefits.	1/4/5	
1.2b	We will work with partners to offer financial guidance to people who use our services.	1/4/5	
<b>1.3</b>	<b>More disadvantaged people are in work or training</b>		<ul style="list-style-type: none"> <li>• Eliminate Discrimination</li> <li>• Advance equality of</li> </ul>
1.3a	We will embrace opportunities created by the North Ayrshire Economic Development and Regeneration Strategy.	5	

1.3b	We will support people to gain skills and confidence in readiness for work.	5	opportunity A: Age D: Disability
1.3c	We will set targets for securing employment opportunities to our young people who have been 'Looked After'.	4/5	
<b>1.4</b>	<b>Vulnerable people are kept safe from harm.</b>		<ul style="list-style-type: none"> <li>• Eliminate Discrimination</li> <li>• Advance equality of opportunity</li> <li>• Foster good relations</li> </ul>
1.4a	We will work to ensure that the most vulnerable members of our communities are safe and protected and receive the support they need.	7	
1.4b	We will ensure that the Partnership is ready to undertake the Named Person responsibilities of the Children and Young People's Act.	1/5/7	A: Age D: Disability GA: Gender reassignment M: Pregnancy and maternity R: Race RB: Religion and belief S: Sex SO: Sexual orientation
1.4c	Criminal Justice and Youth Justice Services will work together to reduce re-offending in our communities.	1/4/5	

## Priority 2 – Engaging Communities

We know that people in communities have a critical role to play in supporting each other and in designing services to meet local needs.

Strategic Plan No	Outcome and support actions	Link to national/local outcome	Duty/ Characteristics
<b>2.1</b>	<b>Local people are involved in improving their communities.</b>		<ul style="list-style-type: none"> <li>• Eliminate Discrimination</li> <li>• Advance equality of opportunity</li> <li>• Foster good relations</li> </ul>
2.1a	We will listen to local people, service users and carers to understand the needs of geographical communities as well as communities of interest.	3/5/8	
2.2b	We will find new ways to engage with people that we have not successfully involved before.	3/8/9	A: Age D: Disability GA: Gender reassignment M: Pregnancy and maternity R: Race

			RB: Religion and belief S: Sex SO: Sexual orientation
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### Priority 3 – Bringing Services Together

Integration provides a great opportunity to create services that are seamless from the point of view of the service user. We were approached by representatives of the transgender community who wanted to work with us to create more inclusive drug and alcohol services.

No	Outcome and supporting actions	Link to national/local outcome	Duty/ Characteristics
<b>3.1</b>	<b>Services are inclusive to the transgender community</b>		<ul style="list-style-type: none"> <li>• Eliminate Discrimination</li> <li>• Foster good relations</li> </ul> GA: Gender reassignment D: Disability SO: Sexual orientation
3.1a	We will undertake analysis of the experience of our transgender community of drug and alcohol services.	3/4/5/7/8	
3.1b	We will redesign our addictions service, bring NAC and NHS teams together, ensuring the new service is inclusive to all, by applying the learning from the transgender analysis.	3/4/5/7/8	

### Priority 4 – Investing in Prevention and Early Intervention

Dealing with problems at an early stage can increase the chances of positive outcomes for people, reduce costs and prevent issues from becoming much more serious and difficult to address.

No	Outcome and supporting actions	Link to national/local outcome	Duty/ Characteristics
<b>4.1</b>	<b>Carers have the support they need</b>		<ul style="list-style-type: none"> <li>• Eliminate Discrimination</li> <li>• Advance equality of opportunity</li> <li>• Foster good relations</li> </ul> A: Age D: Disability
4.4a	We will listen to you and support you to keep <b>you</b> healthy	1/4/6	
4.4b	We will provide opportunities for you to have a break if you need one	1/2/4/6	



## Priority 5 – Improving Mental Health and Wellbeing

Good mental health impacts positively on individuals, families and communities.

No	Outcome and supporting actions	Link to national/local outcome	Duty/ Characteristics
	<b>Individuals will be supported to improve their physical health and well-being</b>		<ul style="list-style-type: none"> <li>• Eliminate Discrimination</li> <li>• Advance equality of opportunity</li> <li>• Foster good relations</li> </ul> A: Age D: Disability GA: Gender reassignment M: Pregnancy and maternity R: Race RB: Religion and belief S: Sex SO: Sexual orientation
5.1a	We will deliver high quality services that focus on recovery and that support improved mental health and wellbeing for individuals, families, carers and local communities.	1/2	
5.1c	We will develop clear diagnostic processes and greater support and service provision for people with autism spectrum disorders and their families.	1/2/4	
5.1d	We will work together to improve support, care and treatment for people living with dementia, their families and carers.	1/2/6	
5.1e	We will work alongside other partners to reduce the harmful effects associated with alcohol and drug use.	1/3/4	
5.3c	We will work with education and paediatric services to improve Child and Adolescent Mental Health Services (CAHMS).	1/3/4	
5.3d	We will develop a range of supported accommodation options.	2/9	

## APPENDICES

### Appendix 1 – General Equality Duties and Protected Characteristics

#### General Equality Duty:

- **Eliminate discrimination**, harassment and victimisation and other prohibited conduct.
- **Advance Equality of Opportunity** - between people who share a relevant protected characteristic and those who do not.
- **Foster good relations** between people who share a protected characteristic and those who do not.

#### Protected Characteristics:

A: Age

D: Disability

GA: Gender Reassignment

M: Pregnancy and Maternity

R: Race

RB: Religion and Belief

S: Sex

SO: Sexual Orientation

## Appendix 2 – National Health and Wellbeing Outcomes

The Public Bodies (Scotland) Act 2014 defines a complete set of principles for the implementation of health and social care services in Scotland. These are the principles against which integrated services should be delivered and the quality of those services should be evaluated. The Act also defines the national outcomes and the health and wellbeing outcomes that integration is looking to achieve. These are as follows:

**1. People are able to look after and improve their own health and wellbeing and live in good health for longer**

People in North Ayrshire feel confident and able to make positive personal decisions about themselves and their families' health and wellbeing, and receive the support they need to achieve their aims.

**2. People (including those with disabilities or long-term conditions or who are frail) are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community**

People in North Ayrshire live as independently as possible, playing an active role within their local community.

**3. People who use health and social care services have positive experiences of those services and have their dignity respected**

People in North Ayrshire are actively engaged in the design and delivery of services, ensuring that these are tailored to local needs and preferences.

**4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services**

People in North Ayrshire express what matters to them most and help design and deliver services that help them attain this.

**5. Health and social care services contribute to reducing health inequalities**

People in North Ayrshire benefit from improved lifestyles, life circumstances, life expectancies, health and quality of life, with more rapid improvements in communities that experience the highest levels of need and deprivation to reduce the inequality gap.

**6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing**

Carers in North Ayrshire benefit from highly accessible and proactive services designed to maintain high levels of health and wellbeing.

**7. People using health and social care services are safe from harm**

People who use health and social care services in North Ayrshire should do so safely, be free from fear or harm and have their rights and choices respected.

**8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide**

Staff – including those of the third and independent sector – who provide health and social care services in North Ayrshire, actively participate in the programme of continuous improvement and have ownership of the future model of service delivery.

**9. Resources are used effectively and efficiently in the provision of health and social care services**

Individuals who provide or access health and social care services in North Ayrshire are fully engaged in assessing and allocating the resources available to local communities, and use a rigorous and transparent process to agree how maximum benefit can be attained.

**Subject:** **Health Improvement Strategies**

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**Purpose:** This overarching Health Improvement Strategies paper brings together and provides an update on all Ayrshire & Arran's current Health Improvement Strategies/Action plans.

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**Recommendation:** The North Ayrshire Integration Joint Board is asked to review the progress being made with health improvement strategies and action plans; note the HSCP role in implementing these strategies; and consider how the strategies support North Ayrshire HSCP Strategic Plan.

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<b>1.</b>	<b>INTRODUCTION</b>
1.1	<p>Improving the health of the population is a challenging process, especially in an economic environment that mitigates against the determinants of good health. Of fundamental importance is the recognition that health and health inequalities are the result of a complex and wide-ranging network of factors. People who experience material disadvantage such as poor housing, insecure employment, low income, lower educational attainment, poor access to services or are living in fear are among those more likely to suffer poorer health outcomes and an earlier death compared with the rest of the population.</p> <p>The complex nature of health and health inequalities requires a range of different approaches. Addressing the underlying determinants of health inequalities, such as unemployment, low income and poor housing is essential if we are to sustain an improvement in health status and a reduction in health inequalities in the longer term. Partners in the three Community Planning Partnerships are engaged in a range of initiatives that will support the wider inequalities agenda and address some of these issues.</p>
1.2	<p>Other important approaches are lobbying and advocacy to make changes at policy and governmental level. The developments in tobacco policy in Scotland, moves around alcohol access and pricing, as well as arrangements with the food industry (thus far) are all a result of years of lobbying and challenging policies at national level. Similar initiatives are reflected at local level in employing organisations, local alcohol provision etc.</p> <p>Within the context of the above, supporting people to choose a healthy lifestyle can have an impact on their health and wellbeing. For example, stopping smoking</p>

	remains the single most preventable cause of ill health, reducing social isolation is emerging as an urgent public health agenda and addressing alcohol issues is important for individuals, families, communities, local services and society in general. However, it is easier for some sections of society to make healthy lifestyle choices than it is for others. Environmental factors such as poor transport links, lack of access to amenities, pressures of daily life, stress and lack of time can create barriers to people making healthier choices. These environmental factors can also be exacerbated by the challenges some people face in accessing appropriate information and advice in order to make informed choices.
1.3	It is important that the health inequalities gap is not widened by health improvement activity; accordingly, each strategy and action plan aims to adopt an inequalities sensitive approach, and strives to ensure that there is a proportionate response to need within each community affected by the strategy.
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	NA HSCP has been tasked with achieving a set of national health and well-being outcomes. These strategies will support the achievement of these outcomes. NA HSCP also has a role in ensuring community and primary healthcare staff, now within the HSCP, continue to undertake actions to support implementation of the strategies.
2.2	<p>All the strategies and action plans outlined are led by the staff in the Public Health department but involve many people working within and out with the health sector. Some of the strategies have one or more action plans associated with them. There are some additional action plans which do not have overarching strategies, but are required to be done for a variety of reasons. However, almost all of them are multi-agency in nature and many of them have been adopted by (previous) Community Health Partnerships and/or Community Planning Partnerships. Some have HEAT targets, some are required by the Scottish Government, and some are developed as a response to local need.</p> <p><b>All of them are focused on the whole population of Ayrshire and Arran</b> with the aim of improving and maintaining its health &amp; wellbeing.</p>
2.3	As the NA H&SCP strategic plan has been developed and refreshed, opportunities have been taken to link these Pan-Ayrshire Strategies into the plan. In addition members of the 3 Health and Social Care Partnerships attend the various Pan-Ayrshire Strategy groups, who are responsible for taking forward implementation of these strategies.
2.4	Within the partnership there is currently no forum in existence which addresses population health issues, other than the Strategic Planning Group, whose remit is quite broad. A suggestion has been made that a Health Improvement Network is set up, bringing together practitioners who are involved in the delivery of actions within these strategies. The first of these network sessions will be around the Healthy Weight Strategy and the future development of this network would be informed by this initial meeting. This network will be arranged by the Health Improvement Team in North Ayrshire and will link into the Strategic Planning Group.

<b>3.</b>	<b>PROPOSALS</b>
3.1	<p>The North Ayrshire Integration Joint Board is asked</p> <ul style="list-style-type: none"> <li>to review the progress being made with health improvement strategies and action plans;</li> <li>note the HSCP role in implementing these strategies;</li> <li>consider how the strategies support North Ayrshire HSCP Strategic Plan</li> <li>note the following key messages:</li> </ul> <p><b>Key Messages:</b></p> <ul style="list-style-type: none"> <li>There are many strategies and action plans within the overall Population Health Improvement approaches</li> <li>The strategies are outcome focussed and inequalities are addressed throughout each of the strategies</li> <li>These strategies support achievement of the national 2020 vision and NHS A&amp;A's strategic direction as described in <i>Our Health 2020</i></li> <li>The strategies are, as far as possible, developed in partnership with communities and partner organisations through wide engagement and consultation</li> <li>The strategies and actions plans are pan Ayrshire although there may be variation in implementation within each Partnership area to meet the needs of local communities and the priorities set out in the three Partnership Strategic Plans.</li> </ul>
<b>4.</b>	<b>IMPLICATIONS</b>
4.1	<b>Financial Implications</b>
	Addressed within each strategy/action plan
4.2	<b>Human Resource Implications</b>
	Some of the strategies and action plans have implications for capacity building of NHS staff.
4.3	<b>Legal Implications</b>
	None of these strategies are statutory
4.4	<b>Equality Implications</b>
	Equality Impact Assessments are undertaken for each strategy and action plan individually.
4.5	<b>Environmental Implications</b>
	Impact assessments are undertaken for each strategy and action plan individually.
4.6	<b>Implications for Key Priorities</b>
	Addressed with each strategy/action plan as required.

<b>5.</b>	<b>CONSULTATIONS</b>
5.1	Completed for each strategy/action plan as required
<b>6.</b>	<b>CONCLUSION</b>
6.1	It is recommended that the Integration Joint Board review the progress being made with health improvement strategies and action plans and consider how the Partnership can contribute to their ongoing implementation.

**For further information please contact Carol Davidson, Director of Public Health (01292) 885882.**



# Health Improvement Strategies

## Author:

Various, collated by Claire Gray, National Management Trainee and edited by Anne Clarke, Assistant Director of Public Health

## Sponsoring Director:

Dr Carol Davidson, Director of Public Health

**Date: 25 February 2016**

Glossary of Terms	
NHS A&A	NHS Ayrshire & Arran
WRAP	Wellness Recovery Action Planning
FVA	Fluoride varnish applications
CHS	Child Health Strategy
NRT	Nicotine replacement therapy
HWS	Healthy Weight Strategy
BMI	Body Mass Index
SIMD	Scottish Index of Multiple Deprivation
HPHS	Health Promoting Health Service
ABCD	Asset Based Community Development
AHEAD	AyrsHirE Asset Development
DPH	Department of Public Health
HEDG	Health and Employability Delivery Group
AHP WATOM	Allied Health Professional - Work, Alcohol, Tobacco, Obesity, Mental Health
HWL	Healthy Working Lives
KPI	Key Performance indicators
CHW	Child Healthy Weight

## Introduction

Improving the health of the population is a challenging process, especially in an economic environment that mitigates against the determinants of good health. Of fundamental importance is the recognition that health and health inequalities are the result of a complex and wide-ranging network of factors. People who experience material disadvantage such as poor housing, insecure employment, low income, lower educational attainment, poor access to services or are living in fear are among those more likely to suffer poorer health outcomes and an earlier death compared with the rest of the population.

The complex nature of health and health inequalities requires a range of different approaches. Addressing the underlying determinants of health inequalities, such as unemployment, low income and poor housing is essential if we are to sustain an improvement in health status and a reduction in health inequalities in the longer term. Partners in the three Community Planning Partnerships are engaged in a range of initiatives that will support the wider inequalities agenda and address some of these issues.

Other important approaches are lobbying and advocacy to make changes at policy and governmental level. The developments in tobacco policy in Scotland, moves around alcohol access and pricing, as well as arrangements with the food industry (thus far) are all a result of years of lobbying and challenging policies at national level. Similar initiatives are reflected at local level in employing organisations, local alcohol provision etc.

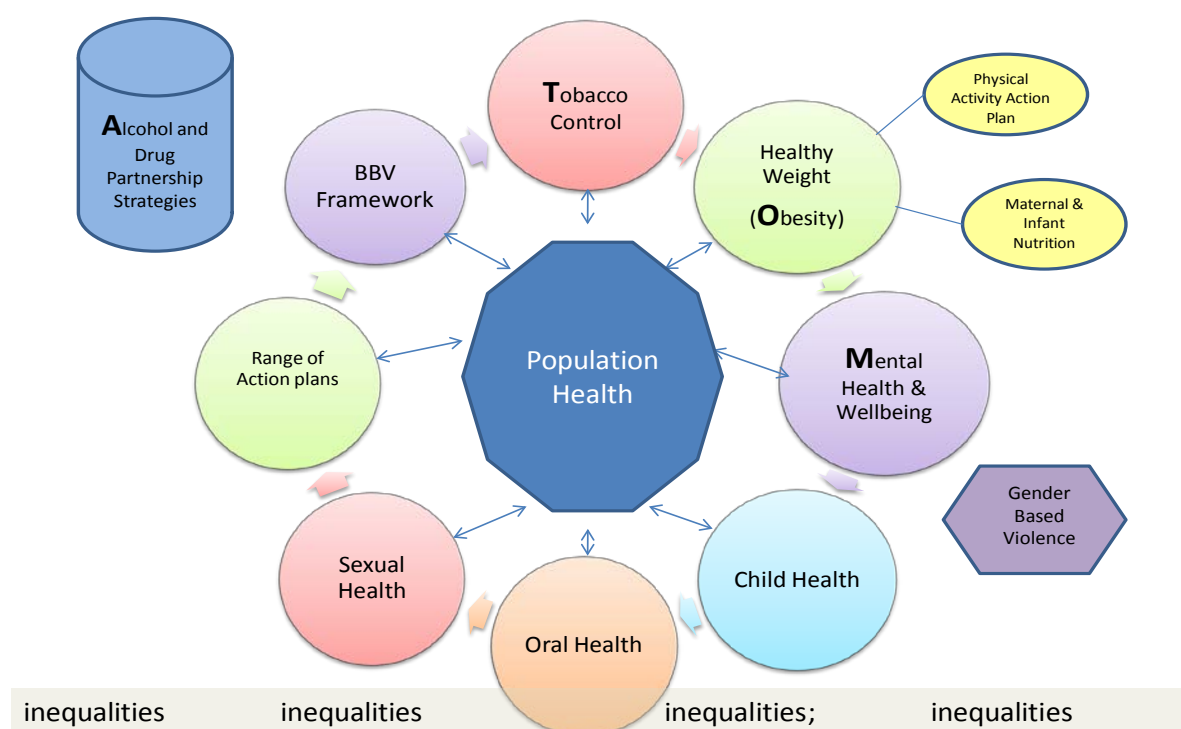
Within the context of the above, supporting people to choose a healthy lifestyle can have an impact on their health and wellbeing. For example, stopping smoking remains the single most preventable cause of ill health, reducing social isolation is emerging as an urgent public health agenda and addressing alcohol issues is important for individuals, families, communities, local services and society in general. However, it is easier for some sections of society to make healthy lifestyle choices than it is for others. Environmental factors such as poor transport links, lack of access to amenities, pressures of daily life, stress and lack of time can create barriers to people making healthier choices. These environmental factors can also be exacerbated by the challenges some people face in accessing appropriate information and advice in order to make informed choices.

It is important that the health inequalities gap is not widened by health improvement activity; accordingly, each strategy and action plan aims to adopt an inequalities sensitive approach, and strives to ensure that there is a proportionate response to need within each community affected by the strategy.

All the strategies and action plans outlined below are led by the staff in the Public Health department but involve many people working outwith the health sector. Some of the strategies have one or more action plans associated with them. There are some additional action plans which do not have overarching strategies, but are required to be done for a variety of reasons. However, almost all of them are multi-agency in nature and many of them have been adopted by (previous) Community Health Partnerships and/or Community Planning Partnerships. Some have HEAT targets, some are required by the Scottish Government, and some are developed as a response to local need.

**All of them are focused on the whole population of Ayrshire and Arran** with the aim of improving and maintaining its health & wellbeing. Appendix 1 provides information on the life span of each strategy/action plan referred to in the body of the paper.

## Health Improvement Strategies in Ayrshire & Arran, 2015/16



## 1. Strategies

### 1.1 Tobacco Strategy including Fresh Ayrshire

The vision for NHS A&A is 'Working towards a Smoke Free Ayrshire and Arran'. This is a 10 year strategy (2012-2021) which will have a series of 3 year action plans (the first plan for 2012-2015 is complete and the 2015-2018 plan is being implemented). The LDP target for this strategy focuses on increasing the number of three month quits from the most deprived areas. In addition to cessation, there are also actions in relation to prevention and protection within the strategy.

From 1<sup>st</sup> April 2015, the grounds of NHS A&A became smoke free. There has been a significantly lower number of people smoking in NHS grounds since this policy was implemented. Ayrshire Colleges and a number of the public sector and private sector organisations have also adopted smoke free policies. As part of their admission, patients who smoke are being identified to enable discussions to take place on how they can be helped to manage their smoking while in hospital. They are offered Nicotine Replacement Therapy (NRT) and support from qualified smoking cessation advisors,

For any other information on local work or the Tobacco Strategy please contact Elaine Young [Elaine.young@aapct.scot.nhs.uk](mailto:Elaine.young@aapct.scot.nhs.uk) or Brenda Knox [Brenda.knox@aapct.scot.nhs.uk](mailto:Brenda.knox@aapct.scot.nhs.uk)

### 1.2 Healthy Weight Strategy (HWS)

The HWS is a 10 year strategy (2014 – 2024) with a three year action plan (2014-2017) which aims to achieve the *Healthiest weight possible for everyone in A&A*, and to halt the rise in the levels of overweight and obesity among children and adults by 2024, and ultimately reduce them.

The 2013/2014 HEAT target was met and exceeded. This target was to achieve 1,057 completed child health weight interventions over the three years ending March 2014 with at least 40% of the children from the Scottish Index of Multiple Deprivation (SIMD) Quintiles 1 or 2. Although there is no longer a HEAT, a local target of 350 children completing a child healthy weight programme each year has been set.

**1.2.1 Child Healthy Weight:** For children, the JumpStart evening programme and the JumpStart Choices schools programme continue to be delivered across Ayrshire. JumpStart is a specifically designed 10 week evening programme for families with children and young people aged five to 15 who are overweight or obese. The JumpStart Choices programme is a whole class, school based programme.

For further information on Jumpstart contact: Alan Brown, Health Promotion Officer [alan.brown2@aapct.scot.nhs.uk](mailto:alan.brown2@aapct.scot.nhs.uk)

**1.2.2 Adult Weight Management:** For adults, ring fenced funds have been provided to deliver Weigh to Go Ayrshire in partnership with the three local authorities.

**1.2.3 Breastfeeding:** Since April 2013 an action plan has been developed to improve maternal and infant nutrition and now forms a key strand of the Ayrshire Healthy Weight Strategy. NHS A&A breastfeeding rates at the six to eight week review have been consistently below the Scottish average since 2002. Following a period of intensive activity particularly over the last five years, the breastfeeding rates began to show some improvement. In 2013/14 19.3% of babies in Ayrshire were exclusively breastfed, an

increase from 16.9% in the previous year. However, data for 2014/15 shows a slight decrease to 18.2% of babies in Ayrshire exclusively breastfed at six to eight weeks. During the same year, the breastfeeding rates in each locality were as follows:

- East Ayrshire: 15.7% (compared to 17.9% in 2013/14)
- North Ayrshire: 17.0% (compared to 17.6% in 2013/14)
- South Ayrshire: 23.0% (compared to 23.8% in 2013/14).

#### 1.2 4. Physical Activity Action Plan

As part of the overall approach of the Healthy Weight Strategy, NHS A&A is committed to encouraging our local population to becoming more active. Work is currently being conducted on 5 key outcomes which are detailed within the “Public Health Physical Activity Work plan 2015-17” and performance is monitored through Covalent.

For any further information or to see a copy of the current work plan, please contact Kevin Lyle, Health Improvement Officer [Kevin.lyle@aapct.scot.nhs.uk](mailto:Kevin.lyle@aapct.scot.nhs.uk) or Joanne Inglis, Health Improvement Officer [JoanneInglis@nhs.net](mailto:JoanneInglis@nhs.net)

For more information on the Healthy Weight strategy, or any of the associated plans, please contact Ruth Campbell, Consultant Public Health Dietician [ruth.campbell@aapct.scot.nhs.uk](mailto:ruth.campbell@aapct.scot.nhs.uk)

### 1.3 Mental Health and Well Being Strategy

There is a new 12 year strategy (2015-2027) aimed at achieving the best mental health and wellbeing possible for everyone in Ayrshire and Arran by addressing 3 main areas.

- Sustaining inner resources
- Increasing social connectedness and trust in families and communities
- Creating mentally healthy environments for working and learning.

There are a number of initiatives underway to support these. A few examples are: work to create a whole school approach to addressing mental wellbeing in schools, work with Ayrshire College to embed positive mental health activity and provide Wellness Recovery Action Planning (WRAP) Workshops are being delivered by trained facilitators to promote wellness and community based activity that creates social connections creating improved mental wellbeing.

For more information, please contact Anne Clarke, [anne.clarke@aapct.scot.nhs.uk](mailto:anne.clarke@aapct.scot.nhs.uk), Karen Lee [Karen.Lee@aapct.scot.nhs.uk](mailto:Karen.Lee@aapct.scot.nhs.uk) and Nicola Tomkinson, Advanced level WRAP facilitator for WRAP [Nicola.tomkinson@aapct.scot.nhs.uk](mailto:Nicola.tomkinson@aapct.scot.nhs.uk)

#### 1.3.1 Gender Based Violence (GBV) Action plan

NHS Board across Scotland have been tasked with implementing Routine Enquiry of domestic abuse in six priority settings within healthcare delivery: maternity, community nursing, sexual health services, mental health services, addiction services and A&E. Work is well underway but much remains to be done and additional areas, such as Occupational Health and Learning Disabilities have indicated an interest in implementing this too. There is also an NHS Ayrshire & Arran policy for staff in relation to GBV.

Action on GBV includes work on commercial sexual exploitation, stalking and harassment, human trafficking, forced marriage and female genital mutilation (FGM)

NHS A&A works in partnership with the three Violence Against Women partnerships in each Local Authority area to address these issues. There is a new three year action plan which has been developed together. It is monitored via Covalent.

For more information, please contact Anne Clarke, [anne.clarke@aapct.scot.nhs.uk](mailto:anne.clarke@aapct.scot.nhs.uk) or Maureen Kater, Health Promotion Officer [Maureen.kater@aapct.scot.nhs.uk](mailto:Maureen.kater@aapct.scot.nhs.uk)

#### **1.4 Child Health Strategy (CHS)**

This is a 9 year strategy (2008-2017) aimed at improving the health and wellbeing of local children up to 19 years of age. The Child Health Strategy is the “health” section of the local Integrated Children’s Services Plans. There are a lot of changes in the policy context for improving child health.

A rapid joint strategic needs assessment was recently conducted to help focus interventions and it set out key areas where action can be taken to reduce serious adverse events in childhood such as hospital admissions, injury, premature death, neglect and maltreatment. The Department of Public Health (DPH) supports the Early Years collaborative on a variety of work streams and also works closely with local schools, ensuring that the health & wellbeing strand of Curriculum for Excellence is supported.

For more information please contact Dr Carol Davidson, Director of Public Health [carol.davidson@aapct.scot.nhs.uk](mailto:carol.davidson@aapct.scot.nhs.uk) or Dr Esther Aspinall, Consultant in Public Health Medicine [esther.aspinall@aapct.scot.nhs.uk](mailto:esther.aspinall@aapct.scot.nhs.uk)

#### **1.5 Oral Health Strategy**

The vision for this 10 year strategy (2013-2023) is “The Best Oral Health Possible for the People of NHS A&A”. The first three year action plan (2013-2016) is coming to an end in March 2106, so the next three year is now being drafted in conjunction with key stakeholders. There are specific actions for all stages of the life course, and the following points are key highlights.

The Childsmile programme is being fully implemented. The National Dental Inspection Programme (NDIP) in 2014 showed that 66% of Primary 1 children in A&A had no obvious signs of decay, while in 2015, 80% of 11/12 year old children (P7) were found to have no obvious dental decay in any of their permanent teeth. The NDIP reports also show that the inequality gap in children’s oral health has been reduced. The percentage of those registered with an NHS dentist in A&A has continued to increase for adults and children. Work is underway in care homes for older people, resulting in many staff being trained in oral care within that setting.

For ongoing work or further information please contact Dr Maura Edwards, Consultant in Dental Public Health [maura.edwards@aapct.scot.nhs.uk](mailto:maura.edwards@aapct.scot.nhs.uk)

#### **1.6 Sexual Health and Blood Borne Viruses Strategy**

This is a 5 year strategy (2011-2016) aimed at building on previous achievements. The key priorities include increasing awareness and knowledge of the factors which affect sexual health and well being, reduce the levels of unplanned teenage pregnancies, increase the uptake of screening opportunities and increase the uptake of testing for Sexually Transmitted Infections. Healthcare Improvement Scotland’s Standards for Sexual Health Services are currently being fully implemented.

For more information please contact Dr Esther Aspinall, Consultant in Public Health Medicine [esther.aspinall@aapct.scot.nhs.uk](mailto:esther.aspinall@aapct.scot.nhs.uk)

## **2. Action Plans**

### **2.1 Health Promoting Health Service (HPHS) Action Plan**

The HPHS Steering group completed the annual report and submitted this to the Scottish Government in April 2015. Feedback on the report was very positive and NHS Ayrshire & Arran reported very well against the performance measures set out in CEL 01 (2012).

There has recently been a Chief Medical Officers Letter released regarding the Health Promoting Health Service – CMO 16 (2015) – which details the performance measures required to be met by NHS Boards in Scotland. Currently, NHS Ayrshire & Arran are in a good position to take this forward in partnership with the HSCPs in rolling out these actions within community hospitals. The HPHS Steering Group will continue to meet to take forward this work with the first annual report due in September 2016.

For more information please contact Sarah Bush, Health Promotion Manager [sarah.bush@aaaht.scot.nhs.uk](mailto:sarah.bush@aaaht.scot.nhs.uk)

### **2.2 Greening the NHS Estate**

This programme has been developed in partnership between NHS Ayrshire and Arran and the Green Exercise Partnership (Forestry Commission, Scottish Natural Heritage and NHS Health Scotland). A strategic review of the whole NHS A&A outdoor estate was carried out in 2011. 7 sites were identified as priorities for development due their potential to improve the health and wellbeing of staff, patients and visitors, support biodiversity and be accessible and connected to communities. University Hospital Ayr/ Ailsa was identified as a national demonstration site in 2012 and an extensive transformational programme of development has since taken place on site with the support of funding from Scottish Government, Forestry Commission, Sustrans and NHS Endowments. 28 hectares of woodland, meadowland and grassland have been brought back into use; 3.6 km of new paths (including woodland and cycle paths) created; 2,350 new woodland trees, 50 fruit trees and 84 specimen trees planted and 40 new green oaks seat and oak teaching circle now installed.

New work is also beginning at the Woodland View site in North Ayrshire to bring the existing woodland back into use and at University Hospital Crosshouse with a view to creating better quality accessible green spaces.

For more information please contact Elaine Caldwell, Lead Public Health Practitioner [elaine.caldow@aapct.scot.nhs.uk](mailto:elaine.caldow@aapct.scot.nhs.uk)

### **2.3 Assets Based Approach Action Plan**

A number of initiatives using asset based methodology are being taken forward in Ayrshire. The biggest of these is the AyrHirE Asset Development (AHeAD) project. This is a 3 year demonstration programme (2013-2016) which seeks to identify community interests and use the assets in those communities to grow engagement around these shared interests. The theory is that this helps to build confidence, capacity and social connections in communities, allowing communities to take more control of their area and the services within them.



More information is available on AthenA or alternatively contact: Anne Clarke, Assistant Director of Public Health, [anne.clarke@aapct.scot.nhs.uk](mailto:anne.clarke@aapct.scot.nhs.uk) or Clare Black, Health Improvement Lead [clare.black@aapct.scot.nhs.uk](mailto:clare.black@aapct.scot.nhs.uk)

Both Greening the NHS Estate and the AHEAD assets based approach are funded by NHS Endowments and delivery is supported by NHS staff.

## **2.4 Inequalities and Welfare reform Action Plan**

The action plan has been implemented as it is predicted that the Welfare Reform is likely to have a disproportionately negative impact on the most vulnerable population groups. Work is underway with all money and welfare advice services in Ayrshire and Arran to establish and agree referral pathways from hospital, community and primary healthcare services. An information leaflet is being developed for patients, and will be distributed through all NHS sites, with the aim of mitigating the impacts of poverty and reducing economic inequality.

Links have been made with Primary Care to assist with routes to advice for GPs and Health and Social Care Professionals in readiness for the reassessment of patients migrating from Disability Living Allowance to Personal Independence Payment.

Work is underway to develop/adapt an E-Learning Module on Welfare Reform for all staff to raise awareness of the likely impacts on their patients. Future work will focus on developing a workshop with NHS Board members. Regular briefings are distributed to all NHS A&A staff on Athena when available

For more information please contact Marlene McMillan, Lead Public Health Practitioner [marlene.mcmillan@aapct.scot.nhs.uk](mailto:marlene.mcmillan@aapct.scot.nhs.uk)

## **2.5 Detect Cancer Early Action Plan**

This action plan aims to improve the 5 year survival rate for people in Scotland diagnosed with cancer and encourage people to present to their GP earlier. Work is being delivered in communities across Ayrshire & Arran to raise awareness of the importance of early detection, screening and the common signs.

Information Services Division (ISD) recently released information about Detect Cancer Early Staging data Year 3 (2013 and 2014 combined) published on the 18<sup>th</sup> of August 2015.

“In Scotland, there was a relative 6.5% increase in the percentage of people diagnosed at Stage 1 for breast, colorectal and lung cancer (combined) between the baseline (2010 and 2011 combined) and year 3 (2013 and 2014 combined). This represents a 1.5 percentage point increase from the baseline. In interpreting these trends, it is important to consider the reduction in the proportion of cases for which stage is recorded as “not known”. Part of the improvement in the percentage of cases at stage 1 is due to this reduction. For additional information, including various reports, please click on the link below, alternatively information has been updated on the AthenA site.

For further information please contact: Kay Cooper, Senior Health Promotion Officer [Katherine.cooper@aapct.scot.nhs.uk](mailto:Katherine.cooper@aapct.scot.nhs.uk)

## **2.6 Healthy Working Lives (HWL) Action Plan**

HWL helps employers better protect and promote the health, safety and wellbeing of their employees through a mixture of support and services. The local workplace team work to a range of key performance indicators (KPIs) which are regularly reported to the national HWL Directorate. These KPIs include reporting on the number of employers accessing services and attending training and awareness sessions.

A number of changes have taken place over the last 18 months in relation to delivery of the HWL programme. Hub structures have been agreed and NHS Ayrshire and Arran is working to develop closer working links with NHS Lanarkshire and NHS Dumfries and Galloway as part of the West Hub.

We currently have 34 award holders within Ayrshire and Arran, 12 gold companies, 10 silver companies and 12 bronze companies.

For further information or to view the national logic model the Workplace team can be contacted on 01292885855 or by email at [AA-UHB.HWL@nhs.net](mailto:AA-UHB.HWL@nhs.net)

## **2.7 Health Improving Care Establishments (HICE) Framework**

Public Health together with social work partners in North, South and East Ayrshire Councils, has developed a health improvement framework to support looked after and accommodated children (LAAC) in residential care. The framework is currently utilised by all local authority units and plans are being developed to roll out to private providers, as well as considering how the framework could be amended to support foster carers.

For further information, please contact Joanne Inglis, Health Improvement Officer, [JoanneInglis@nhs.net](mailto:JoanneInglis@nhs.net)

## **2.8 Health Inequalities Self-Assessment Tool**

We have developed a Health Inequalities Self Assessment workbook for partnerships and teams. It has been informed by the report 'Working for Health Equity: the Role of Health Professionals' <http://www.instituteofhealthequity.org/projects/working-for-health-equity-the-role-of-health-professionals> The workbook will be of interest to teams within the NHS and Health and Social Care and Community Planning and partnerships. The workbook has been piloted with three AHP, Early Years and Rehab and Enablement managers and AHP and Rehab and Enablement teams. We are now working with NHS Health Scotland to further pilot the tool as part of a suite of resources which will be made available nationally to support action around tackling the social determinants of health inequalities.

For more information please contact Elaine Caldwell, Lead Public Health Practitioner [elaine.caldow@aapct.scot.nhs.uk](mailto:elaine.caldow@aapct.scot.nhs.uk)



## Monitoring Form

<b>Policy/Strategy Implications</b>	Each strategy has its own implications which have been separately addressed
<b>Workforce Implications</b>	Some of the strategies and action plans have implications for capacity building of NHS staff
<b>Financial Implications</b>	Addressed within each strategy/action plan
<b>Consultation (including Professional Committees)</b>	Completed for each strategy/action plan as required
<b>Risk Assessment</b>	Completed for each strategy/action plan as required
<b>Best Value</b>	Addressed within each strategy/action plan, as required
<b>- Vision and leadership</b>	<p>Each strategy/action plan is led by the Public Health team, fulfilling our role as leaders for population health in Ayrshire</p> <p>Almost all the strategies and action plans are supported by a multi-agency partnership group; where plans belong only to the NHS (e.g. the health promoting health service), it is multi-disciplinary and involves members of patient groups and community representatives</p> <p>There are robust internal governance routes within the public health department and all strategies and action plans are subject to these. Some plans are also subject to wider governance scrutiny, such as Healthcare Governance or other LA scrutiny groups</p> <p>Some strategies and action plans have ring fenced funding associated with them, which require to be accounted for to both the Scottish Government and local finance systems. Audits are also completed on packages of funding, such as the “prevention bundle”</p> <p>Almost all the strategies and action plans are monitored on the Covalent performance management system.</p>
<b>Compliance with Corporate Objectives</b>	Corporate objective 2 is where the majority of the strategies and action plans are located, but some also impact on corporate objectives 1, 3, 6 and 8
<b>Single Outcome Agreement (SOA)</b>	Many of the strategies and action plans are implemented via the three SOAs
<b>Impact Assessment</b> Impact assessments are undertaken for each strategy and action plan individually	

	2008	09	10	11	12	13	14	NOW 15 - 16	17	18	19	20	21	22	23	24	25	26	27
<b>Mental Health and Well Being Strategy</b>																			
New mental Health and Well Being Strategy:12 year strategy with 3 year action plans																			
Gender Based Violence Policy (NHS A&A) (PIN policy: HR led*)																			
<b>Oral Health Strategy</b>																			
The Oral Health Strategy - 12 year strategy with a 3 year action plan. This is linked to a HEAT target																			
<b>Child Health Strategy (CHS)</b>																			
Child Health strategy is a 9 year strategy																			
<b>Tobacco Strategy including Fresh Ayrshire</b>																			
The Tobacco Strategy - 10 year strategy with a 3 year action plan. This is linked to a HEAT target																			
No Smoking Policy (NHS A&A)* - working towards implementation of smoke free grounds																			
<b>Healthy Weight Strategy (HWS)</b>																			
The Healthy Weight Strategy - 10 year strategy with a 3 year action plan																			

Implementation of the Jumpstart programme. This is linked to a HEAT target																		
Physical Activity Action Plan (NHS A&A)																		
Breastfeeding Action plan																		
<b>Sexual Health and Blood Borne Viruses Strategy</b>																		
Sexual Health and Blood Borne Viruses Strategy - 5 year strategy																		
<b>Health Promoting Health Service (HPHS) Action Plan</b>																		
This is linked to the CEL 01 (2012-2015)																		
Greening the NHS Estate Action plan supports aspirations of HPHS																		
<b>Assets Based Approach Action Plan</b>																		
This is a 3 year programme which supports the Co-Production action plan																		
<b>Inequalities and Welfare reform Action Plan</b>																		
No exact dates have been set yet																		
<b>Employability Action Plan*</b>																		
Established in 2009 and ongoing																		
<b>Detect Cancer Early Action Plan</b>																		
Established in 2012 and ongoing. This is linked to the HEAT target																		

<b>The Alcohol and Drugs Strategy</b>																		
This Alcohol and Drugs Strategy is being reviewed and implementation of the 3 year action plans are predominantly lead by the Alcohol and Drug Partnerships																		
Substance Misuse Policy (NHS A&A)*																		
<b>Healthy Working Lives (HWL) Action Plan</b>																		
Ongoing programme of work																		

**\*Not led by Public Health**

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**Integration Joint Board**  
**19 May 2016**

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**Agenda Item 13**

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**Subject: Director's Report**

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

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

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<b>1.</b>	<b>INTRODUCTION</b>
1.1	This reports informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health & Social Care Partnership, both locally and Ayrshire wide.
<b>2.</b>	<b>CURRENT POSITION</b>
	<b><u>Strategic Planning &amp; Operational Group</u></b>
2.1	The proposal to establish a joint equipment service for Ayrshire is progressing and a report will be prepared for the IJB alongside budget proposals.
2.2	The three HSCP Directors agreed to recommend to their IJBs a proposal to fund Action on Hearing Loss Scotland's Hear to Help service for six months. This will allow South HSCP time to bring forward the Sensory Impairment Strategic Plan for Ayrshire. The proposal for funding will be included within the budget.
	<b><u>Ayrshire Developments</u></b>
	<b><u>Woodland View</u></b>
2.3	Woodland View has now been formally handed over by Balfour Beatty. During the month of April, the priority was to inspect the new building to ensure any 'snagging' issues were detected and rectified before patients move in from the beginning of May. As planned, completion of some car parking and landscaping works will continue until September.
2.4	Open Days for staff, Integration Joint Board members from each of the three partnerships and the public were held during April 2016. Staff and volunteers led tours around the state-of-the-art facility, showcasing the single ensuite bedrooms,

	the courtyard, rehabilitation areas and main public areas; before the facility opens to patients in May 2016.
	<u>Ambitious for Ayrshire – Primary Care Event</u>
2.5	Following the success of previous primary care events a wider primary care evening event took place on 28 <sup>th</sup> April 2016. This was attended by 72 people with representation from GPs, Managed Clinical Networks, Acute Consultants, Dental, Pharmacy, Optometry, Independent Sector, Third Sector, Primary Care Development Partnership Services and Locality Forum leads.
2.6	This session highlighted the opportunities available for the wider primary care system to identify opportunities in each locality to create a “test for change” over the next few months in their area. After a successful session, “test for change” projects were identified within each locality. These will be monitored and reviewed through the Change Programme Steering Groups and feedback on progress will be fed through the Locality Forums.
	<u>North Ayrshire Developments</u>
	<u>Change Programme Update(s)</u>
	<u>Models of Care for Older People &amp; People with Complex Needs</u>
2.7	<p>The Pan-Ayrshire transformational programme - <b>New Models of Care for Older People and People with Complex Needs</b> - has been developing a framework to radically change how older people and individuals with complex needs are supported.</p> <p>The aim is to enable people to live as independently as possible at home or in a homely setting by supporting people to stay well and reduce the demand for visits to hospital. The programme has been working hard to co-design care and support that is safe, effective, person-centred, affordable and sustainable.</p> <p>A number of sessions have been arranged throughout May 2016 to allow people the opportunity to give their views on the work completed so far.</p>
	<u>Wider Primary Care Approaches</u>
2.8	This project will develop multi-disciplinary and inter disciplinary teams around localities. It is hoped that this will result in reduced unplanned hospital admissions with particular focus on frequent A& E attenders as well as reducing frequent attenders at GP practices.
2.9	Community Connectors commenced on 1 <sup>st</sup> February 2016 providing session in the Three Towns, Bourtreehill, Largs, Arran, West Kilbride, Saltcoats and Kilwinning. The Irvine pilot of community alarm service and Scottish Ambulance Service shows marked reductions in older people being admitted to Crosshouse Hospital after falls.
2.10	The Addiction pilot of locality working in the Garnock Valley was established and will report by July 2016. This service has also been offered to Arran, and one weekly “drop in” clinical has taken place.

	<u>Transformation of Mental Health Services</u>
2.11	The review of Community Mental Health and Learning Disability Services is making good progress.
2.12	<p><b>Psychological Services</b> - the Psychological services review is progressing with the implementation of the Benson Wintere service improvement model to address the following requirements:</p> <ul style="list-style-type: none"> <li>• Planning for future capacity and new ways of working, cost savings</li> <li>• An objective basis to develop safer staffing</li> <li>• Formalisation of roles and responsibilities</li> <li>• Service redesign</li> </ul>
2.13	<p>The model will include:</p> <ul style="list-style-type: none"> <li>• Multiple care pathways;</li> <li>• A demand led approach to include profiling of estimated future service user population and estimate clinical demands in line with defined service pathways and activities;</li> <li>• Predictions on staffing requirements based on assumptions about clinical responsibilities and clinical capacity;</li> <li>• A base year will be used to reflect and calibrate visiting and costs to historic data;</li> <li>• The model will forecast 3 further years to show future changes / initiatives in the service;</li> <li>• A baseline scenario may be compared with one or several scenarios to identify implications of making changes or adopting alternative strategies in specific areas, for example adding or reducing service;</li> <li>• Financial inputs will include funding, direct costs (staffing) and indirect costs. An inflation factor will be applied to reflect known or anticipated future cost growth.</li> </ul>
2.14	The following key phases have commenced and are planned:
	<ul style="list-style-type: none"> <li>• A steering group and key work streams (Service Models and Data Mapping) has been established (December 2016).</li> <li>• Appreciative enquiry event held in December 2016 - outcomes and ideas from this to implemented by the Steering group.</li> <li>• Two workshops have taken place to discuss future strategies to reflect in the model, develop care pathway profiles, discuss data requirements and review and sensor check model assumptions / outputs, review model working versions (Jan to February 2016)</li> <li>• Data collection is underway, including validation, triangulation and calibration (April to May 2016)</li> <li>• Model development to be completed for 2 service areas (CAMHs and PCMHT), adaptation and testing by the end of May 2016.</li> <li>• Caseload analysis for 2 service areas initially to be undertaken (May 2016)</li> <li>• Completion of a workforce/model template: The information is required to allow understanding of size and mix of the clinical workforce. This is required at band level and/or specialisation. The template will assist collection and alignment of the dataset.</li> <li>• Facilitated sessions with each specialist and service area to review existing model and identify new ways of working (May 2016)</li> <li>• Stakeholder service evaluation exercise to be undertaken: questionnaires/focus groups May/June 2016</li> </ul>

	<ul style="list-style-type: none"> <li>• Service Planning workshop to review findings and develop future proposals (June 2016)</li> <li>• Develop report of outcomes identifying work performed, findings, and recommendations;</li> <li>• Rollout of Benson working version to other service areas and collection of feedback (June to July 2016)</li> <li>• Final changes and go live, set up live folder for access, rollout, live folder for sharing of documents</li> </ul>
2.15	Scottish Government have a four year health improvement programme to be delivered to provide support to integration boards to improve access to CAMHS /Psychological services. This will include data analysis support and service re-design.
2.16	<b>North Ayrshire Drug and Alcohol Service (NADAS)</b> – A pan-Ayrshire Opiate Replacement Therapy meeting has been held and key elements of baseline evaluation agreed. The group also agreed the proposal to roll out the next stage of ORT model (dependent on funding). The evaluation report of the GP Practice Prescribing “test of change” that took place in 2014/15 has been signed off.
2.17	The first meetings of the groups to take forward Distress Work and Review of Community Mental Health teams have taken place.
2.18	<b>Children’s Services Change Projects</b> - the Children’s Services Strategic Partnership (CSSP) agreed to review the governance arrangements for the children’s services change projects and that Terms of Reference for the CSSP be updated to reflect recent changes.
2.19	The areas highlighted included :-
	<ul style="list-style-type: none"> <li>• Health &amp; Social Care Change Programme</li> <li>• Attainment Challenge</li> <li>• Teams around the Child and Pupil Support Reviews</li> <li>• Improving Children’s Outcomes</li> </ul>
2.20	The Community Planning Partnership Board agreed to the creation of a Children & Young People Support Review Board (CYPSRB), co-chaired by the Head of Service (Inclusion) and the Head of Service (Children, Families & CJS). This new Board will oversee the delivery of the eight change projects, across North Ayrshire Council and the NAHSCP. The Board will meet every two weeks and will provide the CSSP with regular reports on plans & progress against each project objectives and the risks and issues that emerge. It will also ensure there is appropriate consultation with children, young people and other stakeholders involved in the review.
2.21	<p><u>Locality Forums</u></p> <p>The NAHSCP has made progress in relation to the creation of Locality Forums. The purpose of these is to provide an organisational mechanism for communities to influence service planning, and feed into the HSCP’s strategic plan. These fora will allow localities to influence how resources are spent in their area.</p>
2.22	For the North Ayrshire HSCP, the decision was taken to maintain the same six localities as identified by the Community Planning Partnership; Arran, North Coast, Three Towns, Garnock Valley, Irvine and Kilwinning. In each case, Locality Planning Forums have been established to undertake the responsibilities set out for localities.



	<p>To begin, each locality forum was to consist of three core members:</p> <ul style="list-style-type: none"> <li>• A Chair – who would be a member of the Integrated Joint Board</li> <li>• A Lead Officer – A Senior Manager from an HSCP service</li> <li>• A Local GP – A General Practitioner based within their respective locality</li> </ul> <p>Forum membership has now been agreed and the six Locality Forums have now taken place. The undernoted themes have emerged from the initial discussions.</p> <p>The minutes of the Locality Forums are fed into the Strategic Planning Group who will report the key themes to the Integration Joint Board.</p>	
2.23	<b>North Coast</b> <ul style="list-style-type: none"> <li>• Social Isolation</li> <li>• Young People – Stress &amp; Anxiety</li> </ul>	<b>Garnock Valley</b> <ul style="list-style-type: none"> <li>• Young People – Mental Health</li> <li>• Employability</li> </ul>
	<b>Three Towns</b> <ul style="list-style-type: none"> <li>• Care at Home</li> <li>• Young men – wellbeing/mental health</li> </ul>	<b>Kilwinning</b> <ul style="list-style-type: none"> <li>• Engage with community</li> <li>• Community Connectors</li> </ul>
	<b>Arran</b> <ul style="list-style-type: none"> <li>• Social Isolation</li> <li>• Complex Older People</li> <li>• Transport</li> </ul>	<b>Irvine</b> <ul style="list-style-type: none"> <li>• Reviewing locality profiles</li> <li>• Lower life expectancy</li> <li>• Rising health deprivation</li> </ul>
2.24	<u>North Ayrshire HSCP Care at Home Service</u>	
	<p>The North Ayrshire HSCP Care at Home Service has been awarded the following grades from the Care Inspectorate:</p> <ul style="list-style-type: none"> <li>• 4 (Good) for Quality and Support;</li> <li>• 4 (Good) for Quality of Staffing;</li> <li>• 5 (Very Good) for Quality of Management and Leadership to our Care at Home Service.</li> </ul>	
2.25	<p>This improvement on the previous few years grade 3s (Adequate), has been achieved by continuous dedication, hard work and commitment of the <i>entire</i> Care at Home team.</p>	
2.26	<p>Despite numerous challenges faced by the Care at Home service in the last twelve months, including planned and unplanned return of service users from some private providers; capacity and recruitment difficulties in the early part of the year; and the delivery of a massive recruitment and induction programme from November onwards, this team has continued to develop and improve the service to achieve better outcomes for North Ayrshire residents. It is important to note the marked improvement in the number of people waiting for packages of care – in November 2015 over 140 people in the community were waiting; in April 2016 we have 26 people waiting for a care package. We also have zero waits across all Ayrshire hospitals for the last three weeks compared to regularly reporting 10, 20, 30 people waiting in winter 2014/15.</p>	
2.27	<p>For the first time ever, in the history of the inspection process of Care at Home in North Ayrshire, a grade 5 has been awarded! So congratulations again to everyone in Care at Home on this impressive achievement – it is very well deserved.</p>	

	<u>Combined Staff Survey Results</u>
2.28	During 2015, HSCP staff had the opportunity to provide feedback on their thoughts about working for the Partnership. Through both the North Ayrshire Council (NAC) Staff Engagement Survey and NHS the NHS Staff Survey analysis the HSCP was able to gather the views of 1,128 members of staff. These surveys highlighted encouraging findings in relation to staff attitudes and perceptions.
2.29	The NAC Staff Engagement Survey ran between November and December 2015. The response rate was an encouraging 39%, which accounted for 597 HSCP staff members from a possible 1522. Further, 531 members of staff completed the NHS Staff survey which ran from August to September 2015.
2.30	When comparing the two sets of survey responses, there is clear commonality across all HSCP staff. Both surveys highlighted a confidence in the management structure of the HSCP, that we have a clear understanding our roles and responsibilities within the organisation and we share similar values in supporting our community and going the extra mile at work.
2.31	Communication and opportunities for staff involvement could be improved. Many of us also feel that we are often unable to cope with the workload demands placed on us. We also feel that the staff development processes could be improved to support staff upskill and be more confident in their daily tasks.
2.32	Following on from the surveys an organisational development plan will be produced to support the creation of a joint culture of staff engagement. An HSCP engagement calendar has been produced and identifies a series of events where staff can get involved. The Organisational Development Plan will come to the IJB for approval.
2.33	Finally, the on-going Change-Programme will continue to appreciatively call upon the experience of staff members to help inform the re-shaping of our organisation into the future.
	<u>Awards Nominations</u>
2.34	<p><b>NHSScotland Event 2016</b> (14-15 June)</p> <p>This annual event is the premier health and care event in Scotland; this year's theme is <b>Leading Transformational Change for Health and Social Care</b>. It provides individuals the opportunity to consider and discuss some important challenges for health and care now and in the future. The Poster Exhibition is an integral part of showcasing best practice. NAHSCP will be displaying five posters this year:</p> <ul style="list-style-type: none"> <li>• Hate Crime - Theatre workshops in North Ayrshire</li> <li>• SMART - Self-management and Recovery Training in North Ayrshire</li> <li>• SNAP - early intervention for children experiencing behavioural and emotional issues</li> <li>• Come to your senses about dementia! - Experiential learning</li> <li>• Peer research - supporting our strategic plan engagement</li> </ul> <p>This year for the first time, short (15 minute) spotlight sessions as part of the programme (six sessions each day). NAHSCP's Recovery at Work project (Cafe Solace) has been selected. This is a great opportunity for us to share the ongoing success of this innovative project.</p>

2.35	<p><b>APSE (Association of Public Service Excellence) Awards 2016</b></p> <p>NAHSCP has submitted two projects for these awards, both in the <b>Health and Wellbeing category</b>:</p> <p><b>Enterprising Minds</b> - a project to harness the assets and skills of people with learning disabilities and those on the autistic spectrum. Active support allowed them to start their own enterprise or make a contribution to their community.</p>
	<p><b>Care at Home Eyedrop Initiative</b> - piloted, and now rolled out, a training programme for Care at Home staff to enable them to administer eye drops to service users. Upskilling care at Home staff and relieving pressure on District Nursing staff.</p>
2.36	<p><b>Dementia Scotland Awards</b></p> <p>Two entries have been submitted by NAHSCP, Our new model of care in post diagnosis dementia referrals being moved to a community nursing team, has been submitted in the Innovative Partnership category.</p> <p>North Ayrshire Dementia Support initiative has been submitted in the Best-dementia Friendly Community Initiative</p>
<b>3.</b>	<b>IMPLICATIONS</b>
3.1	<b>Financial Implications</b>
	There are no financial implications arising directly from this report.
3.2	<b>Human Resource Implications</b>
	There are no human resource implications arising directly from this report.
3.3	<b>Legal Implications</b>
	There are no legal implications arising from this report.
3.4	<b>Equality Implications</b>
	There are no equality implications.
3.5	<b>Environmental Implications</b>
	There are no environmental implications.
3.6	<b>Implications for Key Priorities</b>
	NAHSCP will continue to work to the delivery of the five objectives within the Strategic Plan.
<b>4.</b>	<b>CONSULTATIONS</b>
4.1	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of consultation.
<b>5.</b>	<b>CONCLUSION</b>

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

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

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**Integration Joint Board**  
**19 May 2016**

**Agenda Item 14**

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**Subject:** **Chief Medical Officer Annual Report : Realistic Medicine**

**Purpose:** To inform the Integration Joint Board of the content of the Annual Report of the Chief Medical Officer for Scotland for 2014/15.

**Recommendation:** That IJB Members note the contents of the report, and; note the CMOs invitation to engage in debate on the messages from the Annual Report as summarised in Appendix 1.

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<b>1.</b>	<b>INTRODUCTION</b>
1.1	'Realistic Medicine' is the title of first Annual Report of the current Chief Medical Officer for Scotland. The report covers the financial year 2014/15.
<b>2.</b>	<b>REPORT</b>
2.1	'Realistic Medicine' is in two parts. The first section covers the current challenges that face doctors. The second section presents surveillance data on the health of the nation.
2.2	<p>In the report, the CMO invites doctors to lead a debate with the public and politicians on 'realistic medicine' which should be based on:</p> <ul style="list-style-type: none"><li>• Shared decision-making;</li><li>• A personalised approach to care;</li><li>• Reducing harm and waste;</li><li>• Reducing unnecessary variation in practice and outcomes;</li><li>• Managing risk more effectively, and;</li><li>• Encouraging improvement and innovation across the system.</li></ul>
2.3	<p><u>Added Value in a Complex System</u></p> <p>The Chapter on 'The Added Value of Doctors in a Complex System' points to the ageing of the population, the increase in multi-morbidity in a challenging financial context and reinforces the need for a fundamental change in how the NHS delivers services to respond to these challenges. The report describes the current model of health service as 'stretched', focused on urgent care with a 'traditional' dependent patient-doctor relationship. The future model set out in 'Realistic Medicine' is one of empowerment and co-creation with a clear prioritisation of self-management and based on delivery within the home and community settings.</p>
2.4	The CMO report echoes the findings of the Ritchie Review of care and support

	<p>premised upon multi-professional and multi-sectoral working. In this context the CMO emphasises the role of doctors in providing leadership to a community-led service but also the distribution of leadership across others within that team, including health and social care workers, nurses, allied healthcare professionals, assistants, pharmacists, community members and individuals. The need to adapt to changing requirements in order to continue to add value is underscored.</p>
2.5	<p><u>Realism in Health Care</u></p> <p>Chapter 2, entitled 'Realism in Healthcare', stands as an overview of issues in modern medicine and how these may be responded to. The chapter highlights developments in treatment, evidence-based medicine and the effectiveness of intervention. The CMO report concludes that our approach to medicine should be 're-calibrated'. Increasing complexity within the population and existing approaches to responding to single-conditions may risk overtreatment, such as, polypharmacy which can result in waste, harm and hospital admission.</p>
2.6	<p>The report points to findings of 'supplier induced demand' above the level of benefit to the population. This, it is argued, is also evident in the treatment of risk through, for example, certain screening programmes. In turn this may go against wider lifestyle or behaviour change activity which can have more significant impact.</p>
2.7	<p>Over-use of medical interventions, the report notes, co-exists with under-treatment among some population groups and may confound our ability to address poverty and inequality. Research cited in the CMO report points to an inverse relationship between quality of experience and cost at the end of life which can be associated with 'heroic' medicine.</p>
2.8	<p>Chapter 2 cautions against 'therapeutic nihilism' and emphasises communication, good conversations and working in person-centred ways. Drawing on the 'Prudent Healthcare' model in Wales, the CMO report focuses on:</p> <ul style="list-style-type: none"> <li>• redefining waste in terms of interventions that do not add value for people,</li> <li>• undertaking further research on the marginal benefit of medication where multiple medicines are already in use;</li> <li>• standardising processes where best results can be demonstrated but also allowing variation where this accords with preferences ;</li> <li>• challenging and justifying variation, and;</li> <li>• greater involvement of people in understanding conditions, treatment and decisions.</li> </ul>
2.9	<p><u>Sharing Decision-making and Informing Consent</u></p> <p>'Sharing Decision-making and Informed Consent' looks in more depth at greater involvement of people in healthcare. The chapter underlines the development of a culture of 'doctor knows best' and presents this as a challenge to the kind of practice required in the current context. This can perpetuate patterns of inequality and over-treatment.</p>

2.10	The CMO report envisages a rebalancing of decision-making away from medical paternalism to shared decision-making. The report points to evidence which suggests that greater involvement leads to better outcomes in adherence to treatment and satisfaction. The need to change practice to reflect this is set out by the CMO in relation to the use of tools to improve communication and understanding. The report notes the potential for personalised information, alternative media and new technology to support this culture change. The report specifically mentions Scotland's House of Care as a representation of the components supporting relational planning and decision-making.
2.11	<p><u>Management of Risk</u></p> <p>In the fourth chapter the CMO considers risk and risk management. Risk is highlighted as a key challenge inherent in the trusting patient-doctor relationship. Standards of practice and consequences are flagged. At the same time the CMO emphasises the importance of positive risk taking. The report includes the examples of avoiding hospital admission and facilitating discharge, against patient or carer expectations, as a positive risk in supporting more people to remain independent in the community for longer and avoiding hospital acquired infection.</p>
2.12	'Realistic Medicine' highlights the need for a shared understanding of risk across the public, practitioners and policy-makers. Risk assessment and management is, the report states, associated with effective use of evidence and tools to support active planning and communication across services, particularly in the context of integrated service delivery and children and adults 'at risk'.
2.13	<p><u>Practice and Improvement</u></p> <p>The chapter on supporting improvement clearly identifies the health and social care workforce as at the forefront of delivering on better safety and quality. The importance of this work and reflecting on improvement is underlined. The range of this work is briefly outlined in the CMO report. Use of data to support learning and improvement is singled out as is the critical role of engaging with a range of perspectives to develop solutions.</p>
2.14	<p><u>Translation of Research into Routine Practice</u></p> <p>This section of the report looks at mechanisms for more effective and rapid translation of research into practice. The report notes improvement in recent years but also notes translational time lags, the potential return on investment foregone as a result of lags and understanding the critical path to application in order to minimise unnecessary delay. Here the report identifies five key sources of improvement: prioritisation based on systematic review; improved research design; improved management of research appraisal and approval; better sharing of research that is underway and completed to support more effective synthesis, and; better reporting of results in an accessible way. Addressing these points would, the report states, facilitate a faster realisation of the benefits of innovation for individuals and the healthcare system.</p>
2.15	<p><u>The Health of the Nation</u></p> <p>A detailed analysis of trends in key measures of the 'health of the nation' is provided in the CMO report. This covers:</p> <ul style="list-style-type: none"> <li>positive trends in premature mortality for cancer, CHD, respiratory disease and stroke (down 38% since 1994);</li> </ul>

	<ul style="list-style-type: none"> <li>the rising incidence of morbidity by age group (affecting the majority of people aged 65 and over);</li> <li>the rise in obesity among adults in Scotland (from 17 to 27% between 1995 and 2014);</li> <li>stability in levels of moderate or vigorous physical activity (around 63% of guideline levels);</li> <li>alcohol as a continuing cause of significant harm (with consumption static, alcohol-related deaths increasing but hospital admissions falling);</li> <li>smoking levels in long-term decline and, at a Scotland level, in line with the 2034 objective of reducing to 5% (though significant inequalities persist);</li> <li>mental health as a public health priority affecting one in three people in any one year (noting the widening of the gap between the least and most deprived areas in recent years)..</li> </ul>
2.16	We will ensure our strategic plan and change programme to reflect the key issues outlined above. The challenges set out at para 2.2 will be taken into account as we develop our strategic direction.
<b>3.</b>	<b>IMPLICATIONS</b>
<b>3.1</b>	<b>Financial Implications</b>
	There no financial implication arising from this report.
<b>3.2</b>	<b>Human Resource Implications</b>
	There are no human resource implications.
<b>3.3</b>	<b>Legal Implications</b>
	<p>‘Realistic Medicine’ has wide-ranging policy implications in relation to the ‘re-calibration’ of the approach to medicine, developing shared decision-making, risk identification and management, and translating research into practice.</p> <p>The CMO’s report encourages a wider discussion on the implications of the report both in terms of the challenges to practice and the health of the nation and invites direct feedback via survey, e-mail and social media. The discussion is to be focused around the ‘Realistic Medicine’ infographic (reproduced at Appendix I).</p>
<b>4.</b>	<b>CONCLUSION</b>
<b>4.1</b>	IJB Members are asked note the contents of the report, and; note the CMOs invitation to engage in debate on the messages from the Annual Report as summarised in Appendix 1.

## BACKGROUND PAPER

Annual Report: [www.gov.scot/Publications/2016/01/3745/0](http://www.gov.scot/Publications/2016/01/3745/0)

Executive Summary [www.gov.scot/Publications/2016/01/2744/0](http://www.gov.scot/Publications/2016/01/2744/0)

The Health of the Nation [www.gov.scot/Publications/2016/01/1699/0](http://www.gov.scot/Publications/2016/01/1699/0)

**Eddie Fraser**

**Director of Health and Social Care**

**10<sup>th</sup> March 2016**



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# REALISTIC MEDICINE

CAN WE:



BUILD A **PERSONALISED**  
APPROACH TO CARE?



REDUCE **UNNECESSARY  
VARIATION** IN PRACTICE  
AND OUTCOMES?

**MANAGE RISK BETTER?**

