North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

NHS Ayrshire & Arran

Cunninghame House
Irvine

10 September 2015

Integration Joint Board

You are requested to attend a meeting of the Integration Joint Board to be held on Thursday **17 September 2015 at 10.00 a.m. in the Council Chambers, Cunninghame House, Irvine**, to consider the following business.

Business

1. Apologies
Invite intimation of apologies for absence.

2. Declaration of Interest

3. Minutes / Action Note (Page 5)
The accuracy of the Minutes of the meeting held on 13 August 2015 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

3.1 Matters Arising
Consider any matters arising from the minutes of the previous meeting.

Presentation

4. CSWO Annual Report (Page 13)
Submit report and receive presentation from Stephen Brown, Head of Children, Families and Criminal Justice (copy enclosed).

Reports for Approval

5. Developing our Engagement Approach (Page 51)
Submit report by Jo Gibson, Principal Manager (Planning & Performance) on progress in further developing approach for engaging with service users, carers and the public (copy enclosed).

6. Developing Locality Partnership Forums (Page 115)
Submit report by Jo Gibson, Principal Manager (Planning and Performance) on the proposed establishment of HSCP Locality Planning Forums in each of the six localities, and seeking approval of the proposed relationship with the emerging Locality Planning arrangements within the North Ayrshire Community Planning Partnership.

7. Care at Home Review (Page 125)
Submit report by David Rowland, Head of Service Health & Community Care on the findings of the root and branch review of Care at Home Services (copy enclosed).

8. North Ayrshire Council Capital Plan Refresh (Page 129)
Submit report by Julie Davis on proposed project bids to North Ayrshire Council Capital Investment Refresh Plan (copy enclosed).

Reports to Note

9. Director's Report (Page 137)
Submit report by Iona Colvin, Director on note progress made to date (copy enclosed).

10. Education Attainment of Looked After School Leavers for Scotland's LAC (Page 145)
Submit report by Elizabeth Stewart on the performance of school leavers in North Ayrshire (copy enclosed).

11. Financial Management Report as at 31 July 2015 (Page 149)
Submit report by Lesley Aird (copy enclosed).

12. Missing Persons Guidelines (NHS) (Page 167)
Submit report by Derek T Barron on the consultation document, and seek the views of the IJB regarding the content of the guidelines (copy enclosed).

Consultation

13. Consultation: Working Together for People who go Missing in Scotland (Page 169)
Submit report by Derek Barron on the consultation document (copy enclosed).

14 Consultation : Reviewing Quality of Care (Page 173)
Submit report by Derek Barron on the consultation document (copy enclosed).

Minutes

15. Minutes of North Ayrshire Strategic Planning Group (Page 183)
Submit the minutes of the North Ayrshire Strategic Planning Group held on the 2015 (copy enclosed).

16. Date of Next Meeting

The next meeting will be held on **5 November 2015 at 10.00 a.m., Council Chambers, Cunninghame House, Irvine.**

17. Revised Meeting Dates 2016

Meetings of the IJB will now take place in 2016 on the following dates:-

14 January 2016
11 February 2016
10 March 2016
21 April 2016
19 May 2016
16 June 2016
14 July 2016 (Special Meeting, if required)
11 August 2016
8 September 2016
20 October 2016
17 November 2016
15 December 2016

18. Urgent Items

Any other items which the Chair considers to be urgent.

Agenda Item 3

North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on Thursday 13 August 2015
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
Carol Davidson, NHS Ayrshire & Arran
Councillor Ruth Maguire, NAC
Councillor Robert Steel, NAC
Councillor Peter McNamara
Dr Mark MacGregor, GP Representative
David Donaghey, Staff Side Representative, NHS Ayrshire & Arran
Marie McWaters, Carers Representative
Jim Nichols, Third Sector Representative
Sally Powell, Carer Representative
Fiona Thomson, Service User Representative
Patricia Chalmers, Independent Sector Representative
Iona Colvin, Director, NAHSCP
Lesley Aird, Chief Finance Officer
Stephen Brown, Head of Children, Families & Criminal Justice
Derek Barron, Lead Nurse
Paul Kerr, Clinical Director
Kerry Gilligan, Lead AHP

In Attendance :
Thelma Bowers, Head of Mental Health
Janine Hunt, Principal Manager (Business Support)
Jo Gibson, Principal Manager (Planning & Performance)
Eunice Johnstone, Planning Manager, NHS Ayrshire & Arran
David Rowland, Head of Health & Community Care
Angela Little, Committee Services Officer
Dr William McAlpine (Item 8 – GP Presentation)
Dr Chris Black (Item 8 – GP Presentation)

Apologies for Absence
Martin Hunter, Service User Representative
Nigel Wanless, Independent Sector Representative

1.	**Apologies**	
	Apologies were noted.	
2.	**Declarations of Interest**	
	Dr. Paul Kerr declared an interest in Item 8 and took no part in the discussion thereon.	
3.	**Minutes/Action Note – 4 June 2015**	
	The accuracy of the Minutes of the meeting held on 4 June 2015 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.	
4.	**Matters Arising from Action Note**	
	Violence Against Women Strategy – it is anticipated that a report will be made to the IJB in September 2015 Director's Report – representation of Acute Services on the IJB has been arranged and Dr. Mark MacGregor has been appointed as a member of the IJB	S. Brown
5.	**Performance and Audit Committee**	
	Submitted report by Lesley Aird, Head of Finance, on the membership and meeting schedule for the Performance and Audit Committee of the IJB. The IJB agreed (a) to appoint Councillor Steel, Councillor McNamara, Robert Martin, Stephen McKenzie, Louise McDaid and Marie McWaters to the Audit and Performance Committee; (b) to appoint Robert Martin as Chair and Councillor Steel as Vice Chair; and (c) the meeting schedule for the Performance and Audit Committee.	Lesley Aird
6.	**Model Publication Scheme**	
	Submitted report by Neil McLaughlin, Information Systems Manager, on the requirement to define how information is made publically accessible, presented by Janine Hunt, Principal Manager (Business Support).	

	The IJB agreed (a) to mandate the short term option to further develop the North Ayrshire Council web site linked to NHS Ayrshire and Arran; (b) for an options appraisal for the long term of developing a dedicated North Ayrshire Health and Social Care Partnership web site; and (c) to report back to the IJB on progress in early 2016.	J. Hunt
7.	**Director's Report**	
	Submitted report by Iona Colvin, Director, on developments within the North Ayrshire Health and Social Care Partnership. Ideas and Innovation Fund - J. Nichols advised that the WRVS and Community Connect projects have not yet started. The Change Teams of the HSCPs have now assumed responsibility for monitoring the Fund's projects. Noted.	
8.	**GP Strategy**	
	Submitted report by Dr Paul Kerr, Clinical Director Health and Social Care Partnership on the document General Practice in Ayrshire and Arran: A Vision for Change. The IJB also received a presentation from Dr. McAlpine on the current GP system pressures and suggested solutions for moving forward. Members asked questions and were provided with further information in relation to:- • a Development Day that will take place at the end of August for all interested parties to examine the issues outlined and assist in developing an Action Plan; • the recommendation to support the promotion of self-care and work that will be undertaken with the third sector in this area; • the involvement of public partnership forums and patient groups; • information from the development day and work with the GPs that will be fed into the Change Team and the Strategic Plan The IJB agreed to (a) endorse the proposal to work with local GPs; and (b) receive a report to a future meeting.	Dr. Paul Kerr

9.	**Care at Home Review Update**	
	Submitted report by David Rowland, Head of Service Health & Community Care, on the progress that has been made by Main Street Consulting in conducting a review of Care at Home Services. Members were advised that the care at home review would include all client age groups. Noted.	
10.	**Equipment and Adaptations Project**	
	Submitted report by David Rowland, Head of Service Health & Community Care, on the Equipment and Adaptations Project. The project will be undertaken by the Equipment and Adaptations Project Team and governed through the Change Programme Steering Group. A phased approach will be undertaken across the following workstreams:- Minor adaptations and equipment; Children's equipment; Complex equipment and major adaption; Equipment store; Finance; and Workforce Service user and Carer representatives provided information on specific instances where the service had either not met the needs of the user, or had not been provided. Members asked questions and were provided with further information in relation to:- • a review that will be undertaken of the integrated community equipment service that will include recycling of equipment; • work that will be done to explore a pan Ayrshire Equipment Service; • a Carer representative on the Advisory Group; and • that a regular update will be reported to the IJB. The IJB agreed to (a) the proposals as outlined in the report; and (b) to receive regular updates to future meetings.	David Rowland

11.	**Arran Action Plan Update**	
	Submitted report by David Rowland, Head of Service Health & Community Care, on the progress that has been made by the Island Services Management Team in relation to the agreed Arran Action Plan. The Action Plan and summary of progress to date were set out in Appendix 1 to the report. Of the 28 actions, 12 have been completed or are being actively pursued, 10 have been subject to slippage and 6 have yet to commence. The main reasons for slippage have been identified and revised timescales put in place where appropriate. Members asked questions and were provided with further information in relation to the review which will also examine cost pressures and how services on Arran are provided. Noted.	
12.	**Financial Management Year-End Report 2014-15**	
	Submitted report by Fiona Neilson, Senior Finance Manager, on the 2014-15 financial performance, presented by Lesley Aird, Head of Finance. The full year overspend in 2014/15 was £5.416m. The main areas of overspend were Older Peoples Services, Community Prescribing, lead Mental Health Services and Children's Services. The position with Older Peoples Services has now improved. Changes will be made to the format of future reports to highlight key messages. The IJB noted the report, including specific key actions on significant variances and the actions being taken to bring the budget back into line in 2015/16.	
13.	**Procurement by the Health and Social Care Partnership – Reporting Arrangements**	
	Submitted report by Andrew Fraser, Head of Democratic Services, on the arrangements for entering into contracts in respect of integrated functions, presented by Iona Colvin, Director, NAHSCP.	

	The existing arrangements in respect of delegated functions for contacts are that the Director can enter into Council contracts of less than £100,000 and NHS contracts of less than £4,000,000. Contracts over these amounts would require the IJB to approve the budget commitment and approval to progress to tender by the Council's Cabinet or NHS Board as appropriate. The Director advised that, when appropriate, she would bring contracts of less than the maximum delegated values to the IJB for their consideration. The IJB agreed to note the reporting arrangements.	
14.	**Improving Children's Outcomes**	
	Submitted report by Marjorie Adams, Programme Manager (Early Intervention & Prevention), on the Improving Children's Outcomes project, presented by Stephen Brown, Head of Children, Families & Criminal Justice. Development and Strategy Days considered the findings from the community and school surveys and agreed four priority themes:- • poor engagement with school; • obesity; • early initiation of substance us; and • social and emotional development (6 – 12 years) The IJB noted (a) the progress made in developing the Improving Children's Outcomes Project which will inform the next North Ayrshire Children's Services Strategic Plan.	
15.	**Response to the Justice Committee's call for Evidence on the Community Justice (Scotland) Bill**	
	Submitted report by David MacRitchie, Senior Manager, Criminal Justice Services, on the response from North, East and South Ayrshire's Criminal Justice Social Work Services to the above Bill, presented by Stephen Brown, Head of Children, Families & Criminal Justice. Appendix 1 to the report provided details of the response submitted to the Scottish Parliament's Justice Committee on the Community Justice (Scotland) Bill.	

	The IJB endorsed the response that had been provided to the Scottish Parliament.	
16.	**Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill / (Duty of Candour- Wilful Neglect)**	
	Submitted report by Derek Barron, Lead Nurse, on the progress of the legislation and the response to the proposals in the Bill. Appendix 1 to the report provided details of the response submitted to the Scottish Government's Health and Sport Committee and to North Ayrshire Council and NHS Ayrshire and Arran for inclusion in their responses to the proposals in the Bill. Members asked questions and were provided with further information in relation to:- • a small minority of people who will flout smoking restrictions, but a general change in public attitude towards smoking; and • that the Bill has three more stages to go through The IJB endorsed the response that had been provided to the Scottish Parliament.	
17.	**Minutes of North Ayrshire Strategic Planning Group – 25th June 2015**	
	Submitted the minutes of the North Ayrshire Strategic Planning Group held on the 25 June 2015. Noted.	
18.	**Date of Next Meeting**	
	The next meeting will be held on 17 September 2015 at 10.00 a.m., Council Chambers, Cunninghame House, Irvine.	
19.	**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 Paragraph 6 of Part 1 of Schedule 7A of the Act.	

19.1	**Care at Home Briefing**	
	The Board received a briefing from David Rowland, Head of Service Health & Community Care.	

The meeting ended at 12.20 p.m.

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

Chief Social Work Officer Annual Report 14/15

North Ayrshire Council

Contents

1.

Executive Summary

The Chief Social Work Officer is required to produce an annual report outlining activity, pressures, governance issues, challenges and statutory functions. The following report addresses all of these issues for the period 2014/15.

Key headlines

- North Ayrshire's socio-economic challenges, and the consequent impact of these on individuals, families and communities, continue to place demand pressures across many of our services.
- The increased focus on prevention and early intervention, delivered alongside partners, appears to be delivering successful outcomes.
- The demands on our Older People services continue to grow steadily with 23% of all over 65s in North Ayrshire currently being supported.
- The number of children on our Child Protection Register has reduced over the year.
- There has been a significant rise in internet-related sex-offences that presents new challenges relating to risk assessment and management.
- There has been an increase in statutory activity relating to Mental Health and Adults with Incapacity.
- Our registered services, subject to external inspection, all continue to improve, and some, particularly in Children and Families, have performed exceptionally.
- Our quality assurance mechanisms around externally purchased services are considered sector-leading and have identified quality issues at an early stage. Unfortunately, however, these mechanisms have exposed fragility in the independent sector locally.
- The Recovery agenda has become increasingly well-embedded in our approach to addictions.
- We continue to perform well in ensuring that our social services workforce is appropriately trained and meeting registration requirements.
- The establishment of the Health and Social Care Partnership has changed the landscape of social services delivery and presents real opportunities over the coming years to transform health and social care to further improve outcomes for people in North Ayrshire.

2. Introduction

Section 3 of the Social Work Scotland Act 1968, as amended by Section 45 of the Local Government (Scotland) Act 1994 requires every Chief Executive of a local authority to appoint a professionally qualified Chief Social Work Officer (CSWO).

The CSWO provides professional advice to the Chief Executive and elected members on the discharge of statutory duties including corporate parenting; child protection; adult protection; managing high risk offenders. The CSWOs are responsible for ensuring only registered social workers undertake functions that are reserved in legislation for these grades (for example, the duties of Mental Health Officers) and for setting standards on the allocation of complex cases (for example) within child protection; vulnerable adults assessments ; the assessment and management of offenders (including sex/ violent offenders). The CSWO has the responsibility to make a final decision on behalf of the local authority on a range of statutory social work matters including adoption, secure accommodation and Guardianship.

The CSWO ensures strong links exist between social care services and the corporate business of the organisation - clarifying responsibilities, formalising reporting lines, accountability arrangements and performance management processes including internal audit programmes.

The CSWO ensures there are effective governance arrangements for the management of complex issues involving the balance of need, risk and civil liberties and works with the Chief Executive to ensure corporate policy on risk reflects this balance.

The period of 2014/15 saw the development of significant change in the organisation of social services in line with the legislative and policy intent of the Scottish Government's agenda to integrate health and social care. In September 2014, the Chief Executive appointed Stephen Brown, Head of Service, Children & Families and Criminal Justice as North Ayrshire's Chief Social Work Officer. Elected members will note that this year's annual report contains information on the delivery of social services in the context of the particular demographic and social needs of North Ayrshire. The report reflects on action being undertaken to plan for change amidst what has been not only a challenging time as we moved to the establishment of the North Ayrshire Health & Social Care Partnership, but also one that has stimulated further opportunities for partnership working with the Third and Independent Sectors, local communities, service users and carers .

Stephen Brown

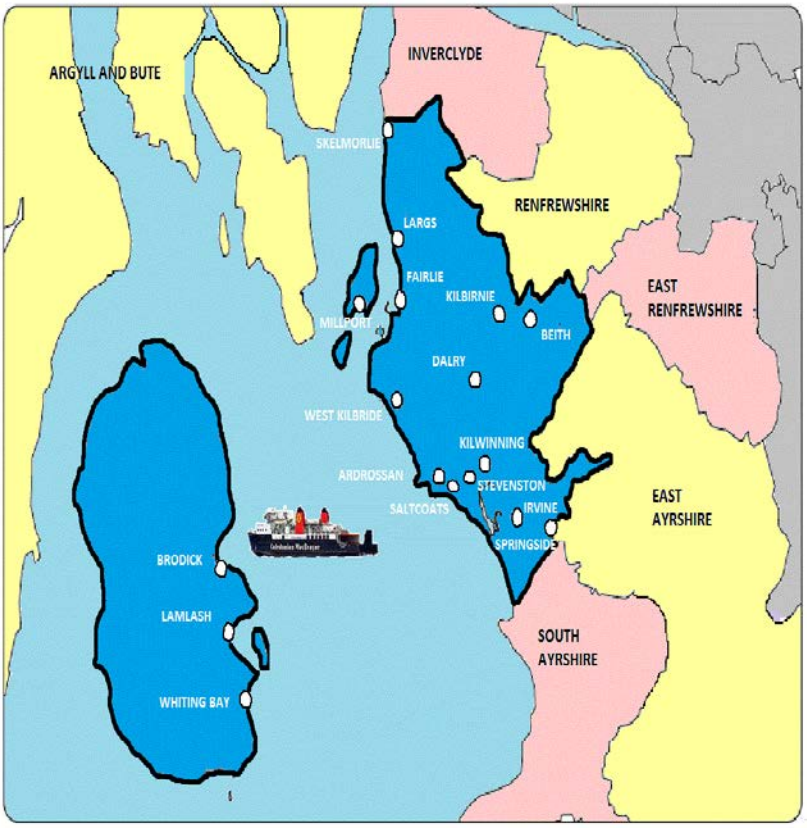
Head of Children and Families and Criminal Justice services

North Ayrshire Health and Social Care Partnership

Chief Social Work Officer – North Ayrshire Council

3. Description of Local Authority

North Ayrshire covers an area of 340 square miles on the West Coast of Scotland, including the Islands of Arran, Little Cumbrae and Greater Cumbrae. The area is a mixture of rural, town and island communities, each having particular needs and opportunities. The population of North Ayrshire is 138,146 (48% men and 52% women). There is a small ethnic minority of 2.1% (2901).



North Ayrshire's economy has traditionally depended on manufacturing jobs. From 1980, the reduction in manufacturing across much of the UK significantly affected the local economy and employment patterns. The 2011 census shows that whilst 63.5% of North Ayrshire residents are of working age (15-64), 9.6% are unemployed, a figure which is 2% higher than the Scottish average.

18 % of the population are of pensionable age and estimates to 2033 show that this is projected to increase to over 26%, while the population of working age is projected to decline. This demographic shift brings significant challenges for the area, particularly in care for the elderly and sustaining communities[1].

Since 2004, The Scottish Index of Multiple Deprivation (SIMD)[2] has been the Scottish Government's official tool for identifying small areas (data zones with an average population of 800 people) of multiple deprivation across Scotland. North Ayrshire is broken down into 179 data zones, a quarter of which are amongst the 15% most deprived in Scotland. The table below gives an indication of the North Ayrshire situation across the seven factors or domains that are included in the overall data zone analysis: significantly impacting on the delivery of social services in that poor health and low income affects nearly a third of the local population.

[1] Population predictions National Records Scotland

[2] http://www.gov.scot/Topics/Statistics/SIMD/Publications/LASummariesSIMD12/LASummaryNorthAyrshire12

%NA Data zones	Income	Employment	Health	Education	Housing	Access	Crime
in 15% most deprived	29.1%	26.3%	29.6%	14.0%	1.7%	11.2%	21.2%
Change from 2009 to 2012	+ 4.5%	+ 2.3%	+ 8.4%	- 7.2%	0.0%	- 11.7%	+ 3.9%
in 5% most deprived	7.30%	10.60%	8.40%	2.80%	0%	1.70%	7.30%
Change from 2009 to 2012	+ 2.8%	+ 3.3%	+ 3.4%	- 2.2%	0.0%	- 1.1%	+ 2.3%
Worst Area (National Rank out of 6505)	Ardrossan Central (Rank 24)	Ardrossan Central (Rank 14)	Irvine Castlepark South (Rank 25)	Irvine Castlepark South (Rank 132)	Largs Central (Rank 469)	Arran (Rank 93)	Saltcoats Central (Rank 28)

Red denotes a worsening situation; green denotes improving situation

The SNP minority administration (working with all elected members, the council and partner agencies) is clear in its intent to address the impact of deprivation in North Ayrshire. This is apparent in the recently updated Council Plan and the articulation of five strategic priorities:

- Growing our economy, increasing employment and regenerating towns
- Working together to develop stronger communities
- Ensuring people have the right skills for learning, life and work
- Supporting all of our people to stay safe, healthy and active
- Protecting and enhancing the environment for future generations

4. Partnership Structures/Governance Arrangements

The CSWO has a direct line of accountability to the Chief Executive and provides professional and specialist advice to the Council on the provision of social work services. Senior officers are updated on any issues, risk and developments within the service through the Corporate Management Team, and the elected members are similarly appraised through meetings with the social services portfolio holder and attendance and provision of reports to Council. This regular communication and information flow supports close working links with other local authority services and a consistent approach adopted by the Council to address cross-cutting issues.

The CSWO is a member of, and adviser to, North Ayrshire's Chief Officers Group for Public Protection, bringing to it perspectives from a position as vice chair of the Child Protection Committee , member of the Alcohol and Drug Partnership and the Multi Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group. In that way, a comprehensive overview is maintained of all issues relating to public protection and a continual evaluation of risk management arrangements that impact at service interfaces.

Alongside this, the CSWO is involved with Community Planning Partnerships e.g. sitting on the board of the Children's Services Strategic Partnership that has overseen the Improving Children's Outcomes agenda and is responsible for the strategic direction of children's services across North Ayrshire. Over the course of the past year, this group has been working with the Dartington Research Unit and Scottish Government undertaking a comprehensive review of the children's service delivery landscape alongside a large scale survey of children's emotional, behavioural and educational experience in North Ayrshire. The outcome of these surveys and corresponding mapping exercises will form the basis of a

programme for engagement and consultation with children and their families to inform and co-produce a Children's Services Strategy.

The year has seen the establishment of the Shadow Integration Board in the development of the North Ayrshire Health & Social Care Partnership (NAHSCP). The NAHSCP includes all social work services, Community Care, Children & Families and Criminal Justice and the CSWO is a member of the Shadow Integration Board. The preparatory work that has been undertaken prior to the submission of the Integration Scheme and Strategic Plan has been significant over this reporting year and is reflected in this report in the section identified as Planning for Change.

5. The Social Services Landscape, Market & Performance

The role of social services within the council is that of ensuring protection and providing support to those in need, invariably the most vulnerable members of its communities. Over the course of 2014/15, the delivery of services was aligned to three divisions of responsibility, Community Care; Children & Families and Criminal Justice; and Service Development. However, during the course of the year and with the establishment of the Shadow Integration Board, the Director of the Health & Social Care Partnership began the process of re-aligning areas of responsibility and establishing a senior management team that reflected the bringing together of the two public services.

For the purpose of this report, I will set out the situation in relation to the operational delivery of social services during 2014/15.

Service Access

Our Service Access teams are largely the first port of call for new referrals into service. Their role is to deal with enquiries efficiently and effectively, resolving at first point of call wherever possible, deciding if further intervention is required and/or linking the inquirer to appropriate community resources as appropriate. In total, Service Access dealt with 6502 referrals throughout the year. The nature of referrals varies, from simple one off enquiries to complex assessments in relation to adults and children referred as at risk who are not currently known to service. The table below provides a snapshot of the volume of referrals in age groups, identifying the most prolific referrers, and the outcome of the referrals.

Service Access overview

	Under 18's	18-64	65+
Total referred	1759	3589	2484
Top 2 referrers	Police/Out of Hours	Housing/Self	Family/NHS
Universal Services	72%	58%	58%
Social Services	19%	13%	35%
Community Resource	2.5%	7%	1.3%

The Impact of Welfare Reform and the introduction of the bedroom 'tax' is evident when we look more closely at the nature of referrals in in the 18-64 age group; 24% were referred on the basis of having received a notice of threatened court action in relation to eviction and 13% approached social services on the grounds of destitution. Our Money Matters service plays a significant role in the NAC Welfare Reform Strategy Group and operates across all care groups, maximising income and working with service users to establish a budgetary

plan. In 2014/15 further major changes to the current welfare provision were introduced in North Ayrshire, including the roll out of Personal Independence Payment to existing DLA recipients, the extension of claimant commitment and sanctions and Universal Credit. Social Services and Health service users are being supported through these changes.

Community Care

Learning Disability

The population of adults who have some form of learning disability is difficult to quantify and figures used are based on those known to services as collected through an annual return, the eSay[3] to the Scottish Consortium on Learning Disability, In the last published data, 2013, there were 24.461 adults known to have a learning disability across Scotland, 27.3% of whom lived in the most deprived areas. In North Ayrshire, 551 adults were returned in the eSay, 45% of whom lived in the most deprived areas. The national policy documents[4] for learning disability highlight the health inequalities pertaining to these adults and our strategies of support are fully cognisant of this and focus on the need to maximise opportunity.

During 2014/15, the Learning Disability Team supported 544 adults, 16% of whom were diagnosed as having an autistic spectrum disorder. In North Ayrshire, 6% (33) require the protection and support of a residential care solution. The majority (60%) live in mainstream accommodation, with support from a family carer (compared to 35% nationally). Consequently, an important focus is carer support, often through respite breaks. We provided 4783 overnight respite hours, largely through our own facility, Taigh Mor, but also the Hansel resource in Symington and the care centre on Millport.

We provided additional housing support to 43% of the client group, with a significant number (72) requiring a 24/7 package of care. With impending emphasis in legislation to ensure that the minimum wage hourly rate applies to all overnight sleepover care, there will be further costs associated with this. Our response will be to scope the innovative use of assistive technology and corresponding hub models of support to evaluate the cost effectiveness and safety of this approach.[5]

A further 9 individuals were supported in a partnership development with our housing colleagues, Castlecraigs in Ardrossan. Here, the adult has their own tenancy but on site availability of support from an independent provider. In recognition that the projected profile of Learning Disability is one of living longer, but with complex health care needs, we are taking these demographic factors into account to scope future needs and consider a range of alternative housing options and developing these in partnership with our Housing colleagues.

We have also reconfigured the support available in our day services. An outcome focussed modular programme of delivery has been introduced at Fergushill, where experience can be

[3] electronic Same as You - Learning Disability Statistics Scotland -

[4] http://www.gov.scot/Resource/0042/00424389.pdf - Keys to Life 2013

[5] http://www.edinburgh.gov.uk/download/meetings/id/46982/item_73_-_impact_of_providers_of_recent_employment_appeal_tribunal_judgments

gained in a range of activities such as photography, arts and crafts. The Hazledene site has been developed as an employment skills model; established as a grounds maintenance horticultural project it is now developing a network of customers, including North Ayrshire Council, as seen in the hanging baskets in our main streets. To support these initiatives, we have enhanced the work of 2 Job support coaches and ensure that service users have individual training plans covering a range of modules, such as, life skills, health & well-being, self-care, presentation all in keeping with preparation for employment. An example of this output includes Lunch to Go where food can be ordered and delivered and we are looking to develop further placement opportunities. We are establishing these as models of excellence prior to the opening of a new facility in 2017. What has been developed as a Public Social Partnership with Enable now aims to become a sustainable social enterprise.

Mental Health

One in four people in Scotland will experience a diagnosable mental health problem each year. Anxiety and depression are the most common, but others include schizophrenia, personality disorders, eating disorders and dementia[6]. Our Mental Health Team supports some 180 adults between the ages of 18 to 65 who experience a range of mental health problems. Alzheimer Scotland provides an estimate of the number of people suffering from dementia and quantify 84 under 65's in North Ayrshire[7]. It is not unremarkable that this is reflected in the increase of those known to our service, from a handful a few years ago to now 18. The Mental Health Team also co-ordinate the delivery of Mental Health Officer Services (see Statutory Functions).

There are a wide range of needs of people suffering mental ill-health. Some individuals require very little support, or support only at times of crisis, whilst others with severe and enduring problems demand more, often to ensure protection of themselves or others. It has been apparent from the significant rise in adult concern and protection referrals from Police Scotland over the year that there are many times when adults suffer a period of heightened despair and present as in need of protection. Responding to Distress is a partnership working group with colleagues from Health, Fire, Police and ASP leads to develop initiatives intended to avert the inappropriate use of police custody or hospital admission as a response to providing a place of safety at those times The shared responsibility partnership (ShaRP) is a pan Ayrshire group aiming to achieve a multi-agency model that will equip our staff to deal confidently with the situation and with a planned approach agreed by all agencies. The development work undertaken is being supported by the Forensic Network

Overall, 90% of our clients are supported in the community, with only a handful requiring 24 hour support within their own tenancy. Locally, we are developing social inclusion models in line with the Mental Health Strategy for Scotland. Examples of this include the redevelopment of the Buccleuch clubhouse into an employability initiative, involving peer support in gaining or regaining employment skills .A partnership development with AIMS advocacy service, the Write to Recovery group, is involved in the Scottish Recovery Network web site, and is co-facilitated by peers. Skills are learnt in the use of software and members gain therapeutic benefit from writing and sharing their recovery stories. Peer support is recognised as beneficial in recovery and can take place in many ways. Currently our own support workers have established a weekly Walking group that has about 15 members.

[6] http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB_14-36.pdfMH Spice document

[7] http://www.alzscot.org/campaigning/statistics

We have further developed a range of interventions and support. In April 2014, alongside the Learning Disability Team, we established the Flexible Intervention Scheme (FIS) delivered by an independent provider, Richmond Fellowship. FIS provides early intervention and crisis support at periods of greatest need. It has supported 98 people in its first year and is evaluating well with many individuals successful exiting that support after twelve weeks input.

For clients with more complex needs we have an 8 bedded residential unit , Harbourside, 4 tenancies in the Castlecraigs supported accommodation unit (described above) and have required to commission some 10 Nursing home placements over 2014/15. It is clear that further models of supported living need to be established, particularly as people with significant problems who have had periods of hospital treatment need opportunities to further recovery and rehabilitation in their own communities. We are working with our housing colleagues to identify local solutions for this and other care groups.

Physical Disabilities & Sensory Impairment

The World Health Organization has recognised that children and adults with disabilities, including those with a sensory impairment, have poorer health outcomes, lower educational achievements, less economic participation and higher rates of poverty than people without a disability. It confirms that the prevalence of disability will rise due to ageing populations and the higher risk of disability in older people and other vulnerable populations. For example, children from poorer households and those in ethnic minority groups are at significantly higher risk of disability than other children. It highlights the different barriers that people with a disability face and acknowledges that they do not have equal access to a range of services, to the extent that disability is now increasingly understood as a human rights issue.[8]

In the 2011 census , some 9% of the 16-64 year old population in North Ayrshire described themselves as having a long term health condition that 'limited their daily activity a lot'.

The Physical Disabilities team supports adults with a range of genetic conditions as well as acquired conditions following strokes, road traffic injuries, acts of violence, brain injury and alcohol related brain injury. The care management and review team support around 200 clients at any one time and work closely with the Dirrans rehabilitation unit to provide an assessment and reablement service.

The council has funded a new bespoke rehabilitation centre for the Dirrans, which opened in December 2014. The service was awarded the Gold Investors in People award in June 2014, having created a 'high performing team who achieve exceptional performance for the benefit of North Ayrshire'[9].

The Sensory Impairment service has two workers qualified in rehabilitation. The service maintains the blind and partially sighted register, currently listing some 12,000 adults and children across North Ayrshire and 90 people who list their first language as British Sign Language (BSL). There are clear referral pathways into the service from health partners in audiology and optometry, ophthalmology, private and third sector organisations. The team deals with some 20 referrals per week, tackling inequalities and improving outcomes through

[8] http://www.gov.scot/Resource/0044/00448444.pdf See Hear - A Strategic Framework for meeting the needs of people with a sensory impairment in Scotland 2014.

[9] Investors in People Assessor quoted in Irvine Times 13.08.14

the innovative use of digital technology solutions which enables independence and reduces the demand on resources.

Older Peoples Services

In North Ayrshire, the population projection until 2037 shows an overall decline in numbers, but this is within the younger age groups. Over that timeframe, the 65-74 year old population will increase by 21 **%** and the 75 and over age group by 92% (from 11,600 to 22,300) - higher than the Scottish average projection. Alzheimer's Scotland estimates that in North Ayrshire, 2380 people over 65 suffer some form of dementia. Whilst there has been significant improvement in health care, inequality of outcome is marked, and in some areas within one mile, life expectancy differs by 20 years.[10] The 2011 census identifies 22,898 people aged 65+ and in reviewing the numbers requiring support from social services over the year, we can establish that we are providing services to approximately 23% of all over-65s.

As the integration of health and social care gathered momentum through the year, we undertook a Joint Strategic Needs Analysis which qualified that overall, people are living longer, but in poorer health. The rate of emergency hospital admissions increased significantly with age, and within that, the incidence of emergency admission was greatest for those living in deprived data zones. Our interface with Acute services is of major importance both for achieving positive outcomes for the service user and for ensuring our health and social care resources are not only effective, but efficient and sustainable.

We are committed to facilitating timeous discharge from hospital and supporting people to live safely at home by providing multi-disciplinary rehabilitation and reablement services, incorporating a range of health, allied health and home care professionals. Over a 12 month period, some 777 people were referred from hospital to our reablement services. Services were provided up to a maximum of 12 weeks following discharge. 47% of people were successfully re-abled, 'leaving service' by not requiring ongoing care at home support. To date, we have achieved zero delayed discharge under the current target of within 2 weeks.

The care at home service delivers around 16,360 hours a week with 90.7% of these being provided to people aged over 65 yrs. This service was delivered to 1640 older people, with 38% requiring a level of support of 10 hours plus a week. There is a steadily increasing demand on this service year on year (2% increase from 2013 to 2014). Many older people are supported by technological solutions. 3109 users of telecare (Community alarms) are over 65 years, of whom 600 have enhanced telecare. 1640 (52%) of community alarms are termed 'stand-alone service', that is, there is no other ongoing care at home service provided. However, the Care At Home service provides a dedicated response team to Community alarm alerts and in one month alone responded to 2,928 call outs. [11]

Our Care at Home services are delivered through a mix of in-house provision and via the independent sector. Indeed, slightly over 50% of all provision was delivered by the independent sector through 2014/15. Unfortunately, there have been some issues relating to some providers in relation to standards of care and operational failures. This led to some of that provision being brought back in-house through the year.

[10] www.north-ayrshire.gov.uk/.../Areas-of-Family-Resilience-2013-14-Main- Report-(August-2014).pdf

[11] figures returned from Cordia monitoring station March 2015 mobile attendant call outs.

We have a comprehensive Dementia Support service, designed to be wrapped around the service user. The service provides respite and personal care enhancing the existing care at home and day services. It has tremendous capacity to respond to emergencies and has prevented hospital admissions specifically as the service is accessible on a 24/7 basis and can provide overnight support in a person's own home when required. Alternatively, respite provision is arranged in our Dementia unit, Anam Cara. The latter is also used as part of our planned response service to dementia sufferers and their carers, with other supports being available through Memory Cafes, one to one support, and day service provision.

Despite services successfully maintaining older people at home and providing support to carers, there is still a significant number who require the additional support of residential or nursing care. Data collected from health and social care returns since 2002 has recently been analysed for the purpose of the Joint Improvement Team to review the impact of the Reshaping Care for Older People agenda against projected figures estimated in accordance with demographic changes. [12] The number of long stay residents in care homes is 915, less than the previous year, and less than a projected figure for 2014 of 1388 based on population increases. The analysis also reflects that emergency admissions to hospital of those aged 65+ continues to rise greater than projected (7725 in 13/14, 7457 in 12/13) whilst the length of time people spend in hospital (bed days occupied) following admission is slightly less than projections. The success of our support services in maintaining people with health problems in the community is offset by increasing demand. Unless we are able to reduce emergency admissions we will not be able to shift resources from reactive to anticipatory care.

Services to Older people on the island of Arran have been enhanced. A new build care home and day centre, Montrose House and Stronach Day Service have been opened and will provide a significant asset to the island community.

Occupational Therapy Services (OT)

We provide an OT service for Children with Disabilities, Adults with Physical Disabilities and Older people social work and reablement service. Occupational Therapists and occupational Therapy assistants are distributed through the service from being within service access, Older Peoples services, the Dirrans (Physical Disabilities) and a senior OT who provides a service for children. Over the course of 2014/15 there were 1326 new referrals made to OT. OT's can establish if particular aids and adaptations are required to support independent living and in complex cases work alongside people to establish or re-establish skills lost through injury, disability or impairment to enable independence.

The demands for OT assessment and for equipment, as well as aids and adaptations, has continued to prove challenging to the service. The opportunities arising from the Health and Social Care transformation will allow for a thorough review of processes and delivery and the Lead Allied Health Professional for the Partnership will play a crucial part in the improvement agenda.

Addiction services

The estimated prevalence of individuals aged 15-64 with problem drug use in North Ayrshire is 2.04% (1,760) (ISD 2014), amongst the eight worse council areas against a Scottish average of 1.68%.

[12] Jit rear-view analysis North Ayrshire

North Ayrshire Council Addiction Services (NACAS) provided a service to 558 individuals during 2014/15. 48% of referrals concerned drug use as the main factor with the remainder of referrals being for alcohol misuse. Alcohol is the dominant use across all referrals throughout 2014/15, being a change from previous years.

Opiates, benzodiazepines, cannabis and amphetamine substance use are the dominant substances across referrals, however there are increasing numbers of referrals for New Psychoactive Substances (NPS), commonly known as legal highs.

Poly drug and alcohol use continues to be a characteristic profile of many individuals presenting for support. This baseline profile for North Ayrshire is generally typical and representative of the national Scottish profile.

The Scottish Government 2008 , in their strategy The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem, identifies a range of person centred, psychological and social interventions, to individuals and families. These offer harm reduction support, to reduce, abstain, and maintain long term behavioural change for and with those affected by alcohol/substance use and addiction. All staff have been trained in the use of Naloxone and have been supplied with Naloxone kits.

There has been the successful role out of the SMART recovery programme, with seven currently running throughout North Ayrshire. Our staff have been involved in supporting and facilitating these groups on an initial basis. There are also nine activity/group work programmes offered by the service, some ongoing throughout the year whilst others are offered as 8-12 week programmes.

The Recovery Agenda provides operational frameworks for child and adult focused services working with all children, individuals and families. These focus on securing overall recovery for families and improving their life chances and outcomes. Integral to this close working with Children & families has been the standardised use of parenting impact assessments, shared with the service user to clarify the impact of their substance misuse on their parenting and informing risk assessment and care planning for the child.

To understand and inform practice with women substance users, NAC Addiction Services collaborated with the Scottish Drugs Forum to undertake a peer research project. Being able to invest in the skill development of former female service users whilst investigating why women tend to experience more and different barriers to accessing addiction services than men resulted in a host of positive outcomes, intended and otherwise. The research report can be accessed in the document downloads section here.

Children & Families

27% (total 6000 children aged 0-15) of North Ayrshire children live in child poverty as identified through unemployment and working tax credit data published by the End Child Poverty Campaign 2014. Only Glasgow and Dundee see greater percentages in Scotland. In reviewing this age range against our case load figures, it would be a realistic estimate that social services provide support, whether statutory or informal to over 20% of the young people who are already deprived. The section on Statutory Functions describes this in greater detail. For the purpose of this section I will present an overview of the work we have been doing in relation to early intervention and prevention, an agenda that has secured wide political support locally.

Early Years

Social worker support and a money advice service have now been established in the five Early Years Centres. Parents have seamless access to support and advice on a range of issues that can impact upon their ability to manage a situation. Group work programmes are delivered by the social work staff that focus on improving parenting skills and confidence. Money Matters, has provided an income maximisation service to vulnerable families, dealing with 129 referrals and generating additional annual benefit income of £331,328. Early intervention for practical support and advice in home management and childcare is delivered by the Family Support Service (commissioned from Quarriers) and Family Care workers are now attached to fieldwork teams.

Young Persons Support Team (YPST)

The YPST provide Early Intervention Prevention Services to young people (8 to 12 yrs) and families across North Ayrshire through a range of individual and group work. Deprivation brings added pressures and increased risks to families and this is keenly felt during school holiday periods. During the Summer Holidays YPST provided a very diverse and active Summer Programme to over 350 young people. The outcome was a reduction in young people of that age group coming into care.

Alongside our colleagues in the Place and Education Directorates, we have instigated a School Meals Initiative which provides School Meals for young people of Primary School age at schools across North Ayrshire at the Holiday periods when schools are closed. Given the financial hardship experienced by many parents, there is a concern that the school holiday periods could mean that some young people may not be getting nutritious and healthy food. As well as opening schools across North Ayrshire and running activities as an incentive to attract young people, a further 450 school packed lunches were delivered per week to particularly vulnerable families who would have struggled without their free school meal provided during term time.

Stop Now and Plan (SNAP)

In August 2014 we introduced an accredited delivery programme (SNAP) that aims to support Children 8 – 11 year olds where anger and aggression is problematic. SNAP engages children and their families in a therapeutic accredited CBT programme. The implementation of SNAP was to support early intervention and prevention, maintaining at risk children within mainstream school, through increasing their resilience and their ability to manage their own emotions whilst working with parents to further develop and improve parenting skills. To date we are already noting positive outcomes.

There is a 75% completion rate. For those children and families who completed the programme, there was a marked improvement in their ability to regulate their emotions, with positive behavioural change, and positive improvements on the mental health. 100% of Children reported a better relationship with parents, which was confirmed by 100% of parents.

All this has impacted upon a reduction in the number of children being placed on supervision orders and none of the children who have undertaken the programme to date have required an alternative education placement.

SNAP has shown early indications of very successful implementation and has provided a focus for much closer alignment of social work, Child and Adolescent Mental Health Service and Educational Psychology resource to provide improved outcomes. This has resulted in

staff from North Ayrshire being invited to deliver a presentation at an International conference in Vienna to showcase the work being done. Furthermore, initial discussions have begun to explore North Ayrshire staff, along with colleagues from Holland, delivering SNAP training through a Western European hub.

Rosemount – Crisis Intervention, Parenting Programme, Activity Agreements

There were a total of 279 Young People and Families involved with the Rosemount team. The vast majority of young people and families were referred due to family crisis, which increased the likelihood of the child/young person becoming looked after away from home. The Rosemount team through their crisis intervention or intensive support packages in partnership with parents and carers and other agencies managed to maintain 90% of these young people at home on a long term basis. The figure of 90% is up from last year and the percentage of young people safely maintained at home has increased every year for the last five.

During the same period, staff facilitated three structured 12 week parenting programmes and an average of 7 parents attended each group. For those parents/families whose needs would not be meet within a group setting, individual structured parenting sessions were facilitated by staff which were attended by parents/carers and their children.

Over this past year, Rosemount workers have delivered a diverse range of parenting interventions which are underpinned by the Solihull approach and delivered to meet the needs of individual families/carers of young people and families in crisis. These programmes aim to provide parents/carers with a framework/toolkit for problem solving that can be used to develop more positive and co- operative relationships with their children. Through the staff's approach, parents reported an increase in confidence, self-esteem and resilience as well as an increase in parenting capacity.

The Rosemount Parenting interventions are constantly being developed and revised to meet the needs of the parents who attend. They have just completed a programme which included the use of the Rickter Scale, measuring wellbeing outcomes for those who participated. The TOPSE (Tool to Measuring Parenting Self Efficacy) being an NHS tool, provides another level of evidence to the impact of parenting intervention.

Mentoring

Mentoring continues to deliver supports and services as part of the early intervention strategy. Through Mentoring, young people who are isolated and in need of support are given proportionate and time limited input to help develop self-esteem, pro-social interests and involvement in local community activities.

Through 2014/15, 61 young people received a service from the mentoring project this is a 20% increase in the numbers worked with through Mentoring last year. The young people engaged with Mentoring were those who were presently not receiving Social Services interventions in keeping with the Early Intervention/ prevention approach.

Over the year there was a total of 88% of those who worked with Mentoring who were successfully exited from the service and did not require additional supports from social services.

Outcomes continue to be very positive with a high level of positive feedback from parents about their child's experience of the mentoring relationship as well as a positive experience in longer term benefits for their child when asked in a follow up call.

Whole Systems Approach (WSA)

WSA is fully embedded within North Ayrshire, supporting young people aged 12 – 20 years old within the Children's Hearing and/or Criminal Justice system. The WSA understands that young people who offend are also young people with unmet welfare needs. Therefore to escalate the vast majority of young people who offend into the Criminal Justice system fails to address the underlying reasons and contributory risk factors.

Through our multi-agency approach including, NAC Social Services, Education and Skills, NHS Ayrshire and Arran, Police Scotland, Procurator Fiscal, Sheriffs, Children's Reporter, and SACRO we have been able to impact significantly upon the way that young people are processed when they offend.

There have been some significant outcomes from the embedding of this approach. We have consistently seen the use of Secure Remand reduce over the past six years with the past two years recording two young people each year. 2013/14 saw two young people remanded through the courts for 22 weeks in total, at a cost of £110,000. In year 2014/15 we had one young person remanded through the courts for a period of one week at a cost of £5,000, this is a 95% saving on the previous year £105,000 on the previous year.

The use of our processes in the courts has contributed to this with 69 court notes being completed on 33 young people. Of the 33 young people 6 were remanded thus, of those appearing from custody whom we could have expected to have been remanded, 82% were bailed. These court notes reflect to the sheriff the current care plan for the young person as well as a bail support plan which would support that young person should they be released back into the community. These supports can include instant access to drugs and alcohol support, employability support, access to a positive mentor, support with housing and budgeting etc., all of which contribute to moving young people towards a positive future away from offending.

We have developed a robust Risk Management process for those young people who display high risk behaviours, either sexually harmful or significant violence behaviours. Last year we saw six young people go through the risk management process with an average age of 14 years old. Whereas the year previous 2013/14 we saw 10 young people with an average age of 16 years old through risk management. We remain committed to training multi-agency services in our Risk Management processes and a foundational understanding of sexually harmful behaviour.

There were four young people under 18 years old who had Criminal Justice reports written and who were sentenced to custody 2014/15. This is comparable with last year where five under 18 year olds were given custody. There continues to be a significant amount of support given to young people who attend court, with 32 young people supported in attending court. There were also 38 young people who were given the Youth Structured Deferred Sentence option from the courts which is a direct alternative to other higher tariff orders.

Early and Effective Intervention (EEI) (Young People involved in the criminal justice system)

There were 139 offence referrals dealt with through EEI in 2014/15. 73% of those referred were not currently subject to supervision. Of those referred, 90% have not re-offended since. There were 26 children referred from EEI to SCRA in 2014/15 due to a number of welfare concerns as well as the original offences committed, reflecting that those with low level

offences being presented to EEI, are also exposed to high levels of neglect and/or abuse requiring the Children's Reporter to consider compulsory measures of supervision.

In total, there were 98 Children referred to the reporter on offence grounds through 2014/15, only 8 of these children, required a report from the local authority. Social Services completed only 8 reports for Children with offence grounds. This accounts for 0.5% of the total reports written to the reporter for this year 2014/15. This compares favourably to last year where there were 29 children who had reports written on offence grounds. .Although the number of Children referred to the reporter on offence grounds has increased slightly this year compared to last year the figures still reflect an 84% reduction on offence referrals sent to the reporter compared to 2007/8 when 603 children were referred on offence grounds. North Ayrshire have gone from one of the highest levels of Youth Offending in Scotland, to now being in line with the Scottish average despite being a community with one of the highest levels of deprivation and youth unemployment in Scotland.

This year, North Ayrshire's EEI was selected as only one of two Local Authorities in Scotland was to be evaluated by a PhD Student seconded from the Scottish Government. Data shows that between 2009/2010 and 2013/2014, North Ayrshire saw an 80% decrease in children referred to the Children's Reporter on offence grounds. The average decrease across Scotland is 72%, showing that North Ayrshire has experienced more of a decrease in comparison to other areas in Scotland. The research concluded that there is 'considerable evidence to say that EEI has brought improvements in multi-agency working in North Ayrshire. In particular, interview participants have highlighted the benefits in meeting and discussing cases, and have noted an improvement in the way information is being shared. The EEI members work across boundaries and work collaboratively with other professionals across different sectors, in order to meet the needs of the young people they are dealing with'.

Through Care

As part of our corporate parenting approach, our Throughcare team commence working with young people before they leave care and continue to provide support afterwards. We work closely with Housing to ensure appropriate provision and support in accommodation, work with colleges to ensure support through training and education. We have approved two supported carers who are able to continue to support young people after they leave care.

Domestic Abuse

Police are inevitably the first port of call in relation to all incidents of domestic abuse. In North Ayrshire, the figure has dropped slightly between 2013/14 and 2014/15 from 1837 to 1825 [13].

Our partnership concern about the harm these incidents cause to families and children resulted in the establishment of a Multi Agency Domestic Abuse Response Team (MADART) in 2012. By basing social workers in Kilmarnock police station, we have secured transparent links between the Police, Housing, Social Work & Health and third sector partners, Women's Aid and ASSIST. MADART allows for the highest priority given to families in North Ayrshire affected by Domestic Violence. This is evidenced by the remarkable timescale between referral and action taken reduced from 10, 7 days to 1 day since MADART was established.

[13] http://www.scotland.police.uk/assets/pdf/138327/232757/management-information-council-area-report-quarter4-2014-15
Police Management Information Q4, 2014/15.

MADART referral info	Numbers referred
Young people	738
Adult Victims	474
Repeat Victims	95
Male Victims	74 (16% of victims)

Clearly, a significant concern is of the impact domestic abuse has on children but with our prompt intervention approach this is reflected in a drop in the number of reports requested on the grounds of children subject to domestic abuse and the establishment of only 18 supervision requirement orders in response.

The issue of domestic abuse was identified in the case work of 152 young people already known to the service and reflects the complex nature of dysfunctional adult relationships.

The MADART model of working continues to bring accolade, winning Team of the Year in North Ayrshire Achieves awards, and gaining a Police Scotland award for effective interventions.

Also, since December 2014, alongside Aberdeen, North Ayrshire has been piloting the Domestic Abuse Disclosure Scheme, Claire's Law and have had 31 requests to date that have enabled women to take an informed choice as to whether to continue relationships with known perpetrators.

Children with Disabilities

Our Children with Disabilities team have provided an assessment and support service to some 180 young people (0-18years) and their families over the course of the year. It is apparent that the improvement in health technology and care has enabled babies and young people born with significant disabilities and complex needs to have positive survival rates. Of concern over recent years and reflecting the incidence of substance misuse problems in the area, is the children born with disabilities caused by substance misuse e.g., foetal alcohol syndrome and disabilities the levels of which cannot be specified at birth. As such, the team is increasingly required to work with children who have become Looked After and are within Foster care and the permanency planning process. Also noted to have increased, as skills of diagnosis have improved, are young people who are on the autistic spectrum, bringing with them challenges that impact differently according to maturation. For instance, adolescence is a particularly difficult period as social anxiety can become pronounced.

Partnership working is very much in evidence, with Child and Adolescent Mental Health Service and Education (particularly the four Local Authority additional support needs schools) and the Independent sector. However, also very much in evidence is partnership with parents and this is seen through the initiatives developed through Lifelinks funding. Having supported the development of groups to look at supporting each other in terms of sharing care, setting up social clubs and events, the families are now empowered to run and develop these groups themselves.

We also have developed the IMPACT scheme (involving more parents and children together) which is a family based shared care scheme for children with complex disabilities and or life limiting conditions providing essential breaks to parents. We have recruited four carers who are assessed to Fostering Standards and have ongoing training and support. Each carer has a maximum of four link children and work closely with families in providing an exceptional service.

Criminal Justice

The crime rate in North Ayrshire is decreasing, however, it remains a significant problem affecting many, and we have the ninth highest rate of Local Authorities in Scotland [14]

Criminal Justice Social Work (CJSW) intervention following sentencing is aimed at preventing reoffending. It does so by not only supervising community based orders but also by providing a range of accredited group work programmes to support people who offend to examine the reasons for that offending and develop strategies and skills to desist from offending in the future. A 'Mutual Aid Support Group' has been established to allow service users to examine issues that they consider led to continued offending and to facilitate opportunity through peer challenge to consider alternative responses that they can use in future.

Through Community Payback Orders with an unpaid work requirement Criminal Justice Service has provided a wide range of placements and opportunities that have benefitted the local community. Service users on these orders are also provided with the opportunity to receive employability support and further qualifications.

6. Statutory Functions

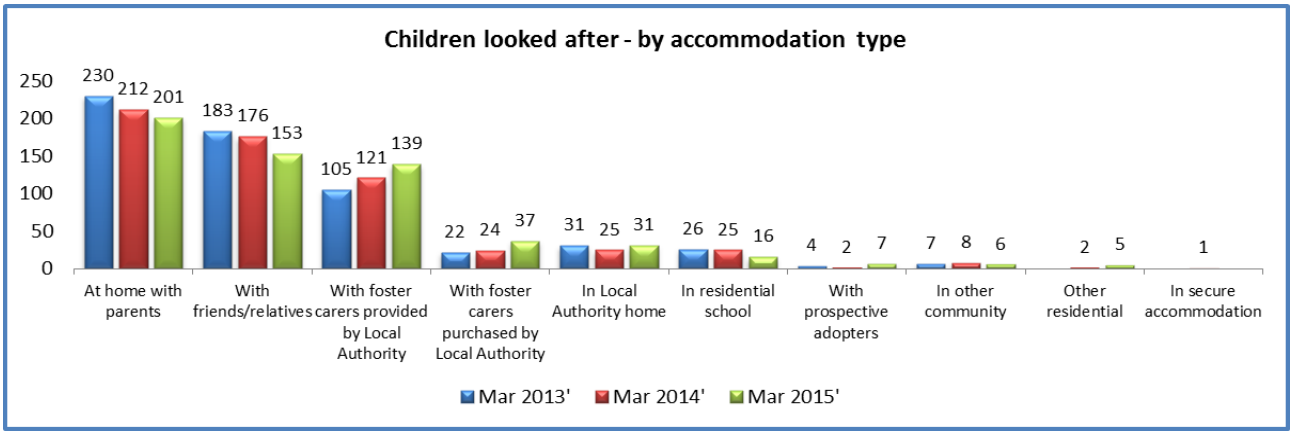
Registered social workers often work at the critical interface between the state and individual liberty, making recommendations to legal forums that require a careful balance between rights, needs and risks both of and to the individual and wider community. These recommendations can relate to the removal of children from their families, restricting the liberty of offenders, to the compulsory detention of people with mental health problems. In discharging these functions, the most important aspect of attaining a balance of care and control is in robust risk assessment and care planning and the most significant aspect of the CSWO role relates to the promotion of professional standards in their delivery.

Children

A principal aim is to support vulnerable families to remain together where it is safe and appropriate to do so. Provision of support, be it practical, or through agencies to support the parent to change to improve the quality of care provided to their children is arranged. However, at times this is not a safe option for the child and alternative care arrangements are sought. For some children, alternative care may only be required for a short time, for others it will be much longer.

All children who become Looked After do so after deliberation by the Children's Hearing. The Reporter to the hearing will require reports for Social Services to inform decision making. Over 2014/15, 1439 reports were requested, 22% of these were Initial Enquiry or Initial Assessment reports to allow the Reporter to make a preliminary decision as to whether to pursue compulsory measures of supervision. 21% were full Social Background Reports and the rest were in relation to reviews or requiring supplementary information. When a child becomes subject to a Supervision Requirement Order, they become 'Looked After'. They can remain with their parents, however, at times they require to be looked after away from home and are then considered 'Looked After and Accommodated' children. Our Corporate parenting responsibility is to both. The table below identifies the current Looked After living situation.

[14] Recorded Crime rates : http://www.gov.scot/Publications/2014/11/6350/3



Child Protection

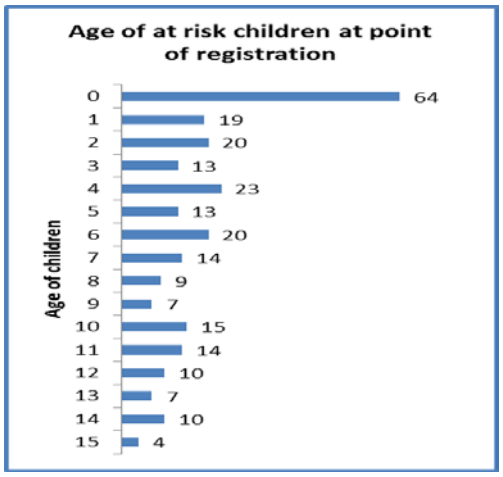
As the lead agency for child protection, social services continue to work with partners to raise awareness and understanding of child protection through multi-agency training and joint working. Whilst the level of substance misuse and domestic violence in North Ayrshire continues to present a threat to the safety and wellbeing of children and remain an area of challenge for services, there has been an increasing trend of Parental Mental Health being identified as a risk factor in Child Protection work. Indeed, Parental Mental Health was more commonly identified as a Child Protection Risk Factor throughout the year than either substance misuse or domestic violence. This does not mean that there has been a significant rise in parents with diagnosed severe and enduring mental health issues but rather that many parents are increasingly presenting with depression, anxiety and generally being in 'distress'.

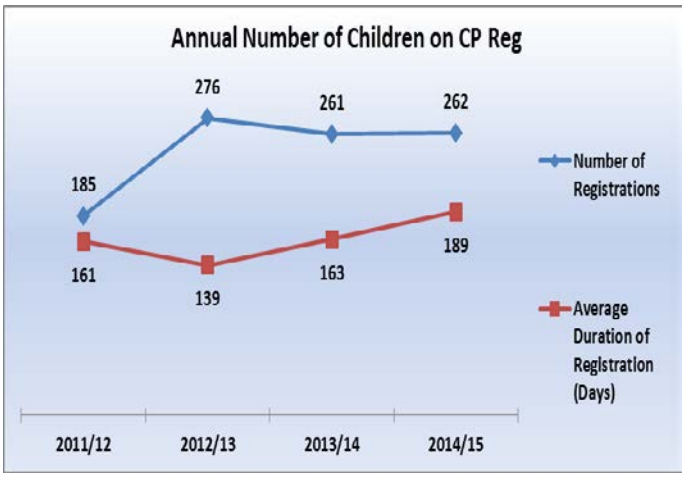
The welfare reform agenda and the financial impact of the reforms on many parents who are dependent solely on state benefits appear, in part, to be responsible for this as many parents who were previously just coping have reached crisis, often as a result of increasing financial pressures.

	2012/13	2013/14	2014/15
Child Protection Concerns:	971	885	858
Child Protection Referrals (CPIs):	504	578	526
Child Protection Initial Conferences:	193	151	176
Pre Birth Conferences	39	26	32
Children on Child Protection Register*	92	89	83

*as at 31st March each year

During 2014/15, 262 individual children had been on the Child Protection Register; 173 children were newly registered during the year and 179 children were removed from the register. The tables below identify the age distribution and average length of time children are on the register.





Destination	Number of children
Not Looked After	60
At home with parents	48
With foster carers provided by Local Authority	28
With friends/relatives	17
With foster carers purchased by Local Authority	14
In Local Authority home	9
In residential school	2
Other residential	1
Grand Total	**179**

The table to the left identifies the outcome following de-registration. It is positive that 60% of children remain with their parents, indicating risk concerns have been addressed or minimised to the extent that the child is no longer at significant risk of harm. The 60 children classified as 'Not Looked After' are still receiving social work support and often submission has been made to the Reporter for formal measures of supervision. However, there still remain some 40% of children who require the protection of an alternative placement

Emergency Placements

At times, there requires emergency action to be taken to safeguard a child. Last year 15 Child Protection Orders were granted by the Court and a further 8 young people had to be removed by the powers invested in the CSWO in terms of s143 of the Children's Hearings (Scotland) Act 2011.

Permanency Planning

	2012/13	2013/14	2014/15
Number of Permanency Plans Approved:	15	25	38
Adoption – Approved and Placed:	11	3	15
Adoptions Granted:	10	9	3
Permanence Orders Approved	11	27	7
Permanence Orders Granted	12	12	14
Permanence Order with Authority to Adopt Approved	0	1	0
Permanence Order with Authority to Adopt Granted	2	1	0

Timeously securing permanent alternative family-based care for children unable to remain with their birth family is one of the most important factors in their healthy emotional development.

Permanency planning continues to be an area of priority and developments are on-going to support best practice in this area (see planning for change section).

Adult Protection

In line with East and South Ayrshire, North Ayrshire has seen a continuing significant increase in Adult Support and Protection Concerns (ASP) referrals during 2014 – 2015. The majority of these relate to an increase in referrals from Police Scotland as a result of their new Vulnerable Person Database (VPD) and associated processes. In addition, 2014 – 2015 has continued to see a wider range of referrer agency/individuals making ASP referrals – as a result of a comprehensive programme of ASP awareness-raising across North Ayrshire.

In 2013/14 4% of all ASP referrals progressed to an ASP Case Conference and this increased to 5% in 2014/15. There was an 83% increase in case conferences held from the previous year from 24 to 44.

	2012/13	2013/14	2014/15
ASP Referrals/Inquiries	282	631	812
ASP Case Conferences	19	24	44
Protection Orders	3	9	7
Adult Concern Reports	0	0	1,039

At the end of March 2014, the introduction of the new Police Scotland VPD system provided Police with an alternative to ASP Referrals – the Adult Concern Report, for adults who are not thought to meet the ASP criteria for what usually amounts to 'lower level' concerns. The increase in Police Scotland ASP referrals along with the new Police Concern Reports has resulted in an increase of 208% in information from Police Scotland being submitted for processing to Social Services staff.

Several pieces of work in relation to Police Scotland have been on-going. This includes reviewing a model for a more integrated multi-agency Concerns Hub and its decision making processes and planning for training (currently scheduled for January 2016) of frontline Police Officers in relation to ASP and Police Concern Report thresholds.

The Adult Protection Committee (APC) – ASP Improvement Subgroup convened in August 2014 and has been working to implement the APC - ASP Continuous Improvement Framework. The Improvement Subgroup has also been overseeing the planning of a multi-agency ASP Case File Audit, due to take place in autumn 2015.

Criminal Justice

In 2014/15, the Criminal Justice team submitted 872 reports to Court and 218 reports to Scottish Ministers in consideration of home leave and early discharge supervisory requirements for sentenced prisoners. A total of 430 people commenced unpaid work as part of their orders through the year. These are either at level 1 where the condition on the order should be completed within 3 months, or level 2 with completion within 6 months. The service meets this demand by ensuring 5 squads of 5 offenders are employed 7 days a week.

Statutory Supervision as at March 2015:

	Male	Female	Total
Community Payback Orders	449	95	544
Drug Treatment and Testing Orders	3	2	5
Bail Supervision	26	11	37
Statutory supervision of released prisoners	89	2	92

Multi- Agency Public Protection Arrangements (MAPPA)

The Management of Offenders etc. (Scotland) Act 2005 introduced a statutory duty on responsible authorities (Local Authorities, Scottish prison Service (SPS), Police and health to establish joint arrangements for the assessment and management of the risk posed by certain categories of offenders (currently registered sex offenders and restricted patients) who present a risk of harm to the public. MAPPA was introduced in 2007

Level 1: normally low to moderate risk of serious harm offenders described as “ordinary risk management”, requiring only one agency to manage the risk; ·
Level 2: normally moderate to high risk of serious harm offenders, requiring Multi Agency Public Protection Arrangements, MAPPA Level 2 meetings are chaired by a Team Manager or Police Inspector;
Level 3: described as the “critical few”, normally high to very high risk of serious harm offenders, requiring Multi Agency Public Protection Panels (MAPPPs), meetings are normally chaired by a Head of Service or Police Superintendent

Level 1	Level 2	Level 3
130	10	1

MAPPA is well-embedded across Ayrshire with a South West Scotland governance arrangement in place via a Strategic Oversight Group. A Care Inspectorate Review was undertaken near the end of 2014/15 and initial verbal feedback has been positive, albeit we will await the written report of that Review.

There has been a significant rise in internet-related offences, something which is being replicated nationally. Many of the offenders involved in such offences have not been found guilty of any ‘contact’ offences with children and the emerging prevalence of this type of offence has proved challenging in relation to risk assessment and management. Research and literature is beginning to emerge and we will be keen to learn from this to ensure that staff are appropriately supported to assess and safely manage risk related to this area of work.

Mental Health Officer Services

The Mental Health (Care and Treatment) (Scotland) Act 2003 (the 2003 Act), placed a duty to provide care and support services for people with a mental disorder who are not in hospital and to provide services to promote their well-being and social development. Section 32(2) of the 2003 Act requires local authorities to appoint a sufficient number of mental health officers (MHOs). MHO’s are required to fulfil certain functions in relation to three key pieces of legislation; the aforementioned 2003 Act, The Criminal Procedure (Scotland) Act 1995 (CPSA’95) and The Adults with Incapacity (Scotland) Act 2000 (AWIA).

Mental Health Care and Treatment (Scotland) Act 2003 (Civil Procedures)

MHO Activities (MH(C&T)(S)2003	2012/13	2013/14	2014/15
Emergency detentions	11	30	29
Short Term detentions	59	71	72*
Compulsory Treatment Orders		48	40
Warrants undertaken		2	1

* 2 detentions related to children under 16 years old

The specific duties of MHOs in Civil procedures include:

- Provision of independent assessment and decision about consenting to Emergency Detentions (72 hours) or Short term Detentions (up to 28 days)
- Preparing and leading applications to Mental Health Tribunals for Compulsory Treatment Orders (CTO's)
- Application for warrants for entry and /or to take people to a place of safety

Criminal Procedures (Scotland) Act 1995 (Mentally Disordered offenders)

If an individual is involved in the criminal justice system and is considered to be suffering a mental illness, learning disability or personality disorder, the Court has available to them various options for disposal. Some are available prior to sentencing and include Assessment orders and treatment orders. They allow for the offender to be placed in a hospital environment prior to sentencing. The MHO works as part of a multi-disciplinary team to consider further recommendations to Court as to the appropriateness of making Compulsion Orders, Compulsion Orders with Restriction Order (CORO's) Hospital Directions as part of a custodial sentencing period, Supervision & Treatment Orders and Guardianship orders under criminal proceedings.

MHO Activities (CPSA 95)	2012/13	2013/14	2014/15
CORO	4	4	4
Compulsion orders	2	4	4
Hospital Directions	n/a	1	1
Assessment Orders	n/a	4	1
Treatment Orders	n/a	2	1
Transfer for Treatment	n/a	1	0

Orders in relation to mentally disordered offenders have the additional scrutiny of the Scottish Ministers, reflecting a high focus on public protection. This is most clearly seen in relation to CORO's, made without limit of time and often as a consequence of a serious offence, initially they are concerned with levels of security within the hospital and latterly in

matters related to any suspension of the hospital element as recovery is progressed in the community and then with consideration of lifting the restriction element.

The MHO has particular responsibilities working both as part of a multi-disciplinary team and also in providing independent assessments as required by both legislation and Scottish Government directive.

The making of Short Term Detentions and Compulsory Detentions in civil proceedings and all orders in relation to criminal procedures require the MHO to prepare Social Circumstance Reports and care plans within tight timescales to inform the Responsible Medical Officer and the Mental Welfare Commission in accordance with statute.

The Mental Welfare Commission (MWC) maintain an overview of all compulsory measures and publish annual monitoring reports. It noted in the 2013/14 report that across Scotland there was a concerning drop in the number of SCR's provided at relevant times. However, North Ayrshire have ranked 2nd best (behind the 100% compliance of Orkney that had just 5 statutory orders made in the year) achieving over 80% compliance.

Adults with Incapacity

If someone is over the age of 16 and is deemed unable to safeguard his/her welfare and/or property or finances through incapacity, any person with an interest in the individual, often family members, may make application to court to be appointed welfare or financial guardian. A MHO must prepare a report on the appropriateness of the proposed order and the suitability of the guardian to be submitted to court in the case of every private application for Welfare Guardianship or Welfare and Financial Guardianship.

Should the local authority be made aware that an adult is 'incapable' and there is a need for Guardianship for which no-one else is willing to apply, then the local authority has a duty to make an application for the CSWO to be appointed welfare guardian. The local authority cannot be financial guardian but can apply for Financial Intervention Orders (FIO). As reflected in the table below, FIOs are growing in number, placing a burden on resources of finance officers. We are seeking to secure the services of local solicitors who will be able to take on the role of Financial Guardian where this is required.

The making of orders requires supervision of the welfare guardian, with levels set in regulations and an implication on the social worker work force. The Scottish Government has been reviewing these regulations and is now relaxing their time scales, affording more discretion to the local authority on deciding on level according to assessment of need. This is a welcomed move.

AWIA orders and Activity	2012/13	2013/14	2014/15
Private Welfare Guardians (PWG)	205	204	291
CSWO Guardianships	35	44	47
Financial Intervention orders (LA)	n/a	42	58
MHO report PWG application	53	79	86

The 2003 Act has been undergoing review and the outcome has been the passing of amendments in terms of the proposed Mental Health (Scotland) Bill, which is progressing to Act during 2015/16. Whilst the bill will make largely modest changes to the 2003 Act, it will nevertheless have implications for further training for the MHO workforce to become familiar with the revised statutory duties.

MHO's are qualified social workers who have completed further mandatory training which is now afforded Masters status. Given the scope of age range, types of mental disorders and protection issues, they require to have a thorough knowledge of issues, legislation and

resources that are available to children, adults and older people in order to properly assess, recommend and make decisions that impact on an individual's liberty. It is a recognised national, as well as local issue that the MHO workforce is aging and we have been working hard to recruit more. The intensity of the training, whilst required to ensure a competent workforce, can act as a barrier to encouraging social workers to look at the MHO role. This again appears to be reflected nationally and is not just a local issue. Nevertheless, this year we have three candidates about to undertake the training from across social work. This will add to, and strengthen our current pool of MHOs who are represented within Children and Families, Learning Disability, Mental Health and Older Peoples Teams.

7. Finance

The financial environment for local government, and the public sector generally, continues to be extremely challenging. Within Social Services the pressures of increase in demands from demographic changes, welfare reform, the rise in care costs and the requirement to make efficiency savings impact on service provision strategies. Over the last three years the Social Services budget has increased by 8% to meet these additional pressures.

For financial year 2014/15 Scotland's local authorities provisional outturn total net revenue expenditure is £11.899 billion of which £3.117billion or 26.2% is spent on Social Services. Within North Ayrshire the provisional outturn for social services spend in 2014/15 was £87.009m, 3% of the Scottish Governments total outturn on Social Services Expenditure of £3,117m.

Within the budget setting for 2014/15, North Ayrshire Cabinet awarded pressure funds of £3.178m to meet the increasing demand relating to older people demographics, children and families placements in fostering, adoption and kinship, Learning Disabilities care packages due to ageing carers and for telecare equipment and telecare response staff.

The table below shows the change in provisional outturn between 2013/14 and 2014/15.

Social Work Net Expenditure - Provisional Outturn				
	13/14	**14/15**	**Change**	
Service	**£'000**	**£'000**	**£'000**	**%**
Service Strategy	1,544	1,474	(70)	-5%
Children and Families	25,860	27,672	1,812	7%
Older People	39,397	40,150	753	2%
Physical Disabilities	5,486	4,914	(572)	-10%
Learning Disabilities	10,302	10,389	87	1%
Mental Health Needs	1,969	1,455	(514)	-26%
Other Adults	1,093	955	(138)	-13%
TOTAL SOCIAL WORK	**85,651**	**87,009**	**1,358**	**2%**

As identified in previous sections, Older People care at home hours continue to increase. Hours received per service user increased by 30mins a week on average, due to more service users in the older age groups with increasing complex needs. There remains a demand for residential care home placements and securing a zero delayed discharge rate from hospital.

Within Children and families there has been a significant increase in demand to meet the needs to support children with disabilities. At the end of the year there were 101 children receiving a community package or a direct payment or a combination of both and 4 children within residential placements. The number of children in foster placements increased by 27 and the number placed in Kinship placements increased by the same number.

Within the 2015/16 budget pressures funds of £3.6m were awarded for the increase in older people care at home and care home placements. Budget efficiencies of £2m for 2015/16 have to be achieved through further review of care packages, redesign of service delivery, increase in charging to service users and efficiencies through ongoing implementation of our electronic care monitoring system within care at home. Transformational change is underway with the integration of Health and Social Care providing opportunities to develop new ways of working in relation to reablement of older adults to reduce the need for care home placements and provide efficiencies in 16/17 and 17/18.

The integrated care fund has provided funds that have allowed the Integrated Joint Board to develop various workstreams to create new efficient ways of working to ensure financial stability whilst improving outcomes for the people of North Ayrshire.

The challenge over the next few years, where the funding deficit is likely to worsen, is to move away from the expensive interventions required for people in crisis and build upon the success we have seen in some of our prevention and earlier intervention initiatives. The most significant risk to being able to successfully deliver this strategy relates to the issue of increasing demand detailed elsewhere in this report.

8. Continuous Improvement

Social work services are subject to a range of external scrutiny and inspection processes. The tables below demonstrate the findings of the latest inspection reports[15].

Community care services

Service Name	Care and Support	Environment	Staffing	Management Leadership	Last inspection
Gowanlea Day Service	5	5	5	5	12/06/2014
Burns Day Service	4	4	4	4	15/07/2014
Stronach Day Service	4	4	4	4	23/07/2014
Castleview Day Care	4	3	4	4	31/07/2014
Strand Day Services	4	5	4	4	06/09/2013
Thistle Day Service	4	4	4	3	23/10/2014
Irvine, Garnock Valley and Community Alarm (CAH)	3		3	3	27/02/2014
Three Towns, North Coast and Arran(CAH)	3		3	3	27/02/2014
Dementia Support Service	5		5	5	29/05/2014
Anam Cara	4	2	4	4	13/10/2014
Dirrans Head Injury Day Service	5	5	6	5	12/11/2014
Montrose House Residential Home	4	4	4	3	13/02/2015
CBS	3	3	4	3	01/10/14
Interlink (Hazledene)	4	4	4	4	16/12/14

The services respond to these inspections by identifying action plans to improve on the grading and working closely with the Care Inspectorate to identify progress. The services report on the progress of the Action plans during regular performance reviews.

[15] www.careinspectorate.com

Children & Young people

Service Name	Care and Support	Environment	Staffing	Management	Last inspection
Supported Carers	4	NA	4	4	28/04/2014
Adoption Service	5	NA	5	5	13/03/2015
Mount View	5	5	5	5	25/06/2014
Canmore	5	5	5	4	02/05/2014
Abbey Croft	4	4	4	4	16/04/2014
Achnamara	4	5	5	5	30/04/2014
The Meadows	5	6	5	5	17/04/2014
Fostering Service	5	NA	5	5	13/03/2015

Quality Assurance of Purchased Services

We purchase additional Care at Home Services from 5 providers and Older Persons residential care from 20. We recognise the importance of all partners having the same focus on standards of service as we hold as a public body. Our Care and Contract Management Framework is recognised as sector leading and is benchmarked by other Local Authorities. It has gone a large way to establishing standards that clearly outline service responsibilities for both NAHSCP and providers. Its focus is on delivering intended and improved outcomes and supports continuous improvement through provider self-assessment and peer benchmarking.

Low risk rating - bi-annual contract management and annual contract management audit

Medium risk rating - bi-annual contract management and face to face meetings at least quarterly

High risk rating - bi-annual contract management and face to face meetings at least monthly

Risk ratings for purchased services can be influenced via a number of sources including outcomes from service user reviews, bi-annual contract management activity or annual service monitoring reviews. Risk ratings can also be affected should key partners such as the Care Inspectorate, Health and Police Scotland contact the team with any concerns relating to quality of care, staffing, management, and environment. At times risk ratings are also affected should the Partnership receive an alert from Equifax that a service (or its parent company) has entered financial difficulty. The latest risk ratings from various sources identified 1 Care At home service on High risk, and 5 of the Care homes we purchase from. The ratings system allows planning to take place to ensure continuity and quality of service delivery is maintained for the user.

Complaints

The number of formal written complaints received by Social Services throughout 2014/15, and our response times around these is detailed below.

Period 2014 – 2015:	Number:	acknowledged within 5 days:	% acknowledged within 5 days:	responded to within 28 days:	% responded to within 28 days:
Apr – Jun 14	21	21	100%	17	81%
Jul – Sep 14	28	28	100%	18	64%
Oct – Dec 14	32	29	91%	27	84%
Jan – Mar 15	22	22	100%	11	50%
Total	103	100	97%	73	

Nearly 50% of complaints related to Children & Families, 17% in Community Care and 30% in Care at Home services (which include all complaints received about externally purchased services). Of the total complaints - 20% were upheld, 26% were partially upheld and 54 % were not upheld.

The level of complaints received must be seen in the perspective of our dealing with over 8000 people through the year, often in very difficult circumstances. This said, the manner in which we deal with complaints is currently being reviewed to ensure that we build the outcomes of complaints more effectively into our performance and continuous improvement cycle.

9. Planning For Change

The past period has seen the enactment or proposed enactment of a number of legislations that impact on the delivery of services in all areas. We have taken an approach of making preparations to accommodate these changes prior to the commencement of the legislation.

Public Bodies (Joint Working) (Scotland) Act 2014[16]

The most significant change in the organisation of social services and community health services is with the introduction of the Public Bodies(Joint Working) (Scotland) Act 2014 and the establishment of the North Ayrshire Health & Social Care Partnership.

In 2013, a programme board chaired by the Chief Executive was established to oversee the council's plans for integration. A sub-group of the Strategic Alliance, reporting to the Chief Executives of the three Ayrshire councils and the NHS board was also established to take forward work which was best managed on a pan-Ayrshire basis.

During the course of 2014/15, termed the shadow year, a Shadow Integration Board (SIB) was established. The Board comprises of voting members (4 NAC elected members and 4 members of NHS Ayrshire & Arran Board) and a number of non-voting stakeholder members, representing staff, service users, carers, the third sector and independent sector together with professional representatives including the Partnership Director and the Chief Social Work Officer.

A priority of the SIB was the development of a 3 year strategic plan in conjunction with our partners from the Third and Independent sectors. Between December 2014 and February 2015 we undertook a programme of consultation with service users, carers, communities, community planning partners and the health and social care workers who deliver services across North Ayrshire. We listened to what they said and we amended the plan on the basis of the key themes that arising from these consultations. The final plan outlines five strategic priorities -

[16] http://www.legislation.gov.uk/asp/2014/9/contents/enacted

- Tackling Inequalities
- Engaging Communities
- Bringing Services Together
- Prevention & Early Intervention
- Improved Mental Health & Well-being.

All social work services, including children and families and criminal justice, have been placed within the newly formed health and social care partnership. This reflects the substantial level of joint working that is required between the various care group teams in social services and with community health services to enable a holistic approach necessary to develop support plans around the person. Our Integration Scheme has been approved by Scottish Government and on the 2nd April 2015, the Integrated Joint Board (IJB) was the first in Scotland to be formally established.

To support the changes required to meet the National Outcomes and support the integration of health and social work services, the Government awarded each partnership monies (Integrated Care Fund). NAHSCP have taken an innovative approach to the use of these monies, identifying three streams for funding. One stream will be used to continue projects established through the Reshaping Care for Older People programme, another to fund a change programme fundamental to bringing services together and the last stream is afforded to projects that reflect innovation and creativity and which aim to contribute to the priorities identified in the Strategic plan. Our approach to delivering on all aspects of this exciting opportunity to deliver sustainable and effective health and social care services has been commended by the Scottish Government.

Children & Young People (Scotland) Act 2014 [17] (C&YP(S) A 2014)

The C&YP(S)A 2014, amongst other things, places the principles of Getting it Right for Every Child (GIRFEC) into statute. The provisions of the Act are staged to come into force over the forthcoming two years and we have made good progress to date in preparing for these.

We have developed a Permanency Planning strategy to ensure that children and young people are afforded a stable home environment sooner rather than later. Making decisions as to permanency is fundamentally important in securing stability for children. The council agreed funding of 300K to refurbish a social work office in Dreghorn to convert to a contact centre where parenting assessments are undertaken. Pathways to a Positive Future will be open in May 2015 and we have provided enhanced training to the team who will work undertake assessments over a 12 week period to inform rehabilitation plans wherever possible whilst building evidence for permanency where rehabilitation may not be possible.

The C & YP(S) a 2014 also extends corporate responsibility for children born after 1st April 1999 who are looked after in foster, kinship care or residential care which allows for them to remain in placements until they are 21 and extends aftercare responsibilities up to their 26th birthday. Aftercare responsibility can include financial assistance as well as arranging support for kinship carers in their parenting role.

The Scottish Government's vision for children who are unable to reside with their parents and need to be placed in alternative care states that Kinship Care should be the first choice.

[17] http://www.gov.scot/Resource/0045/00452065.pdf

North Ayrshire has invested in this area with the establishment of a dedicated kinship care team to support kinship carers and provide them with a forum to link in with others. In addition, we have introduced a comprehensive kinship care assessment and approval panel. The assessment is seen as a critical area which determines the sustainability of the placement. North Ayrshire continues to have one of the highest rates of young people looked after in kinship placements in Scotland. Current legal challenge nationally about the different financial rates paid to kinship carers as opposed to foster carers could significantly impact on budgets in future years and we will continue to closely monitor developments.

There is an ongoing training programme and support system for foster carers and North Ayrshire continues to be pro-active in recruiting new carers, with numbers increasing from 70 to 83 to date in 14/15. Increasing the pool of committed and supported foster carers is necessary to meet the rise in demand and the availability of continuity in a child's placement.

Working towards a single plan for children, we have already established Ayrshare, a single reference point all key professionals working in teams around children to ensure exchange of significant information and establish a chronology that will inform risk assessment. Over the course of 2014/15 we have worked with our Information Support team in designing a single Child's plan that will enable SHANARRI outcomes to be reported. Work is already under way to prepare for the statutory responsibilities relating to the Named Person role and how that fits with the continuum of support designed to ensure children's well-being. Strong local leadership through the Children's Services Strategic Partnership has ensured a joined up approach to this preparation and opportunities for improvement are enhanced with health visitors now sitting within the Health and Social Care Partnership.

Pertinent to all these ongoing changes within the service is the work we have been doing with our Community Planning Partners, the Scottish Government and the Dartington Research Unit in relation to Improving Children's Outcomes. The Children and Young People (Scotland) Act 2014, s8, requires the Local Authority to prepare a children's services plan by April 2017. We are committed to ensuring that the development of any such plan is evidence based. A large scale survey was undertaken during October 2014, with 7951 (a 90% response rate) young people between the ages of 9 and 16 submitting their own views what life is like for them in North Ayrshire. 634 parents of children between 0 and 8 years engaged with door to door interviewers in a complementary survey. The survey results are currently a focus of a number of development sessions being held with our partners to further analyse and make local sense of the information. Alongside this, we are undertaking a review of the existing resources and initiatives across the partnership. Starting in the autumn of 2015, we will undertake a programme of consultation with our parents, young people and communities to validate and feedback on the findings. In this collaborative way, we will develop our strategic plan and engage with our communities in the design of future services. We want to submit this plan to Government in April 2016, a year ahead of the date dictated by the new Act so that we can ensure an early start in developing the programme of change to ensure sustainable and effective delivery of services.

Social Care (Self-directed Support) (Scotland) 2013[18]

For the past few years we have been preparing for the implementation of the legislation and the central concept that people exercise choice and control over their services. In November 2013, we introduced new supported self-assessment paperwork and by this date had fully trained our adult social work staff in the personalisation agenda and prepared a Resource

[18] http://www.legislation.gov.uk/asp/2013/1/contents/enacted

Allocation System. However, the personalisation agenda also demanded a stimulation of the market and close partnership work with the third and independent sectors to develop sustainable options. We have facilitated these activities and created a solid base through our provider forums. We have also created opportunity for service user and carer empowerment to be involved in the creation of services they need in the establishment of Carena, a web based information service launched in July 2013. It is an independent model to help people find the best health and social care services and community activities to meet their needs. It represents a first in Scotland, a user friendly site which showcases services and allows users to access information easily, in a single place. It represents true partnership between service users, carers, providers and the public sector. In March 2014, Carena received national recognition, securing a Gold Award for Service Innovation and Improvement at the COSLA Excellence Awards.

In two years since the launch of Carena there have had over 2 million hits on the site and more than 400 providers are now involved with service profiles available to the North Ayrshire public. The associated Care & Support North Ayrshire Facebook page has over 1,000 followers and during a recent marketing campaign was getting messages to over 30,000 people a week. Providers have reported an increase in referral as a result of both Carena and Facebook activity. Two-way communication through Carena and Facebook is increasing with engagement levels higher than comparable organisations.

New developments have included making Care Opinion, a project in its pilot phase funded by the Scottish government to enable people to give feedback about their health and social care experiences, accessible from the home page and the introduction of an employability channel that enables local organisations to advertise job vacancies. The health channel will be developed further to reflect the new environment of integration and a community zone will enable local organisations and groups to post information and attract greater membership and involvement.

The Community Connector role is one that is now evolving with the implementation of the strategic direction of the NAHSCP to being inherently community based, providing a coherent service across North Ayrshire. A focus on GP Surgeries and Self-Directed Support is a fundamental responsibility. The key functions of the Community Connectors are building the knowledge base and the provision of information and support to patients, service users, carers, practitioners and the community.

We have found that personalisation and SDS has been used effectively and creatively for outcome focussed planning, enabling choice and control in supports. However, the use of it has presented challenges, not least of which has been managing expectations within limited resources. The Resource Allocation System used in Adults and Children with Disabilities is currently under review and further work is required to ensure that where Direct Payments are utilised, spend relating to this is firmly associated with evidenced eligible needs.

Proposals for a Carers Bill[19]

We have prepared a Carer's Strategy that takes into account the policy direction captured in the proposed statute that ensures that carers rights for assessment are upheld proactively and that young carers have support as required by assessment that leads to a child's plan. We have identified a provider organisation (Unity Enterprise) to deliver a Young Carers' Support Service, recognising the particular needs of this population and we continue to work with the Carers Forum.

19 http://www.scottish.parliament.uk/S4_Bills/Carers%20(Scotland)%20Bill/b61s4-introd-pm.pdf

Carer (Waiving of Charges for Support) (Scotland) Regulations Act 2014 [20]

The full extent of the impact of this regulation is still being deliberated by COSLA but could have significant implications. We continue to monitor the situation and engage in discussions locally and nationally.

10. Workforce Development

Learning and Development

Seventy six different course titles are available to staff through the Health and Social Care Partnership Learning and Development calendar. Based on demand and identified learning needs**,** 60 of these titles were delivered between April 2014 and March 2015 to 1937 staff.

Staff have accessed other social services training such as Moving and Handling, CALM, Adult Support and Protection and the North Ayrshire Council corporate calendar for Policies and Procedures, Management and Leadership training, the Child Protection Committee, GIRFEC, Women's Aid and NHS training for other specialist learning and development input.

Twenty Social Services staff were supported to undertake a range of further professional studies. In addition, 211 staff attended 177 external learning and development events and conferences.

The Learning and Development section is continuously striving to work with managers at all levels to determine learning and development needs of staff throughout the HSCP in line with new legislation, statutory and regulatory requirements, new and existing policies and procedures by developing courses, briefings and learning events to establish, maintain and promote good practice throughout the organisation. The outcome of staff`s individual development plans through the personal development process will further contribute to determining what learning and developments needs staff require, aspire to or need to undertake.

Qualifying the Workforce

The North Ayrshire Social Services SVQ Assessment Centre (NASSAC) delivers awards ranging from 6 months to three years duration. Fifty seven staff and seven Modern Apprentices completed their award within this period and a further twenty five are currently working towards completion. Future candidates will be prioritised to meet SSSC registration requirements.

Good progress is continuing in relation to qualifying the residential workforce in line with the Scottish Social Service Council registration requirements. Targets set for both adults and children and young people care groups have been reached during 2014/2015. Progress or otherwise is monitored on a continuous basis and corrective action established and implemented when appropriate.

At April 2014 87% of staff in residential care homes for adults had achieved the qualifications required for registration. At 31 March 2015 this figure had decreased to 81%. A number of

[20] http://www.carersuk.org/scotland/policy/policy-library?task=download&file=policy_file&id=4726

factors such as staff redeployment, promotion to new roles requiring additional or different qualifications and staff turnover have been key influences.

At April 2014, 89% of staff in residential care homes for children and young people achieved the qualifications required in order to register with the Scottish Social Services Council. At 31 March 2015 this figure had decreased slightly to 88.3%. The same factors influencing figures for care homes for adults are also present within residential child care.

We have worked with our in-house Care at Home service to map out the route and timescales for staff groups to attain their qualifications in line with regulatory requirements. During 2014/2015 two Team Managers and thirty eight Care at Home Assistants commenced their awards.

In the annual inspection undertaken by SQA the NASSAC received a glowing report with particular reference made to the high standard of assessment and the quality of evidence provided by candidates.

During 2014/2015 the centre was given approval from SQA to deliver the Professional Development Award for Health and Social Care Supervision and eight members of staff successfully completed the award as part of a pilot scheme.

Priority will be given to those groups of staff who require a supervisory qualification to meet SSSC registration requirements – primarily Care at Home and residential services for adults. However there will be an opportunity for any staff member who has supervisory responsibilities to develop their knowledge and skills by completing the qualification in the future.

Centre staff are now delivering the new SVQ's in Health and Social Care which were launched in January 2014. The first candidates were inducted in May 2014. These awards incorporate extended use of common terminology and offer more opportunities for holistic assessments.

Practice Teaching

Practice Learning is an essential component of social work training and the HSCP is committed to providing Practice Learning Opportunities (PLO) for social work students via the Learning Network West (LNW). North Ayrshire Council Health and Social Care Partnership is well regarded as a source of good quality learning opportunities and we value the partnership working and knowledge exchange activities with our colleagues from the relevant universities, the LNW, IRISS, the Social Work Scotland Learning and Development subgroup and the SSSC.

During the academic year 2014/2015 we provided 13 Practice Learning Opportunities for student social workers. We have also assessed, supported and provided Practice Assessor and Mentor for 2 candidates undertaking the Post Qualifying Awards. One practitioner is undertaking the Professional Development Award in Practice Learning (PDAPL) and the other the Postgraduate Certificate Mental Health Social Work (Mental Health Officer) Award. Both are on track to achieving their awards this autumn.

We have continued to promote and facilitate the Practitioners Forums to encourage a learning exchange culture and a forum for Newly Qualified Social Workers in order to develop and promote good practice and to meet their SSSC Post Registration Training and Learning requirements.

11. User & Carer Empowerment

Health and social care outcomes are inevitably set within the wider context of the Community Planning Partnerships and the commencement of the Community Empowerment (Scotland) Bill will establish this on a statutory footing. Service users and carers are firmly represented on the SIB (now IJB) and actively involved in developing and reviewing the strategic plan. A Public Partnership Forum, consisting of service users, patients and carers will be established as a formal sub-group of the IJB and work has already been commissioned to begin scoping how this will work to enable meaningful involvement and provide the strongest voice possible to those in receipt of services.

At service level, there has been significant progress made in areas such as addictions and mental health with peer mentoring, service user committees and a variety of recovery focused initiatives designed and led by service users and carers. In addition older people and residential children's services regularly involve service users as members of interview panels when recruiting for staff.

Alongside the council, we have adopted a neighbourhood approach to further develop local solutions to local problems. It is apparent from the analysis of the demography and landscape of delivery of services that significant inequalities persist throughout Scotland. However, these cannot be addressed by simply targeting resources on the basis of level of deprivation. We know that within any area, and data zone, there are individuals who suffer disadvantage through stigma and lack of social inclusion. We learnt from the outcome of the work undertaken with the Scottish Drugs Forum in relation to engaging with women substance users and used this to support the development of not only skills but also confidence in establishing a group of peer researchers. It was this group who took the proposals developed in the strategic plan out into communities for consultation.

11. Key Challenges for Year Ahead

Some key challenges have already been identified through the body of this report and in addition to those there are a few others worth highlighting.

The government policy of integrating health and social care services so that there is seamless delivery from the point of view of the service user, has brought with it the challenge of bringing together of social services and health professionals in a way in which services are not duplicated but compatible and complementary. It will be vital that we are able to maximise the contribution of all professions (including social work) to ensure that we can deliver the right support, at the right time, provided by the right professional.

Whilst challenging, there are real opportunities to improve service user experience by providing seamlessly joined up services and we will focus on a number of key areas over the next year including Mental Health, Addictions and Learning Disability services to do this. If we are able to join up community health and social care teams in these fields well, then we will improve efficiency and effectiveness. The theme of bringing services together will be further developed in terms of the processes in place for different agencies responding to child and adult protection issues. We will be establishing a Police Concerns Hub model that will look to affirm thresholds for the reporting of concerns and an agreed response across agencies.

The service faces further significant challenges as we move forward in a partnership body in a climate of real financial constraint and the necessity of evermore challenging prioritisation of allocation of scarce public resources. The challenge is one of not only meeting demand, but doing so in a way that does not compromise quality of care and delivery of safe practice and is sustainable over the longer term. As noted earlier in this report, increasing demand through the demographic changes in the older age group is resulting in increasing levels of emergency admissions to hospital. Whilst this high cost and resource intensive situation remains, it does not allow us to fully explore transferring funds to further develop preventative and early intervention approaches for this age group. In turn this detracts from being able to properly redress the inequalities in health, life expectancy and healthy life expectancy experienced in our community.

Against the backdrop of financial constraints, challenges will be faced in realising the principles underpinning self-directed support. Managing public as well as service user expectations will be crucial to this, for whilst the legislation fully acknowledges choice and control for those suffering health problems it does not recognise the lack of choice and control for families who are on low incomes. The further welfare cuts planned during the next period of welfare reform will impact directly on working age people and their families. Balancing the needs and risks to both groups will be crucial in ensuring a fair and equitable delivery of public services.

Integration Joint Board
17th September 2015
Agenda Item No. 5

Subject: **Developing our Engagement Approach**

Purpose: To update members of the IJB of progress in further developing our approach for engaging with service users, carers and the public.

Recommendation: That the IJB :-

- Note the work undertaken by Community Renewals.
- Consider the content and recommendations of the report.
- Agree the proposed next steps.

1.	**INTRODUCTION**
1.1	Public engagement will be an important foundation for the success of the Partnership. We agreed at the meeting of the Shadow Integration Board on 12th March 2015 that we would bring forward proposals on how we can further develop our processes for engaging with our citizens.
1.2	We recognise that effective engagement and involvement has been undertaken and in many areas, this continues. Examples include the Peer Researchers work on the Strategic Plan; the Mental Health Public Reference Group and the design of Montrose House on Arran.
1.3	In order to further build on this work, we commissioned a community engagement organisation, Community Renewals, to carry out an objective review of our approach and to bring forward proposals for consideration by the IJB.

1.4	What the researchers found, and what we need to fully appreciate and support, is that we have a significant number of individuals who have invested much personal time, talent and effort in developing processes for engagement, and who have extensive networks of people with an interest in the development of HSCP services. This is an incredible asset.
2.	**CURRENT POSITION**
2.1	The final report from Community Renewals is attached at Appendix 1. The report sets out the methodology used, summarises and themes the views of stakeholders, challenges us around our assumptions about what engagement is for, through the Spectrum of Community Engagement (Page 12) and makes a series of recommendations.
	These recommendations aim to move us away from an engagement approach which primarily focuses on passing information outwards, to one which seeks to work to collaborate and co-produce service design.
	As part of their work, Community Renewals facilitated a number of sessions with the Public Participation Forum, during which members of the Forum defined where on the Spectrum of Community Engagement they currently were, and where they would hope to be. It points to a significant and shared commitment and ambition by both PPF members and the HSCP to move to a more collaborative/co-production model of engagement.
	The recommendations contained within the report are :-
	• Create an Engagement Calendar with 8-10 potential engagement projects across the engagement spectrum over the next 12 months.
	• Meet with the Public Participation Forum (PPF) and their member groups in a large event to get their views on how best to engage the public for each of the engagement activities.
	• Use these practical projects to ascertain capacity building and training needs of the PPF Core Group.
	• Deliver training over the next 12 month period.
	• Form small working groups “Velcro partnerships” to take each engagement project forward.
	• Move to quarterly meetings of the PPF attended by the members of the SMT of the HSCP and taking more of a workshop rather than a committee meeting format.
	• Quarterly meetings can be used to check progress of engagement activities and share learning and discussion on the “emerging remit of the PPF”.
	• Review membership of the IJB after one year, in line with the agreement to review the content of the Standing Orders.
	• Evaluate the impact and effectiveness of the 12 month engagement workplan.

3.	**PROPOSALS**
	<u>Taking the Recommendations Forward</u>
3.1	The final report has been shared with members of the Public Participation Forum (PPF) and Forum members have been broadly positive and welcoming of the report and the recommendations.
3.2	In discussion with the PPF, we would like to propose the following next steps :-
	• That the recommendations are accepted.
	• That in terms of the major areas of change that we wish to work together on, we focus on, ➢ Development of locality planning structures. ➢ Care at Home Review ➢ Improving Access to Equipment and Adaptations ➢ Reviewing services for children with disabilities. ➢ Development of Woodland View ➢ Integration of Addiction Teams ➢ Improving the utility of Carena.
	It should be acknowledged that for each of these projects, the methods of engagement to date will vary, and the objective will be to build on progress to date.
	• That we hold a large stakeholder event towards the end of October 2015, where we invite all of our engagement networks, to work with us on co-producing our engagement plans for each of the seven change projects outlined above.
	• That IJB members join us for this important event in October 2015, date to be confirmed.
4.	**DEVELOPING OUR ENGAGEMENT STRATEGY**
4.1	The recommendations described above begin to move us towards a more dynamic and focussed approach to engagement where our citizens can choose to work collaboratively with us on issues and services that are of significance to them; without necessarily any ongoing commitment.
4.2	This new model of working will need to be nurtured and will evolve. It sets out a direction of travel from which we can develop our Engagement Strategy later in the year.
4.3	Our approach to engaging with the public could form a key component of a future development day if IJB members would find that of value.
5.	**IMPLICATIONS**
5.1	**Financial Implications**
	There are no financial implications arising directly from this report.

5.2	**Human Resource Implications**
	There are no human resource implications arising directly from this report.
5.3	**Legal Implications**
	There are no legal implications arising directly from this report.
5.4	**Equality Implications**
	This proposal will create the opportunities for service users, carers and the public to have a greater say in how services are developed to meet the needs of all communities, ensuring a reduction in inequalities.
5.5	**Environmental Implications**
	There are no environmental implications.
5.6	**Implications for Key Priorities**
	This proposal will enable the IJB to further progress work under its key priority; engaging communities.
6.	**CONCLUSION**
6.1	Members of the IJB are asked to note and endorse the proposals within the report.

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

Developing a Public Participation Approach for North Ayrshire Health and Social Care Partnership

Final Report

by

community renewal
Working for Scotland

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Appendices

Chapter One
Introduction

Introduction

1.1 This report presents the findings of a review of Public Participation Structures for North Ayrshire Health and Social Care Partnership (HSCP). It looks at the existing structure its activities with regard to public participation and makes recommendations for how these can be built upon as the new Integrated Joint Board (IJB) moves forward with its key strategic aim of engaging communities in supporting each other and designing services to meet local need.

Background

1.2 North Ayrshire Health and Social Care Partnership (HSCP) is a new statutory body which came into being on 1st April 2015, in line with Scottish Government legislation. The HSCP will plan and deliver health and social care services across North Ayrshire and an Integrated Joint Board (IJB) has been developed to govern the new statutory body.

1.3 A key support to the Integrated Joint Board will be public participation structures, representing the voice of the public, patients, service users and carers. The public participation structure shall be a key vehicle in facilitating the development of meaningful dialogue between the Integrated Joint Board (IJB) and its North Ayrshire communities.

Aims and Objectives of the Assignment

1.4 An exercise to map out the service user and carer groups across North Ayrshire, in both health and social care

1.5 Liaise with the identified service user and carer groups and develop proposals, in line with Health and Social Care integration guidance and legislation, for the development of the public participation structure

1.6 Ensure Providers feel that the Providers Forum adequately meets their needs

1.7 Consider the effectiveness of the staff partnership forum, and structures to engage with the Third and Independent Sectors to ensure they are aligned with the overall approach to participation

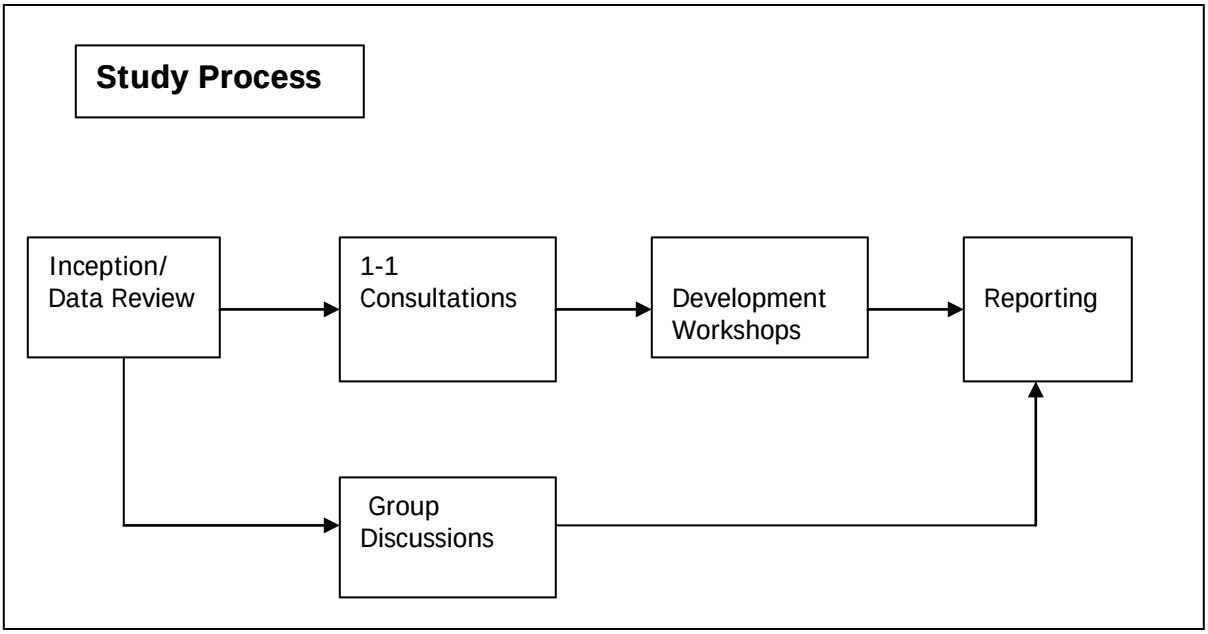
Methodology

1.8 The methods used have involved a range of the key stakeholders. The process has used one-to-one interviews, group discussions and workshops to provide a comprehensive picture that includes the views of:

- ✓ Core Group Members of the current Public Participation Forum
- ✓ HSCP Staff
- ✓ Service Users and Carers Groups
- ✓ Third Sector Organisations
- ✓ Scottish Health Council
- ✓ NAC Connecting Communities Team
- ✓ GP Practices

1.9 The study process we used is shown in Figure 1, below:

Figure 1



1.10 We are grateful for the assistance of all individuals and agencies consulted during the fieldwork, and details of these are provided in Appendix One.

Report Format

1.11 The remainder of this report is structured as follows:

Part One

- ✓ Chapter 2: Public Engagement In Context
- ✓ Chapter 3: Stakeholder Views of Current Participation Structures
- ✓ Chapter 4: Asset Based Approach to Public Engagement

Part Two

- ✓ Chapter 5: Future Development of a Public Participation Structure
- ✓ Chapter 6: Conclusions and Recommendations

Chapter Two

Public Participation in Context

Introduction - Review of Existing Public Participation in North Ayrshire

2.1 In this chapter we provide a review of the landscape, membership, services and activities regarding public engagement in North Ayrshire.

Context – A Complex Picture

The Engagement Landscape

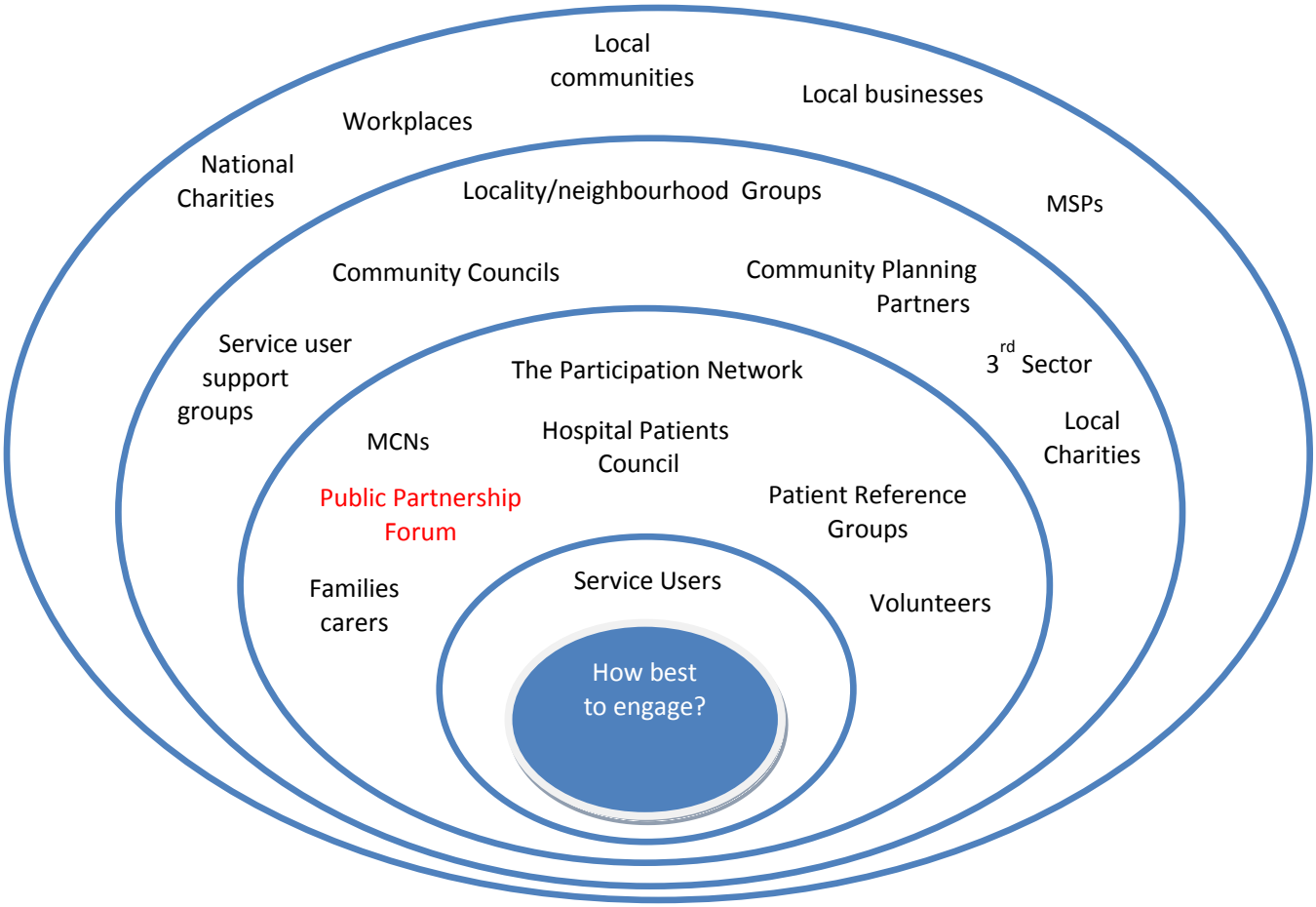


Diagram 1: Extract from Engaging and Involving People in Service Change Policy – NHS Ayrshire and Arran Consultation Draft

2.2 Complex Landscape for Engagement

The proposed creation of a public participation structure takes place within a complex and multi-layered landscape in North Ayrshire. As can be seen from Diagram 1 above, the current Public Participation Forum (shown in red) is just one player in a crowded playing field which includes a plethora of players including patient reference groups, managed clinical networks, community councils and locality planning groups, private and non-profit service providers, community planning partners and national charities. As well as these organisational players there are also of course individual patients and service users of social care services.

Some of these are at a strategic level such as the Community Engagement Reference Group (CERG) which has a remit from the Community Planning Partnership to coordinate community engagement activity across North Ayrshire. There are also public reference groups for the Acute Sector with individual hospitals having their own reference groups and patient councils. GP practices have patient representative groups (although only 4 out of 24 GP practices have active groups). Managed Clinical Networks (MCN) are pan-Ayrshire networks that engage with groups of people affected by a particular condition and include: Stroke; Heart Disease; MS/ Motor Neuron, Parkinson's Disease; Diabetes; Respiratory; Blood Born Virus and Epilepsy. There is a Mental Health Reference Group which consults with service users to support service improvements and there is a group of Peer Researchers within Addictions Services which have been trained to gauge the views of their fellow service users.

In addition to these topic-based engagement structures there are geographically based engagement structures based across 6 localities such as Community Councils and the Connecting Communities team at NAC have been conducting a series of "Straight Talking" events as part of a consultation for a neighbourhood planning exercise to review how local people can influence decision making.

A new group called **"Fullarton Community Futures"** has been established and includes within its membership, key local partners along with representatives of North Ayrshire Council and other Community Planning Partners. Support is also available from the Third Sector Interface North Ayrshire. Fullarton Community Futures has embarked upon a whole community engagement exercise, which will result in the development of an Action Plan, to identify, articulate and structure, a planned approach, meeting the real and expressed needs of the Fullarton Community.

The Mental Health Reference Group (MHRG) came together in 2008 to participate in a major strategic review of mental health services. This group has an active membership of around 20 service users and meets 10 times a year. It has regular dialogue with mental health service managers and clinicians and has been involved in a range of consultation initiatives at the empowerment/ co-production end of the engagement spectrum.

A group of peer researchers was established by recruiting and training a group of female service users in research techniques to participate in a study aimed at examining barriers to accessing and sustaining addiction treatment in North Ayrshire from a female perspective. This research also aimed to furnish the ADP with information regarding how services can best engage with women in need of treatment and support in North

Ayrshire from an evidence informed perspective. This peer research team has also been engaged by the HSCP to undertake research consulting the public on its Strategic Plan.

2.3 Public Participation Forum (PPF) Database and Mapping

Historically the Public Participation Forum (PPF) has been the primary interface between the previous Community Health Partnership and the Public and has representatives on the new Integrated Joint Board.

The PPF (which has been rebranded as the *Participation Network)* database has around 50 organisational members ranging from small community groups such as Irvine Seniors Forum through to large national charities such as Penumbra and SAMH. The list of these organisations can be found in Appendix Two.

It also has around 400 individual members (not included here for data protection reasons). Individual members are asked to complete a form highlighting their particular interest from a list of about 40 medical conditions. The idea is that when a particular issue emerges relating to their medical condition they can be consulted on a targeted basis.

2.4 Map of Social Care Organisations

Care North Ayrshire (CARENA) has a directory of social care groups and community groups available through its website. This information is available by organisation type but is also available by geographical location in North Ayrshire. (see Appendix Three).

2.5 Current Membership of the PPF Core Group

The PPF has a core group made up of 12 individuals who represent other groups and organisations including:

- ✓ Arran Council for Voluntary Services (2 members)
- ✓ Infertility Network Scotland
- ✓ The Ayrshire Community Trust
- ✓ North Ayrshire Carers
- ✓ Irvine Seniors Forum
- ✓ Barrmill Jolly Beggars Burns Club
- ✓ North Ayrshire Federation of Community Associations (NAFCA)
- ✓ Mental Health Public Reference Group
- ✓ Ayrshire Central Hospital Public Reference Group

2.6 Current Activity of the PPF

The PPF Core Group meets monthly and the agenda varies with some of the key items including:

- ✓ Each member feeds back to Core Group on meetings they have attended
- ✓ IJB update
- ✓ Officers report

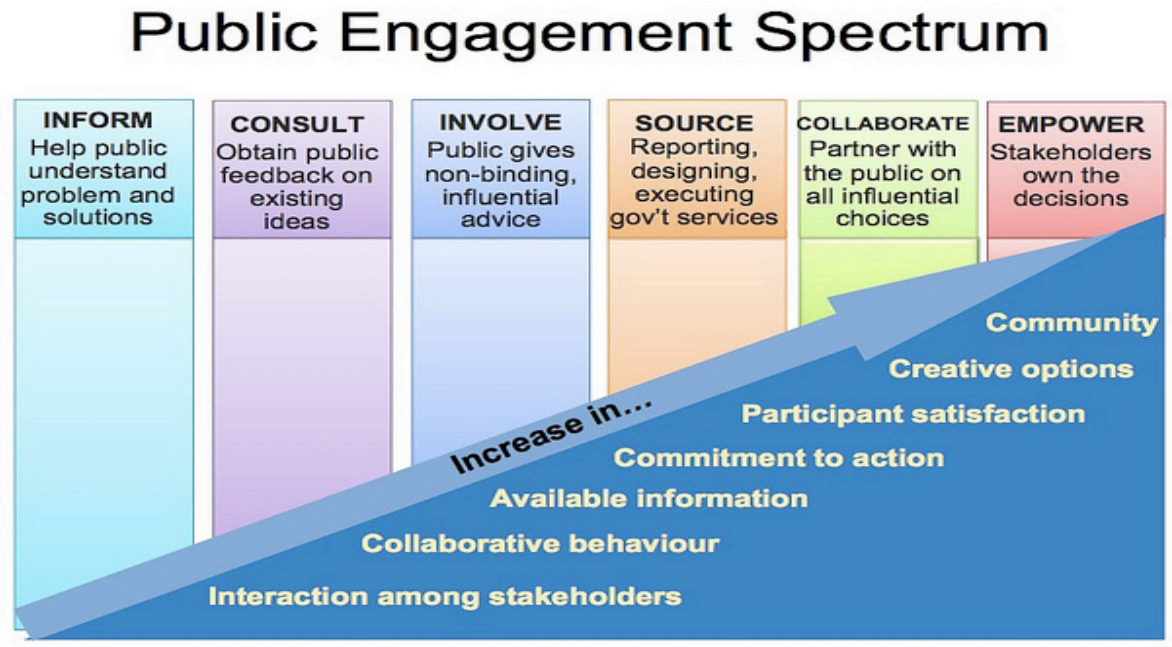
The PPF also holds an annual conference which is topic based and provides a post-conference report.

2.7 Communications

The PPF publishes a quarterly newsletter which is distributed to its members and until last year had a website which has been decommissioned.

Communication flow tends to be in one direction, i.e. from the PPF to its members. There is no feedback loop built in to find out what the members have done with the information or even if they have received it. There is little or no information flowing into the PPF from its membership.

2.8 PPF Position on the Spectrum of Community Engagement



Remix of info from IAP2, and Pat Bonner, USA EPA and Susanna Haas Lyons' practice (Engaging.ly)

The North Ayrshire PPF has until now mainly been concerned with the column to the far left of the diagram above, namely the provision of information from the Community Health Partnership to its membership in a downward and outward flow of information. As previously mentioned

there is little evidence of activity of an inward and upward flow and only some ad-hoc activity in the consultation column.

In Chapter Four we will highlight the aspirations of the PPF Core Group to get more proactively involved in some of the engagement activity on the right hand side of the diagram.

We now move on to look at what the key stakeholders think about the current PPF as one of the most high profile engagement structures is the PPF and this featured highly in our conversations with stakeholders.

Chapter Three

Reflections on the current PPF

The Role of the Third Sector

Existing Good Practice in Engagement

Introduction

3.1 Review of the Current Situation regarding Public Engagement

Public Participation Forum

Within the busy engagement landscape is found the PPF, a group of individual (mostly) volunteers, around half of whom have lived experience of long term conditions, attempting to act as the hub for public engagement.

As part of the fieldwork for this review we interviewed most of the PPF Core Group members, visited the organisations they represent as well as other stakeholder organisations (see Appendix One) and conducted 2 development workshops. These discussions were wide ranging and looked at what the PPF was good at, where there are gaps in the current set up and what the future aspirations of a PPF ought to be.

3.2 Reflections on Current PPF

3.2.1 Committed individuals but little group coherence

There is recognition among stakeholders that the PPF members are individually very committed individuals and several of them represent

more than one group. We visited several of the groups they represent and saw that behind each Core Group member is a group which meets regularly around different themes. However the current remit and format of the PPF lacks coherence and clarity in terms of its role and remit and stakeholders were unsure what level of influence it has in affecting strategic decisions.

3.2.2 Timing of Communication

There was also a problem with the timing of the PPF core group with regard to the IJB Board meetings with a lack of synchronicity and too much pressure on core group members to read info and feed back in short time.

3.2.3 The PPF can rise to the task when given something clear to work on

Stakeholders felt that the PPF can be effective when it has a concrete task to work on. An example of this was in becoming involved in the public consultation over the new Ayrshire Central hospital where PPF members supported the process over a number of years making several key interventions that were implemented by the steering group.

3.2.4 Good at getting information out but communication flow is one way

As a conduit for providing information the PPF was seen as being effective in terms of information flowing down from the NHS via the PPF to its membership although there is rarely a feedback loop to determine what

people thought about or did with the information. It currently does its best work as a distributer and disseminator of information. This information flow could be streamlined by greater use of internet and social media.

3.2.5 PPF has little or no powers and is under-resourced

There was a sense in which some interviewees believed that the PPF lacked any real powers and they would be likely to bypass it in favour of communicating directly with key decision makers.

In the early days there was a PPF for East, South and North Ayrshire each with its own development officer. Due to funding cuts there is now just one development officer across the three areas and this has had an impact

3.2.6 Membership of the PPF Core Group is an onerous task and the agenda is too broad

Some interviewees felt that the agenda for the PPF Core Group meetings was too broad and sought to be “all things to all people”. The amount of information core group members are expected to read is too much for volunteers.

3.2.7 Too focused on medical conditions and not enough on social care

The PPF was originally set up for the Community Health Partnership and is very medically focused with a lack of involvement from much of the social care side. Although Three Towns Carers have recently appointed a

representative to the Core Group, most of the social care groups are not represented on the PPF.

3.2.8 Not representative of broad spectrum of service users

The current PPF core group has huge gaps in representation, particularly among groups of service users who experience health inequalities such as:

- People with learning disabilities
- People with addictions
- Homeless people
- People with mental health issues
- People who foster or adopt
- People whose children are looked after or accommodated
- Young people
- Young people who have been looked after and accommodated
- People who have started offending
- People who are cared for at home

Although there are excellent examples of service user engagement in mental health and addictions these are currently not connected up with the PPF Core Group and operate separately.

3.2.9 PPF Member database not really engaged

The PPF database has over 400 members including around 50 organisations and 350 individual members. We sent a survey monkey questionnaire to the database members twice and had a 4% response rate – 10 people completed the questionnaire.

(See Appendix Four for quotes from stakeholder interviews)

3.3 Good Engagement Practice in Ayrshire and Arran

The fieldwork has highlighted several interesting examples of Good Practice already in place in Ayrshire and Arran.

These include:

- Mental Health Reference Group
- Peer Researchers
- Community Builders
- Podiatry Service
- Options Appraisal for Endoscopy on Arran
- Community Roadshows in engagement around design of Montrose House

Mental Health Reference Group (MHRG)

This group came together in 2008 to participate in a major strategic review of mental health services.

The inclusion of service users and carers had a substantial impact on the outcome of the review and it was decided to continue this involvement leading to the establishment of the MHRG. This group has an active membership of around 20 service users and meets 10 times a year. It has regular dialogue with mental health service managers and clinicians and has been involved in a range of consultation initiatives at the empowerment/ co-production end of the engagement spectrum.

Peer Researchers

With support from Scottish Drugs Council, the North Ayrshire Alcohol and Drugs Partnership (ADP) recruited and trained a group of female service users in research techniques to participate in a study aimed at examining barriers to accessing and sustaining addiction treatment in North Ayrshire from a female perspective. This research also aimed to furnish the ADP with information regarding how services can best engage with women in need of treatment and support in North Ayrshire from an evidence informed perspective.

This peer research team has also been engaged by the HSCP to undertake research consulting the public on its Strategic Plan.

Community Builders

NHS Ayrshire and Arran have embarked upon a three year programme of Asset Based Community Development (ABCD) in Fullarton in Irvine. This neighbourhood based approach has employed a team of *Community Builders,* whose role it is to engage the local population in listening conversations to elicit ideas to improve health and wellbeing at a neighbourhood level. This approach seeks to recruit *Community Connectors,* people from the community with a broad knowledge of the local area and a high number of personal contacts.

Podiatry Service

There was an issue over whether the podiatrist would cut nails of older people who were unable to do this for themselves. The PPF Core Group did some spot research which found out that this service was not

universally available and the view of the Podiatry Team was that the carer should do it. In order to ensure that older people had access to this service the CHP together with the local CVS recruited and trained a team of local volunteers. These volunteers were given a £5 nail cutting kit and based themselves in a room adjacent to the podiatrist where they provided a nail cutting service to older people who needed it.

Options Appraisal

Arran Community Hospital used Options Appraisal technique recently when there was a decision to be made about whether or not to continue with Endoscopy procedures on the island due to fears about the safety aspect of sedation due to the fact that there was no resident surgeon on the island. A decision was taken to utilise Options Appraisal methodology. This involved inviting all key decision makers and the community to a half-day session with the consultant joining on video conferencing. A brief 20 minute training session was given in the technique to the public and the clinical staff and the group was taken through the option to continue the Endoscopy Service or the option to discontinue. At the end of the session a scoring was given to each option and consensus was reached that the service was no longer safe and it was decided to discontinue this procedure on the island. This decision could have been taken in a way which had no community engagement and would likely have proven more problematic in terms of PR than the outcome of involving the community in a rational evaluation of the options.

Community Roadshows

In the design of Montrose House, a new residential care facility on Arran a decision was taken to break with traditional methods of public

consultation and take a roadshow round the island with a scale model of the planned new facility. Meetings were arranged in community halls in a very social and informal style to have conversations about the proposed facility rather than the traditional powerpoint presentation. Food and refreshments were part of these events which became more like a social opportunity where the barriers between the clinical staff and the public were broken down and the plans were discussed in a relaxed and informal style with “banter”.

The community were able to input ideas at each roadshow and an email group was set up to keep everyone updated on discussions. The result was that the local community felt ownership and involvement in the new facility.

3.4 The Role of the Third Sector and Providers Forum

What is the Third Sector?

The third sector encompasses community associations, self-help groups, voluntary organisations, charities, faith based organisations, social enterprises, co – operatives and mutual organisations. They display a range of institutional forms, including registered charities, companies limited by guarantee, community interest companies, industrial and provident societies and unincorporated organisations.

Each organisation has its own aims, but all share the following common characteristics making them part of the third sector:

- Independent, non-governmental bodies;
- Established voluntarily by citizens who choose to organise;
- Value driven and motivated by the desire to further social, cultural or environmental objectives, rather than simply to take a profit;
- Committed to reinvesting their surpluses to further their social, cultural, or environmental objectives.

THE Third Sector Interface (TSI) North Ayrshire

The TSI North Ayrshire contacts are The Ayrshire Community Trust (TACT) and Arran Community and Voluntary Service (ACVS). The TSI North Ayrshire works with local and national organisations to deliver on the four core functions of a Third Sector Interface (as defined by and agreed with Scottish Government):

- supporting and developing a strong Third Sector
- volunteering development
- social enterprise development
- building the Third Sector relationship with Community Planning

The TSI has thematic groups Health & Social Care, Employability, Social Enterprise and Community Safety (these are just a few of the groups).

Previous work done by North Ayrshire TSI – The Change Fund

In 2010 / 11 The Scottish Government prescribed that the 3rd Sector should be part of the Partnership responsible for the appropriate allocation of funding to North Ayrshire as part of the Reshaping Care for Older People (RCOP) Initiative. This programme was known as the "Change Fund". In June 2014 the Scottish Government replaced this programme with a programme that would support the integration of health and Social Care – The Integrated Care Fund.

The "Integrated Care Fund" workplan for 2011-2014 included three key areas of work to:

- Enable Partnership service re-design
- Continue Re-Shaping Care For Older People Change Fund initiatives that would benefit a wider population
- Provide an opportunity for innovation & creativity

In North Ayrshire, the 3rd Sector Interface (TSI) has acted as the Lead Partner for the 3rd Sector in partnership with the Independent Sector,

North Ayrshire Council (NAC) and NHS Ayrshire and Arran for the Ideas and Innovation Fund.

The "Ideas and Innovations Fund" undertaken by the TSI, NAC, and NHS initially identified 94 project ideas totalling £5.5m. By stage 2 of the programme 26 projects totalling £1m had been supported. All of the projects developed related to the HSCP strategic plan and recognised the value of all partnerships services.

The services provided by the third sector have always been crucial in supporting the health and social care sector(s) but have often lacked recognition. The integration of health and social care services across the country as part of the Government Policy – Public Bodies (Joint Working) (Scotland) Act 2014 will provide the opportunity for all stakeholders to come together to encourage innovation, better engagement and service planning in the delivery and resourcing of health and social are services in North Ayrshire.

By way of better co - production and co – design, the involvement of the TSI will become an integral part of the future strategic direction of the HSCP.

The Strategic Plan for HSCP sets out a vision for the next few years. In order to deliver this vision the HSCP cannot do this alone. Work has to be done with the third sector, the public and other stakeholders to ensure delivery of a whole system approach to the delivery of health and social care.

The third sector has a key role to play in preventing ill health: shifting services closer to where people live; involving people in planning and providing care; delivering responsive services through support etc. The third sector organisations within North Ayrshire achieve this through community development, engaging volunteers, advocacy, information and advice.

This process has identified the potential strength of involving the third sector in any future engagement structure through joint work, in supporting health, social care and wellbeing. Stakeholders have suggested that stronger partnership working within the TSI itself in North Ayrshire is needed. This could also apply across all sectors involved in the HSCP. Much of the feedback through the stakeholders wanted to see:

- improved service planning;
- the encouragement of volunteering;
- support for unpaid carers;
- delivery and resourcing that support self-care and independence whilst promoting and improving health and wellbeing;
- the development of social enterprise in health and social care and
- reduced hospital admissions and improved discharge planning.

Stakeholders from the third sector also wanted to ensure that there was an opportunity to influence how HSCP resources are utilised more effectively. To avoid disruption and confusion and to build on current strengths we suggest using an asset based approach reports to build upon existing structures and partnerships.

North Ayrshire Health & Social Care Providers Forum

Partnership working is crucial to the delivery of care and support services.

"The HSCP aims to develop a balanced and mixed economy of social care provision with a dynamic private sector, more integrated public sector and increasing involvement of the Third Sector".

Four provider forums have been established within HSCP with the main aim of "*building relationships and facilitating development of the Independent and Third Sectors".* The overarching North Ayrshire Health and Social Care Providers Forum has been viewed by many organisations as a positive step and way forward however there is the recognition for the provision of a Forum / mechanism that directly engages services users, patients and self-help groups who are not actively involved in services delivery but wish to become part of a set up where their voice is heard and not smothered by professional organisations.

Role of patients, services users, members of the public

The utilisation of the third sector for engagement should not be used as a means of cheaper, low cost engagement for those patients and service users. It vital that these individuals' voices are heard and specifically engaged. The TSI could be used as a conduit to connect to patient groups and people who use specific services. The impact for patient groups & service users being part of any consultation / strategic process whilst in the same room as third sector providers could prove to be difficult & ineffective with unintended results. A potential conflict of interest within the PPF may exist as its important to note that any future set up for public participation should aim to engage direct with service

users, patients and other members of the community whilst those third sector organisations and in particular those in the existing PPF core group may have their interests and contributions better served by aligning more with the existing Providers Forum.

Therefore any future public participation structure should include service users, patients groups with third sector providers making their contributions through an expanded provider's forum.

In order to truly reflect the needs of the communities of North Ayrshire and that of Health Social Care services both current and planned it's crucial that any future model of engagement recognises the contributions from both.

Chapter Four
Towards an Asset Based Model of Public Engagement

Introduction

4.1 This chapter provides our thoughts on the different options for models of a public participation structure moving forward. We would like to compare and contrast two conceptual options open to the newly formed Health and Social Care Partnership. The first model we call the "umbrella model" and the second model we call an "asset based model".

4.2 Conceptual Models of Community Engagement

The Community Representative Model

Traditionally public participation structures in Community Health (and other Community Planning Structures) have followed an umbrella model of public engagement. By this we mean that there has been an attempt to create a single structure that represents as many stakeholders as possible under a single umbrella structure. These structures tend to be based on a representative model where people are nominated or select themselves to "represent" the views of larger groups of people with some common interest. This group of representatives usually then nominates a few from its number to sit on strategic boards etc. The advantages of the umbrella model are that it enables some individuals to have their capacity built to be able to sit at the table and participate in high level discussions, they are administratively neat and tidy and fulfil a statutory need for the public body to show some form of community engagement in its processes. The disadvantages of solely going for an umbrella model are that it is very

difficult for two or three individuals to realistically represent the views of the community, it can be very demanding on lay volunteers and 99% of the potential assets that could support the engagement efforts are under-utilised or not utilised at all. The traditional model of the PPF with its umbrella model finds it difficult to engage in the more creative aspects of community engagement such as collaboration or co-design of services as the umbrella model is mostly located in the information column of the engagement spectrum where passing information and consultations are the main engagement vehicles open to this model.

Asset Based Model

In an asset based model, public and community engagement would have a different starting point. It would start with the question "what do we hope to achieve by engaging the public on this issue?" followed by the question "what assets can we assemble to support us to do this". Rather than being information based like the traditional umbrella model it can be a more creative process based upon a genuine desire to listen to service users and patients and comes from the philosophy that "they know best about what they need for their wellbeing".

An asset model would be more flexible and would enable a multitude of people from the community to participate in engagement activity rather than 2 or 3 representatives.

An asset based model would follow the *National Standards for Community Engagement* which sets out 10 key steps in good practice.

NATIONAL STANDARDS FOR COMMUNITY ENGAGEMENT

1. INVOLVEMENT

We will identify and involve the people and organisations who have an interest in the focus of the engagement

2. SUPPORT

We will identify and overcome any barriers to involvement

3. PLANNING

We will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken

4. METHODS

We will agree and use methods of engagement that are fit for purpose

5. WORKING TOGETHER

We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently

6. SHARING INFORMATION

We will ensure that necessary information is communicated between the participants

7. WORKING WITH OTHERS

We will work effectively with others with an interest in the engagement

8. IMPROVEMENT

We will develop actively the skills, knowledge and confidence of all the participants

9. FEEDBACK

We will feed back the results of the engagement to the wider community and agencies affected

10. MONITORING AND EVALUATION

We will monitor and evaluate whether the engagement achieves its purposes and meets the national standards for community engagement (Source http://www.scdc.org.uk/what/national-standards/)

"Velcro-Partnerships"

By taking more of an asset based model of public and community engagement and following the national standards above, the design of engagement activities would involve forming different collaborative partnerships for each engagement activity in a "horses for courses" manner.

For example if the Health and Social Care Partnership wanted to redesign a service it would potentially start with the question, "which stakeholders do we really need to get involved in this process?" it would perhaps then look at the existing Participation Network to see if there are obvious assets to begin with but may decide that they need to go beyond the Participation Network and engage a group of people in a velcro-partnership for a limited period of time to help them work on the design. Some of these people will not want to commit to monthly meeting cycles and reading tomes of information but they may be prepared to give up two or three afternoons to bring their lived experience into a design

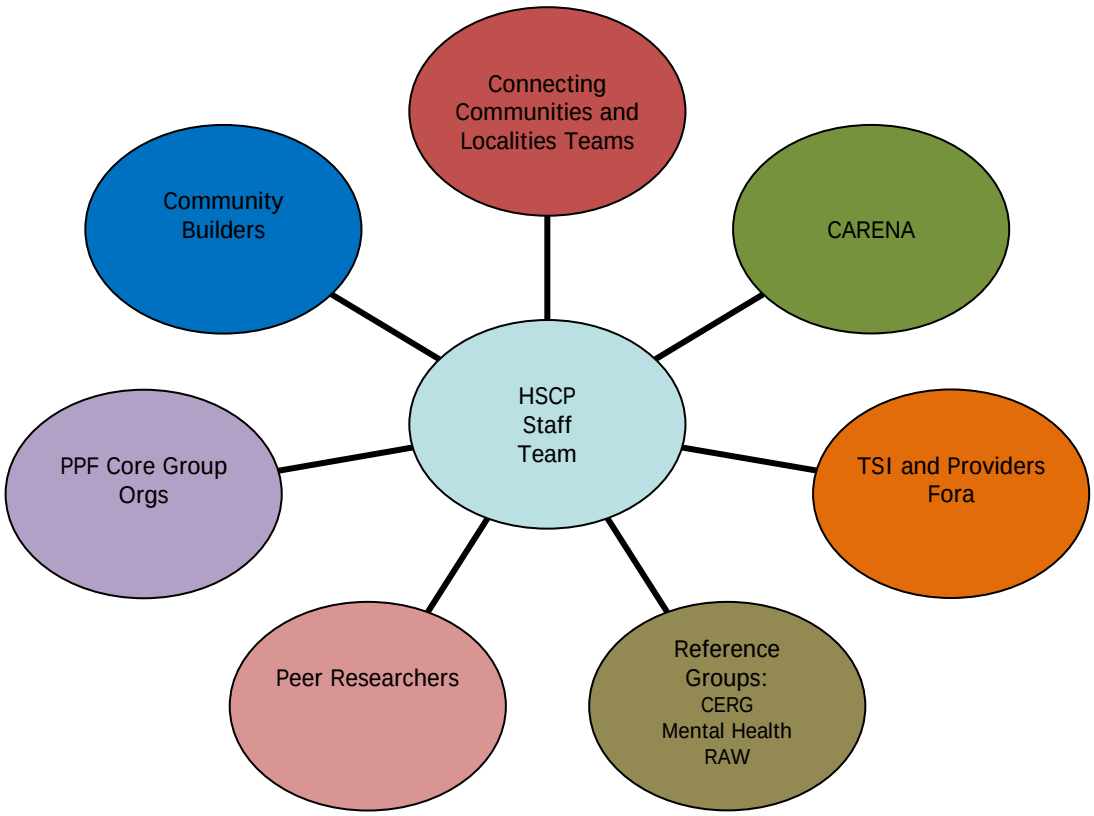
discussion. Glasgow School of Art – Centre for Innovation and Design has been piloting "experience labs" as a methodology for short sharp community engagement around service redesign.

See http://www.gsa.ac.uk/research/research-centres/institute-of-design-innovation/projects/

4.3 Existing Assets for Public and Community Engagement

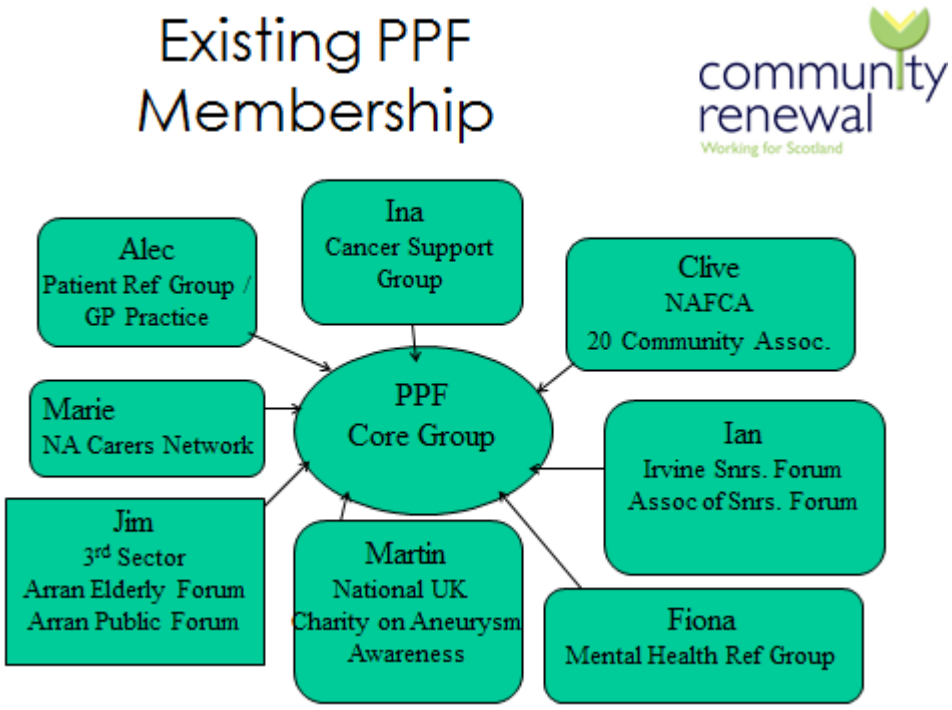
In taking an asset-based approach it is useful to take note of the existing assets HSCP already has to hand that can be mobilised quickly around specific engagement activities.

4.3.1 Asset Map For Public Engagement



4.3.2 The PPF Core Group Member Organisations

Behind the PPF core group members is a much larger group of people who contribute to the public engagement agenda in a limited way. There is considerable potential with this group.



There are 70-80 people participating in these groups who could be recruited into the Public Engagement Activity going forward. This is a very good starting point for the HSCP as this group has been meeting for several years and can be mobilised to respond to particular engagement activities.

4.3.3 Staff Team in Engagement Strategy

The HSCP has several team members (and links to other departments) whose job remit involves community engagement as part or all of their role:

- Jo Gibson – Principal Manager, Planning and Performance
- Annie Weir – Senior Engagement and Project Manager
- Kenny Milne - Person Centred Care Officer (Involvement 0.33FTE)
- Geoff Coleman – Public Support Manager, Mental Health Services

At the moment the remits are partly historical although some are new to the HSCP. We would recommend looking at the combined engagement resource outlined above and refresh how the team might work together differently going forward.

Chapter Five

Future Development of the Public Engagement Structure

Introduction

5.1 In this chapter we set out some suggestions as to the potential future development of a public participation approach. We have taken an asset based approach with a focus on the existing PPF Core Group to try to release the potential in this group of people and the organisations they represent as a strong starting point for the HSCP.

We recognise that there is a statutory imperative on the Health and Social Care Partnership to have an engagement strategy and to have locality based engagement structures.

Again we come to the dilemma of whether create a fixed structure (umbrella model) where we try to ensure some form of representation of all the missing groups, (social care, addictions, homelessness, LGBT, locality reps, managed clinical networks reps, young people, hospital patients, GP patient groups, volunteers). To attempt to create a genuinely inclusive umbrella where no stakeholder group is missing would require increasing the numbers attending meetings by at least double and the onerous reading stated by PPF Core Group Members would increase exponentially. So again we are advocating a more flexible structure for public participation whereby the existing human assets may select the activities they wish to engage in and put bursts of energy into projects they feel particularly interested and motivated in. Different people would be hand-picked and invited to meetings to participate in engagement activities based around an annual engagement calendar.

5.2 Develop Annual Engagement Calendar

HSCP has a Change Plan in place which will require engagement activity from providing information through to co-design of new or enhanced services. This presents an opportunity to choose 8-10 engagement issues within which to try a flexible "velcro-partnership" approach. In this approach the staff team could take each individual activity and assemble a partnership containing some of the assets in the diagram above and also asking the question "who needs to be involved that is not currently engaged?" The current PPF Core Group could be engaged at the design stage of each engagement activity thus building community empowerment in from the start.

Inform (giving information)	**Engage** (Asking Opinions)	**Involve** (Participating)	**Consult** (Deciding Together)	**Empower** (Acting together/ Co-designing and producing)
To provide the public with information to assist them in understanding the problems, options and/or solutions	To obtain public feedback on proposals, options and/or decisions	To work directly with the public throughout the process to ensure public concerns and wishes are consistently understood and considered	To partner with the public in making decisions, including the development of alternatives and the identification of the preferred solution	To put decision making in the hands of the public

This calendar of 8-10 engagement projects will provide the context to build the capacity of the PPF where the HSCP and the PPF initially sit down to co-design the engagement methods, target audience and communication tools together to achieve the best engagement outcome.

This may also include an event where the groups represented by the PPF Core Group members are invited to attend a larger event.

5.3 Future Role of the PPF Core Group

To model a co-design approach we conducted a set of workshops with the PPF Core Group members to elicit their aspirations regarding their involvement.

What emerged from these workshops was that the PPF Core Group does not want to be limited to being a conduit of information flowing in a one way direction from the IJB to the public. It has aspirations to get involved across the spectrum of engagement and clearly has potential that is not being fully used within the current set-up. They see their remit as being more active and less about information sharing.

Representing the views of the various stakeholder groups from which the core group is drawn is not a bad thing in itself and this can continue but the sense from the development workshops is that the PPF Core Group would rather get more involved in action rather than just information and could become an important contributor in the active design of HSCP engagement activities.

Building the Capacity of the PPF

The PPF was created with a different purpose that was much more about passing information to the public and to take up its role as a more active cog in the engagement machine it needs to build its capacity. The development workshops identified several areas where the PPF Core Group members would like to develop and grow. These include:

- Developing a communications plan
- Understanding how to use and get the best from social media
- A better understanding of the Council's proposed locality structure
- Training around Health and Social Care
- A clear role and remit and training to be able to take up role

(See Appendix Five for the full outcome of these workshops.)

5.4 Meeting Cycles

We believe that continuing with the current format of monthly meetings of the PPF would not be productive but instead we would advocate a quarterly event where the PPF and members of the SMT of the HSCP come together to plan the annual calendar or engagement activities and review progress together in a collaborative atmosphere. Sub groups of the core group could meet monthly to progress particular engagement activities.

5.5 Continuation of the Developmental Approach

In taking forward this assignment we have avoided the typical consultants' approach of doing a few interviews and coming up with a framework or importing an off the shelf model from elsewhere. Rather we have tried to engage the stakeholders in a developmental approach and we believe that this should continue for the first year of the Health and Social Care Partnership. Rather than rush to get a structure, terms of reference etc. done in an artificial timescale, it would be better to evolve this together with the asset map including the PPF over the coming year. We believe that the groups that are behind the core group members are mostly vibrant groups and it would be good for the HSCP Team to bring them into the engagement strategy development – perhaps through a workshop event.

5.7 Representation on the IJB Board

There are currently three community representatives on the IJB Board and we would propose keeping this arrangement for the next 12 months. We recommend reviewing this arrangement within the context of an evaluation of the 12 month calendar of events to determine whether it needs to be changed.

5.8 Locality Planning

As an integrated authority, HSCP is responsible for creating 6 locality planning structures, in each of its 6 localities of Irvine, Arran, Kilwinning, Three Towns, Garnock Valley, North Coast West Kilbride and Cumbrae.

North Ayrshire Community Planning Partnership is already engaged in a review process of the current structures for community representation including Community Councils. This is being conducted across the 6 localities via a series of "straight talking" sessions. These sessions will lead to a new community engagement plan for each locality which will form the backbone of future strategic plans.

5.9 Community Connectors

Within North Ayrshire a broad range of service provision exists and is delivered through the 4 partner agencies (NAC, NHS A&A, Third Sector and Independent Sector). It was recognised that the scope, extent and how to access the services was not generally known by prospective service users, nor among the partners themselves. It was recognised that there was a need for Community Connectors to map, promote and share knowledge of services available to older people and their carers and amongst professional teams.

There are currently 6 Community Connectors operating each with a geographical remit across North Ayrshire.

The partnership is currently looking at the role of community connectors a valuable resource in terms of priority and enabling health and wellbeing and in connecting individuals to valuable community initiations and activities.

Chapter Six
Conclusions and Recommendations

6.1 Introduction

In this final chapter we will summarise our conclusions and recommendations for the future development of engagement for HSCP.

6.2 Conclusions

Umbrella Group v Flexible Asset Based Model (Velcro Partnerships)

HSCP has to decide whether it wants a representation based "umbrella model" where the PPF is expanded to include people could may represent missing groups or move to a more flexible Asset Based Model where the participants are less engaged in representation and information exchange and more engaged in active engagement activities.

Structure for Community Engagement

Again there is a choice to be made between a fixed structure which is made up of permanent "committee style" members or becomes more of a network of people and groups that are called upon to get involved in particular engagement tasks around subjects where they have lived experience.

Development and Capacity Building of the PPF

We have taken a slower, more developmental approach to this assignment than might have been taken by a typical Consultancy company. We feel that the HSCP should carry on this developmental approach working with the PPF Core Group to build their capacity and together work out over the coming year more formality around its remit.

Third Sector Interface

The Third Sector Interface provides a valuable support service to the HSCP and did an excellent job of organising the Integrated Care Fund project procurement. There may need to be some distinction on the Core Membership of the PPF on occasions where it is important for patients and service users to discuss the relative merits of a service without the service provider or its umbrella body being present.

Assets for Community and Public Engagement

The starting point for Public Engagement is strong with a range of good practice examples already in place locally and an array of assets to be called upon including PPF Core Groups, Its database of registered organisations, HSCP staff team, Connecting Communities Team, Community Connectors, Community Builders, The Mental Health Reference Group and Peer Researchers. The challenge is to combine and utilise these assets to maximum effect.

6.2 Recommendations

Our recommendations are as follows:

- Create an Engagement Calendar with 8-10 potential engagement projects across the engagement spectrum over the next 12 months
- Meet with the PPF and their member groups in a large event to get their views on how best to engage the public for each of the engagement activities
- Use these practical projects to ascertain capacity building and training needs of the PPF Core Group
- Deliver training over the next 12 month period
- Form small working groups "Velcro partnerships" to take each engagement project forward
- Move to quarterly meetings of the PPF attended by the members of the SMT of the HSCP and taking more of a workshop rather than a committee meeting format
- Quarterly meetings can be used to check progress of engagement activities and share learning and discussion on the "emerging remit of the PPF"
- Review membership of IJB after 1 year
- Evaluate the impact and effectiveness of the 12 month engagement work plan

Appendix One

Consultees

- Strathclyde Lupus Group
- SAMH – Buccleuch Clubhouse
- Hansel Alliance
- Alzheimer Scotland
- Age Concern – Largs
- Breatheasy – North Ayrshire
- British Red Cross for independence
- Momentum – Irvine
- Stoma Care & Recovery
- Three Towns Forum on Disability
- Irvine Seniors Forum
- Respiratory Patients Group
- Existing PPF
- Scottish Health Council
- NHS
- Mental Health Reference Group
- Arran CVS
- North Ayrshire TSI
- North Ayrshire Carers Centre
- Connected Communities NAC
- Clinical Manager for Arran (NHS)

Appendix 2– Map of PPF Member Associations and Social Care Organisations

PPF MEMBER ORGANISATIONS
Access Ability
Age Concern Broomlands & Bourtreehill
Age Concern Largs
Alzheimer Scotland
Arran Council for Voluntary Service
Arran Health Services Consultative Group
Ayrshire Independent Living Network (AILN)
Ayrshire Minority Ethnic Community Association
Ayrshire Polish Community Support Group
Ayrshire Sikh Association
Barnado's North Ayrshire Families
Barrmill Community Association
Barrmill Jolly Beggars Burns Club
Breatheasy North Ayrshire
British Red Cross Options for Independence
Buccleuch Clubhouse
Chinese Information/Advice Centre
Clad Youth Group
Community Horizons
Community Horizons
Diabetes MCN
Fullarton Community Health House
Garnock Valley Disability Forum
Garnock Valley Visually Impaired Club
George Steven Centre

Hansel Alliance
Irvine Beat FM
Irvine Seniors Forum
Kilbirnie Youth Project
MOMENTUM
MS Ayrshire & Arran Branch
NA Access Panel
NAC Learning Disability Service Users Forum
North Ayrshire Carers Centre
North Ayrshire Council Head Injury Service
North Ayrshire Federation of Community Association
North Ayrshire Women's Aid
North Ayrshire Young Scot
PENUMBRA
Rainbow House Child Development Centre
Respiratory Patients Group
SAMH
Stoma Care and Recovery
Strathclyde Lupus Group
The Ayrshire Community Trust (TACT)
The Richmond Fellowship Scotland
The Richmond Fellowship Scotland
Three Towns Forum on Disability

Appendix 3 Social Care and Community Organisations

Care & Support North Ayrshire		
Community Group	Location	Category
A D Cameron Centre (Age UK)	Largs	Seniors
ACES Woodwynd	Kilwinning	Children & Young People
Age Concern Drop In Centre	Bourtreehill Irvine	Seniors
Ardeer Recreation Bowls Club	Stevenston	Sport & Recreation
Ardrossan Academicals RFC	Ardrossan	Sport & Recreation
Ardrossan Christmas Decorations Committee	Ardrossan	Community Event
Ardrossan Indoor Bowling Club	Ardrossan	Sport & Recreation
Ardrossan Park Parish Church	Ardrossan	Community
Ardrossan Sea Cadets	Ardrossan	Children & Young People
Ardrossan Youth Centre	Ardrossan	Children & Young People
Ayrshire Coarse Fishing (ACF)	Kilmaurs	Recreation
Ayrshire Film Co	Ardrossan	Recreation
Ayrshire Sportsability	Ayr	Sport & Recreation
Basebowl – Saltcoats	Saltcoats	Recreation
Beith Astro Disability Football	Beith	Sport & Recreation
Blacklands Bowling Club	Kilwinning	Sport & Recreation
Broomlands & Bourtreehill Community Singers	Irvine	Seniors
Capall Dorcha Theatre Company	Irvine & Ardrossan	Arts
Castlepark & Eglinton Tenants & Residents Group	Irvine	Housing
Core and Toning	Saltcoats	Health & Wellbeing
Cunninghame Choir	Beith	Arts
Cunninghame Ramblers	Ardrossan	Recreation
Danceforall	Seamill	Recreation
dm2 ayrshire	Kilmarnock	Recreation
Dreghorn Musical Society	Dreghorn	Arts
Drum Lessons Ayrshire	Irvine	Arts
Evolution Skatepark Scotland Ltd	Stevenston	Sports & Recreation
Fibro Friends United Ayrshire	Irvine	Health & Wellbeing
FITba4U Project	Stevenston	Sport, Health & Wellbeing
Fitsteps Class	Saltcoats	Health & Wellbeing
Fullarton Parish Church	Irvine	Community
Garnock Valley Community Concert Band	Kilbirnie	Arts
Get Set Go	Ardrossan	Children & Young

		People
Hoots Forever Home Sanctuary	Dalry	Environmental
Input	Saltcoats	Employability
Irvine Seagate Rotary	Irvine	Community
Irvine Seniors Forum	Irvine	Community Activism
Isle of Cumbrae RBLS Pipe Band	Kilwinning & Saltcoats	Arts
Kilmory Aerobics	Isle of Arran	Health & Wellbeing
Kilwinning Community Council	Kilwinning	Community
Knit and Natter	Kilwinning	Recreation
Largs Viking Festival	Largs	Community Event
Lunch Clubs Royal Voluntary Service	Ardrossan	Community
North Ayrshire Action (Action On Depression)	Irvine	Health & Wellbeing
North Ayrshire Macular Support Group	Irvine	Health & Wellbeing
North Ayrshire Sports Association for the Disabled	Irvine	Sports & Recreation
OESOPHAGULL Cancer Support	Kilmarnock	Health & Wellbeing
Pegasus Club	Irvine	Social & Recreation
Pilates Class	Saltcoats	Health & Wellbeing
Prestwick Tennis and Fitness	Prestwick	Sport & Health
Redburn Youth Centre	Irvine	Young People
RunArran	Isle of Arran	Sport & Health
Scottish Maritime Museum	Irvine	Culture
Self-Management Group for Chronic Pain	Kilwinning	Health & Wellbeing
Shibumi Karate Club	Saltcoats	Sport & Recreation
Sign and be 'Heard'	Troon	Education & Training
Street League	Kilmarnock	Sport & Education
Strictly Fun Dancing	Galston	Recreation
T Break	Kilbirnie	Community
The Butterfly Club	Irvine	Children & Families
The Hive	Kilwinning	Recreation
The Music Room	Irvine	Arts
The Royal Voluntary Service (RVS)	Ardrossan	Voluntary Organisation
The Scottish Centre for Personal Safety	Ardrossan	Support & Training
Three Town Growers	Ardrossan	Community
THREE TOWNS Opportunities in Retirement (OIR)	Ardrossan	Seniors
Three Towns Opportunities in Retirement Walking Group	Ardrossan	Seniors
Town Centre TV	Irvine	Community

		Information
Townend Camera Club – serving Irvine and District	Dreghorn	Recreation
Ucan-Learn.Work.Live	Kilmarnock	Education & Training
Umbrella Group Arran	Isle of Arran	Recreation
Zumba Classes	Irvine	Health & Wellbeing

Appendix 4 – Quotes from Reflections on current PPF

"There are too many groups and cross over – PPF – Participation Network – Hospital Patients Council" (SHC)

"Is there really true involvement?" (3rd Sector)

"its difficult to get volunteers (for the Core Group) because the water is too muddy – it lacks direction"

"Works well with information giving "(3rd Sector Org)

"Good for information - more people use the internet so more information should come via there (Patient support group)"

"it needs to do more to get people's views and opinions feeding into the H&SCP – this can be done via surgeries like in East Ayrshire"

"More engaged with health rather than social care" (3rd Sector Org)

"I don't think the voice of the community is truly heard." (Support Org)

"It doesn't have any real teeth! "(Patient Ref / Support Group Member)

"We get our information elsewhere" (3rd Sector Org)

"I left the Core Group because I was being bombarded by information – and not enough time to read it"

"it needs to drop some activity and concentrate."

"it needs to streamline"

Appendix 5 – Outcomes of PPF Development Workshops

INFORM

What are we currently doing at the moment?

- PPF updates, PPF newsletter
- Stop press NHS provides newsletter
- Via TSI
- Alliance Scotland integration updates
- ACVS/TACT Facebook page
- ACVS website
- Strategic plan consultation
- Awareness of position
- Iona's weekly note
- Carena website and Facebook
- NHS info drop in sessions
- Regular consultation between partnership and public
- S.S knowledge exchange network
- Director giving verbal updates
- Inequalities network
- Elderly forum

What would the aspirational situation be?

- Clearer headlines to promote choice in what people want to read or be informed about
- Too much info from too many sources to read
- Less duplication
- Getting a choice of what we want to hear
- Language - consistent and jargon free
- All partners willin gto share information
- Ensure we do not lose the individual service user voice against the majority vote of a community
- Better communications
- Willingness to change
- Structured community plan
- More plain messages

What innovation de we need to arrive at our aspirations?

- Involvement of wider stakeholders
- Openess and transparency
- Give HSCP more help to focus on their responsibilities
- Joint training HSCP break down barriers
- Utilising resources already in place to develop clear communication plans
- People/organisations need to stop being precious
- If I don't know or I'm not told, then I can't inform people - TELL ME!
- Give H &S care team space to evolve
- More community workers to communicate and support voluntary groups
- Communication plan
- Trust
- Patience

CONSULT

What are we currently doing at the moment?

- Consultation on neighbourhood structures
- Open door policy with H&SCP - Public meeting
- Transparency of services
- Consulting in all the projects in change programme with service users, carers and staff involved
- Engagement and consultation - HSCP
- Good level of public consultation
- Meetings, newsletters,community councils and staff consultation
- The senior management team have decided
- ACH name consultation
- TSI workplan survey monkey
- Straight talking event - neighbourhoods
- Chemo therapy services

What would the aspirational situation be?

- Feedback mechanisms that are effective and inclusive
- Planned and to know it's happening
- Community calendar to display events/consultations for community partners to avoid duplication or over consultation hosted by the TSI
- Timescales, feedback, transparency and resources
- Relevant to individual needs
- Transparency of feedback as it is, not what they think the public want to hear
- Range of methods e.g face to face, electronic and paper
- Better feedback, outcomes and way forward
- Building on what was done with strategic plan
- Naming of new unit Ayrshire Central

What innovation de we need to arrive at our aspirations?

- Properly resourced and regularly updated consultation diary used by all CP partners
- Proper feedback mechanism (you said - we did - we didn't)
- Involve PPF in all aspects of decision making
- More public forums involving key players - AAHB chiefs/council chiefs
- Decisions by genuine joint consultation widely circulated to public
- Change in attitude of all staff to embrace and adopt consultation in all aspects of decision making
- Public to be more realistic in their attitude and aspirations
- Gala/fete community events after 6pm & weekends, inspire the community like Commonwealth Games. Involve schools, yonger people
- Change staff involvement
- Work with under 30s

ENGAGE

What are we currently doing at the moment?

- It's evolving around in engagement; SPG Stakeholders events, Public, Staff, Managers, Third Sector, Independant
- I actively go out to recruit people for care or wider member
- Regular meetings
- Share information
- Discuss issues brought to PPF
- Members take part in a variety of working groups AAHB
- Annual event to share info
- Publicise forthcoming events via newsletter
- Slot 3 Towns Radio about Health Issues
- Real-time, chemotherapy & social hub questionnaires
- Thematic group & patient group representation
- PPF surgeries
- Patient stories

What would the aspirational situation be?

- Still need condition or carer input to any engagement
- Fuller coverage of GP surgeries/patient group with PPF integration
- Involvement of community justice, local authority & neighbourhood
- Involvement of social services,care at home services & the drug & alcohol partnerships
- Condition management support groups more widely involved
- Empower Stakeholders about social needs
- Input at Ayrshire Comm Council Forum
- Links to Elderly groups to talk on general health/safety issues
- All 3 PPFs joining as one Ayrshire-wide PPF brining an Ayrshire-wide perspective, it would be more effecient and cost effective
- Meet with IJB every 6 months
- Meet with East & South PPF
- Proper engagement
- Local Hubs, how they work

What innovation de we need to arrive at our aspirations?

- Training around Health and Social Care to bring everyone up to the same level but this needs the support of staff
- Bottom up approach - Community taking charge
- Getting everyone on the same page
- Making community proud of the community
- To work in a more pro active way
- Willingness by JIB consult by meeting face to face
- Training courses for PPF members on public speaking so more progression in our approach
- Need for members to prepare well before meetings
- Willingness for AAHB & 3 'Ayrshires' to agree on one Ayrshire PPF. Difficult to argue against this but unlikely to happen
- 6 monthly hope forums where AAHB/Council/PPF meet with general public for democracy & openness
- Recognition of a ready made resource
- Willingness to be flexible around impenetrable processes & structures (gatekeepers loosening grip)
- Allow the PPF to help - not just a tick box excercise
- PPF member training to allow fuller engagement
- Sharing best practice from other areas with an open mind
- Management by in
- Transparency

INVOLVE

What are we currently doing at the moment?

- Public communication vacancies
- Targeted focus groups
- 3rd sector voice
- Attending particular local authority run thematic groups to gather evidence
- Public involvement through lay member groups

What would the aspirational situation be?

- Clear remit of the group
- Abililty to do more by having more members
- Mix of roles for members

What innovation de we need to arrive at our aspirations?

- Diverse core group membership with a mix of skills and experience
- Recognition that all skills and experience are valuable

EMPOWER

What are we currently doing at the moment?

- The peer researchers re-writing the survey questionnaire to make it understandable to normal people
- Inspiring Scotland post - community asset based project
- Community builders in Fullarton - Irvine - community asset based project
- Our Place post Ardrossan
- ICF innovation and ideas projects
- Good co-production and ideas projects
- Today - PPF designing engagement plan for the future
- CAMHS-Parent Support Group-reduced clinician time through mental health nurse
- Arran - Centre Care Home
- South Ayrshire - elderly & vulnerable support through churches
- North Ayrshire Food Bank

What would the aspirational situation be?

- People are recognised and able to take part
- People are not just used
- Service users shape the way the service is going
- Longer term projects
- fewer short term pilots
- Empowerment of young people
- Community-based intergenerational events
- Led by the community
- Teaching people self -manage
- Young people - alcohol/drugs, sexual health

What innovation do we need to arrive at our aspirations?

- Training for people to take up role
- Need to start looking at things differently
- Open surgeries in youth facilities
- Contact youth forums/LGBT
- One stop shop children services
- Reinvigorate PPF to few pople - too few come
- Event - Dartington Model
- Activities out of hours
- Link to localities - neighbourhoods

Integration Joint Board
17th September 2015
Agenda Item No. 6

Subject:	**Developing Locality Planning Forums**
Purpose:	To seek IJB approval to establish HSCP Locality Planning Forums in each of the six localities, and to approve the proposed relationship with the emerging Locality Planning arrangements within the North Ayrshire Community Planning Partnership.
Recommendation :	The IJB is asked to :- • Approve the proposals outlined in the report in relation to the establishment of six HSCP Locality Planning Forums. • To consider volunteering to Chair a Locality Planning Forum.

1.	**INTRODUCTION**
1.1	The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on an IJB to establish locality planning structures and locality plans. At the same time, following a decision taken in 2012, North Ayrshire Community Planning Partnership is making progress towards designing a locality planning approach, based on six localities and on the principles of community participation, empowerment and subsidiarity.
1.2	In July 2015, the Scottish Government issued guidance on the establishment of localities within HSCPs. This guidance is attached http://www.gov.scot/Resource/0048/00481100.pdf
1.3	This guidance sets out the principles upon which locality planning structures should be established, and the ethos under which they should operate. It is not intended to be highly prescriptive.
1.4	The guidance states that "the purpose of creating localities is not to draw lines on a map. Their purpose is to provide an organisational mechanism for local leadership of service planning, to be fed upwards into the Integration Authority's Strategic Commissioning Plan – localities must have real influence on how resources are spent in their area".

	Localities must :-
	(a) Support the principles that underpin collaborative working to ensure a strong vision for service delivery is achieved. Robust communication and engagement methods will be required to assure the effectiveness of locality arrangements. (b) Support GPs to play a central role in providing and co-ordinating care to local communities, and, by working more closely with a range of others – including the wider primary care team, secondary care and social care colleagues, third sector providers (removed and communities) to help improve outcomes for local people.
	(c) Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care.
1.5	We are also required to include information relating to localities in our Annual Performance Report and include members from each of our localities on the Strategic Planning Group.
1.6	Our Strategic Plan sets out our six localities: Kilwinning, Irvine, North Coast, Three Towns, Garnock Valley and Arran. These are co-terminous with the North Ayrshire Community Planning Partnership locality boundaries.
2.	**BACKGROUND**
2.1	Over recent months, North Ayrshire Community Planning Partnership has been concluding the development of options for creating Locality Partnerships within each of the six localities. Colleagues across the CPP are working together to design an approach which ensures that we can move towards effectively identifying priorities and planning interventions together with our communities, to ensure the best outcomes for our residents. It is envisaged that the CPP Locality Partnerships will be established in April 2016, pending consultation and approval by communities and partners, with Locality Plans being approved by the CPP within one year. An underpinning principle of this approach is participation by expertise, where the right people are round the table to discuss the right issues. It is proposed that this approach will encourage the identification of local priorities within locality plans, and the joint delivery of solutions to local challenges. Many of these challenges will be health related. These proposals will be submitted for North Ayrshire Council Cabinet approval on 29th September 2015 and will go to the next stage of community consultation from 19th October 2015. Proposed membership of the NA CPP Locality Partnerships includes NA CPP partners and local representatives, with participation by expertise being a key feature to inform planning and resource allocation. This will include third sector organisations and voluntary groups; community associations; tenants and residents associations; housing associations and many more experts in their field.

2.2	We do however need to acknowledge that HSCP locality planning structures have some specific statutory requirements in relation to their composition, as follows :
	• A **legislative** duty to produce a Strategic Plan which takes account of six Locality Plans.
	• HSCP Locality Planning structures and actions which reflect specific Scottish Government guidance, including membership as follows:
	➢ Health and social care professionals who are involved in the care of people who use services. ➢ Representatives of the housing sector. ➢ Representatives of the third and independent sectors. ➢ Carers' and patients' representatives. ➢ People managing services in the area of the Integration Authority.
	• Moreover, where an Integration Authority is taking a decision that is likely to significantly affect service provision in a locality, it must take such action as it thinks fit to involve and consult appropriate representatives of that locality in the decision.
	• Importantly, HSCP Localities are required to plan and account for how the Integration Authority's resources are to be spent on their local population, and the Strategic Plan will consolidate plans and resource implications proposed in localities. • The IJB requires to have its Strategic Plan refreshed by mid 2016, and to have incorporated contributions from its localities, whereas the CPP Locality Partnerships are proposed to be established from April 2016. Accordingly HSCP Locality Partnership arrangements will need to be put in place in advance of those of the CPP.
3.	**CURRENT POSITION**
3.1	From the above it can be seen that whilst there are specific requirements in relation to both the HSCP approach and the proposed CPP Locality Planning approach, there are also many shared principles and features. Both are part of the wider Government and CPP policy to empower communities and align the work of CPP partners and communities to achieve outcomes targeted towards the needs of localities. It is essential to ensure in determining the structure and governance arrangements of the CPP Locality Partnership and HSCP Locality planning structures that we maximise the opportunities to plan and act together. Those members of our communities who will participate in HSCP Locality Planning will also have a strong interest in other community related matters. Similarly, when considering the Health and Social Care needs of particular localities it will be critical to consider what other resources are available in the local area such as community facilities, sporting groups/clubs and community support groups.

	Achievement of such alignment can be assured by: • The honouring of key principles for effective engagement, recognising the National Community Engagement Standards; • The maximisation of participation in design and delivery of services; • The development of a Locality Plan based on agreed local priorities (evidenced from data and community workshops) which contributes to the Strategic Plan, and aligns with the Single Outcome Agreement and has regard to the plans of Community Planning Partners; • The monitoring and reviewing of actions to progress the Locality Plan; and • The preparation of an annual local progress report containing an assessment of whether there has been an improvement in the achievement of the outcomes of the Locality Plan. It is acknowledged that membership of the HSCP locality forums and of the CPP Locality Partnerships, and the range of community partners with whom we both wish to engage, will demonstrate considerable overlap. It is also acknowledged that the issues at hand will often be the same.
3.2	Taking the above into account, and having considered the specific statutory Scottish Government guidance in relation to developing HSCP locality planning, the following proposals have been developed.
4.	**PROPOSALS**
4.1	It is proposed to move to establish HSCP Locality Planning Forums (LPF) in each of our six localities over the autumn, taking into account the proposed forthcoming establishment of the CPP Locality Partnerships and the inextricable relationship between the HSCP locality plans and the wider locality plans which will be developed by the CPP and wider community. As described above there is a requirement that HSCP Locality Planning Forums are accountable to the IJB and the SPG. HSCP localities therefore will require to report directly to the IJB. To achieve this, it is proposed that each LPF is chaired by a member of the IJB and reports directly to the SPG/IJB. The six LPF Chairs will meet regularly with the Chair of the SPG to ensure links with the Strategic Plan. It is anticipated that each LPF will meet 3 or 4 times per year.
4.2	To assist in providing management support and locality knowledge, each LPF Chair would be provided with support from by a named HSCP Senior Manager who has links with that locality. These officers will work closely with lead officers from the CPP Locality Partnership to identify and maximise shared opportunities for engagement, planning and delivery of local services within the overall Locality Plan. In time, it is envisaged that a single Lead Officer could have oversight of the Locality Approach in each locality.
4.3	Dr Paul Kerr, Clinical Director will liaise with GPs and other primary care contractors to begin to identify local champions to join the LPFs.
4.4	We will ask the community, through the large stakeholder event at the end of October 2015, to help us design how we will seek to attract carers', patient and service user representatives in each LPF.

4.5	The Health and Community Care Directorate have now appointed a Localities Manager, who can provide advice on health and social care professionals who are caring for people in that area, who may wish to become involved.
4.6	We will work with our colleagues from the third and independent sectors, and the housing sector, to establish meaningful involvement.
4.7	We will ensure appropriate mechanisms are established and agreed as to the relationship between the HSCP LPFs and the NA CPP Locality Partnerships.
4.8	To begin to create a sense of locality ownership and build on the HSCPs identity in each of our localities, we propose providing each of our localities with a small budget, possibly from ICF slippage for 2015/16 or new money from ICF 2016/17 to allocate to locally generated service developments through a process of participatory budgeting. Further information will be brought to the IJB on this proposal.
4.9	In order to ensure localities have a voice in the refresh of our Strategic Plan for 2016/17, we would aim to have the first meeting of these embryonic forums in November. They would then be supported, over the autumn and winter months to develop more knowledge about their locality and clarity about the role expected of them, before working to develop a locality analysis and locality priorities for consideration for inclusion in next year's Strategic Plan. Each proposal from LPFs will need to be considered by the SPG and IJB in terms of statutory responsibilities, strategic priorities, national and local outcomes, and finite resources. This cycle is illustrated in Appendix 1. This will be an evolving process and we will bring updates to the IJB each quarter as the LPFs are established, including updates on membership, terms of reference and the development of a shared approach with the NA CPP Locality Partnerships.
4.10	In the simultaneous CPP developments, it is being proposed that the CPP Locality Partnerships function in the same manner as the CPP, with authority delegated from partner members. It is proposed that the CPP Locality Partnerships are, in the first phase of development, chaired by North Ayrshire Council elected members. We recognise the accountability of the HSCP Locality Forums (albeit including CPP partners) to the IJB, and the accountability of CPP partners to their own organisations. At the same time we wish to maximise the shared dimensions of the above developments, to ensure cohesiveness of locality planning and resource allocation, and to ensure maximum engagement of local partners and people. It is therefore proposed that, with the establishment of the CPP Locality Partnerships in April 2016, the LPFs develop formal mechanisms to share HSCP locality plans with the new Locality Partnerships and to ensure the integration, where relevant, of actions to address common issues identified in localities.
4.11	Recognising also that the membership of HSCP Locality Forums and CPP Locality Partnerships will have significant overlaps in local areas, and recognising the evolving nature of our overall approach, it is proposed that the above commonality of approach will be achieved in the following ways:

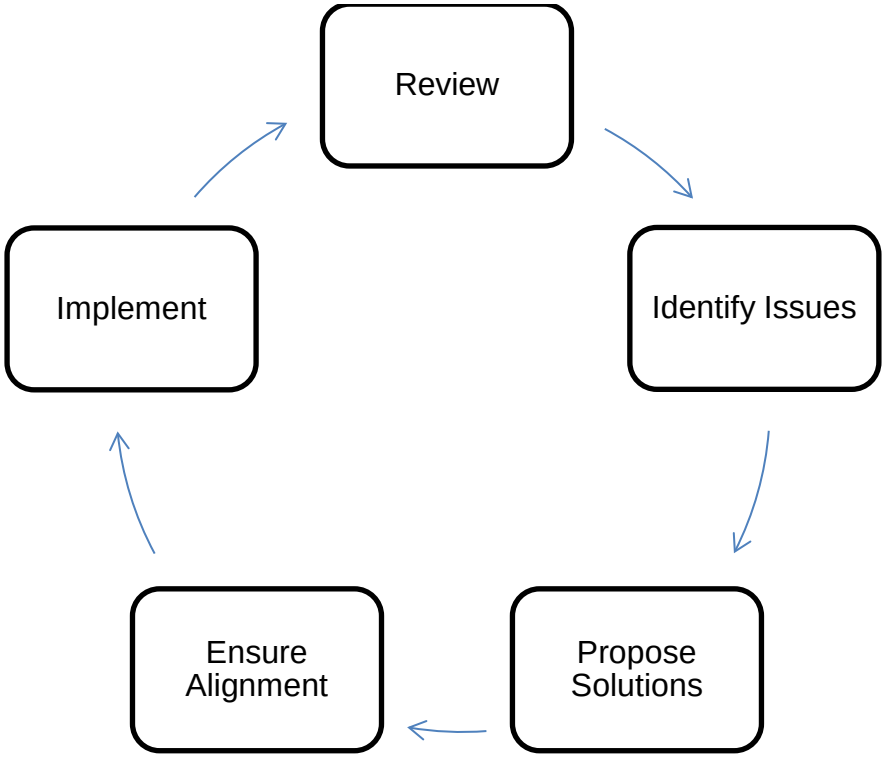
	• HSCP locality plans and priorities and actions will require to be identified in the next few months, prior to the establishment of the CPP Locality Partnerships, to enable discussions to inform the refresh of the HSCP Strategic Plan. It is therefore proposed that the HSCP developments inform emerging wider locality plans (this will also apply to local economic plans); • Whilst recognising that there will be occasions when a separate HSCP forum is appropriate for reasons of accountability, specialism or confidentiality, it is proposed that HSCP Locality Forums and CPP Locality Partnership arrangements will be increasingly symbiotic with each other. This will involve recognising shared opportunities to utilise participation by expertise in relation to specific issues. Chairs and Lead Officers will increasingly work together to identify and arrange common or shared partnership meetings in localities, identifying when an integrated approach best serves the issue at hand while ensuring outputs from independently convened sessions are shared to ensure there is understanding of direction and a full assessment of unintended consequences. • Shared opportunities will be taken to engage with and encourage the participation of users and communities in local developments; and • Annual Locality Conferences, to include LPFs and CPP Locality Partnerships, will enable the sharing and informing of local plans. • It is envisaged that this approach will enable the development of shared Locality Plans, giving due regard to the legislative requirements and status of the HSCP business in relation to the overall plan.
4.12	As with the CPP locality approach, it is important that the membership of the HSCP locality planning forums evolve in a way that aligns with the pace, leadership and aspirations of each locality. Therefore we will seek to work with each locality to identify local champions rather than seeking to create a “one size fits all” formula. This may mean that meetings may look and feel different in different localities. We will review arrangements jointly with the IJB and with the CPP to ensure effectiveness.
5.	**IMPLICATIONS**
5.1	**Financial Implications**
	The purpose of locality planning is to ensure localities have real influence on how resources in their area are spent. The establishment of LPFs will play a significant role, over time, in the decisions in relation to the allocation of resources.
5.2	**Human Resource Implications**
	There are no human resource implications arising directly from this report.
5.3	**Legal Implications**
	There are no legal implications arising directly from this report.
5.4	**Equality Implications**
	A focus on the specific needs in a locality will provide the opportunity to begin to alleviate some of the differential outcomes our citizens’ experience, as a result of economic and health inequalities.

5.5	**Implications for Key Priorities**
	The development of LPFs will be a significant vehicle to support the IJB in two of its strategic priorities; engaging communities and tackling inequalities. The common approach with the emerging CPP Locality Partnerships will enable improved outcomes in local areas.
6.	**CONSULTATIONS**
6.1	We will ask the community, through the large stakeholder towards the end of October 2015, to help us design how we will seek to attract carers', patient and service user representatives in each LPF.
7.	**CONCLUSION**
7.1	IJB members are asked to approve the proposals outlined in the report in relation to the establishment of six Locality Planning Forums.
7.2	IJB members are asked to consider volunteering to Chair a LPF.

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

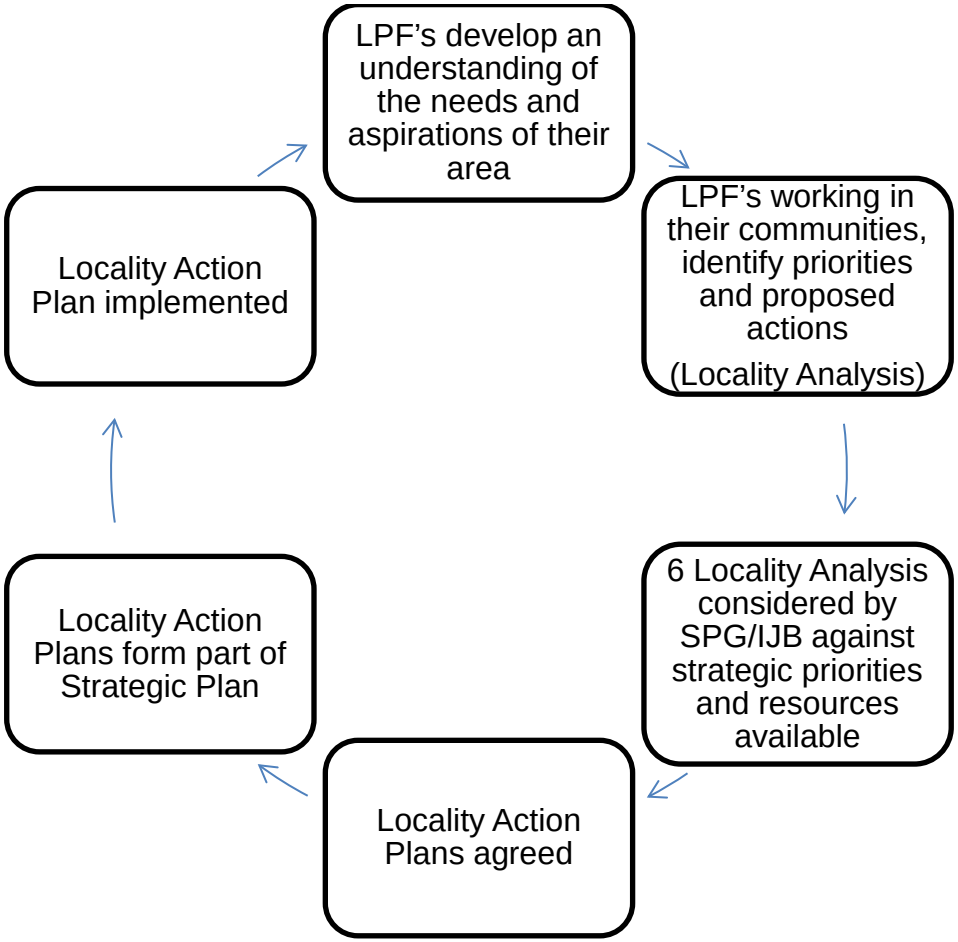
Annual Planning Cycle

A typical annual planning cycle looks like the figure below:



This diagram below illustrates the annual planning cycle as it might apply to Locality Planning Forums:

Locality Planning Forum's Draft Annual Planning Cycle



Integration Joint Board
17 September 2015

Agenda Item No. 7

Subject:	**Care at Home Review**
Purpose:	To provide the Integration Joint Board with the findings of the root and branch review of Care at Home Services and to seek endorsement to move to next steps
Recommendation:	The Integration Joint Board (IJB) should: (a) Note the findings of the root and branch care at home review (b) Review the recommendations following the Options Appraisal (c) Endorse the proposals for the future service models (d) Approve the methodology and timescales to implement future service models

1.	**INTRODUCTION**
1.1	On 12 March 2015 the Shadow Integration Board endorsed a thorough review of Care at Home services incorporating external expertise and advice from a management consultancy. MainStreet Consultancy were subsequently awarded the contract to undertake the Care at Home Review and commenced in Spring 2015.
1.2	MainStreet Consultancy carried out interviews with over 100 individuals within Care at Home, wider NAHSCP professionals and service users; a desktop review of relevant service financial, performance and population data in North Ayrshire; and research into Care at Home innovation across the UK, Europe and internationally.
1.3	Initial predictions from MainStreet Consultancy suggest that, in the absence of a shift to greater prevention, new ways of managing demand and greater emphasis on reablement across Health and Social Care systems, the demand for Care at Home Services is likely to increase exponentially. Indeed, the level of this demand could increase by 21.23% by 2024, equating to approximately £6.5 million more spend required to sustain this.

1.4	In addition to this growth in demand for core services, there have been some significant enhancements in the complexity of care offered by Care at Home staff. This has included Level 3 Medicines Management; enhanced support to individuals with a diagnosis of dementia; and specialist support to those at end of life. Further, in more recent times, training has been offered to Care at Home staff in the administration of eye drops to offer a more holistic service to local people and better complement the service offered by District Nurses.
1.5	Full details of the feedback from the interviews and the results of the demand forecast are evident within Section 5 of the MainStreet Consulting report, attached.
2.	**CURRENT POSITION**
2.1	The provision of Care at Home services over the coming years will be crucial for truly shifting the balance of care and for maintaining more people at home and in their communities safely. The findings of MainStreet Consultancy suggest that this rising demand is addressed through a three stage approach – • Short-term – begin to meet need not expectation with greater emphasis on enablement and reablement approaches that maximise independence reduce long-term dependency on service provision. • Medium-term – reduce costs of delivery by encouraging innovations and creating community resilience. This should be done alongside redesigning how services are delivered to ensure that Care at Home is stable whilst being flexible and responsive to need. • Longer-term – Prevention and earlier intervention becomes embedded across health and social care systems that allows for traditional service delivery approaches to be supplemented by extensive area and society-wide interventions on behaviour change.
2.2	Following their extensive review and research MainStreet Consulting compiled nine options for future models of care at home within the NAHSCP for further exploration. The options for consideration and appraisal were as follows: • Total In House Provision • Accelerated Change programme • Shared Service or Lead Agency • Care at Home ALEO (Arms Length External Organisation or LATC (Local Authority Trading Company) • Social Enterprise • Public Sector Partnership (PSP) • Current Situation • Joint Venture • Total Outsouring A brief summary of each option, including an analysis of the benefits and potential disbenefits of each, are contained within section 8 of the Main Street Consulting documentation, attached.
2.3	Subsequently an Options Appraisal Event was held on Friday 21 August 2015. The invitees who attended the event included a range of people from across the care at home service including Care at Home/Senior Care at Home staff, Occupational Therapists, Care at Home Managers and Team Managers; Third and Independent sector representation; Carers; Finance colleagues; Procurement and Service Design colleagues; Full Time Trade Union Officials; Senior Management with the Partnership.

2.4	The Options Appraisal Event provided all attendees with an opportunity to discuss the research and findings of the review undertaken by MainStreet Consulting; to look at the pros and cons for each option (benefits and dis-benefits) and to ensure all invitees were sited and gave consideration to the future demands that will impact on the delivery of provision. Some examples of these are the changing demography; the legislative changes to the Living Wage as well as Auto Enrolment; Self Directed Support.
2.5	Each of the nine options outlined above were also discussed in great detail and then the attendees were given the opportunity of exploring each option using an Evaluation Criteria.
2.6	Following the evaluation of the nine options there were five that emerged as preferred models. These were: Total Inhouse (evaluation weighting 64); Social Enterprise (evaluation weighting 64); Current Situation (evaluation weighting 65) and Accelerated Change (evaluation weighting 72).
3.	**PROPOSALS**
3.1	The Care at Home Management Team have now had an opportunity to review the findings from the assessment of potential models and have developed a proposed action plan to progress the modernisation of service delivery and procurement to deliver an Accelerated Change Programme that rebalances the local mixed economy of care, with a view to exploring the potential for introducing one or more Social Enterprise providers over time. The proposed high level action plan is set out below: Short Term to Medium Term (Timescales Current – 2018) – Delivery of Accelerated Change Programme to enhance the quality, sustainability and dependability of a mixed economy of care: • Continue with the implementation of the Investment Plan which was approved by IJB on 4 June 2015; • Continue to strengthen the in-house staff to deliver specialist provision in Palliative/End of Life Care; Medicines Management; Dementia; Reablement; Telecare/Telehealth. • Review and redefine the roles, flexibility and contracts of the Care at Home Assistant workforce to ensure that the Service can continue to support individuals with complex needs to remain at home for even longer. • Continue to explore ways in which CM2000 can assist in the efficient monitoring of provision and delivery to benefit the needs and safety of individuals and employees. • Commence working in partnership with Ayrshire College to offer student placements within Care at Home. • Continue to reprofile and promote career opportunities within Care at Home and work in partnership with Economic Development to secure employment within the Service for individuals across the neighbourhoods. • Review the current contractual arrangements with the Independent sector and analyse of the statistical intelligence in relation to lessons learned from the previous Tendering Exercise to support future sustainable mixed economy models of provision. • Redefine ratio of inhouse/external purchase split and undertake retendering exercise for purchased provision within Community Care. • To have in situ new contractual arrangements from 1 July 2016. The tendering process will commence in October 2015 and the new Contractual Framework for provision will encapsulate improved quality of care measures; exemplar employer requirements as well as compliance with quantitative service measures.

	• To research and commence preparation of Service in state of readiness to move to a Social Enterprise model of provision. Long Term (2018 and beyond) • Explore viability and sustainability of Social Enterprise model to determine appropriateness prior to Implementation to ensure that the introduction of a further layer of service provision within the mixed economy does not impede the current status. • Review and evaluate Model to ensure effectiveness of delivery.
4.	**IMPLICATIONS**
4.1	**Financial Implications** There are no financial implications from the content of this report, however, further updates to IJB will confirm any implications associated with the new contractual arrangements.
4.2	**HR Implications** There are no HR implications from the content of this report.
4.3	**Legal Implications** There are no legal implications from the content of this report.
4.4	**Equality Implications** There are no equality implications from the content of this report.
4.5	**Environmental Implications** There are no environmental implications from the content of this report.
4.6	**Implications for Key Priorities** These proposals are specifically designed in engaging communities; integrating services; early intervention and prevention and the overarching vision of supporting individuals to live a safe, healthy and active life.
4.7	**Community Benefit Implications** These would be specified as part of further exploration of a Social Enterprise
5.	**CONCLUSION**
5.1	IJB members are invited to consider the content of this report and endorse this for implementation, subject to further business trajectories and financial projections being provided in November 2015.

For more information please contact either David Rowland, Head of Service Health & Community Care on 01294 317797 or davidrowland@north-ayrshire.gcsx.gov.uk or Helen McArthur, Senior Manager, Community Care Services on 01294 317783 or hmcarthur@north-ayrshire.gcsx.gov.uk

Integration Joint Board

Agenda Item No. 8

Subject:	**North Ayrshire Council Capital Plan Refresh**
Purpose:	To advise members of the Integration Joint Board of proposed project bids to North Ayrshire Council Capital Investment Refresh Plan.
Recommendation:	Members of the Integration Joint Board consider and agree proposals are within the priorities for inclusion in the Capital Plan for North Ayrshire Health & Social Care Partnership.

1.	**INTRODUCTION**
1.1	As part of North Ayrshire Council budget preparations for 2015/16 an exercise was undertaken to consider reprofiling of projects within the Capital Plan and additional investment proposed by Services.
1.2	North Ayrshire Health and Social Care Partnership identified new proposals for inclusion within the Capital Refresh Plan.
1.3	Attached SBAR reports provide a high level overview of proposed projects.
2.	**CURRENT POSITION**
2.1	Summary of proposed projects: • Refurbishment of 5th floor, West Wing, Cunninghame House to accommodate NA HSCP headquarters. • Development of transitional facility for adults with learning disabilities. • Development of Extra Care Housing and Dementia Villages. Business plans require to be further developed with full financial values included as well as potential efficiencies in relation to office closures, reduction in number of care home placements, reduction of intensive support packages and further savings in relation to unplanned hospital admissions.
3.	**PROPOSALS**
3.1	It is proposed that the IJB agree the proposed three projects for inclusion in North Ayrshire Council Capital Refresh Plan and note the intention to seek funding from NHS Ayrshire & Arran.
4.	**IMPLICATIONS**

4.1	**Financial Implications**
	Further action needs to be taken to identify full financial value of proposed projects.
4.2	**Human Resource Implications**
	None at the present time.
4.3	**Legal Implications**
	None at the present time.
4.4	**Equality Implications**
	None at the present time.

4.5	**Environmental Implications**
	None at the present time.
5.	**CONSULTATIONS**
5.1	Consultations have taken place with Partnership Senior Management Team members.
6.	**CONCLUSION**
6.1	The development of extra care housing, villages for people with dementia and a transitional residential unit for adults with learning disabilities will meet North Ayrshire Council Strategic Priority "Supporting our people to be healthy, safe and active".

For more information please contact Julie Davis on 07768 405109 or jdavis@north-ayrshire.gcsx.gov.uk.

SBAR

Appendix 1

Subject:	Capital Plan Refresh – Transitional Residential Unit for Adults with Learning Disabilities
Author(s):	Dale Meller – Senior Manager Community Mental Health

1. Situation

Individuals with learning disabilities in transition to adulthood often require specialised support to move from a family home, foster placement or residential care setting into independent tenancies. There is a lack of appropriate transitional facilities in North Ayrshire. As a result, intensive support packages (e.g. overnight support) must be provided.

2. Background

The implementation of the Same as You policy in the early 1990s resulted in the closure of long stay institutions and put an emphasis on placing individuals in dispersed tenancies with support packages. Additionally, both the Supporting People Agenda in the early 2000s and now Self-Directed Support (SDS) has resulted in the de-registration of supported accommodation models and placed further emphasis on individual tenancies with support.

Younger people with learning disabilities who are leaving the family home or foster placements often require intensive transitional support to achieve independence. Similarly, there are a number of other adults with learning disabilities currently in residential care settings with the potential to move into independent tenancies.

At the current time, resource intensive support packages are required to ensure the health and safety of individuals who are not ready for independent living but who, with skills training and intensive support, could achieve this. These packages are expensive and can be disproportionate to an individual's skills and abilities and prevent individuals from achieving potential independence by unwittingly encouraging dependence.

3. Assessment

In order to equip adults in transition to develop their independent living skills, it has been assessed that a short term (18-24 months) transitional facility for up to 6 people is required in North Ayrshire. It is therefore proposed to develop a transitional facility for people with learning disabilities that is designed to develop their independent living skills.

4. Recommendation

For the Integration Joint Board to agree that the development of a transitional residential unit for adults with learning disabilities is within the priorities for inclusion in the Capital Plan for NAHSCP.

SBAR

Appendix 2

Subject:	Capital Plan Refresh – HSCP Headquarters Office Accommodation
Author(s):	Julie Davis (Manager, Business Support)

1. Situation

North Ayrshire Health and Social Care Partnership (NAHSCP) headquarters is based on the 4th Floor, West Wing within the main North Ayrshire Council headquarters of Cunninghame House, Irvine. NAHSCP requires additional accommodation in order to consolidate all headquarter activities into one central location.

2. Background

NAHSCP accommodates approximately 3000 staff within 53 properties and three Community Hospitals located across North Ayrshire. In addition, NAHSCP, is the lead Partnership for Mental Health Services across all three Ayrshire authorities. This equates to a further 17 sites, nine of which are based within North Ayrshire.

The Partnership does not own any property assets, however the Partnership Senior Management Team agreed to scope and consider the spread of staff in order to optimise operating efficiency and joint service delivery. To this end, a Space Strategy has been developed which reflects the values of the Partnership and meets the property rationalisation strategies of North Ayrshire Council and NHS Ayrshire & Arran.

As a temporary arrangement, the majority of the Partnership Senior Management Team (Heads of Service, Associate Medical Director, Clinical Director, Lead Allied Health Professional, Lead Nurse) are sharing office space. The Partnership Senior Management Team also identified the need for additional accommodation for their newly formed Senior Management Teams and support staff. In order to quickly accommodate newly appointed Heads of Service, Principal Managers and Senior Managers, 31 staff were moved from Cunninghame House into Perceton House and Bridgegate House. Currently some Senior Managers and support staff remain in alternative locations and some Senior Managers in Cunninghame House are desk sharing.

Additional desks have been added to the 4th floor and increasing numbers of staff are hot-desking. Previous 'quiet space/rooms' have now been designated as bookable meetings rooms. Space is now at a premium.

3. Assessment

In order to operate as a coherent service headquarters with common management processes, the formation of a centralised Partnership headquarters is required. This will help lead the integration process by uniting the service both culturally and geographically.

It is also acknowledged that there is an increasing need for formal and informal interaction and knowledge-sharing between staff and the provision of additional headquarters accommodation would assist greatly.

The Partnership is committed to encouraging and supporting a highly mobile and distributed operational workforce by reassessing working styles and practices. By implementing a forward thinking approach to space allocation and utilising technology solutions, a headquarters hub environment will be created. This will enhance the organisation's culture and provide service-wide staff support.

North Ayrshire Council is presently undertaking a refurbishment programme within Cunninghame House to improve and modernise office accommodation and working practices. The Health and Social Care Partnership wish to bid within the Capital Plan Refresh for £700,000 to allow North Ayrshire Council to refurbish the 5th floor, West Wing to accommodate NAHSCP headquarters staff who are currently outwith Cunninghame House.

4. Recommendation

For the Integration Joint Board to agree the refurbishment of 5th floor, West Wing, Cunninghame House to accommodate the Health and Social Care Partnership headquarters is within the priorities for inclusion in the capital plan for NAHSCP.

SBAR

Appendix 3

Subject:	Capital Plan Refresh – Additional Care Housing Units and two Villages for People with Dementia
Author(s):	Isabel Marr (Senior Manager, Long Term Conditions)

1. Situation

There is a need to develop new and innovative ways of caring for people with dementia within North Ayrshire communities. The proposal is to develop two Dementia Friendly Communities within within the Three Towns and the North Coast area.

2. Background

A Dementia Friendly Community will enable people with dementia to live as independently as possible and will offer piece of mind to those who care for them.

The need to develop these communities arising due to the increasing numbers of people with dementia. By offering this type of accommodation we can reduce the number of people requiring to be cared for within care homes.

Dementia Friendly Communities can also support people with dementia in the earlier stages of their illness to maintain confidence and boost their ability to manage everyday life.

A Dementia Friendly approach should be developed in partnership with local businesses, schools, churches and transport. Design that is good for people with dementia is good for everybody. Places and neighbourhoods that provide good housing, transport and facilities will not only be more dementia friendly, but will also make life easier for everyone.

3. Assessment

The David White Centre in Saltcoats which is currently closed could be developed to provide five additional care housing places.

Near to the David White Centre there is an opportunity to develop 25 one-bedroom residences within Canal Court to become a dementia friendly housing village. This would include the creation of shopping and dining experiences within the village. Provision would also be made for visiting clinical staff such as GPs, Podiatrists, Dentists, Nurses etc.

An appropriate site for a similar facility in the North Coast area needs to be identified.

The Partnership will provide Dementia Awareness training for all sectors of the community. This will help people who provide local services e.g. banks, shops, transport and leisure to understand better what people with dementia need.

Increasing awareness of dementia and changing attitudes towards it can help to remove the stigma people may feel. This can further help to encourage people to talk about their experience, to engage more in society and ask for the help they need.

The creation of specialist dementia housing and communities can enable people with a diagnosis of dementia to remain in their own community for longer than is currently possible.

4. Recommendation

For the Integration Joint Board to agree the development of additional care housing units and two villages for people with dementia is within the priorities for inclusion in the capital plan for the NAHSCP.

Integration Joint Board
17th September 2015
Agenda Item No. 9

Subject: **Director's Report**

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

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

1.	**INTRODUCTION**
1.1	This report presents a high level overview for members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP), both locally and with the other Ayrshire partnerships.
2.	**CURRENT POSITION**
2.1	Iona Colvin continues to chair the Strategic Planning & Operational Group (SPOG) which meets on a weekly basis. The group have prepared a workplan which identifies the workstreams associated with the SPOG, including any actions carried forward from the Integration Scheme. The workstreams are expected to report monthly to the SPOG. A revised Terms of Reference for the group are also being prepared.
	National Developments
2.2	Iona Colvin, Director represents the NAHSCP on a number of national groups, namely :-
	Chief Officers Network - A Chief Officers event has been arranged for 22nd and 23rd October 2015 at the Stirling Highland Hotel. Sir Peter Howsden will present a masterclass at this event.
	Residential Care Taskforce Implementation Group – this group leads the implementation of the recommendations of the Taskforce for the Future of Residential Care in Scotland. This includes identifying priorities; managing and implementing projects; monitoring overall progress and ensuring the aims of the taskforce are achieved. The membership comprises COSLA, Scottish Care, Care Inspectorate, CCPS and the Chief Social Work Adviser and meets quarterly.
2.3	Event for Chairs and Vice Chairs of Integration Joint Boards
	The Scottish Government hosted a one day meeting for Integration Joint Board

	Chairs and Vice Chairs, to take place on Wednesday 26 August. Councillor Anthea Dickson attended the event.
	The day focussed on exploring the new and unique role and responsibilities of the IJBs, their Chairs and Vice Chairs, and what development and support would be helpful on an ongoing basis. The event also considered : • Protected space and time to network with Chairs and Vice Chairs from other Integration Joint Boards. • An opportunity to increase knowledge and awareness of roles and responsibilities of the IJB. • An opportunity to discuss the Chairs' and Vice Chairs' development needs. • An opportunity to explore your aspirations and ambitions for your Partnerships and integration more generally. A number of key policy officials from the Scottish Government attended on the day to facilitate the discussion.
	It was agreed that a further session will be held in January 2016 and six Chairs/Vice Chairs have volunteered to support the planning of the next session. A report on the discussions of the day will be issued to those who attended.
	Ayrshire Developments
2.4	Premier Home Care Staff from the Care at Home and Contracts Teams within North Ayrshire Health and Social Care Partnership have been working with a very difficult and complex Care at Home situation over the last month. Premier Home Care, one of our independent sector providers of Care at Home services, ceased trading on 14th August 2015. The responsibility for supporting those service users in receipt of a service from Premier were transferred to the North Ayrshire Care at Home team. This amounted to 1200 hours of service per week to 104 service users. To ensure sufficient capacity was available to offer this level of support and to secure consistency of care, a total of 48 staff were TUPE transferred from Premier Home Care to the North Ayrshire Care at Home Team. Similar arrangements were also made within South Ayrshire.
	By 21st August 2015, the Care at Home team had finalised the migration of all care plans for the affected service users onto the North Ayrshire electronic system, thereby ensuring the delivery of support.

2.5	Primary Care Strategy Event – 25th August 2015
	Members of the HSCP and Stephen McKenzie, Vice Chair, IJB attended an Primary Care Strategy event on 25th August 2015 to begin the process of creating a pathway and vision to improve the health and well-being of patients in Ayrshire & Arran via integrated health and social care working within health and social care partnerships.
	A key driver underpinning this change is '2020 Vision' – which promotes the ideas of prevention/anticipation of health issues and optimizing care of patients in the community, so reducing the need for inappropriate/extended use of hospital-based treatments and stays. This drive to optimize healthcare is especially important in Ayrshire as - in addition to an ageing population - we have significant and sizeable pockets of poverty and health inequality.
	There were presentations from John Burns [CEO NHS A&A], Eddie Fraser, Chief Officer, EAHSCP, David Thomson [civil servant] and key speakers from pharmacy, optometry, dentistry and medical general practice. These presentations highlighted the realities and challenges facing primary care. This led onto an Appreciative Inquiry workshop. There were 4 stages to the appreciative inquiry process – the 4 'D's: • Discovery – best of what is and what has been • Dream – what might be • Design – what should be • Destiny – what will be
2.6	West of Scotland Transport Hub
	Iona Colvin, Director hosted a multi-agency meeting in relation to the SPTE proposal for an integrated transport hub in the West of Scotland. SPTE have appointed a consultant to assist local authorities gather data to obtain a baseline position of health and social care transport for each partner. A project initiation document (PID) will be drafted and circulated to all partners and a further meeting will be held on 25th September 2015 to take this work forward.
2.7	FACE/CAREPARTNER - Data Migration and Transition to a Web based product
	FACE is the electronic patient record system that has been in use across NHS Ayrshire & Arran Mental Health Services and Child Health Services for over twelve years. Services using FACE as their electronic patient record will be migrating from the current Windows™ system to a web based platform. The migration is planned to take place over the weekend of the 25th-27th September It is planned to start the migration around 20:00hrs on Friday 25th and will be completed and tested by the FACE team prior to release to the clinical staff. An awareness and training plan has been put in place, this includes: • A series of two hour training sessions for out 100+ 'Super Users', they will provide first line support to clinicians. • Two large 'general' sessions at the lecture theatres of Crosshouse and Ayr Hospitals.
	The development of a set of eLearning tools to support both the FACE team and the

	Super users in the support training. FACE staff will be available over the weekend to provide support and guidance to staff in community and ward areas.
	North Ayrshire Developments
2.8	GP Engagement – Community Connectors 'Wrapping Health & Social Care Services around GP Practices to support Primary Care Locality Teams by bringing services together with a focus on Inequalities'
	The Partnership working with the Third Sector Interface will soon begin the introduction of Community connectors in our seven pilot GP Practices. The Community Connectors will initially focus on connecting and supporting patients to navigate their way in to appropriate services and community supports. The Community Connector role will develop and evolve in Primary Care and it is hope that they may undertake a Health and Wellbeing Advisor role in the future, if this need develops.
2.9	HSCP's Engagement Strategy
	Community Renewals have now completed their review of our current processes for engaging and involving service users, carers and the public. The full report is included within the IJB papers. Discussion has taken place with members of the North Public Partnership Forum to agree next steps.
2.10	Woodland View Update
	Woodland View is the new mental health and community hospital facility being built at the Ayrshire Central Hospital site in Irvine. Before the facility is finished in spring 2016, to let you see the type of rooms and facilities which will be available please visit https://www.youtube.com/watch?v=o93Jh4J7ft4&feature=em-share_video_user. A Topping Out ceremony is planned over the next few weeks. An Organisational Development programme is planned for staff in preparation for transition to new hospital over the next 3 months utilising appreciative enquiry approaches and a development day for senior managers will take place in October.
2.11	Care at Home Option Appraisal Event
	On 12 March 2015 the Shadow Integration Board endorsed a review of Care at Home services incorporating external expertise and advice from a management consultancy.
	A Project Team was established to shape and inform the review, ensuring the work was underpinned by expertise drawn from all service delivery and business scoping functions, as well as from service users and carers. Main Street Consulting was awarded the contract to undertake the review which commenced in Spring 2015.

	Main Street Consulting facilitated an Options Appraisal Event on 21st August 2015. This was attended by service users, carers, trade unions, CAH Managers, team managers, OTs and Finance and Procurement staff. The agenda for the session included :-
	• A summary of the review process • Presentation of the findings from the review • Setting out of emerging themes.
	The session also outlined the potential future models for Care at Home including examples of good practice in different areas of the UK and other countries.
2.12	Business Support Review
	26 senior Business Support staff met at Greenwood Conference Centre on Tuesday 18th August 2015 to begin to build a shared knowledge of the business support review project. It was a positive, energising and inclusive session that generated lots of input for the team to take forward. This is a large project as Business Support touches every corner and aspect of work within the Health and Social Care Partnership and is fundamental to delivering our vision of ensuring all people who live in North Ayrshire are able to have a safe, healthy and active life. A report on the Business Support Review will be presented to a future IJB meeting.
2.13	North Ayrshire Social Enterprise Strategy
	A draft North Ayrshire Social Enterprise Strategy has been developed through the completion of the following tasks: • Establish Baseline (Strategic and Economic Context) • Undertake Consultation and Engagement (Evidence & Influencing) • Identify Best Practice (Learning) • Draft Strategy (Strategic Consultation) Extensive baseline research, evidence gathering from around 60 local and national organisations and a best practice review has led to the emergence of a clear vision, priorities and actions. The Vision: *A diverse, vibrant and sustainable social enterprise sector in North Ayrshire.* Social enterprises play a key part in delivering a successful North Ayrshire economy, maximising social value and improving the quality of people's lives in local communities. The Priorities: • Developing a Bold and High Profile Sector • Developing Market Share • Developing Sustainability • Building on Potential • Demonstrating Impact

	The actions identified will be prioritised through strategic consultation and the finalisation of the strategy. Key to success will be ensuring that all actions are aligned to identified priorities. Sustainability is the key aim for the sector and for individual social enterprises. Fulfilling growth potential will be a fundamental focus for many social enterprises and this objective must be supported with quality services. It must also be recognised that for some community based enterprises, growth will not be a primary objective as they strive to provide more comprehensive and integrated services within local communities. For all social enterprise there will be a balance of social and economic impact and this will vary depending on purpose.
	Two groups have provided extensive and expert input to the strategy development process. The Steering Group has provided strategic direction, specialist input and tested developments and ideas throughout the lifetime of the strategy development process. The Checkpoint Group involved local social entrepreneurs and provided a point of reference, 'reality check' and practical guidance.
	The Steering Group will consider the draft strategy on 1 September 2015 and an outline will be presented to the Economic and Regeneration Board on 1 October 2015. It is proposed that the North Ayrshire Social Enterprise Strategy is presented to the Integration Joint Board in November and subsequently to North Ayrshire Council Corporate Management Team (CMT) and Cabinet. The first Social Enterprise Census will provide an official count of the entire population social enterprises in Scotland and the first results will be available on 2 September 2015. This will further enhance the baseline and could influence the focus of actions.
3.	**IMPLICATIONS**
3.1	**Financial Implications**
	There are no financial implications arising directly from this report.
3.2	**Human Resource Implications**
	There are no human resource implications arising directly from this report. The human resource implications for each proposal for the Partnership will be considered as they are developed.
3.3	**Legal Implications**
	There are no legal implications arising directly from this report.
3.4	**Equality Implications**
	There are no equality implications.
3.5	**Environmental Implications**
	There are no environmental implications.

3.6	**Implications for Key Priorities**
	The NAHSCP will continue to work to the delivery of the five objectives within the Strategic Plan.
4.	**CONSULTATIONS**
4.1	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of consultation.
5.	**CONCLUSION**
5.1	Members of the IJB are asked to note the ongoing developments within the partnership.

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

Integration Joint Board
17th September 2015
Agenda Item No. 10

Subject:	**Educational Attainment of Looked After School Leavers**
Purpose:	To inform the board of the performance of school leavers in North Ayrshire
Recommendation:	That the board take note of the contents of the report

1.	**INTRODUCTION**
1.1	Young people who are looked after (and looked after and accommodated) by local authorities tend to leave school at younger ages than other young people. Partly because of this, looked after young people tend to have lower levels of educational qualifications and are less likely to go onto positive destinations after school than young people in general. A young person is said to be in a positive destination if they are in education, employment, training, voluntary work or an Activity Agreement. In June 2015, The Scottish Government produced its annual report, Children, Education and Skills, which highlights the educational attainment of all looked after young people in Scotland. The information in the publication represents the national picture; however the Scottish Government provide an annex of further statistics, broken down by local authority.
2	**CURRENT POSITION**
2.1	The tables below outline North Ayrshire's performance over the last three years and compares against authorities considered by the Scottish Government as our family group. Please note that the below percentages relating to North Ayrshire are based on consistently small numbers of looked after children ranging from a total of 16 young people in year 11/12, 22 in year 12/13 and 20 in 13/14. Therefore even a small change in the figures can result in a large swing in the percentage figure.

2.2 **% with 1 or more qualification at Scottish Credit Qualification Framework (SCQF) level 3**

	11/12	12/13	13/14
Scottish Looked After average	87	87	91
North Ayrshire	**100**	**77**	**95**
Dundee	100	90	94
North Lanarkshire	83	76	85
East Ayrshire	63	95	93
Glasgow	79	81	93

% with 1 or more qualification at SCQF level 4

	11/12	12/13	13/14
Scottish Looked After average	67	70	74
North Ayrshire	**69**	**36**	**75**
Dundee	100	60	76
North Lanarkshire	69	36	75
East Ayrshire	63	80	43
Glasgow	63	78	78

% of school leavers in positive destination*

	2011/12		2012/13		2013/14	
	Initial	Follow Up	Initial	Follow Up	Initial	Follow Up
North Ayrshire	**69**	**53**	**82**	**71**	**85**	**60**
Dundee	100	17	60	60	82	71
North Lanarkshire	75	50	70	65	62	69
East Ayrshire	50	50	70	80	71	92
Glasgow	76	73	76	68	80	70

***A young person is said to be in a positive destination if they are in education, employment, training, voluntary work or an Activity Agreement.**

3. PROPOSALS

3.1 Members of the IJB are asked to note the above information. Although it is recognised that North Ayrshire performs better than the Scottish looked after average and some comparable local authorities, it is still recognised that levels of attainment are very poor within our own local authority.

3.2 North Ayrshire has recently secured additional funding through The Attainment Scotland Fund. The purpose of this fund is to drive forward improvements in educational outcome in Scotland's most disadvantaged communities. The fund will allow for substantial financial supports for our local authority which will enable us to put in place effective interventions.

3.3 Within our Children's Services Plan 2016-2020, priority will be given to address the imbalance in educational attainment by ensuring that the right support is delivered by the right person at the right time, to those who need it most.

4.	**IMPLICATIONS**
4.1	**Financial Implications**
	There are none.
4.2	**Human Resource Implications**
	There are none.
4.3	**Legal Implications**
	There are none.
4.4	**Equality Implications**
	There are none.
4.5	**Environmental and Sustainability Implications**
	There are none.
4.6	**Implications for Key Priorities**
	The report covers matters which contribute to the key priorities of the Single Outcome Agreement, A Working North Ayrshire, A Safer North Ayrshire and A Healthier North Ayrshire.
5.	**CONSULTATIONS**
5.1	No consultations were required in the preparation of this report.
6.	**CONCLUSION**
6.1	Whilst Looked after school leavers continue to have lower attainment than the general population, it is noted that that North Ayrshire continues to exceed the Scottish average for this field and that it's figures have improved from 2012/2013. Similarly, looked after school leavers are less likely to go onto positive destinations after they leave education, compared to the general population, however as with levels of attainment, there is an increase noted in this field since 2011/2012.
6.2	The Health and Social Care Partnership will work alongside the Children Services Strategic Partnership to intensify efforts to drive improvement where it is needed, with a sharper focus on earlier intervention in order to close the attainment gap.

For more information please contact Elizabeth Stewart on 01294 317750 or estewart@north-ayrshire.gcsx.gov.uk

Integration Joint Board

Agenda Item No. 11

Subject:	**Financial Management Report as at 31 July 2015**
Purpose:	To provide an overview of 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 4 to 31 July 2015
Recommendation:	That the Board notes the content of this report, including specific key actions on significant variances and the actions being taken to bring the budget back into line.

1.	**INTRODUCTION**
1.1	This report provides an overview of 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 4 to 31 July 2015. This report reflects projected expenditure and income and has been prepared in conjunction with relevant budget holders.
1.2	The total approved budget for 2015/16 was £204.818m. This has been increased to £206.091m at period 4 to end July 2015, based on changes noted in Section 3.2 of this report.
2.	**CURRENT POSITION**
2.1	Against the revised full-year budget of £206.091m there is a projected overspend of £2.523m.
2.2	**Detailed Actual vs Budget Analysis to 31st July 2015** The summary in Appendix 1 reflects the approved budgets and projected outturns across the Partnership, Appendix 1a details the main variances across all Partnership services, Appendices 2 and 3 detail the main variances across budgeted services delivered by North Ayrshire Council and the Health Board respectively. The main projected budget variances are:

2.3	**Level One Core (projected overspend £0.225m – 0.2% variance against budget)**
2.3.1	Learning Disabilities £0.456m overspend - due mainly to increased demand for community packages. The package cost projections are being reviewed. Higher cost packages will be subject to a more detailed service requirement review.
2.3.2	Older People Services £0.813m underspend – the service received a significant additional investment of £3.644m from the Council for 2015/16 to address underlying budget pressures and anticipated demand growth for 2015/16. Care Homes resident placements are currently lower than budgeted, creating a projected underspend which is partially offset by a projected overspend in Care at Home, the net effect of both of these is a £0.470m projected underspend. Income received from Community Alarms and Charging Orders is £0.443m higher than budgeted. The Charging Order income is mainly in respect of residential care fees recovered through house sales. Charging order income can fluctuate year on year and is difficult to predict in terms of the timing of when it will be received.
2.3.3	Physical Disabilities £0.229m overspend - due to increased demand for residential and community packages partially offset by a decrease in demand for direct payments. A review of these packages is now being carried out to minimise the financial impact for 2015/16.
2.3.4	Mental Health Community Team £0.250m overspend - due to increased demand for community services. Demand for these services has spiked in the first few months of 2015/16. The increase has occurred partly as a result of new, unanticipated demand for mental health support packages, partly as a result of the introduction of the Flexible Intervention Service identifying new needs and partly as a result of a number of complex transition/transfer cases into the team. Higher cost packages will be reviewed and all package costs projections will continue to be closely monitored.
2.4	**Level Two – Non District General Hospitals (projected overspend £0.414m – 6.8% variance against budget)** The frail elderly wards at Ayrshire Central Hospital continued to exceed budget despite additional funding being provided during 2014/15. These wards have high occupancy levels and patients received within the wards are increasingly frail. Based on this the workforce planning tool indicates a base understaffing within the wards of around 6 WTE. A new pressure emerged late in 2014/15 around higher than usual staff absence levels at Pavilion 3 and Pavilion 6. This continues to be addressed by managers to minimise the full year impact for 2015/16. While the reduction in bed numbers at Cumbrae Lodge was achieved as planned at 30 June 2015, there is a need to realise the full-year effect of the savings, circa £60k. It has therefore been agreed that the slippage incurred in reinvesting the element of the savings released to the Partnership will be off-set against this savings target and a balanced position is anticipated by the end of September 2015.

	Arran War Memorial Hospital staffing is forecast to overspend by £0.040m due to historic funding pressures.
2.5	**Level Three – Lead Partnership Services (projected overspend £0.990m – 2.2% variance against budget)** The continued overspend within Adult Mental Health in patient nursing was £1.2m in 2014/15 and is projected to be £1m for 2015/16. The overspend is due to the continued level of staffing cover required in the current wards. This was an unfunded pressure from 2014/15 which has continued to prove challenging in 2015/16. The national nursing workforce tool has been used to confirm staffing requirements for these wards and is evidencing a gap of 33.13 wte for the current hospital facilities. Going forward this should be addressed to some degree once the service moves to the new Woodland Hospital in 2016, although further financial and workforce modelling work is required to confirm the anticipated 2016/17 baseline budgets. The workforce/skill mix will be reviewed again post transfer to the new hospital. The externals UNPACs and SLA budget was overspent by £0.7m in 2015/16 but is projected to balance in 2015/16 due to £0.5m non-recurring funding from Health and a reduction in referrals. Psychiatry is projected to overspend by £0.2m in 2015/16 due to increasing spend on locum doctors and the introduction of the GP substitute prescribing pilot. The overspend within psychiatry is offset by an anticipated underspend in psychology, resulting primarily from a number of vacant posts.
2.6	**Level Four – Children's Services (projected year overspend of £1.002m – 3.9% variance against budget)** Children with Disabilities was an emerging budget pressure issue towards the end of 2014/15. This continues to prove challenging with an anticipated overspend of £1.056m for 2015/16 mainly due to 4 additional residential placements, 3 of these started in the latter part of 2014/15 with the full year effect being seen in 2015/16, the fourth started in 2015/16. There is also growing demand for community packages and direct payments for Children with Disabilities. This is an area of growing pressure for the partnership budgets as the number of children with increasingly complex needs continues to grow. The service is looking for ways to provide appropriate support to these children and their families within available resources. The residential packages for Children with Disabilities have been reviewed by Senior Management and there is no short term remedy to resolve this in year. Alternative models are being considered linking in with Education proposals around Additional Support Needs (ASN) provision to reduce this financial pressure in the longer term. Community Packages, work is ongoing to develop a procurement framework to move away from spot purchasing in order to reduce the cost of delivering these packages, however, this will not come into effect until April 2016.

	A new Resource Allocation System, based on work developed nationally, is currently being piloted for new service users in order to ensure that Direct Payments are as fairly distributed as possible, aligned to need, and alleviating some of the financial pressures on the service. Further work will be required to consider and address resource allocation for existing service users in order to bring this in to line with the new model. There are various over and under spends across other Children & Families budget lines which offset. These are detailed in the appendices attached.
2.7	**Direct Overheads and Support Services (projected underspend of £0.108m – 1.6% variance against budget)** Various minor projected underspends or income over recoveries.
3.	**BUDGET REVIEW**
3.1	**Efficiency Update**
3.1.1	The planned closure of beds at Cumbrae Lodge was June 2016 but the saving was estimated for the full year. The impact of this in 2015/16 is £60k which will be funded from slippage incurred in reinvesting the element of the savings released to the Partnership.
3.1.2	A full charging review is being carried out. This review is expected to identify new income streams and maximise the revenue from existing streams as part of the overall efficiencies work. It is key to ensure transparent and equitable charging policies are in place across all Partnership services and it is planned to introduce the new arrangements from April 2016.
3.1.3	The Council elements of the service were targeted with delivering £2.619m of efficiency savings in 2015/16. To date as at period 4 £0.566m (21%) has been delivered.
3.1.4	The overall savings progress for 2015/16 is detailed at Appendix 4.
3.2	**Budget Movements**
3.2.1	In total the budget has increased by £1.273m since it was originally approved. Significant variances include: Level One Core budgets have been increased by £0.570m due to an increase in the prescribing budget of £1.5m as a result of new funding from the Scottish Governent, a decrease in the resource transfer budget of £300k for funding that has now been allocated to NHS services (dementia nurses and Arran mentioned below) and a decrease in the council budgets because the pay award has not yet been confirmed. Once the award is confirmed the uplift will be applied to the budget. Non District General Hospital Budgets have reduced by £0.352m due to the CRES for Cumbrae Lodge erroneously being deducted from mental health instead of Ayrshire Central in the original budget. The Arran budget has increased for the intermediate care service now funded from resource transfer.

	Lead Partnership Services Budgets have increased by £1.517m due to the inclusion of budgets for Keepwell, trainee health visitors and dementia nurses and the CRES for Cumbrae Lodge erroneously being deducted from mental health instead of Ayrshire Central in the original budget. Children's Services budgets have reduced by £0.347m due to the council pay award not having been confirmed yet. Once the award is confirmed the uplift will be applied to the budget. Direct Overheads and Support Budgets have decreased by £0.115m due to some NHS management post budgets not yet being realigned to the partnership. This will be actioned for month 6.
4.	**LEAD PARTNERSHIP AND SET ASIDE BUDGETS**
4.1	The Integration Scheme creates various Lead Partnership roles across the three Integration Joint Boards. Within the Integration Scheme, as with all delegated budgets, the intention is that services should be delivered within budget. Should that not be possible a recovery plan requires to be developed and approved by all the Joint Integration Boards. Failure to reach agreement will require interim additional contributions in proportion to service usage pending final agreement of the recovery plan.
4.2	It is important to understand the financial position of the budgets being managed by other Partnerships under these Lead Partnership arrangements: East Ayrshire HSCP Primary Care budgets are broadly in balance although there is a pressure on the out of hours medical services where there have been issues with the rates of pay and the requirement to make payments to doctors as employees with a resulting additional National Insurance liability. South Ayrshire HSCP The Allied Health Professionals (AHP) Service is projected to overspend by £0.273m after having identified corrective action in 2015/16. The main sources of this overspend are: • Reduction in funding being received from Local Authorities for community Speech and Language Therapy posts with the staff not yet redeployed. • Meeting an increased demand for MSK services. • Delays in meeting efficiency savings coupled with staff being higher on the incremental scale than the level funded. The corrective action being taken mainly relates to minimising costs in respect of staffing applying strict rigour when posts become vacant including consideration of potential skill mix opportunities. North Ayrshire HSCP As is highlighted earlier in the report (para 2.5), Specialist Mental Health Services are in an overspend position. Outturn spend is projected to be in line with the 2014/15 outturn. The overspend in both years is due to the continuing levels of nursing cover required to manage complex patients. Consideration of how this can be managed is ongoing.

	Workforce plans have been reviewed with utilisation of the national workforce tool which has validated the existing gap in nursing wte to facilitate enhanced observations. A proposal for fixed term staffing has been submitted to the Health Board for consideration to reduce some of the overspend in year. Further review of work force will be undertaken in alignment with opening of new hospital (2016/2017), new service models and new ways of working will be implemented together with delivery of 3 year change programme. There is agreement that the risks of overspends which cannot be recovered will be met by NHS Ayrshire & Arran in 2015/16. This allows an opportunity to develop frameworks to support these arrangements.
4.3	The Integration Scheme establishes that in year pressures in respect of Set Aside budgets will be managed in year by the Health Board, with any recurring over or underspend being considered as part of the annual budget setting process. The Acute Services with NHS Ayrshire & Arran are in a significant overspend with particular issues around the costs of covering a high level of medical vacancies and the increasing needs of patients requiring nursing support above that funded. These pressures are being scrutinised and options developed to minimise costs.
5.	**CONSULTATIONS**
5.1	This report has been produced in consultation with relevant budget holders, the Partnership Senior Management Team and the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.
6.	**CONCLUSION**
6.1	The projected overspend for 2015/16 is £2.523m. The main areas of overspend are lead Mental Health services, Children's Services and Learning Disabilities, partially offset by anticipated underspends on Older People's Services. It is recommended that the Health and Social Care Partnership note the content of this report, including specific key actions on significant variances and the actions being taken to bring the budget back into line. Further work is required with the Health Board and Council to resolve outstanding baseline budget pressures.

For more information please contact Fiona Neilson, Senior Finance Manager on 01292-513301 or Lesley Aird, Head of Finance, North Ayrshire Council on 01294 324560

Indicative Health & Social Care Partnership Budgets: North **Appendix 1**
Objective Report as at 31st July 2015

Partnership Budget Objective Summary	2015/16 Budget Aligned Budget	Outturn	Over/ (Under) Spend Variance		Aligned 2014/15 Over/ (Under) Spend Variance	Movement in projected budget variance from 14-15
	£'000	£'000	£'000		£'000	£'000
Level One Core						
Learning Disabilities	15,717	16,173	456		(178)	634
Older people	42,129	41,316	(813)		2,469	(3,282)
Physical Disabilities	4,143	4,372	229		95	134
Mental Health Community Teams	5,255	5,505	250		(340)	590
Addiction	2,355	2,313	(41)		(85)	44
Community Nursing	3,646	3,731	85		60	25
Prescribing	29,099	29,099	0		788	(788)
General Medical Services	16,750	16,842	93		86	7
Resource Transfer, Change Fund, Criminal Justice	2,450	2,417	(33)		(133)	100
Total Level One	**121,544**	**121,768**	**225**		**2,762**	**(2,537)**
Level Two - Non District General Hospitals						
Ayrshire Central Continuing Care	3,854	4,203	348		234	114
Arran War Memorial Hospital	1,613	1,653	40		50	(10)
Lady Margaret Hospital	564	589	25		5	20
Total Level Two	**6,031**	**6,445**	**414**		**289**	**125**
Level Three - Lead Partnership Services						
Mental Health Services	44,168	45,169	1,000		1,730	(730)
Family Nurse partnership	476	476	0		(7)	7
Keepwell	488	488	0		0	0
Training Health Visitors	587	587	0		0	0
Other General Services	55	45	(10)		0	(10)
Total Level Three	**45,775**	**46,765**	**990**		**1,723**	**(733)**
Level Four - Children's Services						
Community Paediatrics	470	505	35		10	25
C&F Social Work Services	23,547	24,514	967		850	117
Health Visiting	1,861	1,861	0		(25)	25
Total Level Four	**25,878**	**26,880**	**1,002**		**835**	**167**
Direct Overheads & Support Services	6,863	6,755	(108)		(193)	85
Partnership Total	**206,091**	**208,613**	**2,523**		**5,416**	**(2,893)**

Report as at 31st March 2015

Partnership Budget Subjective Summary	2015/16 Budget Aligned Budget	Outturn	Variance
	£'000	£'000	£'000
Employee Costs	92,987	94,276	1,289
Property Costs	527	487	(40)
Supplies and Services	7,789	8,146	357
Prescribing Costs	29,099	29,099	0
Primary Medical Services	16,750	16,842	93
Transport and Plant	580	584	4
Admin Costs	3,194	3,058	(136)
Other Agencies & Bodies	62,527	64,022	1,495
Transfer Payments	11,203	11,314	111
Other Expenditure	103	104	1
Capital Expenditure	0	0	0
Income	(18,669)	(19,319)	(650)
Partnership Total	**206,090**	**208,613**	**2,523**

Indicative Health & Social Care Partnership Budgets: North **Appendix 1a**
Objective Report as at 31st July 2015

Partnership Budget Objective Summary	2015/16 Budget Aligned			Notes	Aligned	
	Budget	Outturn	Over/ (Under) Spend Variance		2014/15 Over/ (Under) Spend Variance	Movement in projected budget variance from 14-15
	£'000	£'000	£'000		£'000	£'000
Level One Core						
Learning Disabilities	15,717	16,173	456	Community packages are projecting an overspend of £629k based on a forward projection of current placement numbers. The service is currently reviewing and validating all packages. There is a slight overspend on Residential packages £54k which is offset by an over recovery on income, £123k and reduction in respite provision £78k.	(178)	634
Older people	42,129	41,316	(813)	Care Homes/Care at Home Residential and nursing care placements are projecting an underspend of £608k, due to lower than anticipated occupancy levels at the start of the year and discharge numbers being higher than anticipated at this stage in the year. This may indicate early release of 2016/17 and 2017/18 savings, however, it is too early to say this for certain. The reduction in Care Home costs has created additional pressures within Care at Home. Both budgets continue to be monitored carefully. Income Income is expected to over recovery by £443k, mainly due to income received from charging orders for residential placements. Other Budgets Anticipated overspend of £138k within supplies and services, mainly due to CM2000 operational costs of £70k, copier costs £26k and other small overspends.	2,469	(3,282)
Physical Disabilities	4,143	4,372	229	Overspends are projected in Residential placements, £242k, and Community packages, £137k, based on current placement numbers being higher than budgeted. There is a £50k anticipated overspend related to the Cordia lift maintenance contract. The above overspends are partially offset by projected underspends in Direct Payments £205k.	95	134
Mental Health Community Teams	5,255	5,505	250	Current placement numbers indicate that Residential packages will underspend by £101k, Community packages will overspend by £324k, these have increased significantly from the start of the year, with 13 new placements. Direct payments are also projecting an overspend of £68k.	(340)	590
Addiction	2,355	2,313	(41)	The projected overspend within Addictions include property costs for Townhead, this used to be occupied by Social Services, investigation is ongoing to who is responsible for these costs, other slight overspends include staff mileage and supplies and services based on current spending patterns. Addiction Services are projected to underspend by £91k. This arises from a number of vacancies at the start of the year which are assumed will become filled as the year progresses.	(85)	44

Partnership Budget Objective Summary	2015/16 Budget Aligned			Notes	Aligned	
	Budget	Outturn	Over/ (Under) Spend Variance		2014/15 Over/ (Under) Spend Variance	Movement in projected budget variance from 14-15
	£'000	£'000	£'000		£'000	£'000
Community Nursing	3,646	3,731	85	Community Nursing is projected to overspend by £85k. This arises from District Nurse staff in post being above the funded establishment and increased costs in the provision of packages of care. The recently appointed Senior Manager - Locality Services is currently reviewing the staffing levels in each locality to understand how unfunded posts have been appointed to and to clarify workforce requirements going forward. At the same time, the needs of those who require complex adult care packages will be reviewed during this year to determine the level of support required and the most efficient and effective manner of securing this.	60	25
Prescribing	29,099	29,099	0		788	(788)
General Medical Services	16,750	16,842	93		86	7
Resource Transfer, Change Fund, Criminal Justice	2,450	2,417	(33)		(133)	100
Total Level One	**121,544**	**121,768**	**225**		**2,762**	**(2,537)**
Level Two - Non District General Hospitals						
Ayrshire Central Continuing Care	3,854	4,203	348	The frail elderly wards at Ayrshire Central Hospital continue to exceed budget. The projected overspend for 2015/16 is £348k which is higher than in 2014/15. £60k of the increase relates to the one off impact of the late achievement of efficiency savings through the planned closure of beds in the private sector. The closure occurred in June but the savings were taken on a full year basis. There continue to be issues with high occupancy, patients being more frail and high staff sickness levels across a number of wards. The promoting attendance policy has been applied rigorously in Pavilion 3 and staff have been supported in clarifying their roles and enhancing their skills and competencies. This is having a positive impact and while managers continue to deal with a small number of outstanding issues on an individual basis, it is necessary to utilise Bank and occasionally Agency staff to sustain a safe level of service. At the same time, the Pavilion 3 budget is under a historic pressure relating to former staff members who are being supported in finding alternative opportunities. While the management of sickness absence for Pavilion 6 continues to be undertaken by the South Ayrshire Health and Social Care Partnership on a short-term basis to enable the flexible use of staffing within Biggart Hospital, the Senior Manager - Long-Term Care and their Service Manager will become more active within the unit to prepare staff for the return to the Ayrshire Central site. This will involve a significant Organisational Development input and it is anticipated that this will have a positive impact on the current pressures. In the meantime, Pavilion 6 continues to deliver a reduced level of service with only 26 of the 30 bed capacity being made available to support patient care.	234	114
Arran War Memorial Hospital	1,613	1,653	40		50	(10)
Lady Margaret Hospital	564	589	25		5	20
Total Level Two	**6,031**	**6,445**	**414**		**289**	**125**

Partnership Budget Objective Summary	2015/16 Budget Aligned			Notes	Aligned	
	Budget	Outturn	Over/ (Under) Spend Variance		2014/15 Over/ (Under) Spend Variance	Movement in projected budget variance from 14-15
	£'000	£'000	£'000		£'000	£'000
Level Three - Lead Partnership Services						
Mental Health Services	44,168	45,169	1,000	Lead partnership mental health services are projected to overspend by £1 million in 2015/16. The overspend is incurred in the adult in-patient wards due to staff in post exceeding establishment as a result of high levels of constant observation and high sickness absence. It is anticipated that once services move to the new location of Woodland View in April 2016 the level of overspend will reduce as it is expected that the therapeutic and functional design of the wards in the new hospital will have an anticipated impact on the progress of patient recovery and support clinical/therapeutic interventions which may in turn result in a reduction in the frequency and longevity of enhanced observations post admission. Other actions to mitigate the overspend include: Review of work force requirements and re- implementation of the national nursing workforce tool post 6 months service transfer to new hospital to ensure workforce skill mix is adjusted to reflect design impact of new service Review and embed new ways of working within the new hospital to ensure/maximise service efficiency and release staff capacity Optimise workforce attendance with review of staff absence & well being recovery plans to ensure targets are reached Request to Scottish Government for funding to support transition to the new hospital.	1,730	(730)
Family Nurse partnership	476	476	0		(7)	7
Keepwell	488	488	0		0	0
Training Health Visitors	587	587	0		0	0
Other General Services	55	45	(10)		0	(10)
Total Level Three	**45,775**	**46,765**	**990**		**1,723**	**(733)**
Level Four - Children's Services						
Community Paediatrics	470	505	35		10	25
C&F Social Work Services	23,547	24,514	967	Children with Disabilities This is the most significant area of overspend due to 4 new residential packages, 3 which started during 14/15 and 1 which started in 15/16. The overspend relating to these 4 packages is £674k. Further overspends are also projected within Community packages, £101k and Direct Payments £281k. Residential Schools and Community Supports Overall these are projected to underspend by £154k due to external placements being lower than budgeted, however, the underspend in external placements is partially offset by higher than budgeted overtime costs within Council owned residential units. The Manager responsible is investigating the reasons for the additional overtime in order to bring this overtime overspend back in line. Agency costs of £71k have been incurred for assessment purposes within the fieldwork teams. Fostering, Adoption and Kinship Overall these areas are forecasting a £154k overspend due to higher than budgeted numbers of private fostering placements for the first three months, this has now been addressed and placements moved to inhouse care and higher than anticipated adoption placement fees and assessment costs. These overspends have been partially offset by an anticipated underspend on Kinship due to placements being lower than budgeted.	850	117
Health Visiting	1,861	1,861	0		(25)	25
Total Level Four	**25,878**	**26,880**	**1,002**		**835**	**167**
Direct Overheads & Support Services	6,863	6,755	(108)	Various minor underspends and over recoveries of income, the most significant being: Income received from Universities for Practice Teachers £25k, anticipated underspend within Money Matters team £25k	(193)	85
Partnership Total	**206,091**	**208,613**	**2,523**		**5,416**	**(2,893)**

Indicative Health & Social Care Partnership Budgets: North - Council Funded Budgets **Appendix 2**
Objective Report as at 31st July 2015

Council Services Objective Summary	2015/16 Budget Council Budget £'000	Outturn £'000	Over/ (Under) Spend Variance £'000	Notes	Council 2014/15 Over/ (Under) Spend Variance £'000	Movement in projected budget variance from 14-15 £'000
Level One Core						
Learning Disabilities	15,216	15,717	501	Community packages are projecting an overspend of £629k based on a forward projection of current placement numbers. The service is currently reviewing and validating all packages. There is a slight overspend on Residential packages £54k which is offset by an over recovery on income, £123k and reduction in respite provision £78k.	(155)	656
Older people	42,129	41,316	(813)	Care Homes/Care at Home Residential and nursing care placements are projecting an underspend of £608k, due to lower than anticipated occupancy levels at the start of the year and discharge numbers being higher than anticipated at this stage in the year. This may indicate early release of 2016/17 and 2017/18 savings, however, it is too early to say this for certain. The reduction in Care Home costs has created additional pressures within Care at Home. Both budgets continue to be monitored carefully. Income Income is expected to over recovery by £443k, mainly due to income received from charging orders for residential placements. Other Budgets Anticipated overspend of £138k within supplies and services, mainly due to CM2000 operational costs of £70k, copier costs £26k and other small overspends.	2,469	(3,282)
Physical Disabilities	4,143	4,372	229	Overspends are projected in Residential placements, £242k, and Community packages, £137k, based on current placement numbers being higher than budgeted. There is a £50k anticipated overspend related to the Cordia lift maintenance contract. The above overspends are partially offset by projected underspends in Direct Payments £205k.	95	134
Mental Health Community Teams	3,028	3,296	268	Current placement numbers indicate that Residential packages will underspend by £101k, Community packages will overspend by £324k, these have increased significantly from the start of the year, with 13 new placements. Direct payments are also projecting an overspend of £68k.	(259)	527
Addiction	1,302	1,352	50	The projected overspend within Addictions include property costs for Townhead, this used to be occupied by Social Services, investigation is ongoing to who is responsible for these costs, other slight overspends include staff mileage and supplies and services based on current spending patterns.	(48)	98
Community Nursing		0	0		0	0
Prescribing		0	0		0	0
General Medical Services		0	0		0	0
Resource Transfer, Change Fund, Criminal Justice	(11,843)	(11,876)	(33)		(127)	94
Total Level One	**53,975**	**54,177**	**202**		**1,975**	**(1,773)**

Council Services Objective Summary	2015/16 Budget Council Budget £'000	Outturn £'000	Over/ (Under) Spend Variance £'000	Notes	Council 2014/15 Over/ (Under) Spend Variance £'000	Movement in projected budget variance from 14-15 £'000
Level Two - Non District General Hospitals						
Ayrshire Central Continuing Care					0	0
Arran War Memorial Hospital					0	0
Lady Margaret Hospital					0	0
Total Level Two	**0**	**0**	**0**		**0**	**0**
Level Three - Lead Partnership Services						
Mental Health Services					0	0
Family Nurse partnership					0	0
Keepwell					0	0
Training Health Visitors					0	0
Other General Services					0	0
Total Level Three	**0**	**0**	**0**		**0**	**0**
Level Four - Children's Services						
Community Paediatrics					0	0
C&F Social Work Services	23,547	24,514	967	Children with Disabilities This is the most significant area of overspend due to 4 new residential packages, 3 which started during 14/15 and 1 which started in 15/16. The overspend relating to these 4 packages is £674k. Further overspends are also projected within Community packages, £101k and Direct Payments £281k. Residential Schools and Community Supports Overall these are projected to underspend by £154k due to external placements being lower than budgeted, however, the underspend in external placements is partially offset by higher than budgeted overtime costs within Council owned residential units. The Manager responsible is investigating the reasons for the additional overtime in order to bring this overtime overspend back in line. Agency costs of £71k have been incurred for assessment purposes within the fieldwork teams. Fostering, Adoption and Kinship Overall these areas are forecasting a £154k overspend due to higher than budgeted numbers of private fostering placements for the first three months, this has now been addressed and placements moved to inhouse care and higher than anticipated adoption placement fees and assessment costs. These overspends have been partially offset by an anticipated underspend on Kinship due to placements being lower than budgeted.	850	117
Health Visiting					0	0
Total Level Four	**23,547**	**24,514**	**967**		**850**	**117**
Direct Overheads & Support Services	6,071	5,986	(85)	Various minor underspends and over recoveries of income, the most significant being: Income received from Universities for Practice Teachers £25k, anticipated underspend within Money Matters team £25k	(188)	103
Partnership Total	**83,592**	**84,676**	**1,084**		**2,637**	**(1,553)**

Indicative Health & Social Care Partnership Budgets: North - Health Funded Budgets **Appendix 3**
Objective Report as at 31st July 2015

Health Services Objective Summary	2015/16 Budget Health			Notes	Health	
	Budget	Outturn	Over/ (Under) Spend Variance		2014/15 Over/ (Under) Spend Variance	Movement in projected budget variance from 14-15
	£'000	£'000	£'000		£'000	£'000
Level One Core						
Learning Disabilities	501	456	(45)		(23)	(22)
Older people	0	0	0		0	0
Physical Disabilities	0	0	0		0	0
Mental Health Community Teams	2,228	2,209	(18)		(81)	63
Addiction	1,053	962	(91)	Addiction Services are projected to underspend by £91k. This arises from a number of vacancies at the start of the year which are assumed will become filled as the year progresses.	(37)	(54)
Community Nursing	3,646	3,731	85	Community Nursing is projected to overspend by £85k. This arises from District Nurse staff in post being above the funded establishment and increased costs in the provision of packages of care. The recently appointed Senior Manager - Locality Services is currently reviewing the staffing levels in each locality to understand how unfunded posts have been appointed to and to clarify workforce requirements going forward. At the same time, the needs of those who require complex adult care packages will be reviewed during this year to determine the level of support required and the most efficient and effective manner of securing this.	60	25
Prescribing	29,099	29,099	0		788	(788)
General Medical Services	16,750	16,842	93		86	7
Resource Transfer, Change Fund, Criminal Justice	14,292	14,292	0		(6)	6
Total Level One	**67,569**	**67,592**	**23**		**787**	**(764)**
Level Two - Non District General Hospitals						
Ayrshire Central Continuing Care	3,854	4,203	348	The frail elderly wards at Ayrshire Central Hospital continue to exceed budget. The projected overspend for 2015/16 is £348k which is higher than in 2014/15. £60k of the increase relates to the one off impact of the late achievement of efficiency savings through the planned closure of beds in the private sector. The closure occurred in June but the savings were taken on a full year basis. There continue to be issues with high occupancy, patients being more frail and high staff sickness levels across a number of wards. The promoting attendance policy has been applied rigorously in Pavilion 3 and staff have been supported in clarifying their roles and enhancing their skills and competencies. This is having a positive impact and while managers continue to deal with a small number of outstanding issues on an individual basis, it is necessary to utilise Bank and occasionally Agency staff to sustain a safe level of service. At the same time, the Pavilion 3 budget is under a historic pressure relating to former staff members who are being supported in finding alternative opportunities. While the management of sickness absence for Pavilion 6 continues to be undertaken by the South Ayrshire Health and Social Care Partnership on a short-term basis to enable the flexible use of staffing within Biggart Hospital, the Senior Manager - Long-Term Care and their Service Manager will become more active within the unit to prepare staff for the return to the Ayrshire Central site. This will involve a significant Organisational Development input and it is anticipated that this will have a positive impact on the current pressures. In the meantime, Pavilion 6 continues to deliver a reduced level of service with only 26 of the 30 bed capacity being made available to support patient care.	234	114

Health Services Objective Summary	2015/16 Budget Health			Notes	Health	
	Budget	Outturn	Over/ (Under) Spend Variance		2014/15 Over/ (Under) Spend Variance	Movement in projected budget variance from 14-15
	£'000	£'000	£'000		£'000	£'000
Arran War Memorial Hospital	1,613	1,653	40		50	(10)
Lady Margaret Hospital	564	589	25		5	20
Total Level Two	**6,031**	**6,445**	**414**		**289**	**125**
Level Three - Lead Partnership Services						
Mental Health Services	44,168	45,169	1,000	Lead partnership mental health services are projected to overspend by £1 million in 2015/16. The overspend is incurred in the adult in-patient wards due to staff in post exceeding establishment as a result of high levels of constant observation and high sickness absence. It is anticipated that once services move to the new location of Woodland View in April 2016 the level of overspend will reduce as it is expected that the therapeutic and functional design of the wards in the new hospital will have an anticipated impact on the progress of patient recovery and support clinical/therapeutic interventions which may in turn result in a reduction in the frequency and longevity of enhanced observations post admission. Other actions to mitigate the overspend include: Review of work force requirements and re- implementation of the national nursing workforce tool post 6 months service transfer to new hospital to ensure workforce skill mix is adjusted to reflect design impact of new service Review and embed new ways of working within the new hospital to ensure/maximise service efficiency and release staff capacity Optimise workforce attendance with review of staff absence & well being recovery plans to ensure targets are reached Request to Scottish Government for funding to support transition to the new hospital.	1,730	(730)
Family Nurse partnership	476	476	0		(7)	7
Keepwell	488	488	0		0	0
Training Health Visitors	587	587	0		0	0
Other General Services	55	45	(10)		0	(10)
Total Level Three	**45,775**	**46,765**	**990**		**1,723**	**(733)**
Level Four - Children's Services						
Community Paediatrics	470	505	35		10	25
C&F Social Work Services	0	0	0		0	0
Health Visiting	1,861	1,861	0		(25)	25
Total Level Four	**2,331**	**2,366**	**35**		**(15)**	**50**
Direct Overheads & Support Services	792	769	(23)		(5)	(18)
Partnership Total	**122,499**	**123,937**	**1,439**		**2,779**	**(1,340)**

HSCP 2015/16 Savings Tracker

Appendix 4

Budget Savings	Senior Manager	Reference	2015/16	Released	Slippage	Projected Full Year	BRAG	
			£	at Month 3	at Month 3	Slippage	Status	Comment
Health and Social Care Partnership								
Staff turnover baseline budget saving based on historic trends	ALL	SP-HSC-23	298,000	-	298,000		Green	
Mental Health Care Package baseline budget adjustment based on historic underspends	Dale Mellor	SP-HSC-24	200,000	-	200,000	-	Amber	£130k identified at present to be achieved through one high cost community package moving to residential and temp reductions in other packages.
Increase the administrative charge for Criminal Justice Service to 8%	David MacRitchie	SP-HSC-15	112,000	-	112,000	-	Green	
Reduction through early intervention in the demand for foster care and alternative family placements	Elizabeth Stewart	SP-HSC-08	83,200	-	83,200		Amber	Work ongoing at present with a number of placements, outcomes not known at present. Risk full saving is not achieved
Children with Disabilities - improved procurement for provision of community support services.	Elizabeth Stewart	SP-HSC-09	25,000	25,000	-		Blue	Achieved through reduction of budget for community supports provided by supported carers
Realignment of foster care services from external to in-house carer provision	Elizabeth Stewart	SP-HSC-11	91,520		91,520		Amber	Slippage due to placements not moved until July, previously anticipated to be before April 15, in order to achieve full year savings
Efficiency savings which will accrue through the implementation of the CM2000 system.	Helen McArthur	SP-SS-13-18	200,000	-	200,000		Red	Issue in achievement of efficiencies with CM2000. 2 Framework Providers have ceased providing services for NAC. 3 Framework providers using CM2000, one of which could potentially increase compliance levels to achieve savings. Another non-framework provider to implement CM2000 this could potentially make efficency savings. Potentially £80k could be achieved this year if implemented in August 15 as planned.
The full implementation of CM2000 will enable the management of more efficient services, delivering a 15% saving, in line with other local authorities	Helen McArthur	SP-HSC-04	200,000	-	200,000		Red	As Above
Review information systems team	Janine Hunt	SP-SS-13-09	30,092	30,092	-		Green	Post given up in C & F to fund trainer post within carefirst
Review of Partnership support functions	Janine Hunt	SP-HSC-03	50,000	-	50,000		Green	Expected to be achieved this year through vacancies

Budget Savings	Senior Manager	Reference	2015/16	Released	Slippage	Projected Full Year	BRAG	
			£	at Month 3	at Month 3	Slippage	Status	Comment
Review of block contracted services - including George Steven Centre	John McCaig	SP-SS-13-29	14,846	-	14,846		Red	Saving will not be achieved, review of Block Contract was achieved in 2013/14. NAC utilising more places than block contract, therefore additional costs are being incurred
Rationalisation of Local Area Coordinator posts	John McCaig	SP-SS-13-35	45,875	45,875	-	-	Blue	Savings achived prior year
Redesign of Council LD Day Services	John McCaig	SP-SS-13-31	122,900	122,900	-	-	Blue	Savings achived prior year
Review of high cost care packages	John McCaig	SP-SS-13-42	100,000	-	100,000		Amber	Plans required to be put in place to idenitfy packages for review
Review of complex packages of care for individuals with a Learning Disability	John McCaig	SP-HSC-07	50,000	-	50,000		Amber	Plans required to be put in place to idenitfy packages for review
Additional income from charges. The actual income received is greater than the amount budgeted and the budget is being amended to reflect the actual position	John McCaig - Charging Policy	SP-SS-13-04	41,000	41,000	-		Blue	Increase in charge for Dirrans Head Injuries Unit has been implemented with East Ayrshire Council resulting in achieving income savings
Increase in Income Budget. Revision of base budget to reflect inflation increases and improvements to the charging process to ensure charges are implemented according to the policy.	John McCaig - Charging Policy	SP-HSC-13	100,000	100,000	-		Blue	Income to date projecting an over recovery
Review Assessment and Care Management staff within Older People	Mary Francey	SP-SS-11-29	100,668	67,000	33,668		Green	£67k achieved through restucture Nov 13, balance to be achieved.
Review of purchased service contracts - including supported living	Mary Francey	SP-SS-13-38	108,000	-	108,000		Amber	Plans to be put in place to achieve savings
Older People - Review of support offered to individuals through admission to Hospital and the planning of discharges back to community settings to improve the quality of support and ensure greater continuity.	Mary Francey	SP-HSC-10	40,000	-	40,000		Green	Post to be identified
Transport Savings - introduction of a central transport hub, taking over responsibility for the management and utilisation of all journey provision, will enable a 10% saving across the Council's fleet	n/a	SP-SS-13-05	6,000	6,000	-	-	Blue	
Rationalisation of the Family Support services across North Ayrshire linked to the Dartington research work	Stephen Brown	SP-HSC-22	50,000	50,000	-		Blue	Reduction of Family Network service from Quarriers
Cumbrae Lodge	Isabel Marr	NHS	550,000	78,097	59,403	59,403	Amber	Beds didn't close until June
Total for Health and Social Care Partnership			**2,619,101**	**565,964**	**1,640,637**	**59,403**	**-**	**-**

Integration Joint Board
17th September 2015
Agenda Item No. 12

Subject:	**Missing Persons Guideline (NHS)**
Purpose:	To inform the IHB about the consultation document, which is primarily an operational issue.
Recommendation:	The IJB are asked to note that we are responding to the consultation.

1.	**INTRODUCTION**
1.1	The Scottish Government along with Police Scotland and NHS Scotland have drawn together a draft national partnership agreement guideline which aims to shape frontline practise across Scotland to meet the objectives of the National Missing Persons Strategy (currently out for consultation) – (see IJB Agenda Item 13)
1.2	The guideline has been development collaboratively between three principle parties (Scottish Government, Police Scotland and NHS Scotland).
1.3	The consultation period for this guideline runs until 30th September 2015.
2.	**Current Position**
2.1	Around 40,000 instances of people going missing were reported in Scotland in the past year.
2.2	Police Scotland spends around £88m annually related to missing people.
2.3	Around 44% of Police Scotland 'beat' time relates to missing people.
2.4	National (UK) studies show that around 80% of people who go missing have mental health issues. N.B. that does not mean they were in contact with mental health services.
2.5	There are around 306,000 'missing' incidents reported to the Police across Great Britain. Scotland has the highest prevalence at 6.2 per 1000 (4.8 in England and Wales).

3.	**PROPOSALS**
3.1	A national partnership agreement has been drawn up, which aims to deliver a consistent approach and understanding primarily between Police Scotland and NHS Scotland related to people who go missing from NHS Care in Scotland.
3.2	Mental Health Services have had a missing persons protocol in place since 2010 (Appendix B), this was agreed jointly with Strathclyde Police, Ayrshire Division.
3.3	The Mental Health protocol did not cover 'general' hospital settings; currently they do not have a written protocol.
3.4	Operational and clinical colleagues from the Acute Hospitals have provided comment and welcomed the agreed direction of travel to create a single approach to missing people.
4.	**IMPLICATIONS**
4.1	There are potentially positive implications from adopting the approach in this national agreement 4.1.1. A shared understanding of terminology. 4.1.2 A unified approach to understanding risk. 4.1.3. A single approach across all NHS Care environments.
4.2	This is one work stream within the National Missing Persons Strategy (in consultation); non NHS environment will be covered by the wider strategy.
5.	**CONSULTATIONS**
5.1	This document has been shared widely across NHS Scotland via Board Chief Executives.
6.	**CONCLUSION**
6.1	The IJB is asked to note that operational managers, from Partnerships and Acute Services, have provided comment on the 'draft' protocol.

For more information please contact Derek T Barron on 01294 8137800 or Derek.barron@aapct.scot.nhs.uk

Integration Joint Board
17th September 2015
Agenda Item No. 13

Subject:	**A Consultation on working Together for people who go missing in Scotland**
Purpose:	To alert the IJB to this recently launched consultation paper and to provide the opportunity to submit comments.
Recommendation:	The IJB is asked to note the consultation, and provide written comment, as required, from IJB members.

1.	**INTRODUCTION**
1.1	The Scottish Government launched a consultation on Working together for People who go Missing, on 27th August 2015 – the consultation runs until 30th November 2015. Link to documents: http://www.gov.scot/Publications/2015/08/9749
1.2	The 'strategy' has four objectives and eight commitments: 1.2.1 Objective 1 Prevent 1.2.2 Objective 2 Response 1.2.3 Objective 3 Support 1.2.4 Objective 4 Protect
1.3	The consultation document has 10 questions that the IJB may wish to consider.
1.4	There are 30,000 missing incidents reported each year – the number of actual incidents is therefore likely to be much higher.
1.5	IJB members' attention is drawn to the key facts in the infographic on P.5 of the strategy document (attached as Appendix 1).
2.	**Current Position**
2.1	While it is clear we have a significant issue at a national level, we do not have a single unified approach to addressing this.
2.2	Across Britain there were 306,000 incidents of people missing, reported to the Police.
2.3	Scotland has a higher rate at 6.2 people per 1000 of population – 2/3rd of which are children/young people; 2/3rd are missing from home, 1 in 5 from care and 1 in 20

	from hospital.
2.4	Although there is no unified approach across Scotland there is a national helpline #116000. It received 4000 calls last year, made 27 publicity appeals for help and sent 365 Textsafe messages. www.missingpeople.org.uk
2.5	We do not have figures broken down to an Ayrshire (or North Ayrshire level).
2.6	Running away 2.6.1 The rate of homelessness for young people is double that of over 25's. 2.6.2 50% of young homeless people report having run away during childhood. 2.6.3 1 in 6 runaways are physically or sexually assaulted while running away. 2.6.4 28% of runaways have slept rough. 2.6.5 68% of young runaways are not reported to the police.
2.7	Shelter Scotland report that common experiences among the young people they work with are: 2.7.1 Too old for children's services, too young for adult services. 2.7.2 Being repeatedly moved on and not helped. 2.7.3 Feeling services/agencies weren't interested. 2.7.4 Agencies failing to see young people as their responsibility.
3.	**PROPOSALS**
3.1	There are ten questions in the strategy that we are invited to consider.
3.2	The IJB is invited to consider the ten questions, to submit comment on questions and thereafter a written submission will be provided by Partnership Senior Management Team on behalf of the IJB.
4.	**IMPLICATIONS**
4.1	There is potential for Scotland as a whole to make a difference in the lives of people who go missing (and their families), if the strategy meets its objectives, specifically objective 1 'Prevent'.
4.2	There are no direct implications to the IJB at this point, related to the consultation. Implications may follow on from required actions, post consultation.
5.	**CONSULTATIONS**
5.1	This consultation is a Scottish Government responsibility – however we will share the document across our networks.
6.	**CONCLUSION**
6.1	The IJB is asked to note the consultation, discuss the strategy and provide written feedback on the ten questions posed.

The scale of missing incidents in Scotland – some key facts

what can the evidence* tell us about missing people?

Over **30,000** missing incidents are reported each year

However, **many missing incidents are never reported to the police**

64% missing incidents involve **children and young people**

who goes missing?

Around **1 in 3** missing incidents are **repeat missing incidents**

why do people go missing?

Missing people are often **distressed and vulnerable**, and going missing can be **a sign of harm**

An estimated **40%** of people with **dementia** will go missing

Up to **70%** of **sexually exploited young people** will runaway

Studies show that many adults who go missing have **mental health issues**

Going missing has a **serious impact on missing people and their families.**

what happens when people go missing?

Most missing people **return or are found within 48 hours**

1 in 12 are **hurt or harmed**

1 in 100 are **found dead**

1 in 6 young runaways end up **sleeping rough or with strangers**

what works to support missing people?

Prevention planning can help reduce the risk of vulnerable people going missing

Providing **return interviews** to people who have been missing can help identify harm

*The **data available is not definitive** and missing people is a complex and wide-ranging issue.

For more information please contact Derek T Barron on 01294 8137800 or Derek.barron@aapct.scot.nhs.uk

North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

NHS Ayrshire & Arran

Integration Joint Board
17th September 2015
Agenda Item No. 14

Subject:	**Consultation on Reviewing the Quality of Care**
Purpose:	This paper proposes a response on behalf of the HSCP to the consultation paper and draft quality framework produced by Healthcare Improvement Scotland.
Recommendation :	IJB members are asked to discuss and agree the proposed response

1.	**INTRODUCTION**
1.1	In July 2015, Healthcare Improvement Scotland (HIS) produced a consultation paper on building a comprehensive approach to reviewing the quality of care of services in Scotland.
1.2	The full document can be viewed at: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_reviews/qoc_reviews_consultation.aspxcument
2.	**CURRENT POSITION**
2.1	Please see attached proposed response to the consultation document.
3.	**IMPLICATIONS**
3.1	**Financial Implications**
	There are no financial implications arising directly from this report.
3.2	**Human Resource Implications**
	There are no human resource implications arising directly from this report.
3.3	**Legal Implications**
	There are no legal implications arising directly from this report.
3.4	**Equality Implications**
	There are no equality implications arising directly from this report.

4.	**CONCLUSION**
4.1	IJB members are asked to discuss and agree the proposed response.

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

Building a comprehensive approach to reviewing the quality of care: *Supporting the delivery of sustainable high quality services*

Consultation response form

About you

My name	Councillor Anthea Dickson			
Job title (if applicable)	Chair, North Ayrshire Health & Social Care Partnership			
Organisation name (if applicable)	North Ayrshire Health and Social Care Partnership			
Email address (if applicable)	kate.smith@north-ayrshire.gcsx.gov.uk			
I am responding as: (mark 'x' where relevant)	Member of the public		Carer	
	Healthcare professional		Social care professional	
	Voluntary /community sector representative		Other stakeholder	X

Please return this form by **Wednesday 30 September 2015** to: hcis.QoCR@nhs.net
If you would prefer to write to us then please send your response to:

Quality of Care Review Team
Scrutiny and Assurance Directorate
Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Using your Personal Information
Personal information which you supply to us will be used for the purposes of processing your attendance at our consultation events and providing you with feedback following the close of consultation in September. Further information on how we manage personal information can be found on:
http://www.healthcareimprovementscotland.org/footernav/respecting_your_privacy.aspx

Consultation questions

Question 1: The paper describes a number of principles that are guiding our approach; an approach that: • drives improvement • is person-centred • is open and honest • is fair, transparent and risk based • is flexible • is developed in partnership • is owned by all those involved • is proportionate and practical, and • is adaptable for a variety of care settings. Do you agree with the principles that guide our approach?	YES/NO If yes, why? If no, why? We agree with the principles to guide the approach but we believe that opportunities to apply these principles are being missed in the proposal outlined. For example, being proportionate and practical – as an integrated partnership, two separate scrutiny bodies, using two different methodologies, looking at services that are inextricably linked, is not helpful and not developed in partnership.
Question 2: The quality framework is based on seven domains of person-centred care, safety, effectiveness, leadership, governance, workforce and quality improvement. Do you think these are the right core domains, and will the supporting detail within the quality framework support the assessment and improvement of quality care?	YES/NO If yes, why? If no, why? Yes, we agree these are the right domains, sufficiently holistic and the supporting detail will support their assessment.

Question 3: How reasonable or practical is it to assess care against the domains and categories set out in the quality framework?	The reasonableness and/or practicality will be determined by the 'how' it is carried out. An attempt to access and evidence each domain and category has the potential to distract time and resources from our core of delivering services into an industry of measurement. Linking to Q.6 the culture of HIS needs to be flexible between assuring everything versus a proportionate approach to assurance that does not distract from service delivery.
Question 4: Should the quality framework form a set of standards that must be met or remain a guide of best practice?	YES/NO If yes, why? If no, why? On balance we consider that a set of standards would be the best approach. In stating this we are mindful that 'best practice' gives flexibility where areas struggle because of external factors e.g. environment/geography. However a clear set of standards ensures the population of Scotland know the level and quality of service they have a right to expect.
Question 5: Would it be helpful to also develop a set of consistent Key Quality Indicators against the quality framework domains for use locally and nationally?	YES/NO If yes, why? If no, why? Yes, we believe this would be helpful, to allow cross learning and tracking of our collective improvement. However, use of the KQIs would need to be carefully considered in the case of each review, recognising the diversity of service models and purposes; one size will not fit all.
Question 6: Do you think culture underpins the domains within the quality framework and how might culture be assessed?	YES/NO If yes, why? If no, why? We are in no doubt that culture underpins the domains; however we are also of the view that 'measuring' culture is not the role of HIS. Attempts to 'measure' culture from outside an organisation is in itself undermining rather than supportive.

Question 7: The paper proposes that our new approach scrutinises across different levels of an organisation or system of care. This would be reflected at three broad levels: • services and systems provided across a provider area, including interfaces between services, for example the interface between health and social care **(macro level)** • across particular services such as care of older people, accident and emergency or primary care services **(meso level)**, and • at ward level, within a community setting, or any other setting with direct interaction between a care professional and the patient, service user or carer **(micro level)**. Do you think external scrutiny should focus on these three broad levels across an organisation or system of care?	YES/NO If yes, why? If no, why? Yes, these three broad levels are appropriate. The thematic Quality of Care Reviews should be undertaken jointly with the Care Inspectorate in the case of Older Peoples Services, in line with the principles of "developed in partnership" and "proportionality". In terms of organisations, particularly fledging HSCPs with limited resource, the impact on managerial and clinical time should be considered. Up to two major themed reviews each year within the organisation, in addition to contributing as a key partner to themed reviews within our Health Board, will make huge demands on staff. One major themed review each year would be more manageable.
Question 8: Do you think the new approach to scrutiny should include the four dimensions of: • Thematic Quality of Care Reviews • Organisational Quality of	YES/NO If yes, why? If no, why? We assume that these proposed 4 dimensions correlate with the 3 levels defined in Q7, and that thematic quality of care reviews and organisational quality of care reviews occur at the macro level, with service level reviews equating to the meso level and point-of-care reviews being at the micro level.

Care Reviews • Service Level Reviews, and • Point-of-Care Reviews or inspections?	If this correlation is correct, then it would seem appropriate.
Question 9: Would it be helpful to include making recommendations for service sustainability as part of the new approach?	YES/NO If yes, why? If no, why? No, it is not the role of HIS to tell local services how they should be organised or delivered. Individual Health & Social Care Partnerships and/or Health Boards need to adapt services to meet local needs – this will form part of Strategic Plans within Health & Social Care Partnerships where this is applicable to Partnerships.
Question 10: Will the proposals set out in the consultation document support the further integration of health and social care?	YES/NO If yes, why? If no, why? No, the document makes little headway in demonstrating an understanding of integration or integrated services. The document remains firmly rooted in how the pre-integration NHS operates and is delivered.
Question 11: Do you feel that care will be safer and better for people as a result of the proposed changes?	YES/NO If yes, why? If no, why? No, currently the document (framework) is likely to require resources to be diverted away from delivering high quality services, to attempting to 'prove' services are of high quality. If there was an unending pool of resources to deliver on the complexity of the agenda this framework (as written) may have merit. As it stands it is overly complex, resource intensive and does not reflect the new world of integrated services.

Any other comments?

The framework is overly complex in presentation – it has little acknowledgement that health and social care (within HSCPs) will be delivered as a separate, albeit linked, structures to what could be considered traditional NHS Services.

It remains unclear in what ways the framework delivers on the ethos of Crerar to reduce the burden of inspection e.g. monitoring of SPSO response timescales.

In terms of the cultural element it is surprising that we seem able and willing to learn from NHS England's well publicised 'failings' but seem unable to learn from our own e.g. Mrs V (Mental Welfare Commission) or the Vale of Level enquiry.

The Consultation Paper makes reference, at a number of points, to a shift towards a more integrated approach to scrutiny of health and social care, yet this proposal appears to formalise a process for health only. This would be a hugely wasted opportunity. If a truly integrated approach by HIS and the Care Inspectorate is not achievable at present, a timescale suggesting an aspiration towards this would offer much needed reassurance.

A final and crucial point is in recognition of HIS's emerging leadership role in the Integrated Improvement Offer. These two parallel developments would see HIS become our first port of call for support around continuous improvement, while also being one of our inspection bodies. To develop a trusting relationship in this scenario will be very difficult.

Thank you for your response.

Agenda Item 15

Minutes of North Ayrshire Strategic Planning Group

Thursday 06/08/2015
9.30am – 12.00
Greenwood Conference Centre
Irvine

	Present:	Stephen McKenzie, Chair, IJB Jo Gibson, Planning and Performance, NAC Derek Barron, NHS Mental Health Representative Jim Nichols, Third Sector Representative Annie Weir, Programme Manager, Integration of Health and Social Care, NAC David Bonellie, NHS Optometry Representative Thelma Bowers, Head of Service, Mental Health Linda Brough, Community Planning, NAC Stephen Brown, Children and Families, Criminal Justice, NAC Lorne Campbell, KA Leisure Mark Gallagher, Alcohol and Drugs Partnership (ADP) Louise Gibson, Allied Health Professions (AHP) Representative Simon Morrow, Dental Representative Gordon McKay, APF Representative Dr John O'Dowd, Public Health Mr Paul Ryan, NHS Pharmacy Representative Christine Speedwell, NA Carers Centre William Lauder, Mental Health Elaine Young, Public Health Paul Kerr, Clinical Director H&SCP
	In attendance:	Marjorie Adams, Programme Manager (Early Interventions & Prevention) Eunice Johnstone, Planning Manager, NHS Policy, Planning & Performance Sharon Bleakley, Scottish Health Council Isobel Kelly, Team Manager, Money Matters David MacRitchie, Senior Manager, Criminal Justice

	Apologies:	Yvonne Baulk, Head of Physical Environment (Housing) Linda Boyd, Mental Health Barbara Hastings, The Ayrshire Community Trust Martin Hunter, Public Partnership Forum Representative Cllr Grace McLean Morna Rae, Community Planning, NAC David Rowland, Head of Service Health & Community Care	
1.	**Welcome**		
	Stephen McKenzie, Chair, welcomed everyone to the meeting.		
2.	**Draft minutes of previous meeting held June 25th 2015**		
2.1	Minutes approved as accurate for meeting of 25th June 2015.		
3.	**Matters Arising**		
3.1	**Action 1 -** Jim Nichols reported the commissioning of all 26 Projects were complete. 16 Projects from third and Independent Sector are now up and running with funding running for 12 months commencing 01/06/2015. Staying Connected/Good Neighbours/Home from Hospital/On Ward not yet started. Reports to follow in due course. These are not available at present due to start dates. **Action 2** – on today's agenda **Action 3** – It was greed this could be removed from the action log **Action 4** – Jim Nichols noted this was being done **Action 5/6** – it was noted that feedback from the previous session was available as handouts	**JN**
4.	**Strategic Planning Group -Terms of Reference**		
4.1	Jo Gibson introduced the updated terms of reference which have been amended from feedback received from various sources. Eunice Johnstone noted it had been previously agreed that the NAC Councillor representative was only required when the Chair was not an elected member. The terms of reference were agreed.		
5.	**Poverty & Inequalities. How can we reduce them?**		
5.1	A presentation given by John O'Dowd on poverty and its impact on health. Stephen McKenzie thanked John O'Dowd for his presentation		

6.	**Inequalities Across the Lifecycle**	
6.1	A presentation was given by Stephen Brown. Various topics were discussed highlighting the following areas: • Health inequalities in Scotland • Challenges to North Ayrshire • Children & Families • Adults • HSCP Initiatives Underway Stephen McKenzie thanked Stephen Brown for his presentation	
7.	**Group Discussion**	
7.1	A group discussion was undertaken around tackling inequalities priority. These have been themed across the lifecycle and summarised. Early years feedback included: • Changing/continuing focus from the other age groups to five and under will require robust partnership working. • More focus on midwives on mums and babies who are vulnerable • Development of better/more consistent linking of midwifery and health visitors • More to do around speech & language in early years • Education services crucial • Focussing services and support around early years centres In summary: The feedback from the SPG included recognition of the importance of intervention in the early years of life, even before birth. John's presentation emphasised the importance of this with the most cognitively developed children from least well off areas doing worse (developmentally) than the least cognitively developed children from the better off areas; the impact this has over the life course and on life chances is huge. The SPG recognises that to meet the HSCP strategic priority of tackling inequalities, more evidence informed, coordinated and multidisciplinary activity must take place at this stage. Children and YP feedback included: • Education services crucial • We welcome initiatives to provide children who receive free school meals with this opportunity over the summer holidays	

In summary:
Whilst intervention in the early years and before birth may be more cost effective, that does not mean resources should not be utilised in other areas. Early intervention may prevent the impact of inequalities but the SPG is just as committed to mitigating the impact of inequalities on children and young people. Mapping of service availability was identified as important as well as considering accessibility. During this vital stage in development, children and young people have a good opportunity with the right support, to overcome some of the initial disadvantages they face through inequalities. The SPG is committed to supporting children and young people to achieve their potential through tackling inequalities. More work required in this area.

Adults feedback included:

- Education services crucial
- How to engage with parents who have a lack of awareness about expected development milestones

In summary:
Lessening the impact of inequalities for this population group may be the most difficult. Adults will have experienced inequalities and their effects for a significant period however, with increased access to services including education, employment and training opportunities, quality of life can be significantly increased. The SPG is committed to supporting adults to overcome the barriers they face and to supporting community empowerment from a grassroots level.

General feedback included:

- Money Matters – Focused work/intervention in an area of very high child depravation, need to also focus on engagement
- Need to empower communities
- What doesn't work – mass communication not the answer – example given of free swimming in North Ayrshire but reduction in uptake.
- Maintain bigger picture view of change – example of benefit maximisation tool to individuals being charged for their care
- Impact/difference of marital/partner status. The system disadvantages those who are considered as being married or classed as a dependant of others in terms of benefit rights
- Looking at Portugal/Japan? Not all benefits in child mortality rate are about more local socio-economic status and/or benefits systems – extended families - social support, resilient communities
- Shared models of intervention
- Take services to where people will go. But how many resources can we invest in this?

	• Flag up issues. Dental – if clients don't come in – no income – some practices may not want to keep poor attenders • At risk identification? Time & resources • Outlying areas don't want to lose services but workers there for full days. Possible for organisations to look at together and act as an initial contact point. Reminders two days before then one day before and people still don't attend e.g. diabetics • Look for awareness of severity of condition – Awareness raising key but again how to get them engaged • Did not attend? Factor this in and accept in terms of resources In summary: It is clear that a coordinated strategic and operational approach to tackling inequalities is required. The above provides snippets of activity and concerns, questions and parts of answers. As a HSCP and as a CPP we have a collective responsibility to work towards the creation of a community where the effects or inequality are not so sharp; that mortality rates of the least and most worse off does not differ by 14years, with North Ayrshire being an area of such high inequality. The SPG has higher aspirations to make North Ayrshire a more equal place to live where inequalities are prevented, mitigated and undone.	
7.2	The Chair thanked members for attending advising information collected from today's meeting will be collated and forwarded on. The Chair suggested Development Sessions may be helpful in future and asked the group for their feedback on this.	**All**
8.	**Date and time of the next meeting** 17 September 2015 at 2.00pm, Volunteer Rooms, High Street, Irvine, Topic – Engaging Communities	
9.	**Additional dates and venues for 2015:**	
	29 October 2015 - 9.30 – 12.00, Volunteer Rooms, High Street, Irvine 10 December 2015 - 2.00 – 4.30, Greenwood Conference Centre, Dreghorn	