

Integration Joint Board

Thursday 9 March 2017 at 2.00 p.m.

**Council Chambers,
Cunninghame House Irvine**

- 1. Apologies**
Invite intimation of apologies for absence
- 2. Declaration of Interest**
- 3. Minutes / Action Note (Page 5)**
The accuracy of the Minutes of the meeting held on 12 January 2017 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).
- 3.1 Matters Arising**
Consider any matters arising from the minutes of the previous meeting.
- 4. Directors Report (Page 13)**
Submit report by Iona Colvin, Director (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).
- 5. Financial Performance Report as at 31 January 2017 (Page 17)**
Submit report by Eleanor Currie, Principal Manager (Finance) on the financial position of the North Ayrshire Health and Social Care Partnership as at 31 January 2017 (copy enclosed).
- 6. Medium Term Financial Plan 2017/18 to 2019/20**
Submit report by Margaret Hogg (copy to follow).
- 7. Care at Home Outsourced Service Provision (Page 41)**
Submit report by David Rowland, Head of Service (Health and Community Care) on the current at home in-house and outsourced service provision (copy enclosed).

- 8. Strategic Risk Register (Page 49)**
Submit report by Eleanor Currie, Principal Manager (Finance) on the Strategic Risk Register developed following approval of the Risk Strategy (copy enclosed).
- 9. Mental Health and Learning Disability Service – Change Programme (Page 61)**
Submit report by Thelma Bowers, Head of Service (Mental Health) on the progress of the Mental Health and Learning Disability Service Change Programme (copy enclosed).
- 10. Mental Health and Well-being Link Worker Pilot (Page 75)**
Submit report by Dale Meller, Senior Manager Community Mental Health, seeking approval to carry out a tender exercise to appoint a service provider to deliver a Mental Health and Well-being Link Worker Pilot (copy enclosed).
- 11. Alignment of Advice Services in North Ayrshire (Page 79)**
Submit report by David Rowland, Head of Service (Health and Community Care), on the delivery of fully aligned advice services across North Ayrshire and recommendations on the future role and function of the directly managed and commissioned services (copy enclosed).
- 12. Adaptations Process (Page 95)**
Submit report by David Rowland, Head of Service (Health and Community Care) on the handover of the adaptations process to the partnership (copy enclosed).
- 13. Joint Community Equipment and Minor Adaptions Service (Page 191)**
Submit report by Billy McClean on the outcome of a feasibility study cost report to progress the implementation of a Joint Community Equipment and Minor Adaptions Service for Ayrshire and Arran (copy enclosed).
- 14. Clinical and Care Governance Arrangements (Page 199)**
Submit report by Andrew Moore on the proposed Clinical and Care Governance Framework for Integrated Health and Social Care Partnerships (copy enclosed).
- 15. Pan Ayrshire Shared Equality Outcomes (Page 249)**
Submit report by Scott Bryan on the development of Shared Equality Outcomes between public sector organisations across Ayrshire (copy enclosed).
- 16. Integration Joint Board Performance and Audit Committee**
Submit the minutes of the meeting of the IJB PAC held on 7 November 2016 for information (copy to follow).

Integration Joint Board

Sederunt

Voting Members

Councillor Peter McNamara (Chair)
Mr Stephen McKenzie (Vice Chair)

North Ayrshire Council
NHS Ayrshire & Arran

Dr. Carol Davidson
Mr Bob Martin
Dr. Janet McKay
Councillor Anthea Dickson
Councillor Robert Steel
Councillor John Easdale

NHS Ayrshire and Arran
NHS Ayrshire and Arran
NHS Ayrshire and Arran
North Ayrshire Council
North Ayrshire Council
North Ayrshire Council

Professional Advisors

David Thomson
Iona Colvin
Dr. Mark McGregor
Hogg
Stephen Brown
Alistair Reid
Dr. Paul Kerr
Dr. Kes Khaliq

Lead Nurse/Mental Health Advisor
Director North Ayrshire Health and Social Care
Acute Services Representative Margaret
Section 95 Officer/Head of Finance
Chief Social Work Officer – North Ayrshire
Lead Allied Health Professional Adviser
Clinical Director
GP Representative

Stakeholder Representatives

Nigel Wanless
Martin Hunter
Fiona Thomson
Marie McWaters
Sally Powell
Jim Nicols
David Donaghey
Louise McDaid

Independent Sector Representative
Service User Representative
Service User Representative
Carers Representative
Carers Representative
Third Sector Representative
Staff Representative – NHS Ayrshire and Arran
Staff Representative – North Ayrshire

**`North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 12 January 2017
at 10.00 am, Council Chambers, Cunninghame House, Irvine**

Present

Councillor Peter McNamara, (Chair)
Stephen McKenzie, NHS Ayrshire & Arran (Vice Chair)

Dr Carol Davidson, NHS Ayrshire & Arran
Bob Martin, NHS Ayrshire & Arran
Dr Janet McKay, NHS Ayrshire & Arran
Councillor Anthea Dickson, North Ayrshire Council
Councillor Robert Steel, North Ayrshire Council

Iona Colvin, Director North Ayrshire Health and Social Care (NAHSCP)
Stephen Brown, Chief Social Work Officer – North Ayrshire
Alistair Reid, Lead Allied Health Professional Adviser
Dr Paul Kerr, Clinical Director
Nigel Wanless, Independent Sector Representative
Fiona Thomson, Service User Representative
Marie McWaters, Carers Representative
Jim Nichols, Third Sector Representative
David Donaghey, Staff Representative – NHS Ayrshire and Arran
Louise McDaid, Staff Representative – North Ayrshire Council

In Attendance

David Rowland, Head of Health and Community Care
Eleanor Currie, Principal Manager (Finance)
Thelma Bowers, Head of Services (Mental Health)
Paul Doak, IJB Chief Internal Auditor
Annie Weir, Project Manager (Social Services Change Team)
Lynne McNiven, Consultant in Public Health
Karen Andrews, Team Manager (Governance)
Angela Little, Committee Services Officer

Also in Attendance

Councillor Robert Barr

Apologies for Absence

Councillor John Easdale, North Ayrshire Council
Dr Mark McGregor, Acute Services Representative
Martin Hunter, Service User Representative
Sally Powell, Carers Representative
Kez Khaliq, GP Representative
Margaret Hogg, Section 95 Officer/Head of Finance

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	<p><u>Public Partnership Forum</u></p> <p>The Director has raised this with East Ayrshire and will provide an update as soon as possible.</p>	I. Colvin
5.	<p>Presentation: Director of Public Health Annual Report</p> <p>Dr Carol Davidson, Director of Public Health and Lynne McNiven, Consultant in Public Health gave a presentation on population health information and key health priorities for Ayrshire and Arran. The presentation provided information on:-</p> <ul style="list-style-type: none"> • Population profile; • Public Health Priorities – Alcohol, Tobacco, Obesity and Mental Health and Wellbeing (ATOM) updates; • Health improvement; • Health protection; • Improving health services and disease prevention; and • Recommendations for action <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> • The link between mental health, smoking, alcohol and obesity; • Work that has been done by the Health Working Lives Team with 63 companies and businesses and 35 workplaces within Ayrshire that have achieved a Health Working Lives Award; • Work that is done locally to promote healthy living and signpost people to services that will help them improve their health; and • The co-ordination of services within the community to improve health and wellbeing. <p>Noted.</p>	
6.	<p>Equipment and Adaptations Project</p> <p>Submitted report by David Rowland, Head of Health and Community Care on the work being undertaken by the Equipment and Adaptations Project, presented by Annie Weir, Project Manager (Social Services Change Team), which included:-</p> <ul style="list-style-type: none"> • A short life working group established to review the adaptations process, including the length of time taken to process and fit different adaptations, issues with definitions of complexity and requirements for transparency and reporting around the Housing Revenue Account; 	

	<ul style="list-style-type: none"> • The proposed new process to bring together all adaptation processes under one management system and structure, as illustrated in Appendix 1 to the report; • Information on the five key areas of the high level adaptations process (Appendix 2); and • The Housing Adaptations Financial implications (Appendix 3). <p>The Board asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> • The prioritisation of urgent requests and the creation of a waiting list where the budget cannot meet demand; • The Housing Revenue Account Adaptations budget which can only be used for the benefit of council tenants; • The Single Point of Contact Team that will co-ordinate the screening, triage and case allocation to streamline the process and reduce waiting times and multiple allocations; • Work that will be undertaken with Housing Services to examine the allocation policy in respect of adapted homes; • HRA underspends that have been carried forward from previous years as a result of less adaptations being completed, rather than the budget being excessive; • Discussions with Housing Services and the private sector on future housing needs to meet the demands of the increasing older population. <p>The Board agreed to (a) support the handover of the adaptations process; and (b) otherwise note the report.</p>	D. Rowlands
7.	<p>Integrated Care Fund: Funding Extensions</p> <p>Submitted report by Michelle Sutherland, Partnership Facilitator on a range of projects where funding extensions to the 31 March 2018 would be beneficial to NAHSCP in terms of meeting strategic priorities, delivering locality outcomes and providing some security to third and independent sector providers, presented by Eleanor Currie, Principal Manager (Finance).</p> <p>The report provided information on projects requiring funding extensions that included:-</p> <ul style="list-style-type: none"> • Three National Third Sector Projects; • Three local projects which require funding to reduce staff turnover and offer stability to the staff currently employed; and • A Community Connector Project which requires a longer period of testing. 	

	<p>Members asked questions and were provided with further information in relation to the allocation of the remaining ICF 2017/18 funds that will be presented as part of a future report to the IJB.</p> <p>The Board agreed to approve extending ICF Funding to 31 March 2018 to allow the continuation of the projects detailed in the report.</p>	M. Sutherland
5.	<p>Director's Report</p> <p>Submitted report by Iona Colvin, Director NAHSCP on developments within the North Ayrshire Health and Social Care Partnership.</p> <p>The report highlighted works underway in the following areas:-</p> <ul style="list-style-type: none"> • Transgender Inclusion in Drug and Alcohol Services; • Afternoon Tea with Chat; • Foster Carers Coffee Morning; • Child Protection and Adult Support and Protection Interface Guidance; • Self Directed Support (SDS) Implementation Plan 2016-18; • Partnership Staff Awards; and • Participatory Budgeting – Mental Health. <p>Noted.</p>	
6.	<p>Financial Performance Report as at 30 November 2016</p> <p>Submitted report by Eleanor Currie, Principal Manager (Finance) on an overview of the 2016/17 financial position of the North Ayrshire Health and Social Care Partnership at 30 November 2016.</p> <p>Appendix A to the report provided details of the Period 8 Objective Summary. The Period 8 Subjective Summary was provided at Appendix B to the report. Appendix C outlined the Change Programme Financial Summary. The mitigating actions required to bring the budget on-line was provided at Appendix D. Appendix E detailed the 2016/17 Savings Tracker. Movements since the approved budget were provided at Appendix F.</p> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> • Overspends in East and South Ayrshire HSCPs that will be offset by recovery plans; • Section 3.1 of the report which highlighted some over and underspends within Community Care and Health Services; 	

	<ul style="list-style-type: none"> • Management of the Allied Health Professional (AHP) budget by the lead partner, South Ayrshire HSCP; • Discussions that will take place with South Ayrshire HSCP in relation to the non-filling of AHP vacancies; • The demand for services within North Ayrshire that almost equates to the levels of South and East Ayrshire added together; <p>The Board agreed to (a) note (i) the content of the report and the projected overspend of £5.351m for 2016/17; (ii) the update on mitigating action; (iii) that the Mental Health Lead Partnership recovery plan is being developed and will be presented to a future IJB; (b) approve (i) the recovery plan for East Ayrshire HSCP Lead Partnership services as outlined in section 9.3 of the report; and (ii) the recovery plan for South Ayrshire HSCP Lead Partnership services as outlined in section 9.4 of the report; and (c) note discussions are underway with partner bodies.</p>	E. Currie
	The meeting ended at 11.55 a.m.	

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 12 January 2017

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Development and Implementation of a North Ayrshire Social Enterprise Strategy	4/6/15	Draft Social Enterprise Strategy to be submitted to the IJB, NACMT and NAC Cabinet Meeting. Economic Development	Meeting held with Economy and Communities – proposals will be brought to IJB asap	John Godwin
2.	Volunteering Strategy	11/2/16	Agenda – prior to end 2016	National report awaited	J. Nicols
3.	Official opening of Woodland View	11/2/16	Details of official opening to be provided to IJB Members	As soon as available	T. Bowers
4.	IJB Directions	8/9/16	Future directions to be issued to the Chief Executives of the Council and NHS Ayrshire and Arran as appropriate	Ongoing	K. Andrews
5.	Public Partnership Forum	15/12/16	Director to liaise with Service User Representative to investigate matter	Discussions have taken place with East Ayrshire – update will be provided as soon as possible	I. Colvin
6.	Integrated Care Fund: Funding Extensions	12/1/17	Report to a future meeting on the proposals for the remainder of ICF funding 2017/18	Future meeting	M. Sutherland

Integration Joint Board
9th March 2017
Agenda Item 4

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 (HSCP).

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

1. INTRODUCTION

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

2. CURRENT POSITION

A Personal Note

As you may already know, I have been appointed as Chief Social Work Adviser to the Scottish Government and will leave North Ayrshire on 31st March 2017.

I would like to thank the IJB and the Senior Management Team for all your support. I will miss North Ayrshire but know I am leaving it in good hands. I would like to wish you all well for the future.

Ayrshire Developments

Veterans 1st Project [Launching March 2017]

- 2.1 The Veterans first point project is now at an exciting point in its' journey. Recruitment, training and induction is now complete for both peer support workers, the office administrator and the Psychology lead. Recruitment of the CBT Therapist is still outstanding as initial advertisement of the post was not successful.

The service will open its' doors towards the end of February this year with an official launch planned for March 9th 2017. The service is based in a shop front at 12-14 Bridgegate Irvine.

North Ayrshire Developments

Community Events

2.2 The Kids Aren't Alright Film Premiere

The Young Person's Support Team hosted the film premiere of *The Kids Aren't Alright* on Monday 23 January 2017 at Greenwood Academy in Dreghorn. The film portrayed four young girls from Ayrshire dealing with difficult pasts with families who have addiction issues. The girls were involved in all aspects of the production from scripting to casting. It showed how they turned their lives around and how they now have hope. The film has already been causing quite a stir on social media.

SDS Practitioner's Forum

- 2.3 The first Self-Directed Support (SDS) Practitioner's Forum was held on 11th January 2017, chaired by Isabel Marr - Senior Manager Long Term Conditions and Lead for SDS. Staff from Older People Services, Mental Health, Learning Disability Services, Care at Home, Children with Disabilities, Addictions, Physical Disabilities and Scottish Care also attended and provided an update on Getting it Right for Older People (GIRFOP).

The agenda focussed on:

- meeting like-minded professional colleagues
- hosting professional discussions relating to how we each practice SDS in our teams
- an introduction to the Self-directed Support Strategy - National Plan 2016 - 2018 and what this means for the NAHSCP
- how Practitioners can own and use this forum to improve the knowledge and delivery of SDS

Ethical Care Charter

- 2.4 Home care workers across North Ayrshire will now be guaranteed that the quality of care they provide is never compromised as North Ayrshire Council and the Health and Social Care Partnership officially signed up to Unison's Ethical Care Charter in January of this year.

As well as providing a guarantee about the quality of care, the Charter makes sure appropriate employment conditions are in place to ensure the best-quality of care is provided to some of North Ayrshire's most vulnerable residents.

The Council's Cabinet agreed to the principles of the Charter last year and met with Unison this week to learn more and sign up.

Council Leader Joe Cullinane, Leader of North Ayrshire Council, said: "We were delighted when Cabinet agreed to sign up to the Ethical Care Charter.

By signing the Charter, the Council and Health and Social Care Partnership is committed to implementing a variety of improved standards for home care services commissioned by the Council.

The first set of principles that will be implemented include:

- Care based on client need, not minutes or tasks;
- 15 minute visits should generally not be used, unless appropriate
- Homecare workers to be paid for travelling time, travel costs and other necessary expenses;
- Visits to be scheduled based on needs;
- Eligible workers should be paid statutory sick pay.

Change Programme Update

- 2.4 There continues to be an impressive commitment to changing services and improving outcome for the people that we support across all areas of the Partnership working with the third and independent sectors.

Mental Health services have developed a business case for Woodland View, Psychiatric & alcohol Liaison Services, Crisis Resolution Team and Opiate replacement Therapy. The business case will be presented to the NHS scrutiny committee on 23rd January 2017 for approval. The IJB will receive feedback..

Children services have successfully implemented the concerns hub and ceased the Partnership forum arrangements to improve access for vulnerable children to speedy support. The MAASH has been showing great results and we'll share these with the IJB shortly.

New Models of Care for Older People and People with Complex Needs has been to NHS Scrutiny and there were helpful comments to support its development. A session with staff was held 9th January 2017 to hear their views on the developments. The partnership has been able to finalise a core modelling model which will allow us to scenario plan changes in future patient demand and changing demographics. This will allow us to plan services better as we move forward.

The Integrated Care Fund supports our change agenda and my thanks to the 'gang of four' - Jim Nichols, Nigel Wanless, Isabel Marr and Helen McArthur for reviewing the projects in the Ideas and Innovation section.

3. IMPLICATIONS

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

4. CONSULTATION

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

5. CONCLUSION

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

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

Integration Joint Board
9 March 2017
Agenda Item 5

Subject: **Financial Performance Report as at 31 January 2017**

Purpose: To provide an overview of the 2016/17 financial position of the North Ayrshire Health and Social Care Partnership as at 31 January 2017.

Recommendation: It is recommended that the Board:

- a) note the content of this report and the projected overspend of £3.945m for 2016/17;
- b) note the update on the mitigating action including the Mental Health Lead Partnership as outlined in Appendix D; and
- c) note discussions are underway with partner bodies.

1. EXECUTIVE SUMMARY

- 1.1 This report provides an overview of the 2016/17 financial position of the North Ayrshire Health and Social Care Partnership as at 31 January 2017. This report reflects the projected expenditure and income and has been prepared in conjunction with relevant budget holders.
- 1.2 The total approved budget for 2016/17 is £213.486m. This has increased to £215.456m, a movement of £1.970m since period 8. Budget movements are detailed in Appendix F.
- 1.3 The projected outturn is an improved position of £3.945m overspent at the year end and the mitigating action identified at this stage is outlined in section 11. If full mitigating action is secured, this will result in the HSCP closing with a deficit balance of £2.591m. It is unlikely that full mitigation can be delivered in 2016/17 which will result in the Partnership closing with a deficit position in 2016/17 which will require to be recovered in future years. The Health and Social Care Partnership are currently engaging with all partner bodies in line with the Integration Scheme.
- 1.4 The overspend is mainly as a result of increased demand for services, unfunded services, unachieved efficiency savings and high sickness absence.

2. 2016/17 PERIOD 10 POSITION

- 2.1 Against the full-year budget of £215.456 there is a projected overspend of £3.945m (1.8%). The overspend has reduced by £1.406m since period 8. The following sections (section 3 – 10) outline the main areas of variance since period 8 by service area.

3. COMMUNITY CARE AND HEALTH SERVICES

3.1 Against the full-year budget of £59.361m there is a projected overspend of £1.772m (3%). The overspend has reduced by £0.344m since period 8 the main areas of which are:

- **Locality Services** – projected year end overspend of £0.797m (favourable movement of £0.054m). This consists of:
 - a) Care Homes – permanent placements – is projected to overspend by £0.303m which is a favourable movement of £0.026m. To minimise the overspend requests for care home placements are being wait listed and at period 10 there are 19 people waiting for a permanent care home placement.
 - b) District Nursing – is projected to overspend by £0.008m which is a favourable movement of £0.025m due to staff vacancies and a reduction in supplies expenditure.
- **Community Care Service Delivery** – projected year end overspend of £0.659m (favourable movement of £0.207m). This consists of:
 - a) Care at home (in house and purchased provision) is projected to overspend by £0.346m which is a favourable movement of £0.133m. The mitigating action approved in period 6 is being implemented but whilst there is a reduction in service for those participating in the reablement service over a four week period, there is no similar reduction in need for service amongst those in the core service. In addition, overtime is being reduced by using bank staff for cover and sickness absence has reduced.

To minimise the overspend requests for service are being waitlisted and only released when capacity becomes available. At period 10 there are 85 service users on the waiting list for care at home services.
 - b) Community Alarms response service is projected to overspend by £0.160m which is an adverse movement of £0.036m since period 8. This is due to vacant posts being filled earlier than previously assumed.
 - c) Telecare equipment is projected to underspend by £0.042m based on spend to date which is a favourable movement of £0.042m.
 - d) Business unit employee costs are projected to overspend by £0.198m which is a favourable movement of £0.054m due to training costs being recoded to Care at Home and Montrose House in line with budget provision.

4. MENTAL HEALTH SERVICES

4.1 Against the full-year budget of £69.039m there is a projected overspend of £1.717m (2.5%). The overspend has reduced by £0.611m since period 8 the main areas of which are:

- **Learning Disabilities-** are projected to overspend by £0.427m which is an adverse movement of £0.105m. This relates to an increase of £0.082m in the projection for residential, community and direct payment packages and an increase in the under recovery of charges to service users of £0.048m following an update of projections to reflect income received to date.
- **Lead Partnership Mental Health–** projected overspend of £1.446m (favourable movement of £0.624m). This mainly consists of:
 - a) Adult Inpatient Wards – is projected to overspend by £0.879m which is a favourable movement of £0.053m due to a number of posts becoming vacant in December. A revised business case has been submitted to NHS Ayrshire and Arran which requests additional funding of £0.524m and will align staffing budgets to the outcome of the workforce tool. The remaining overspend relates to staffing levels and plans are being developed to reduce the WTE to establishment levels.
 - b) Elderly Inpatient Wards – are projected to overspend by £0.550m which is an adverse movement of £0.044m. The wards are currently 20 WTE over-establishment, partly due to contracted staffing exceeding establishment, but mainly due to high sickness levels and constant observations. Sickness management is being closely monitored and actively managed to reduce the levels and financial consequences of this.
 - c) Specialist Addictions – are projected to underspend by £0.188m which is a favourable movement of £0.077m. This is due to increased underspends on the substitute prescribing budget due to a decrease in the cost of methadone and the management team supplies budget is underspending.
 - d) Psychiatry – is projected to overspend by £0.395m which is an improvement of £0.050m due to managing vacant posts and not replacing immediately with a locum.
 - e) CAMHS – is projected to underspend by £0.156m which is a favourable movement of 0.136m due to vacant posts not being filled.
 - f) UNPACS – is projected to underspend by £0.200m which is a favourable movement of £0.200m. This is due to patient discharges and a saving from the low secure unit opening later than planned.
 - g) Psychology – is projected to underspend by £0.110m which is a favourable movement of £0.089m due to several posts becoming vacant. It is unlikely that these will be filled prior to the year end.

5. CHILDREN'S SERVICES AND CRIMINAL JUSTICE SERVICES

5.1 Against the full-year budget of £30.412m there is a projected overspend of £1.217m (4%). This is a favourable movement of £0.259m the main areas of which are:

- **Intervention Services** – are projected to underspend by £0.207m which is a favourable movement of £0.075m as vacancies previously assumed to be filled will not be filled prior to the year end.
- **Fieldwork** – is projected to overspend by £0.191m which is a favourable movement of £0.085m due to a reduction in community and residential care packages.
- **Lead Services – NHS Children’s Services** – is projected to overspend by £0.322m which is a favourable movement of £0.110m reflecting current trainee levels. The Scottish Government have awarded additional funding in the 2016/17 budget to allow the planned growth in health visitor staff. However, the funding received from health has been insufficient (£0.349m shortfall) to fully fund the numbers targeted by the Scottish Government and negotiations are continuing with the NHS to resolve this.

6. PRIMARY CARE

- 6.1 Against a full year budget of £48.012m primary care is projected to underspend by £0.198m which is a favourable movement of £0.104m. This is due to a release of funding associated with a change in the GP contract and the immunisation accrual for 2015/16 being less than the public health estimates.

7. MANAGEMENT AND SUPPORT COSTS

- 7.1 Against the full-year budget of £4.947m there is a projected overspend of £0.126m which is a favourable movement of £0.057m mainly due to receiving income for externally funded project costs.

8. CHANGE PROGRAMME

- 8.1
- **Integrated Care fund (ICF)** – the ICF has a full year budget of £2.890m and is projected to underspend by £0.689m mainly due to delays in posts being filled. Given the current budget position it is proposed that this is used to help assist balance the overall partnership overspend.
 - **Delayed Discharge** - delayed discharge has a full year budget of £0.867m. Due to the timing around programme start dates, it is currently estimated that £0.200m of slippage is likely on this programme which is already assumed as a non-recurring saving. We are committed to fully spending against delayed discharge funding and eligible areas of spend will be allocated to this area.

See Appendix C for more detail on the Change Programme.

9. LEAD PARTNERSHIP SERVICES

- 9.1 The projected overspend for North Lead Partnership Services is £1.768m and this is already included in the £3.945m projected overspend for the partnership.

Service Area	Projected Outturn £ 000's
Mental Health	1,446
Children's Services	322
Keepwell	-
TOTAL	1,768

- 9.2 As the Lead Partner for Mental Health and Children's Services (Health Visiting) the North Ayrshire Health and Social Care Partnership has responsibility for developing a recovery plan for these areas. An update on the recovery plan agreed at period 6 is included in Appendix D.

£0.874m of Health pressures exist and have been requested directly from Health and will not be pursued with Lead Partners unless Health disagree that these are unfunded pressures.

Area	16/17 Impact £ m	17/18 Full Year Impact £ m
Trainee Health Visitors and the Immunisation Programme	0.322	0.430
Woodland View Staffing	0.471	0.524
Low Secure Staffing	0.000	0.362
Out of Hours Psychiatric Cover UHC	0.081	0.202
In Hours Psychiatric Cover UHC	0.000	0.205
TOTAL	0.874	1.723

The leaves a remaining balance of £0.894m within the Lead Partnership for Mental Health. Mitigating action of £0.480m has been identified (Appendix D) and if delivered would reduce the balance to be funded across the Lead Partners to £0.414m.

The Integration Scheme states that where recovery plans are not successful partners can consider making interim funds available based on the agreed percentage contribution with repayment in future years. This would be split as £0.132m to the East Partnership, £0.129m to the South Partnership and £0.153m to the North Partnership. In line with the Integration Scheme interim funding has been requested and will be considered by the respective IJBs.

As part of the 2017/18 revenue budget plans there will be a full mitigation plan developed for Mental Health and this will be reported to the IJB on 9 March 2017.

9.3 East Ayrshire Health and Social Care Partnership

The recovery plan for EAHSCP was approved by the IJB on 12 January 2017. There has been no material change to this.

9.4 South Ayrshire Health and Social Care Partnership

The recovery plan for SAHSCP was approved by the IJB on 12 January 2017. There has been no material change to this.

10. SET ASIDE BUDGET

- 10.1 The Integration Scheme, also makes provision for the Set Aside budget to be managed in-year by the Health Board with any recurring over or under spend being considered as part of the annual budget setting process. Across the three partnerships there is likely to be a £5m overspend on the Set Aside budget for 2016/17 as there are a high number of unfunded beds open at the present time to meet demands. This will be managed in year by the NHS and the budget implications for future years, which are not linked to base line budget issues, will be discussed across the three partnerships.

11. MITIGATING ACTION

- 11.1 At period 10 there is a projected overspend of £3.945m. To date mitigating actions of £0.537m have been delivered and are reflected in the projected position. £1.354m is still being pursued for delivery and if delivered in full will result in a closing deficit of £2.591m. As outlined at period 8 we continue to have discussions with North Ayrshire Council, NHS Ayrshire and Arran, East Ayrshire Health and Social Care Partnership and South Ayrshire Health and Social Care Partnership.

12. SAVINGS UPDATE

- 12.1 The 2016/17 budget included £6.871m of savings.

All agreed Council and Health savings for 2016/17 have already been removed from the Partnership budget.

This section provides a summary update on progress in delivering these savings with detailed progress against each element shown in Appendix E.

12.2

BRAG Status	2016/17 Saving	Approved	Updated Projection
Red	1,110		0
Amber	1,182		92
Green	4,105		1,237
Blue	474		3,740
TOTAL	6,871		5,069

As highlighted in the previous budget update report some savings are at risk from delivery and this is reflected in the update provided within Appendix E which shows a £1.802m shortfall in agreed savings achieved. The Health and Social Care Partnership will consider alternative savings for implementation in 2017/18 to mitigate this shortfall.

13. BUDGET MOVEMENTS

- 13.1 The total approved budget for 2016/17 is £213.486m. This has been increased to £215.456m at period 10. In total the budget has increased by £1.970m. Budget movements since the approved budget are detailed in Appendix F.

14. VIREMENT

- 14.1 There are no virement requests at period 10.

15. Implications

15.1 Financial

The projected outturn is £3.945m overspent for 2016/17 and the mitigating action identified at this stage is outlined in detail in Appendix D. This leaves a projected deficit of £2.591m at the year end. This will require to be recovered in future years. The Health and Social Care Partnership are currently engaging with all partner bodies to identify if further funding will be secured based on the Integration Scheme.

15.2 Human Resources

There are no human resource implications.

15.3 Legal

There are no legal implications.

15.4 Equality

There are no equality implications.

15.5 Environmental & sustainability

There are no environmental & sustainability implications.

15.6 Risk

The Impact of Budgetary Pressures on Service Users and associated control measures are recognised in the Strategic Risk Register.

16. CONSULTATIONS

- 16.1 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.

17. CONCLUSION

- 17.1 It is recommended that the Board:

- a) note the content of this report and the projected overspend of £3.945m for 2016/17;
- b) note the update on the mitigating action including the Mental Health Lead Partnership as outlined in Appendix D; and
- c) note discussions are underway with partner bodies.

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

2016/17 Budget Monitoring Report – Period 10 Objective Summary

Appendix A

Partnership Budget - Objective Summary	2016/17 Budget									2016/17	
	Council			Health			TOTAL			Over/ (Under) Spend Variance at P8 £'000	Movement in projected budget variance from P8 £'000
	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
COMMUNITY CARE AND HEALTH	48,939	50,345	1,406	10,422	10,788	366	59,361	61,133	1,772	2,076	(304)
: Locality Services	24,180	24,841	661	3,415	3,551	136	27,595	28,392	797	851	(54)
: Community Care Service Delivery	22,490	23,149	659	0	0	0	22,490	23,149	659	866	(207)
: Rehabilitation and Reablement	696	786	90	1,801	2,085	284	2,497	2,871	374	353	21
: Long Term Conditions	1,148	1,171	23	2,937	2,866	(71)	4,085	4,037	(48)	(7)	(41)
: Integrated Island Services	425	398	(27)	2,269	2,286	17	2,694	2,684	(10)	13	(23)
MENTAL HEALTH SERVICES	20,954	21,293	339	48,085	49,463	1,378	69,039	70,756	1,717	2,328	(611)
: Learning Disabilities	15,961	16,404	443	482	466	(16)	16,443	16,870	427	322	105
: Community Mental Health	3,662	3,631	(31)	1,789	1,748	(41)	5,451	5,379	(72)	(11)	(61)
: Addictions	1,331	1,258	(73)	979	968	(11)	2,310	2,226	(84)	(53)	(31)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	44,835	46,281	1,446	44,835	46,281	1,446	2,070	-624
CHILDREN'S SERVICES AND CRIMINAL JUSTICE	26,815	27,728	913	3,597	3,901	304	30,412	31,629	1,217	1,479	(262)
: Intervention Services	3,814	3,588	(226)	292	311	19	4,106	3,899	(207)	(132)	(75)
: Looked After & Accomodated Children	15,111	16,163	1,052	0	0	0	15,111	16,163	1,052	1,014	38
: Fieldwork	6,264	6,455	191	0	0	0	6,264	6,455	191	276	(85)
: CCSF	469	443	(26)	0	0	0	469	443	(26)	(9)	(17)
: Criminal Justice	(13)	(13)	0	0	0	0	(13)	(13)	0	0	0
: Early Years	313	263	(50)	1,594	1,557	(37)	1,907	1,820	(87)	(66)	(21)
: Policy & Practice	857	829	(28)	0	0	0	857	829	(28)	(33)	5
: Lead Partnership NHS Children's Services Area Wide	0	0	0	1,711	2,033	322	1,711	2,033	322	429	(107)
PRIMARY CARE	0	0	0	48,012	47,814	(198)	48,012	47,814	(198)	(94)	(104)
MANAGEMENT AND SUPPORT COSTS	3,856	3,946	90	1,091	1,127	36	4,947	5,073	126	183	(57)
CHANGE PROGRAMME	1,193	990	(203)	2,292	1,806	(486)	3,485	2,796	(689)	(591)	(98)
LEAD PARTNERSHIP AND SET ASIDE	0	0	0	200	200	0	200	200	0	(30)	30
TOTAL	101,757	104,302	2,545	113,699	115,099	1,400	215,456	219,401	3,945	5,351	(1,406)

Period 10 Subjective Summary

Partnership Budget Subjective Summary	2016/17 Budget								
	Council			Health			TOTAL		
	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Employee Costs	45,435	46,105	670	52,395	54,207	1,812	97,830	100,312	2,482
Property Costs	434	409	(25)	16	25	9	450	434	(16)
Supplies and Services	2,048	2,231	183	5,956	6,004	48	8,004	8,235	231
Prescribing Costs	0	0	0	30,809	30,809	0	30,809	30,809	0
Primary Medical Services	0	0	0	17,204	17,005	(199)	17,204	17,005	(199)
Transport and Plant	550	685	135	0	0	0	550	685	135
Admin Costs	1,128	1,208	80	1,921	1,819	(102)	3,049	3,027	(22)
Other Agencies & Bodies	75,047	77,329	2,282	6,378	6,178	(200)	81,425	83,507	2,082
Transfer Payments	2,452	2,237	(215)	0	0	0	2,452	2,237	(215)
Other Expenditure	88	108	20	0	0	0	88	108	20
Capital Expenditure	0	0	0	0	0	0	0	0	0
Income	(25,425)	(26,010)	(585)	(980)	(948)	32	(26,405)	(26,958)	(553)
TOTAL	101,757	104,302	2,545	113,699	115,099	1,400	215,456	219,401	3,945

Change Programme Financial Summary

Appendix C

Integrated Care Fund

Area of Spend	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Explanation / Comments on the Projected Spend
Ideas and Innovation Fund	816	747	(69)	Part year vacant BBV Co-ordinator and Criminal Justice Officer underspend. Community Phlebotomy service not yet commenced.
Reshaping Care for Older People Legacy	337	353	16	
Engagement and Locality Planning	170	60	(110)	Participatory Budgeting expected underspend £42k and Engagement post to be filled Feb 2017
Teams around GPs	448	198	(250)	Slippage in the See and Treat Centre and recruitment of ANPs.
Change Team	815	612	(203)	Underspend due to slippage in recruitment
Social Isolation	185	139	(46)	
Low Level Mental Health	119	92	(27)	
TOTAL	2,890	2,201	(689)	

Delayed Discharge

Area of Spend	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Explanation / Comments on the Projected Spend
SPOC	46	16	(30)	Slippage in recruitment to posts – assumed second post filled in February 2017 2016
Hospital at Home	338	304	(34)	
Bed Based Intermediate Care Ward 1	83	24	(59)	Slippage in recruitment to posts - assume remaining posts filled in February and March 2017.
Bed Based Intermediate Care Ward 2	67	20	(47)	Slippage in recruitment to posts – assume remaining vacancies filled in February and March 2017.
Whole Model Staffing	333	231	(102)	Slippage in recruitment to posts - assume filled by the end of March 2017.
Care at Home	0	72	72	This is to fund temporary additional care at home to support hospital discharges.
Savings	0	200	200	£200k saving assumed for NHS
TOTAL	867	867	-	

**Mitigating Action being taken
to reduce the overspend**

Appendix D

Objective Heading	Service Area	Mitigation Delivered to date and included in the projection £000's	Mitigation still to be delivered at period 10 £000's	Action and Update	Council	Health	Lead Partnership
Community Care and Health	: Community Alarms	17	0	New eligibility has been agreed for community alarms and the updated figure at period 10 reflects the impact of this. Call volumes will be reviewed for potential areas of reduction. Delivered	0	0	0
	: Montrose House	22	0	Accelerate management action in relation to the suspended posts. This action has been taken and is reflected in the period 10 projection. Delivered	0	0	0
	: Equipment	200	0	<p>The approved criteria for equipment to be provided is:</p> <ol style="list-style-type: none"> 1. provide support required for end of life packages 2. complete adaptations that had started or had been committed to in writing prior to the tightened control on expenditure being put in place 3. maintain equipment and adaptations in situ and on which service users depend and 4. provide equipment deemed essential to support individuals and avoid hospital admissions <p>At period 10 this action has reduced the projection from £0.200m overspend to on-line.</p>	0	0	0

TOTAL – Community Care and Health		239	0		0	0	0
Mental Health	: Lead partnership - adult Inpatients	10	571	<p>The mitigating action has been reviewed and updated at period 10 and the latest position is reflected below.</p> <ul style="list-style-type: none"> • 1% reduction in total sickness absence levels across unit. Sickness absence reduced in month 9 but increased marginally in month 10. • 20 % reduction in staff hours associated with enhanced observations. The average enhanced observations reduced in period 9 and further reduced in period 10. • Recruitment of additional mental health nurses to the existing bank staff to support short notice needs in mental health inpatient services reducing spend on expensive agency nursing. At period 10 this is operational and reducing the need to use agency staff. • Reducing requirement for whole shift cover to meet short notice & term needs through allocation/movement of staff across Woodland View site and as per discussion at Daily Huddle • The nursing workforce tool has been undertaken to determine the appropriate workforce model for delivery of wider mental health services within Woodland view. This concluded that an additional 15.45 WTE posts are required to maintain core service delivery at a cost of £0.471m. The WTE is reducing with the aim of reaching a maximum of 15.45 WTE over the current funded establishment. The revised business case has been submitted to the NHS for consideration. 	0	0	571

	: Lead Partnership – adult community	0	81	Continue to pursue additional funding from the NHS for out of hours liaison cover at Crosshouse	0	0	81
	: LD – Charging Income	100	0	All LD care package cases are being reviewed by the Money Matters team which has the potential to generate additional income. This is now reflected in the period 10 projections.	0	0	0
	: MH Funding Allocations	0	380	There is slippage in the additional funding allocations due to delays in the recruitment process. Psychology and CAMHS £127K NES Mental Health £40K Mental Health Innovation Fund £213K	0	0	380
TOTAL – Mental Health		110	1,032		0	0	1,032
Children’s Services and Criminal Justice	: Residential / Secure Placements	188	0	The additional Home Office Funding has been received and is included in the period 10 projection.	0	0	0
	: Health Visitors	0	270	Continue to pursue the NHS for adequate funding to support this initiative. This is the amount being requested in the report being considered by the NHS (£0.349m).	0	0	270
	: Immunisation	0	52	Continue to pursue the NHS for adequate funding to support this initiative.	0	0	52
TOTAL – Children’s Services and Criminal Justice		188	322		0	0	322
GRAND TOTAL		537	1,354		0	0	1,354
PROJECTED OVERSPEND			3,945		2,545	(368)	1,768
SHORTFALL			2,591		2,545	(368)	414

a) Council Element of Savings

Summary Narrative	B/R/AG Status	2016/17 Approved Saving	2016/17 Projected Achievable Saving	2016/17 Saving Shortfall	Action being taken to address shortfall
Review of Partnership business support functions	Blue	150,000	150,000	-	5.3 FTE identified £111k to date
Reduction in alternative family placement numbers, reducing the number of children requiring to be accommodated in this way by twenty over the next three years.	Blue	166,400	166,400	-	
Rationalisation of the Family Support services across North Ayrshire	Blue	150,000	150,000	-	
Children with Disabilities - improved procurement for provision of community support services.	Green	25,000	25,000	-	
Transfer of 8 external foster care placements to in-house carer provision	Blue	183,040	183,040	-	
Care home placements	Amber	500,000	210,000	290,000	£210k achieved based on current projection of one in one out for the remainder of the year. Discharges within Dec and Jan were 3 greater than expected.
Older People -The support offered to individuals through their admission to Hospital and in the planning of their discharge back to community settings will be reviewed to improve the quality of support and ensure greater continuity.	Blue	50,000	22,000	28,000	Team Manager post vacated in Oct 16. Full Year savings achievable next year
Review and redesign day care for older people with a view to securing a more flexible, person centred approach that is aligned with other services to deliver greater efficiency in service provision.	Red	50,000	-	50,000	This will be reviewed and implemented during 2017/18.
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.	Green	455,000	455,000	-	
Streamlining management through the integration of services within the HSCP	Green	90,000	90,000	-	Post has been identified
NACAS/Money Matters - proposed reduction in the Welfare Reform Payment plus an additional 10% funding from Money Matters	Blue	264,294	264,294	-	
Review of complex packages of care for individuals with a Learning Disability.	Red	100,000		100,000	These savings will not be made in 2016/17 but plans are progressing to achieve them in 2017/18.

Summary Narrative	B/R/A/G Status	2016/17 Approved Saving	2016/17 Projected Achievable	2016/17 Saving Shortfall	Action being taken to address shortfall
Mental Health Care Packages baseline budget adjustment based on historic underspends	Blue	30,000	30,000	-	
Further rationalisation of the Family Support services across North Ayrshire	Blue	150,000	150,000	-	
Children & Families Adoption - remove additional investment	Blue	60,000	60,000	-	
Children & Families - Fostering additional savings to be delivered through revised rates, shift from external to internal carers and renegotiation of external carer rates	Green	50,000	50,000	-	Savings to be achieved through shift from external to internal care
Charging review across all services to ensure that current charging policies are being applied appropriately	Green	50,000	50,000	-	
Children & Families - remove additional investment	Blue	141,000	141,000	-	
Transport Initiative - Reduce level of taxi usage across the partnership and savings through increased use of Pool Cars	Red	33,000	-	33,000	Savings were to be achieved through reduction in staff mileage, current projections highlight this will not be achieved. A review of transport is underway and will be concluded in 2017/18.
Workforce review - maintaining core staffing levels to reduce enhanced overtime costs.	Red	183,500		183,500	Unexpected overtime incurred within Children residential units, Montrose House and Anam Cara, due to high levels of sickness.
Discretionary spend savings and minor budget realignments. This would require further review during 2016/17	Green	372,444	372,444	-	
Introduce a Pan Ayrshire shared Carefirst Support Service	Blue	30,000	30,000	-	
Dementia Respite care - sell additional places to other Authorities to generate additional income.	Red	38,610	-	38,610	Savings will not be achieved, beds fully utilised by NAC service users, no opportunities to sell to other LA's. This will be subject to review in the final quarter of 2016/17 and revised proposals brought forward for 2017/18
Learning Disability Services - development of Self Directed	Amber	243,935	92,000	151,935	Savings to date from review.
Children's Services - development of Self Directed Support Services across the service to provide choice and flexibility for service users	Blue	63,000	63,000	-	Budget for DP and Community packages for Children with Disabilities currently in line, therefore assume savings made
Review of sleepover provision including alternative models of service delivery e.g. telecare	Red	34,777		34,777	Saving will be made in 17/18
Contract savings within mental health and children's services	Blue	91,000	72,500	18,500	£7.5k Sacro contract - Full year £26k in 17/18 and £65k SAMH contract
Workforce Restructure - review of business support	Green	20,000	20,000	-	
Payroll Turnover - active management of the recruitment process to create additional payroll savings. This is in addition to the current target of £0.812m.	Blue	225,000	225,000	-	savings achieved through holding of vacancies
		4,000,000	3,071,678	928,322	

b) Health Element of Savings

Summary Narrative	B/R/AG Status	2016/17 Approved Saving	2016/17 Projected Achievable Saving	2016/17 Saving Shortfall	Action being taken to address shortfall
Day Activity Team, Ailsa	Blue	100,000	100,000	-	
Coffee Shop	Red	5,000	-	5,000	Staff still to be redeployed
Addiction Supplies	Blue	10,000	10,000	-	
CAMHS supplies	Blue	20,000	20,000	-	
CAMHS Reserve Fund	Blue	90,000	90,000	-	
Arrol Park - Payroll Turnover	Amber	250,000	193,000	57,000	High sickness absence levels
Advocacy Post	Blue	20,000	20,000	-	
LD Vacant Post	Blue	35,000	35,000	-	
MH Nurse Training	Blue	30,000	30,000	-	
MH Project Management Post	Blue	40,000	40,000	-	
Community Addictions - vacant posts	Blue	50,000	50,000	-	
Arrol Park - Long Stay Discharge	Blue	110,000	110,000	-	
Psychology Supplies	Blue	70,000	70,000	-	
Whole Systems Review	Red	300,000	-	300,000	The initial scoping has been completed but will implemented in 2017/18
Community MH Vacancies	Blue	50,000	50,000	-	

Summary Narrative	B/R/AG Status	2016/17 Approved Saving	2016/17 Projected Achievable Saving	2016/17 Saving Shortfall	Action being taken to address shortfall
External NHS Service Level Agreements	Blue	25,000	25,000	-	
Unpacs	Blue	25,000	25,000	-	
Medical Posts - Targetted Reduction	Red	300,000		300,000	This was a non recurring saving and a reduced recurring target has been set for 2017/18 and alternative savings will need to be identified.
Slippage from Lead Nurse Vacant Post	Blue	6,000	6,000	-	
Prescribing - Cost Reduction	Blue	50,000	50,000	-	
Prescribing and Medication Saving Across Community Teams	Blue	30,000	30,000	-	No reduction in spend
Payroll Turnover, Reduction in Staff Absence and Review of Skills Mix	Blue	421,000	421,000	-	Further in year vacancies have realised full saving
Delayed Discharge Slippage	Blue	200,000	200,000	-	
Arran War Memorial	Green	15,000	15,000	-	Vacancies in February and March will release savings
Cumbræ Lodge	Blue	44,326	44,326	-	
Payroll Turnover and Reduction in Staff Absence	Red	214,775	73,775	141,000	Despite holding vacancies this target will not be achieved. This will be reviewed in 2017/18.
Packages of Care	Red	70,000	-	70,000	High sickness levels and service pressures have resulted in no decrease in spend.
Huntington's Budget	Blue	10,000	10,000	-	
Health Visitor Supplies	Blue	20,000	20,000	-	
Payroll Turnover and Reduction in Staff Absence	Blue	109,899	109,899	-	
Review of Administration	Blue	150,000	150,000	-	
		2,871,000	1,998,000	873,000	

MOVEMENTS SINCE THE APPROVED BUDGET

NORTH AYRSHIRE COUNCIL	Period	Permanent or Temporary	£ 000's
Initial Approved Budget			82,490
: Resource Transfer net off	4	P	18,154
: Transport Contract Inflation transferred to Place Directorate	4	P	(84)
: Transport re Arran vans transferred to Place Directorate	4	P	(24)
: Contribution to a Health and Safety Advisor	4	T	(10)
: Transfer of HSCP WAN Circuits budgets to IT Infrastructure	4	P	(12)
: Corporate Procurement Savings Tunstall (Telecare)	4	P	(5)
: Transfer to Business Development as a contribution towards a complaint pilot project	4	P	(8)
: Integrated Care Fund Transfer to North Ayrshire Council	6	T	1,193
: Break the Silence Budget from housing to HSCP	8	P	50
: Commercial waste budget	8	P	13
Reported budget at period 10			101,757

NHS	Period	Permanent or Temporary	£
Initial Approved Budget			130,996
: Resource Transfer net off	4	P	(18,197)
: ORT Funding	4	P	87
: Temporary uplift to MH Staffing	4	T	308
: Woodland View commissioning	4	T	100
: Daldorch Income Shortfall	4	T	100
: Drugs Uplift	4	P	49
: Cumbrae Lodge Inflation	4	P	20
: Baseline Resource Transfer Adjustment	4	P	70
: Allocation for Nursing and Midwifery revalidation	6	T	27
: Transfer to Pharmacy for Woodland View HEPMA	6	P	(33)
: Reduction in NES funding for junior doctors	6	P	(26)
: Reduction in BBV allocation 7.5% outcomes framework	6	P	(22)
: Additional funding for CEL 13 health visitors	6	P	46
: Funding for district nursing community admin	6	P	6
: Additional SG funding for Family Nurse Partnership	6	T	36
: Balance of CAMHS reserves	6	P	218
: Integrated Care Fund Transfer to North Ayrshire Council	6	T	(1,274)
: Mental Health Innovation Fund allocation	6	T	311
: CAMHS & Psychology Capacity Building Allocation	6	T	316
: General Medical Services Uplift	6	P	136

: ADP funding to Public Health	8	T	(20)
: ORT funding for Consultant	8	P	60
: Pay Award for Arran Intermediate Care	8	P	4
: Medical Records Administration	8	P	3
: Reduction in NES funding for junior doctors	8	P	(16)
: Delayed Discharge to NAC	8	T	(36)
: Reduce ICF to NAC	8	T	32
: Increase in NES funding for junior doctors	10	P	12
: Low Secure Ward	10	T	270
: Psychology funding from East HSCP	10	T	49
: Procurement Savings	10	P	(4)
: ORT Funding for community team	10	P	26
: Immunisation funding for admin and nursing	10	P	32
: Delayed Discharge to NAC	10	P	(36)
: Reduce ICF to NAC	10	P	49
Reported budget at period 10			113,699

GRAND TOTAL	215,456
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Integration Joint Board
9th March 2017
Agenda Item No. 7

Subject: **Care at Home Outsourced Service Provision**

Purpose: To review the current care at home inhouse and outsourced service provision and to seek a decision/approval from the Integration Joint Board (IJB) regarding the future split of provision. In addition to approve a tender exercise to appoint suitable Service Providers to deliver care at home services to service users of North Ayrshire Health and Social Care Partnership (NAHSCP).

Recommendation: That the IJB authorises the future split of care at home delivery between inhouse and outsourced service provision with a maximum in-house provision of 70% and minimum outsourced service of 27.5% depending on the market locally. This would represent a maximum 6.5% shift.

That the IJB subsequently approves a tender exercise to appoint suitable Service Providers to deliver flexible care and support services to individuals who require care at home services.

1 INTRODUCTION

- 1.1 Care at Home Services are currently delivered by in-house provision across the six localities of North Ayrshire and partially outsourced across five of those localities – Arran is completely in-house.
- 1.2 In order to comply with the Council's Standing Orders and The Public Contracts (Scotland) Regulations 2015 and Procurement Reform (Scotland) Act 2014, a formal tendering exercise should be undertaken.
- 1.3 It will be important to ensure that the tender process is designed and delivered to reflect the changing nature of Care at Home service provision into the future, with a local commitment to transition from a traditional model of service delivery to one in which the care staff are at the heart of mutli-disciplinary team working.
- 1.4 This will see care staff, with appropriate training and support, taking on additional, more complex tasks, offering more holistic assessments and care alongside Social Work Teams, District Nurses, Allied Health Professions, etc. In doing so, the Care at Home service of the future will offer a professional career in its own right, as well as invaluable skills and experience for those wishing to pursue a career in other caring roles.

- 1.5 The successful delivery of this shift will be dependent on the providers of the service, whether in-house or outsourced, creating the type of learning and development environment necessary to support staff adopt these new roles while continuing to provide the highest quality care to local people.

2 CURRENT POSITION

- 2.1 In 2010 the position of care at home delivery was 70% inhouse and 30% outsourced and at that time it was agreed to move from that position to a 50%-50% split. This decision was taken as it was viewed, at that time, that increasing the outsourced provision would achieve savings. Subsequently there was a tender exercise undertaken which resulted in five framework contracts being awarded. The five framework contracts were split into geographical lots – (i) Irvine and Kilwinning; (ii) Ardrossan, Saltcoats and Stevenston (3Towns); (iii) Largs, Fairlie, West Kilbride and Skelmorlie, (North Coast); (iv) Kilbirnie, Dalry and Beith, (Garnock Valley); (v) Island of Arran. The five framework service providers agreed to use the Council's selected electronic call monitoring system, called CM2000, from 1 February 2014.
- 2.2 The framework contract award was effective from 1 May 2011 for a four year period to 31 March 2015 with an extension option of two twelve month periods taking this to 31 March 2017. Initially at the stage of the Framework Award in 2011 it was envisaged that the incoming framework providers would deliver all the care at home provision for their allocated areas and that the non Framework Providers who were delivering services via call off would no longer be utilised. However this did not happen due to some difficulties with the framework providers thus the non framework providers have continued to deliver services via call off contracts.
- 2.3 Due to some of the ongoing difficulties with service providers; the fragility of the service provision; business mergers and take overs; by 2015 there were only two framework providers remaining delivering services within Irvine and Kilwinning, Three Towns and Garnock Valley. A further fragility around the market and limited availability of providers resulted in the call off contracts being extended till 31 March 2017. At the time of writing this report there is a separate Cabinet paper that has been written in connection with procurement in general and a request for exceptions, for a variety of contracts, to be extended for a further period without immediate tendering. The existing care at home contracts, both framework and call off, are included within the Cabinet paper for authorisation.
- 2.4 Since the commencement of the 50-50 split in 2011, there have been issues, some more significant than others, with three of the Framework Service Providers that has affected the delivery of services and had financial implications for the Partnership. Some of these issues have included: (i) placing moratoriums on providers due to the risks regarding provision; (ii) concerns about the quality of care provision; (iii) the level of missed visits; (iv) handing back of care packages/service users to the NAHSCP in-house service at short notice; (v) level of complaints regarding delivery of provision.
- 2.5 The Shadow Integration Board (SIB) agreed in December 2014, due to some of the significant issues that had taken place, that two of the Framework Service Providers would not have their contracts extended beyond 31 March 2015. The SIB further agreed that, in the North Coast locality, staff from the two Framework providers who were not being given an extension would TUPE across to the NAHSCP with the two Provider's staff in the other localities being TUPE'd to the two remaining Framework Providers.

- 2.6 Market testing was carried out in year 2015 to determine if there were other suitable service providers who could provide care at home services. Service providers were contacted who had already been verified by way of tender processes carried out by East Ayrshire Council, South Ayrshire Council, Inverclyde Council and Renfrewshire Council with no Service Providers able to meet the capacity required by North Ayrshire Council. Furthermore, the Scotland Excel Social and Care Agency Workers Framework Agreement was explored for the provision of support workers without a positive outcome.

The NAHSCP has supported the establishment of two small medium enterprises (SME's) in the North Coast to provide services to meet option 1 and option 2 of Self Directed Support, however, the SME's would not be in a position to meet the capacity required to deliver further provision through option 3 of Self Directed Support.

- 2.7 The current cost to the partnership of providing in-house Care at Home services is £17.98 per hour, including unsocial allowances, superannuation/national insurance costs; on costs for holiday cover, training etc and the wider management costs. At the same time, the current approved hourly rate for Care at Home outsourced services is £15.51 per hour.
- 2.8 That said, it is important to note that an element of the management costs associated with the in-house service is attributable to the management of the contracts for the outsourced services. This covers the initial request of work to the providers; the ongoing update requests; the cancellations of services; restarts of service; the monthly and quarterly meetings to monitor service provision; the management of complaints about outsourced provision; the monthly checking of invoices and subsequent queries in relation to this; locating service users when a provider is unable to gain access or where service is unable to be provided; the management and reallocation of work when care packages are handed back; and the handling of enquiries from providers in both the in-hours and out-of-hours period.
- 2.9 These activities account for up to 20% of the management costs associated with the in-house service and the true cost of the in-house Care at Home service is therefore £17.57 per hour.

2.10 For the financial year 2016/17 the care at home budgets are as follows:

£9,301,986 - care at home inhouse staffing - allocated across all localities.

£5,576,317 – care at home outsourced budget - allocated across all localities excluding Arran.

£ 392,978 – Direct Payments allocated across all localities, including Arran, which sits within the outsourced budget resource.

This means that percentage of service provision is allocated as 61% inhouse; 36.5% outsourced via service providers; 2.5% allocated to Direct Payments. Any shift of percentage split between inhouse and outsourced provision will require the associated financial resources to be transferred accordingly.

2.11 Over and above the directly purchased services, the budget also supports Direct Payment provision where there is care at home elements of care packages. There is currently, in 2016/17, an annual budget allocation of £438,426 within care at home set against Direct Payments.

3 PROPOSAL

3.1 That the IJB gives approval to undertake a tender exercise for a two year multi-lot Framework Agreement with the option to extend the Framework Agreement by two twelve month periods.

3.2 The framework shall be an agreement between North Ayrshire Council (NAC) and service providers with established terms, split by four geographical locations – Irvine and Kilwinning; Ardrossan, Saltcoats and Stevenston making up the Three Towns area; Largs, Fairlie, West Kilbride, Skelmorlie and Cumbrae making up the North Coast area; Kilbirnie, Dalry, and Beith making up the Garnock Valley area. The Island of Arran will continue to receive services purely from in-house provision.

To safeguard positive outcomes for service users, the Framework shall include quality measures ensuring that the service providers adhere and evidence adherence to National Care Standards, National Health and Wellbeing Outcomes and the Partnership's Strategic Plan 2016 to 2018. This shall be managed by way of the Partnership's Contract Management Framework.

3.3 When looking at a Risk Analysis of the options available regarding the service provision split between inhouse and outsourcing then the following should be considered for each of the proposed percentage splits:

- **61% inhouse and 36.5% outsourced**

This reflects the status quo. Currently within the care at home service the budget allocation is based on a 61% inhouse and 36.5% outsourced split (with the remaining 2.5% of the care at home budget outsourced budget allocated to Direct Payments). There would not be any major changes to the availability of provision or flexibility of service. Depending on the outcome of any tender exercise TUPE may apply but it would be between providers and not anything the Council would require to enter into.

- **70% inhouse and 27.5% outsourced**

This would mean transferring 9% of the service currently being delivered via outsourced providers to inhouse provision. The 9% increase to inhouse provision would not give the inhouse service much additional increased flexibility in either time or ability to respond to hospital discharges/prevention of hospital admissions. The 9% reduction in outsourced provision would have minimal impact on the overall hours currently purchased from the service providers as the nature of the service can see the hours fluctuate across providers due to hospital admissions, care home admissions and sadly, individuals passing away. There would be no TUPE requirements.

- **80% inhouse and 17.5% outsourced**

This would mean moving 19% of the service currently being delivered via outsourced providers to inhouse provision. Some of the benefits of increasing the inhouse provision by 19% are: (i) increased flexibility and a faster response to hospital discharges/prevention of hospital admissions across localities; (ii) the hourly rate for inhouse provision is more economic than the rate for outsourced provision; (iii) a reduction in the waiting list of individuals who have requested a return to inhouse provision and (iv) It would also reduce budget costs for the care at home service in relation to the electronic call monitoring provider, CM2000, as the Service pays an administrative fee for every service user who receives their provision via a service provider. Some of the disadvantages of increasing the inhouse provision by 19% are: (i) there would be financial and human resource implications for the service providers; (ii) TUPE would apply therefore there would be a requirement to TUPE some staff from the service providers into the Council thus reducing the service provider's staffing establishments; (iii) by increasing the Council's staffing establishments there are costs associated with annual leave, training and potential sickness absence; (iv) reduction in work being referred to the service providers would have financial implications for the service providers and their business viability and profitability.

It is worth noting that the current service providers might not necessarily be the same providers delivering services following the completion of a tender exercise – other service providers could be successful in the awards. That has happened previously and the tender awards have been allocated to completely different organisations. Therefore the TUPE of staff; the reduction in work (or indeed the cessation of all work) for existing service providers could still be a reality under the tender process.

- **97.5% inhouse**

Over and above the benefits already highlighted in the previous segment further benefits of 97.5% of provision delivered inhouse are: (i) it would eradicate all the risks associated with work being handed back permanently, at short notice, by a service provider or where the service provider cannot cover their allocated provision due to sickness absence they ask the inhouse service to take the work back on a temporary basis; (ii) It would afford the staff working within the sector a more permanent employment status and career pathway; (iii) increase flexibility to respond to demands from acute services. The additional disadvantages moving to 97.5% of provision delivered inhouse are: (i) Significant financial implications for the service providers and their business profitability and continuity and despite all of the potential benefits to providing 97.5% of Care at Home through in-house service, if IJB were to take such a decision, it should note that some providers may no longer be able to sustain their business as they only deliver services in North Ayrshire; (ii) removal of mixed economy of care.

Consideration could be given to moving to 97.5% inhouse incrementally over the financial years 18/19 and 19/20. An incremental reduction to the current service

providers over two fiscal years would give the service providers an opportunity to forecast and establish business plans accordingly. If service users wish to remain with the service provider they currently have their provision with they have that option under the Self Directed Support legislation.

4 IMPLICATIONS

4.1 Financial Implications

There will be financial implications but what those are will be dependent on the percentage split approved by the IJB. Based on the hourly rates set out within **Section 2** of this report and given the anticipated additional resources that are likely to be made available to the Care at Home Service in North Ayrshire, it is believed that up to 70% of service provision could be delivered by the in-house service with no negative impact on the overall budgetary position.

4.2 Human Resource Implications

Transfer of Undertaking (Protection of Employment) Regulations (TUPE) implications for external service providers could apply dependent on the percentage split. Once the percentage split is known then further work will be undertaken to fully understand the HR implications.

4.3 Legal Implications

The procurement is above EU Public Procurement thresholds for services classified within the light touch regime of The Public Contracts (Scotland) Regulations 2015. The Corporate Procurement Team as well as NAC Legal Services will be fully involved in the procurement process.

4.4 Equality Implications

The equality credentials of the Service Providers who submit tender applications will be scrutinised as part of the procurement process.

The provision of the service would offer appropriate support to service users of NAHSCP whom require care in their own home. Those service users are not anticipated as being disadvantaged by the provision of the service.

4.5 Environmental Implications

There are no environmental implications in connection with the tender.

4.6 Implications for Key Priorities

The provision of this service fits with the NAHSCP's Strategic Priorities:

Priority 1 - Tackling Inequalities

Priority 4 - Prevention and Early Intervention

Priority 5 - Improving Mental Health and Well-being

5 CONSULTATIONS

- 5.1 Consultation has taken place with the Corporate Procurement and with NAC Legal Services.
- 5.2 Consultation with service users and carers has taken place and still does at time of referral regarding their preference for their provider. However in terms of the tender exercise further consultation with service users and carers will take place during the tender exercise process and service users/carers will be invited to be part of the evaluation panel.

6 CONCLUSION

- 6.1 The services commissioned by framework ends on 31 March 2017. However, an application to extend the framework Service Provider's contracts to 30 June 2018 shall be subject to IJB report – "Procurement – EU tender plan and contracting for services".
- 6.2 The services commissioned by call-off ended on 31 March 2016 with an option to extend for one remaining year until 31 March 2017. However, an application to extend the call-off Service Provider's contracts to 30 June 2018 shall be subject to IJB report – "Procurement – EU tender plan and contracting for services".
- 6.3 The service is integral to meeting the needs of people who require support in their own home. Failure to provide this service would have serious implications for people who are living at home and also for their carers.
- 6.4 The IJB is requested to approve the split of in-house and outsourced care at home provision to move from it's current position of 61% inhouse and 36.5% outsourced to a maximum of 70% inhouse and minimum of 27.5% outsourced from financial year 18/19 depending on the response from the market locally. This would represent a maximum 6.5% shift. This is in line with the assessment of affordability set out in **Section 4.1** above. In addition the IJB is requested to approve the undertaking of a tender exercise to secure the delivery of these services.
- 6.5 The IJB is requested to take cognisance of the previous market testing that was carried out. Similarly, the IJB is also requested to take cognisance of the lack of stability of service and the delivery of provision from service providers since 2011.

For more information please contact: David Rowland, Head of Service or Helen McArthur, Senior Manager (Community Care Services) on 01294 317783

Integration Joint Board
9 March 2017
Agenda Item No. 8

Subject: **Strategic Risk Register**

Purpose: To outline the Partnership Strategic Risk Register.

Recommendation: To approve the Partnership Strategic Risk Register.

1. EXECUTIVE SUMMARY

- 1.1 The partnership's Risk Management Strategy was approved by the IJB on 15 December 2016. This report outlines the strategic risk register that has been developed following approval of the risk strategy.

2. BACKGROUND

- 2.1 This will be the first Strategic Risk Register of the partnership.
- 2.2 A Strategic Risk Register is a requirement of the Clinical and Care Governance Framework.
- 2.3 The risks have been identified and assessed by PSMT and scored rated using the methodology outlined in the Risk Management Strategy.
- 2.4 The actions required to manage and control the risks have been identified and they will be subject to ongoing monitoring and review.
- 2.5 The risks identified are as follows and the strategic risk register outlines these further in Appendix A:
- Impact of Budgetary Pressures on Service Users
 - Infrastructure
 - Culture and Practice
 - Delivery of the Change Programme
 - Governance
 - Procurement
 - Demography and Inequality Pressures

3. PROPOSALS

3.1 It is proposed to note the risk register detailed in Appendix A including the action required to manage and control the risks.

3.2 Anticipated Outcomes

The implementation of a risk register will allow:

- risk information to be collated in a consistent format allowing comparison of risk evaluations
- informed decision-making in relation to prioritising resources
- ease of access to information for risk reporting.

3.3 Measuring Impact

3.3.1 The risk register will be monitored with the individual risk owner being responsible for keeping the register up to date under the overview of the Principal Manager – Finance.

3.3.2 It is recommended that risk assessments be reviewed on an annual basis as a minimum. The register will be updated quarterly to ensure the actions required to manage and control the risk are being progressed.

3.3.3 Risk updates will be provided to the IJB and PAC at least annually.

4. IMPLICATIONS

4.1 Financial Implications

None

4.2 Human Resource Implications

None

4.3 Legal Implications

None

4.4 Equality Implications

None

4.5 Environmental Implications

None

4.6 Risk Implications

Failure to approve the report would result in a gap in the governance structure of the partnership.

4.7 Implications for Key Priorities

Appropriate and effective risk management practice will deliver better outcomes for the people of North Ayrshire, protecting the health, safety and wellbeing of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.

5. CONSULTATION

5.1 None

6. CONCLUSION

6.1 That the IJB approve the risk register detailed in Appendix A including the action required to manage and control the risks.

For more information please contact Eleanor Currie, Principal Manager – Finance on 01294 217814 or e-mail Eleanorcurrie@north-ayrshire.gcsx.gov.uk

Appendix A

Risk Title	Impact of Budgetary Pressures on Service Users	Assessment No	NAHSCP 2016-01
Risk Description	Lack of core funding leading to service user assessed needs being unmet, resulting in North Ayrshire Health and Social Care Partnership (NAHSCP) being unable to fulfil its Statutory Duty.		
Additional comments / Supporting Statement	NAHSCP has experienced significant demand across its chief groups in 2016/17 impacting on the partnerships ability to meet demand with the budget resources available. As a result waiting lists are being used to manage demand and include individuals who have been assessed as having critical and substantial needs resulting in delays in the provision of the support required.		
Internal Controls In Place			
<ul style="list-style-type: none">• The NAHSCP continues to be proactive in responding to the financial challenge and seeks to ensure that budget and spending decisions are taken in line with key priorities. A Medium Term Financial Plan has been developed to cover 2017-18 to 2020-21 and will provide a framework for monitoring progress against delivering a balanced budget over the medium term. The HSCP actively participates in the budget setting of both partners to ensure that the impact of increasing demand and current funding shortfalls are considered when partners set their budgets and allocate funds to the HSCP.• Robust monitoring of the HSCP revenue budget and spending is in place. In areas where significant pressures are evident, a planned programme of prioritisation has been established to ensure those in greatest need are supported and to maintain discharges from Acute Care to support delivery of national targets.• The NAHSCP has a well-developed Change Programme which is designed to reconfigure services, secure efficiencies through removing duplication and deliver the savings necessary to secure a balanced budget. This includes three year change programmes within Mental Health, Learning Disabilities, Adults with Complex Needs and Older People's Services with a view to reconfiguring the use of estate and shifting resource from acute to community care to deliver models of care that can operate effectively and efficiently within a redefined budget to fully meet local needs.			
Status of Risk i.e. Treat/ Tolerate	Tolerate moving to Treat with the implementation of the Medium Term Financial Plan for 2017-18 to 202-21.		
Assurance Statement on effectiveness of controls and status of action plan if applicable	The budgetary position and levels of service demand are monitored monthly through a range of one-to-one meetings; Team Meetings; and Partnership Senior Management Team, with regular onward reporting to the Integration Joint Board and both Parent Organisations. Based on these discussions control measures are agreed and implemented as far as possible, with areas for additional investment in future years highlighted to inform future budget setting.		
Assessors, Date and Review Date	Assessor – David Rowland Date – 30 December 2016 Review Date – 1 January 2018		
Parent organisation for risk	Both		

Risk Title	Infrastructure - ICT System Integration	Assessment No	NAHSCP 2016-02
Risk Description	Lack of implementation of ICT Strategy to meet the needs of NAHSCP leading to non-robust and inefficient information recording and sharing resulting in inefficient business models and duplication of effort.		
Additional comments / Supporting Statement	An ICT Strategy has now been developed and approved. The Strategy includes the need for preparatory work and decisions on centralised systems and storage to facilitate more effective partnership working as well as the preparation of an Application Strategy to deliver back end system interfaces and portal requirements.		
Internal Controls In Place			
<ul style="list-style-type: none">IT Service Teams within NAC and NHS Ayrshire and Arran have undertaken work to ensure connectivity from and to NHS and NAC locations utilising existing technologies and infrastructure.A programme of work is underway on the definition of systems interface requirements which requires to take cognisance of current portal projects where system data will be extracted from various data sets and published on a portal that can be accessed by all staff.A temporary Project Manager, funded by NAC Capital Programme, has been appointed. This post will facilitate the co-ordination and liaison role for the HSCP to take forward the initiatives and actions of the ICT Strategy. This will include the development of an Application Strategy and a review of ICT initiatives, centralisation considerations and assistance in the delivery of an effective front line service.			
Status of Risk i.e. Treat/ Tolerate	Treat		
Assurance Statement on effectiveness of controls and status of action plan if applicable	The ICT Strategy will be rigorously monitored by PSMT, NAC and NHS IT Service departments.		
Assessors, Date and Review Date	Assessor – Julie Davis Date – 1 December 2016 Review Date – 1 January 2018		
Parent organisation for risk	Both		

Risk Title	Culture and Practice	Assessment No	NAHSCP 2016-03
Risk Description	Failure to embed the appropriate culture, standards and positive behaviours of staff across the HSCP leading to failure in transforming the way we work resulting in not achieving the required transformational changes to move services forward.		
Additional comments / Supporting Statement	Whilst we have successfully brought some services together, early lessons learned highlight that if culture, standards and behaviour are not addressed then change can be made more difficult.		
Internal Controls In Place			
<ul style="list-style-type: none">• Full involvement of staff in every individual change programme will be actively encouraged and clearly defined benefits will be outlined and promoted throughout change programme.• The organisational development plan will be implemented across the Partnership and will include sessions at varying levels and with all staff groups.• PPD and EKSF will be undertaken with all individual staff on an annual basis.• Introduce staff partnership awards to celebrate success.• Introduce different ways of working including MDTs• Stress surveys/engagement surveys are undertaken regularly to identify areas for focused improvement.			
Status of Risk i.e. Treat/ Tolerate	Treat.		
Assurance Statement on effectiveness of controls and status of action plan if applicable	Six-weekly change programme board to monitor ongoing progress and address issues as and when they arise. PSMT meets weekly to deal with issues timeously as required. Partnership Staff Forum also meets quarterly.		
Assessors, Date and Review Date	Assessor – Stephen Brown and Marianne McBurnie Date – 6 February 2017 Review Date – 1 January 2018		
Parent organisation for risk	Both		

Risk Title	Delivery of the Change Programme	Assessment No	NAHSCP 2016-04
Risk Description	Failure to join services together efficiently will result in an inefficient use of resources, lack of sustainability, delivery of poor quality services for users/patient and a failure to have teams meet our Partnership values.		
Additional comments / Supporting Statement	NAHSCP uses a unique Change Programme approach to support and enable cultural change across services. This is delivered using a programme management approach. It includes policy review, organisational development, quality improvement, communication & engagement, financial and performance management change across service areas to deliver improved outcomes. The use of an appreciative inquiry approach supports front line service planning and aspirations to be a driver of the systems change.		
Internal Controls In Place			
<ul style="list-style-type: none">• Service schedules have been developed for each directorate and the change programme steering group overseas performance.• The Change Programme is monitored by the Change Programme Steering Group and provides quarterly IJB updates.• The Partnership Change programme also provides update to the Council and NHS Transformational change programme.			
Status of Risk i.e. Treat/ Tolerate	Treat.		
Assurance Statement on effectiveness of controls and status of action plan if applicable	The Change Programme is monitored as outlined above and the financial performance is submitted to the IJB as part of the financial management report.		
Assessors, Date and Review Date	Assessor – Michelle Sutherland Date – 1 December 2016 Review Date – 1 January 2018		
Parent organisation for risk	Both		

Risk Title	Governance	Assessment No	NAHSCP 2016-05
Risk Description	Failure to comply with governance requirements such as Freedom of Information, Complaints and other regulations laid down within the Public Bodies (Scotland) Act. This could lead to a breach of specific regulations resulting in enforcement action from governing bodies, adverse public reaction and/or prosecution.		
Additional comments / Supporting Statement	Clinical and Care Governance arrangements will be streamlined across all three HSCPs and NHS processes. This will include adverse events; complaints; and risk management.		
Internal Controls In Place			
<ul style="list-style-type: none"> • Policies and procedures developed and in place for each function • Establishment of Governance Team to support the governance arrangements of the HSCP. • Operational Governance/Delivery groups in place to ensure appropriate action planning and monitoring 			
Status of Risk i.e. Treat/ Tolerate	Tolerate		
Assurance Statement on effectiveness of controls and status of action plan if applicable	Governance is a standing item on the PSMT agenda and any issues can be quickly resolved.		
Assessors, Date and Review Date	Assessor – Karen Andrews Date – 1 December 2016 Review Date – 1 January 2018		
Parent organisation for risk	Both		

Risk Title	Procurement	Assessment No	NAHSCP 2016-06
Risk Description	Failure to adequately plan for the procurement of services leading to a breakdown in the procurement process resulting in non-adherence to partner organisation Standing Orders, potential legal challenge, negative service user experience and uncertainty about achieving value for money.		
Additional comments / Supporting Statement	North Ayrshire Health and Social Care Partnership (NAHSCP) procures a wide range of care services, including: community support; care at home; residential care; respite care; and specialist support. Some services are procured through national contracts in collaboration with other local authorities.		
Internal Controls In Place			
<ul style="list-style-type: none"> Spend on care services has been analysed using 2015/16 data. This has been used to update the contract register and will assist the development of procurement plans to ensure accurate reporting and robust contractual arrangements are in place. A report is being presented to NAC cabinet to request that interim contracts are put in place prior to a full retendering exercise being undertaken. The Contract Management Framework has been updated to address a number of issues. This has been agreed by PSMT and has been rolled out from quarter 2 of 2016/17. The contract register will be circulated to the senior management team on a quarterly basis with the contracts due for renewal in the year ahead clearly noted. Refresher training in the Contract Standing Orders will be undertaken by all senior managers with responsibility for procuring services. A joint review of procurement management arrangements has resulted in the service design and procurement team moving to work with the corporate procurement team. 			
Status of Risk i.e. Treat/ Tolerate	Treat		
Assurance Statement on effectiveness of controls and status of action plan if applicable	The procurement plan will be rigorously monitored to ensure all services that require to be retendered as done so within the timeframes outlined in the cabinet report.		
Assessors, Date and Review Date	Assessor – Eleanor Currie Date – 1 December 2016 Review Date – 1 January 2018		
Parent organisation for risk	Both		

Risk Title	Demography and Inequality Pressures	Assessment No	NAHSCP 2016-07
Risk Description	Failure to adequately plan for and respond to changes in our population profile and in the levels of poverty in North Ayrshire will result in more people experiencing higher levels of physical and mental ill health, resulting in increasing demand on services, and an inability of services to provide adequate care.		
Additional comments / Supporting Statement	North Ayrshire already experience one of the highest levels of child poverty in Scotland. In addition, our levels of co-morbidity, and social isolation are very high. Our population profile is changing, with a 60% increase in those aged over 65 by 2035.		
Internal Controls In Place			
We have studied our population profiles and projections and began to redesign to our services to meet future need. This will require change across the whole health and social care system across Ayrshire and talks are underway to ensure that agreement. We have been instrumental in developing an Inequalities Strategy for North Ayrshire, which has the commitment of all CPP partners. The strategy ensures that we take an evidence based approach to tackling inequalities. We have adopted 'Tackling Inequalities' as a strategic priority and have developed performance reporting routines structured by this priority.			
Status of Risk i.e. Treat/ Tolerate	Tolerate		
Assurance Statement on effectiveness of controls and status of action plan if applicable	Monitoring systems are in place and responsibility for tackling inequalities are shared across all Community Planning partners.		
Assessors, Date and Review Date	Assessor – Jo Gibson Date – 1 February 2017 Review Date – 1 January 2018		
Parent organisation for risk	Both		

Subject:	Mental Health and Learning Disability Service – Change Programme
Purpose:	To update the IJB on the progress of the Mental Health and Learning Disability Service Change Programme
Recommendation:	The IJB notes progress and supports the continued development of Mental Health and Learning Disability Service Change Programme

1. Introduction

- 1.1 North Ayrshire Health and Social Care Partnership as the lead Partnership for Mental Health Services has a long term vision of developing integrated services with timely access and responsive services building on prevention and early intervention.

The vision for ‘*best in Scotland*’ Ayrshire and Arran Mental health and Learning Disability services is set in the context of the delivery of the North Ayrshire Health and Social Care Partnership strategic plan 2015 to 2018 and strategic priority: ‘Improving mental health and well-being’, including the delivery of the new national *Mental health strategy for Scotland* when this is published in 2017.

The strategy, developed by the North Ayrshire HSCP as the lead Partnership for Mental health, is designed to respond to the needs of all people who experience mental ill health within a whole population approach over the entire life course with the following key objectives:

- Reviewing and Improving the services available to support mental health and wellbeing, including the integration or joining together of health and social care services to improve the quality and seamless access to provision at the earliest and most timely point of need.
- Implementing the mental health strategy for Scotland with adherence to anticipated revisions in 2017.
- Increasing the capability of existing services and developing new models of service delivery to meet local needs

The commitment to the delivery of the strategic aims of this approach will ensure that for the people of Ayrshire and Arran there are demonstrable and measurable outcomes with the key message that there is no health without mental health in alignment with the vision of ‘*Good Mental health for all*’ 2015:

- More people will have good mental health

- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

Future services will be designed, offered and delivered in alignment with a 'stepped care model' approach in which at the first single point of contact or referral to services individual needs will be matched at the right level of support and only stepping up to intensive or specialist services as the identified need requires. A whole system review, co-ordinating and mobilising partnership action and influence to re-design existing mental health services will be required to ensure that this is achieved. The unique development and context of health and social care partnerships assures that this compelling future can be realised and is possible.

The ambitious North Ayrshire HSCP mental health strategic vision and three year change programme will aim to align services and extend capacity to provide appropriate services within community settings and to enhance pathways for service users across community and hospital services

- 1.2 A wide programme of redesign is in place as a result of recognising the co-dependency's between services which were identified during the development of Woodland View and the process of integrating addiction services. This redesign work also enables the budget savings required in Mental Health Services for both the NHS and Council.
- 1.3 Due to the ambitious nature of the programme and the interdependencies between mental health services and the wider Partnership, for example a parent affected by addiction issues and Children & Family Services, it is a complex and ever changing position.
- 1.4 An additional level of complexity arises as some services are delivered on a Pan Ayrshire basis. In addition, North Ayrshire HSCP have the strategic lead for Mental Health. As a result, a Pan Ayrshire Strategic Planning & Mental Health Change Programme Steering Group has now been formed. This group is chaired by Thelma Bowers and is attended by service managers, staff side representatives, carers and service user representation from North, South and East Ayrshire.
- 1.5 Appendix 1 provides details of the range of work under way and the governance structure.

- 1.6 The South Ayrshire Health and Social Care Partnership has produced a new draft Adult Learning Disability Strategy for the period 2017-23 with assistance from the Scottish Commission for Learning Disability. The new Strategy document has been produced with input from a wide range of stakeholders, including service users, carers and families. In addition to a new strategic approach, the document includes an implementation plan, performance framework, resource details, demographic information and strategic risk assessment. A consultation exercise is underway on the draft Strategy document and this will end on 10th March. The draft Strategy document together with the feedback received from the consultation exercise will be submitted to the Integration Joint Board for consideration and approval at its meeting on 13th April, 2017. Work is underway to develop new commissioning plans for learning disability services and efforts will be made in the Spring to promote the utilisation of SDS Options 1 and 2. It is expected that most Learning Disability Services provided through SDS Option 3 will be retendered in the second half of 2017.
- 1.7 Similarly East Ayrshire Health and Social Care Partnership are working on an ambitious transformation plan across the whole of the partnership.

2. Current Position

2.1 Woodland View (opened April 2016)

- 2.1.1 Woodland View is a newly built Mental Health Inpatient Facility in Irvine which serves the whole of Ayrshire and replaces Ailsa Hospital. The movement to this purpose built facility gives an opportunity to review the models of care for patients and subsequent bed modelling to suit the demands of the population.
- 2.1.2 Woodland view is now recognised both nationally by the 'Building Better Health Care awards 2016' and locally at 'North Ayrshire Achieves 2016 – Building community capacity' as an exemplar in design and new ways of working.
- 2.1.3 In the planning stages of the Woodland View development, a significant gap in the nursing workforce of 33 wte had been identified. This has now been rectified to safely manage the dispersed, multiple site clinical environments.
- 2.1.4 The implementation of new models of care, however in the context of the new therapeutic environment of Woodland view has demonstrated that a gap of 14wtes band 2 staff to provide acute mental health inpatient support safely. This is evidenced by the re-implementation of the national workforce planning tool and is also in alignment with business case assumptions made in 2015. Additional funding has now been agreed by the health board for nursing cover.
- 2.1.5 The recruitment of staff to support the new adult male forensic low secure model on ward 6 at Woodland view is complete and the medical model has been agreed. The induction process has been developed and staff are expected to be ready to receive patients in January 2017.
- 2.1.6 The Partnership has successfully developed a business case to host and deliver a new national forensic unit for adolescents at Woodland View. This will be a national centre of excellence and is a significant achievement for the Partnership. The government team recognised the exemplary partnership work which is already taking place and felt confident that NAHSCP and NHS Ayrshire and Arran can deliver this new approach. The business case has been approved at a national level and is progressing through the final stages of sign off.

To support the interface with Woodland View a Project Initiation document and supporting project work stream is being developed to review Psychiatric liaison services.

2.2 North Ayrshire Drug and Alcohol Recovery Service (complete 26 May 2016)

- 2.2.1 The Integrated service has launched and is being well received. The service is now testing a single referral, risk management and allocation process. The service is also testing its locality approaches with a pilot working with the GP Practices in the Garnock Valley.
- 2.2.2 The integrated service has demonstrated many quality outcomes and benefits alongside a financial saving. This has been achieved with a new streamlined management structure, by incorporating methadone cessation support into core service delivery, by increasing prescribing support and requiring less Opiate Replacement Therapy medication and by the service delivering additional Alcohol Brief Intervention activity. NADARS has released in excess of £150,000 worth of financial savings as a result of these changes.

2.3 ORT (Opiate replacement therapy) Pan Ayrshire development

- 2.3.1 A programme of work to ensure delivery of an Opiate Replacement Therapy service commenced in 2015. A significant gap in funding had been identified of £900,000 to enable delivery of the proposed model. The NHS Board and Partnership ADP's agreed a phased approach to funding the delivery of this service with implementation of phase/year 1 commencing in 2015. At a pan Ayrshire level, the service continues to develop the model of opiate replacement therapy with a range of new prescribers. These include ANPs, Pharmacists and GPs. The uptake has been steady and the service well received. Evaluation is being carried out by the Prevention Service and Support Team and is ongoing. Funding for the delivery of phase 2/ full year 2017/18 has now been agreed with implementation plans in place monitored by each Partnership.

South Ayrshire

- 2.3.2 In South Ayrshire with the phase 2 funding resource made available and to enhance the work already underway delivering ORT, the service have increased the GP prescribing sessions and are in the process of recruiting a Peer Recovery Worker.

The Peer Recovery Worker Role is an exciting new development which aims to:

- provide peer support to people with lived experience of drug and alcohol issues on an individual & group basis;
- Work with people in a way that promotes equality, facilitates recovery and supports the development of the persons sense of control over their lives and recovery journey;
- Through personal lived experience of drug and alcohol issues, to act as a role model for stakeholders; and
- To promote, contribute to & embed an environment which encourages & supports recovery principles & recovery approaches both within the organisation itself & working with individuals.

2.3.3 In conjunction with South Ayrshire colleagues, East Ayrshire NHS Addiction Services have identified Peer Recovery Workers to support recovery interventions across East Ayrshire. It is anticipated that these posts will enhance recovery based practice throughout the partnership and dovetails with the already established Addiction Worker Training Programme provided and supported nationally by the Scottish Drugs Forum. East Ayrshire ADP already fund and provide workplace placements for this educational and skills based programme. This initiative embeds the ethos of supporting individuals furthest away from the labour market with opportunities to gain valuable experience and qualifications to enhance their employability potential.

2.3.4 Due to the concerning National upward trend in Drug Related Deaths, East Ayrshire ADP has developed a low threshold approach with emergency services to support vulnerable individuals engaging with specialist support services at the earliest opportunity. This initiative will provide proactive support to individuals in the context of accidental overdose and onward referral unless the person chooses to “opt out”. This approach will be fully evaluated for impact and it is hoped will see a reduction in the number of preventable deaths.

2.4 Partner Agency Prescribing Clinics / Digital Transformation

2.4.1 Due to challenges at transition from core NHS treatment services to third sector ADP partner organisations, East Ayrshire ADP’s Advanced Nurse Practitioner (ANP) has been provided with a laptop/VPN to enable prescribing clinics to take place in non NHS premises (Addaction Service). Addaction is a 3rd sector organisation commissioned by South and East Partnership to deliver recovery support. This approach has received Caldicott approval. The anticipated benefits from this proactive approach are that more people will be engaged with recovery opportunities and as a result more people will be supported into an active phase of recovery and maintenance of their recovery goals. This initiative will be fully evaluated for impact and achievement.

2.5 Pan Ayrshire Review of Psychological Services

2.5.1 There has been a rapid growth in the demand for psychological services. More people than ever before are being referred for psychological interventions. This increase includes demand for neuro-developmental assessment in both children and adults and for routine neuro-psychological and psychological screening in a variety of neurological and physical health settings.

2.5.2 A review of psychological service provision with a view to improving the speed of access to services provided (in line with the Government HEAT standard of 18 weeks referral to treatment) has proved challenging. This is in part due to psychological services being provided in a variety of settings embedded within both child and adult mental health services. Whilst data is collected to enable reporting of accurate waiting times for access to treatment of psychological therapies, further data required to accurately evaluate demand, capacity, activity and queue (DCAQ) is not currently available.

2.5.3

In order to address this issue, an analysis of DCAQ within Mental Health and Learning Disability Services using an external Consultant to support the review, management and facilitation of a programme of service reviews under a 'Clinical Productivity Programme' is underway. This will provide analysis of DCAQ for Psychology, Community Mental Health Teams (Social Work and Health), Inpatient Mental Health Services and Learning Disability Services (Social Work and Health) and allow improved data analysis and management decision making during the redesign process

2.6 Review of Community Teams (PCMHT, CMHT, Social Work and Crisis Teams)

North Ayrshire

2.6.1 The vision for the community mental health teams is to have an integrated community mental health service with a single point of access and effective connections to a network of community mental health supports. The teams currently consist of a Primary Care Mental Health Team (PCMHT), a Social Work Team, A Community Mental Health Team (CMHT) and a Crisis Resolution Team.

2.6.2 The review of the community teams aims to:

- determine and evaluate the options which will deliver future models for integrated community mental health services to ensure sustainable delivery of appropriate interventions and service user outcomes
- ensure that service changes identified are demonstrably driven by service users and carers
- outline a road map ahead to achieve longer term service outcomes

The review is focusing on three work streams at present, accommodation, waiting lists and outcomes and links to the pan-Ayrshire work on the Primary Care Mental Health Teams.

2.6.3 The Crisis Teams have also been revisiting some of the recommendations from the review of the service carried out in 2014. This included the recruitment of a pan-Ayrshire Team Leader and the recruitment of further nursing staff. The distress work described below also links in with the Crisis review.

The review, re-design and integration of all community services will enable release of service capacity and improve access to all levels of mental health community based provision, from universal prevention/early intervention services to specialist services.

East Ayrshire

2.6.4 PCMHT

The East Ayrshire Primary Care Mental Health team has been looking at a number of initiatives over recent years in an effort to transform the way the service is accessed and delivered. Self-referral has been tested and evaluated and is currently operating in 3 practices. It is anticipated that this will roll out to the other practices very soon. This approach enables the patient to decide when they feel ready to engage with services. This will help avoid wasted appointments and reduce unnecessary administration on the part of both GPs and PCMHT's.

2.6.5 In an effort to give the patient more choice and to try to make best use of specialist resources, the team have also been working to promote links with East Ayrshire Council's Vibrant Communities team. Pathways have been developed between PCMHT and NHS Living Life service to ensure that people receive the right support at the right time without undue bureaucracy or unreasonable waiting times. Information on the telephone based self-help support service (living life) and vibrant communities is shared throughout the mental health and primary care networks to ensure people receive the best response in the quickest time. Additionally East Ayrshire's PCMHT are trialling brief screening appointments as a means of tackling waiting times.

2.6.6 **CMHT**
East Ayrshire CMHT in partnership with other Mental Health services including Social Work has developed and is enhancing partnership working through service delivery. To this end a number of Recovery and Wellbeing and Wellness Recovery Action Planning (WRAP) Groups have been delivered over the past 12 months by partnership staff from different professional backgrounds. These groups have offered an opportunity for a range of additional services to provide education and information on topics that support individuals' recovery from mental health problems.

2.6.7 In line with East Ayrshire's strategic vision for locality focused services, the CMHT has ensured that every GP practice in East Ayrshire has a named Link nurse and consultant Psychiatrist. Through this approach there has been an increased presence in GP surgeries; attending regular practice meetings to ensure that Mental Health is regularly discussed, providing GPs with updates/feedback on their patients open to the CMHT, providing assessment and follow up clinics within the practice as well as being available for advice and guidance on informal and formal basis.

2.6.8 **S/W and NHS Review of Duty**
A review of all duty responsibilities within the S/W, Addictions, CMHT, PCMHT and Learning Disabilities teams has begun. This is in line with East Ayrshire's Community Care Services reviewing their approach to requests for intervention. This review has at its centre an enabling ethos to ensure that only those who require support receive it from the right person, at the right time and that they are supported to develop and enhance existing natural supports with less focus on specialist provision. It is hoped that by reviewing Mental Health duty responses that it can dovetail with the Community Care Approach. It is anticipated that there may be an opportunity to rationalise and clarify the duty response meaning that people, carers and other colleagues will be able to navigate the system more easily with a view to streamlining the process and potentially release some capacity back into the teams.

2.7 Pan Ayrshire Distress – Phase 1 complete

2.7.1 This project is funded by the mental health innovation fund. The aims of the first phase of work were;

- To identify numbers of individuals Police Scotland have contact with where Police Scotland consider that some form of mental health assessment is required
- To understand where the peak times are and where the Crisis Resolution Team could assist in advising of intervention or 'disposal' and avoid unnecessary transfers to places of safety

- To record and better understand the pathways between services involved in supporting people who require mental health assessment and come into contact with Police Scotland

2.7.2 The project was led by a mental health nurse seconded from the Crisis Resolution team. Analysis found that nearly 50% of adult concern incidents processed by Police Scotland could have been signposted / referred to mental health services. A pathway was developed and tested on two separate weekends from Kilmarnock police station. The test of change demonstrated the benefits of mental health triage and intervention at the time of an incident (both 'in hours' and 'out of hours').

A number of recommendations have been made and as a result the secondment has been extended and phase 2 of the project is now beginning.

2.8 Pan Ayrshire Child and Adolescent Mental Health

2.8.1 Testing of a new neurodevelopmental pathway to support children and young people in East Ayrshire has proved successful and a plan to roll out in North and South is now being explored. The premise of the model is a multi-disciplinary approach to diagnosis involving education, nursing and speech and language and moving the burden away from the traditional Psychology model.

2.8.2 A group will be set up in North Ayrshire to review the provision of mental health to children and young people. This will be a multi-agency group overseeing all of the work taking place within Education, Social Work, the Third and Independent sector and Specialist Mental Health Services.

2.9 Intensive Support Team (IST) – Mental Health Innovation Funds

2.9.1 There have been difficulties recruiting to nursing posts but this has now been completed bringing staffing compliment up to 3 Charge nurses, including acute liaison in-patient paediatrics. The acute liaison role will be distributed across the 3 nurses to accommodate a regular interface with acute colleagues covering assessment, risk management and signposting.

2.9.2 A monthly review meeting has been established with Sky House In-Patient Unit to review all potential admissions and admitted children and young people. Focusing on reason for admission, interventions, discharge and follow up. The bed manager for Sky House also liaises with bed manager Woodland View to ensure a consistency in admission pathway.

2.9.3 All activity in IST is submitted on a weekly basis to West of Scotland Tier 4 CRG to profile and benchmark against colleagues in Glasgow, Dumfries and Lanarkshire.

The IST team are currently developing an operational policy and reviewing policies within Glasgow, Lanarkshire and Dumfries. This will be discussed with colleagues in social work to develop an integrated model of intensive support. Two support workers will be allocated to the IST to build skill mix and responsiveness to Tier 4 patient groups. Job descriptions and role expectations being developed.

2.10 Review of Learning Disability Services

2.10.1 North Ayrshire

During 2016 a review of Learning Disability services has been undertaken to ensure emerging service developments to address gaps in provision are in alignment with the future vision and strategic direction of the service. Significant service developments include:

- Integration of health and social care services to improve service user experience and access to services.
- First draft of Learning Disabilities Strategy developed and shared with stakeholders
- Purchase of Tarryholmes drive and the development of community based supported accommodation models
- Review of Tier 4 provision – including acute assessment services at Arrol Park, regional provision and complex care services/specialist accommodation models.
- Day service strategy and development of new build and employability/social enterprise
- Review of Short breaks/respite provision
- Development and implementation of SDS
- Review of accommodation models including 'sleep in/over' provision.
- Review of community based intensive support models
- Autism strategy and development of specialist ASD services
- Development of services linked to CAMHS and transitions
- Project Manager post to support all areas of review for Learning Disabilities. This post will focus on the sleepover and technology solutions available to free up staff time.

A draft North Ayrshire strategy has been developed during 2016 involving service users, the national involvement network, carers, staff and wider stakeholders. It is anticipated that following further consultation and sign off the strategy will be launched in June 2017.

2.11 East Ayrshire S/W and NHS Learning Disability Services

- 2.11.1 East Ayrshire Learning Disability Services both NHS and Social work are reviewing referral criteria and a joint allocation system to be clear and specific about the types of service provision that should be offered by whom, at what point and for how long. Additionally discussions are underway between health, S/W and education to consider post diagnostic support as a means of ensuring that supports offered are outcomes focused with the aim of ensuring that each individual achieve the maximum level of independent living as possible.

Smart Technology

- 2.11.2 East Ayrshire are reviewing the use of technology to promote maximum independence for each person receiving supports.

2.12 Pan Ayrshire Veterans First Point Service Development – Launch March 2017

- 2.12.1 The government led initiative Veterans 1st Point will provide co-ordinated, accessible and credible well-being and psychological support for Veterans and their families. This partnership will lead on the development of services to meet the needs of Veterans in their local area/ communities in Ayrshire and Arran. A shop front has been identified in Irvine town centre and work is underway to implement IT solutions in readiness for service launch in March 2017.
- 2.12.2 So far the clinical lead, administrator and three peer support worker posts have all been filled. Recruitment for a CBT therapist was unsuccessful first time round so it will now be re-advertised with a two year fixed term in order to make it more attractive to applicants. Training began in January in collaboration with other veterans first point initiatives.

2.13 Pan Ayrshire Primary Care Transformation Fund

Short term Government funding for Primary Care Mental health Transformation has been allocated to NHS Boards/Health and social Care Partnerships in 2016. Each Partnership has developed prevention/early intervention models of service delivery to increase support/capacity at primary care level.

North Ayrshire

2.13.1 Mental Health and Well Being Link Worker Pilot (IJB report paper 8)

The aim of this short term funded project will be to improve early intervention and signposting to community level support for people with mental health problems accessing GP practices in North Ayrshire. We hope to achieve this by increasing the range of alternatives to primary care and specialist mental health support for people with mental health problems in North Ayrshire.

2.13.2

As a result of this people requiring mental health and wellbeing advice will have access to a better range of support and signposting at GP practice level. Local community resources will be better connected to GP practices, GPs, GP practice staff and specialist mental health services in North Ayrshire will be more aware of alternatives to secondary mental health services. As a result we would hope to see a reduction in the level and duration of mental health prescribing for GP practice populations.

2.14 Primary Care Mental Health Team (PCMHT)

South

2.14.1 Community Links Practitioners (CLPs)

The South Ayrshire Health and Social Care Partnership have employed 5 Community Links Practitioners to provide a person-centred service that is responsive to the needs and interests of GP practice patients. They are working collaboratively with patients to support them to decide upon the issues that they would like to address and help them to overcome any barriers to addressing these.

- 2.14.2 Using various action learning tools and creative improvement methodologies, the Community Links Practitioners are supporting the existing Team in Primary Care to adopt a links approach. They work with staff in becoming skilled in identifying local services and matching them to the needs of individual patients. Typical examples include social or lunch clubs, self-help groups, befriending organisations, hobby clubs (such as gardening clubs) and employment or voluntary-work agencies.
- 2.14.3 The Community Links Practitioners identify community resources and facilitate relationships between these resources and the practice for the benefit of the patient. They are also building relationships and processes with statutory organisations, health services and voluntary organisations, NHS services and charities.
- 2.14.4 A Community Links Coordinator is currently being recruited to support the CLPs in developing these approaches. This post will be a Mental Health Clinical post either an AHP or Nurse who as well as managing and leading on the work of the CLPs will offer clinical expertise to a number of GP pilot practices with the aim identify new ways of working for Mental Health Services in the primary care setting.

3. PROPOSALS

- 3.1 IJB notes progress and supports the continued development of Mental Health and Learning Disability Service Change Programme.

4. IMPLICATIONS

Financial :	<p>Mental Health and Learning Disability Services in North Ayrshire have a 32% budget saving of £2,511,000 to make in 2016/2017.</p> <p>The Change Programme provided support totalling £177,000 during 2016/17. This support ranged from backfilling specialists in services to lead change, data analysts, project management and commissioning external support.</p>
Human Resources :	There may be human resource implications arising directly from this report and these are being managed through each project steering group and with relevant staff side representation.
Legal :	There are no legal implications arising directly from this report
Equality :	Improving mental health & wellbeing is a strategic ambition in our Partnership Strategic Plan as a result of the inequalities and challenges people with such issues face.
Environmental & Sustainability :	There are no implications arising directly from this report
Key Priorities :	All of this work drives the improving mental health & wellbeing strategic ambition in our Partnership Strategic Plan

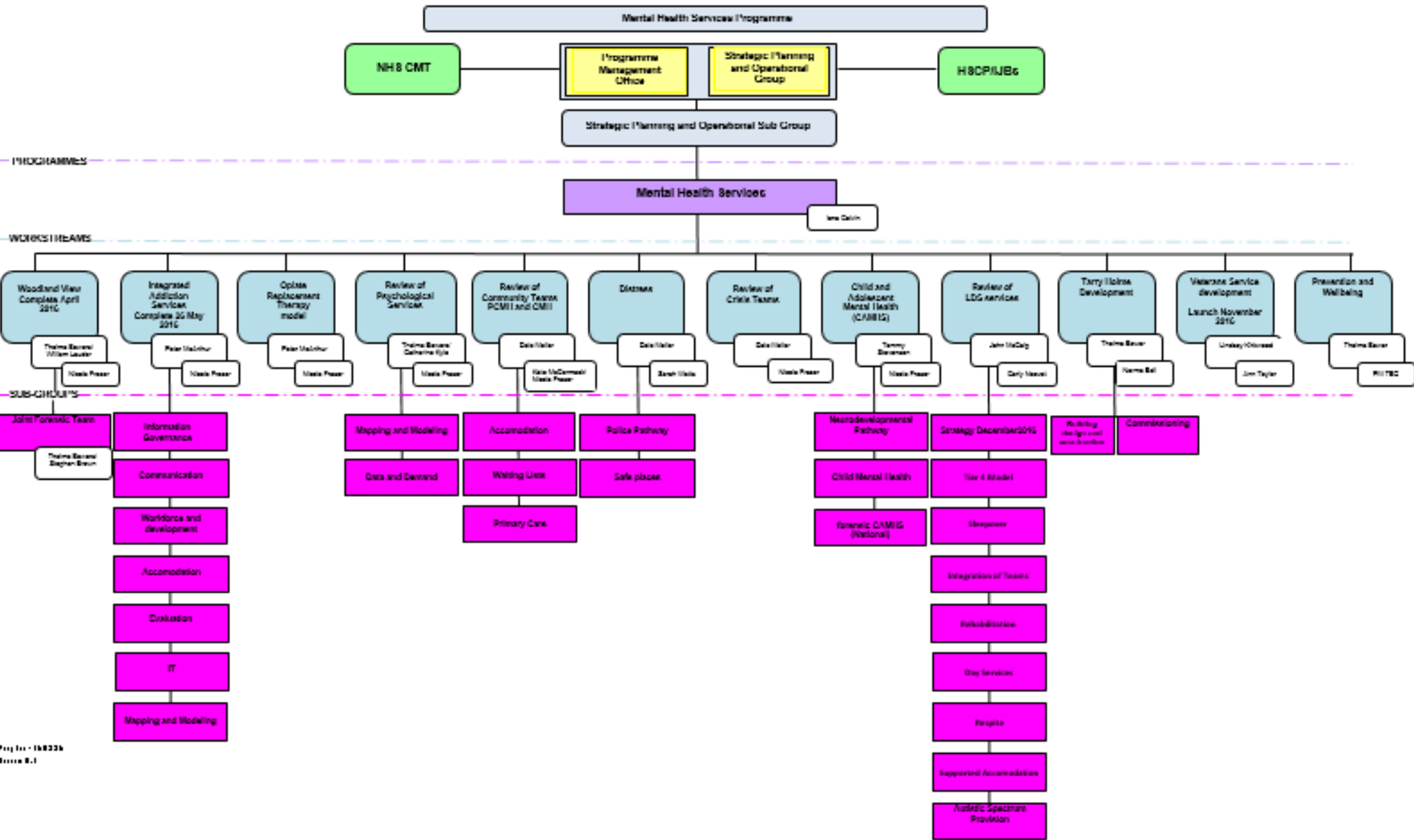
5. CONSULTATION

- 5.1 Members of the Pan Ayrshire Strategic Planning & Mental Health Change Programme Steering Group and stakeholders involved in each of the project steering groups.

6. CONCLUSION

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

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



Integration Joint Board
9th March 2017
Agenda Item 10

Subject: **Mental Health and Well-being Link Worker Pilot**

Purpose: To seek IJB approval to carry out a tender exercise to appoint a service provider to deliver a Mental Health and Well-being Link Worker Pilot.

Recommendation: That IJB agrees a tender exercise to appoint a service provider to deliver the Mental Health and Well-being Link Worker Pilot.

1. INTRODUCTION

- 1.1 The Scottish Government is committed to supporting and developing local GP and primary care services recognising that the existing model of delivering these services is no longer sustainable. The Scottish Government invited bids from GPs and NHS boards, with Integrated Joint Boards, for funding from the Primary Care Transformation Fund - with the aim of kick-starting the re-design of primary care across Scotland. Within the transformation fund, there was a funding stream for mental health and wellbeing targeting primary care.

The funding will encourage GP practices to work together in clusters, as well as taking a multi-disciplinary approach to patient care within the community. This will involve health professionals such as pharmacists, physiotherapists, mental health professionals and Advanced Nurse Practitioners in delivering aspects of patient care – freeing up GPs to focus on more complex cases and provide clinical leadership.

- 1.2 Ayrshire and Arran were successful in their bid for mental health transformation funding. The resource has been split 3 ways with £190,000 being allocated to NAHSCP to enhance the interface between the 3rd sector, the community and GP practices around mental health and well-being over a period of 2 years.

2. CURRENT POSITION

- 2.1 Specialist mental health services in Ayrshire are a finite resource and should only become involved when necessary. Earlier intervention would avoid situations escalating to crisis or becoming longer term. The model would promote and improve early intervention and sign posting onto community level support for people with mental health problems accessing GP practices. The service provider will employ 3 mental health and wellbeing link workers who will be placed in GP practices identified by the Steering Group. The Steering Group agreed that:-

- 1) “Depth” more important than “breadth” and a locality or ‘cluster’ of GP practices would be best suited;
- 2) The Link Workers will be placed in GP practices that do not currently have access to a Community Connector;
- 3) GP data will be gathered to determine the locality of highest demand.

2.3 The outcomes expected to be achieved from the pilot is that people with ‘low level’ mental health difficulties will have access to a better range of support and signposting at GP practice level:

- 1) Local community resources will be better connected with GP practices
- 2) GP practice staff will be more aware of alternatives to specialist mental health services
- 3) Development of local solutions for local problems
- 4) Enhanced ‘mental health networks’ in pilot areas

3. PROPOSALS

3.1 That IJB gives approval for a tender exercise to be undertaken to appoint a service provider to deliver the Mental Health and Well-being Link Worker Pilot.

4. IMPLICATIONS

Financial Implications

4.1 There are no financial implications to the Partnership as funding has been obtained from the Scottish Government as part of the Primary Care Transformation Fund.

Human Resource Implications

4.2 There are no human resource implications as the 3 proposed link workers will be employees of the appointed Service Provider.

Legal Implications

4.3 The Procurement will be carried out in line with the Public Contracts (Scotland) Regulations 2015 and North Ayrshire Council’s Standing Orders.

Environmental Implications

4.4 There are no environmental implications in connection with this proposal.

5. CONSULTATIONS

5.1 Consultation has taken place with a range of stakeholders through an Advisory Group including colleagues from North Ayrshire Health and Social Care Partnership and the 3rd and private sector.

6. CONCLUSION

6.1 Individuals with mental health problems often experience difficulties accessing appropriate services or support and present frequently to GPs and primary care. Early intervention and signposting can assist people with ‘low level’ problems to access support more quickly.

6.2 Therefore, it is recommended that IJB:

- 1) Note the requirement for this tender;
- 2) Approve the procurement of this service using the Open Procedure via the Public Contract Scotland Tender system.

For more information please contact Dale Meller, Senior Manager Community Mental Health on 01294 317790.

Integration Joint Board

9th March 2017

Agenda Item 11

Subject:	Ensuring Alignment of Advice Services in North Ayrshire
Purpose:	This paper sets out a vision for the delivery of fully aligned advice services across North Ayrshire and makes specific recommendations on the future role and function of the directly managed and commissioned services.
Recommendation:	IJB Members are invited to consider the proposals herein and, if deemed acceptable, sanction the implementation of the necessary changes within the directly managed service, including the change of name to Welfare Rights Service and initiation of a tendering exercise to secure wider advice services.

1. Background

- 1.1 Following the breakup of Strathclyde Regional Council the Welfare Rights Team, who were part of Social Services, were transferred into North Ayrshire Council Social Services. Over the years Debt Advice and Financial Inclusion were added to the service and in 2009 the service became Money Matters. The service remit for the team was Welfare Rights, Debt Advice and Financial inclusion and the service could be accessed by all residents in North Ayrshire.
- 1.2 In 2013 Money Matters transferred into Health & Social Care Partnership (HSCP). It was decided that Money Matters provide advice and assistance solely to individuals who access social care services and work in partnership with North Ayrshire Citizens Advice Service (NACAS), to redirect clients to the most appropriate service based on their needs and history of engagement. Referral pathways were created for both services to refer service users accordingly.
- 1.3 At the same time a number of other Third Sector providers have been offering a wide range of advice services to local people.
- 1.4 It is important to note that since the introduction of Welfare Reform in 2010-12 and the formation of the HSCP, Money Matters has seen significant changes in the focus of its work. The service is mainly focused now in delivering a Welfare Rights Service as it strives to meet HSCP Strategic Plan Priority 1 Tackling Inequalities – “we will offer advice to all people who use our services to ensure they are in receipt of their full entitlement of benefits”.

- 1.5 Throughout the past few years the Money Matters team has continued to mitigate the impact of Welfare Reform on H&SCP service users by ensuring their benefits are fully maximised. The pre-2015 Welfare Reforms already impacting on claimants in North Ayrshire are: the Bedroom Tax, the Benefit Cap, converting Disability Living Allowance (DLA) to Personal Independence Payments (PIP), the introduction of Employment and Support Allowance (ESA), revisions to Child Benefit, reductions in Tax Credits, and below-inflation up-rating. In February 2015, researchers from Sheffield Hallam University produced a report for the Scottish Welfare Reform Committee which estimated the financial loss arising from pre 2015 Welfare Reforms to North Ayrshire is £47m pa - equating to a loss of £540 per working age adult.
- 1.6 In a new report launched in November 2016, to the Scottish Parliament's Social Security Committee, researchers from Sheffield Hallam University show that by 2020-21 Scotland can expect to lose just over £1 billion a year as a result of the latest welfare reforms introduced by the UK Government. The new, post-2015 welfare reforms cover: the benefit freeze, reducing Universal Credit work allowances, completion of the conversion from Disability Living Allowance (DLA) to Personal Independence Payments (PIP), reductions in Tax Credits, removal of the Work Related Activity Component (£29.05pw) in Employment and Support Allowance (ESA), introduction of the Local Housing Allowance cap in the social rented sector; the Benefit Cap extension, the conversion of mortgage interest support to a loan, and reduced entitlement to Housing Benefit for unemployed 18-21 year olds.
- 1.7 Sheffield Hallam also estimates that the pre-2015 reforms are already costing claimants in Scotland just over £1.1 billion a year. This brings the cumulative loss expected from all the post-2010 welfare reforms up to more than £2 billion a year.
- 1.8 The most deprived local authorities in Scotland are worst affected. This research shows that the loss from the post-2015 welfare reforms by 2020 is expected to average £380 a year per working age adult in North Ayrshire. The estimated loss to North Ayrshire will be £33m p.a.
- 1.9 In addition to further Welfare Reform, the devolving of benefits (Disability, Carers, etc.) to the Scottish Government is expected in 2017, this and the possibility of the introduction of new benefits in Scotland will undoubtedly impact on Money Matters, HSCP and its service users.
- 1.10 In April 2016 NACAS announced they were no longer providing Appeals Representation at Tribunals to the general public. From w/c 05/09/16 Money Matters is now providing this service for all service users in North Ayrshire. This has resulted in significantly more work for the team.

2. Current Position

Money Matters

- 2.1 The Money Matters Service currently provides the following services to HSCP service users and Vulnerable clients:
- Welfare Rights advice, including:
 - Benefit Checks
 - Income Maximisation

- Appeal Representation
(this includes temporary arrangement to non HSCP clients following cessation of appeals service by NACAS)
 - Charging Assessment
 - Kinship Assessment
- Macmillan Benefits Service (Ayrshire wide)
 - Early Years
 - Helpdesk offering referral triage and advice to service users, staff, other agencies etc.
 - Training Workshops and advice sessions.
 - Debt Advice, including access to Bankruptcy and the Debt Arrangement Scheme.
 - Financial Inclusion – assisting clients/groups with budgeting, banking, understanding financial products, etc.
 - Partnership working with NACAS, CLASP, CHAP, CITRUS, Stepchange etc.

2.2 Following Welfare Reform, the demands on Money Matters have predominately related to Welfare Rights.

In spite of the Welfare Reform programme, the total Income Generation delivered by the Money Matters team over the past 3 years has increased as follows:

- 2013/14 £5.8m
- 2014/15 £7.5m
- 2015/16 £7.6m.

2.3 Following the NAC decision of 2012 for the team to concentrate on HSCP Service Users and Welfare Reform, the Debt work has significantly reduced as evidenced below:

- 2013/14 526 cases total debt £3.4m
- 2014/15 135 cases total debt £437k
- 2015/16 114 cases total debt £744k

The changes in the client group and the recent changes in Debt legislation has resulted in fewer Debt Solutions for the majority of these cases.

To cope with the demands of Welfare Reform, Charging, Kinship, etc. the Debt Advice staff have predominately been involved in Welfare Rights areas of the service.

NACAS Provision

2.4 NACAS have traditionally received grant funding from North Ayrshire Council to deliver a range of advice services including:

- Benefits
- Consumer
- Debt
- Education
- Employment

- Financial
- Housing
- Legal
- NHS Concerns
- Relationship;
- Travel
- Utilities

2.5 The level of grant funding made available to NACAS was increased significantly between 2013/14 and 2015/16 on a three year non-recurring basis to mitigate the impact of Welfare Reforms. This additional funding ceased as planned at the start of 2016/17.

Third Sector and Independent Sector Provision

2.4 Within North Ayrshire a number of agencies including Registered Social Landlords and Third Sector organisations provide a range of advice services, including:

- Welfare Rights
- Debt Advice
- Financial Inclusion.

2.5 In accordance with the Framework for Public Funding of Advice in Scotland a mapping exercise was conducted to establish which agencies were providing advice services, the type of services being provided and how the services were being funded. It was established that agencies in North Ayrshire provide different types and levels of advice to various client groups. It was also established that a number of agencies have various projects which are funded via various funding streams including Scottish Legal Aid Board and Big Lottery.

2.6 Details of provision by the Third and Independent sectors are presented at Appendix 1.

2.7 From this, it is evident that there are a number of organisations offering different types of welfare, money and financial advice, creating a complex environment for service users with significant duplication of provision.

Big Lottery Funding

2.8 North Ayrshire Council has successfully led a consortium of agencies in bidding for access to Big Lottery funding to support the development of Financial Inclusion locally.

2.8 This will offer significant additional investment to support the provision of advice services across North Ayrshire and it will provide the opportunity to eliminate duplication in service provision.

2.9 On that basis, it is proposed that the services being provided by each organisation should be suitably delineated while ensuring seamless joint working to maximise efficiency and remove any gaps, barriers or confusion for service users.

3. PROPOSALS

- 3.1 It is clear from the above analysis that there are many teams and organisations offering a wide range of advice services across North Ayrshire and that there has been historic duplication and overlap. Further, it is evident that the nature of demand for advice is changing and, with the availability of the Big Lottery funding, it is therefore opportune to take stock of which providers are best placed to offer which advice services going forward. To that end, the following proposals have been developed to streamline the provision of advice services across North Ayrshire, removing duplication wherever possible.

Welfare Rights Advice

- 3.3 It is proposed that the Money Matters Team should focus on the delivery of Welfare Rights advice for H&SCP service users through:

- Direct provision of:
 - Benefit Checks
 - Income Maximisation
 - Appeal Representation *
 - Charging Assessment
 - Kinship Assessment
 - Support to H&SCP teams

* The Appeal representation service will be available to all North Ayrshire residents and will include mandatory revisions. Service users may be referred to partners for assistance with the completion of Mandatory Revisions or the lodging of the Appeal. Money Matters will provide the representation.

- Work in Partnership with MacMillan
- Early Years Income Maximisation
- Welfare Rights Training Workshops and advice sessions to all H&SCP teams, H&SCP Service Providers and Third Sector Welfare Rights providers.
- Money Matters Helpdesk – referral triage, Welfare Rights Advice to service users, H&SCP staff etc.
- Working in partnership with H&SCP service providers, North Ayrshire Big Lottery service providers and other agencies in tackling inequalities and welfare reform

- 3.4 It is therefore proposed that the team is renamed HSCP Welfare Rights Team to bring clarity to its role and function and that the team concentrate solely on Welfare Rights. With the development of six locality teams in HSCP it is proposed that Welfare Rights Officers should be aligned with each of the locality teams. Although based in locality teams Welfare Rights Officers and all HSCP Welfare Rights staff will continue to provide a Welfare Rights service to all teams to assist staff understand and mitigate the impact of Welfare Reform for service users.

Financial Inclusion

- 3.5 North Ayrshire Council has successfully led a consortium tender to the Big Lottery for £3M. While this is clearly positive news, the lottery resources will not fund everything that is required in relation to financial inclusion or efforts to reduce poverty and inequality.

- 3.6 The lottery resources will fund generic advice and advocacy services across three main providers, who will operate within specific geographies. These providers will employ a case worker approach where a holistic assessment will lead to the development of an action plan designed to improve money management and reduce debt as a barrier to inclusion. These advice providers will not be able to provide all of those necessary interventions in house but will be obliged to refer out to specialist providers. The Lottery resources will fund specialist provision in affordable loans, affordable furniture, digital skills and fuel poverty. Case workers will be required to follow up and ensure action plans are completed. The objective is to reduce instances of repeated access of services.

Wider Advice Services

- 3.7 It is clear that the proposed role of the Welfare Rights Team and the range of services offered through Financial Inclusion will not be all encompassing and that there will be some gaps in advice service provision.
- 3.8 While this is mitigated to some extent with the employment and consumer advice services previously commissioned and offered locally now being funded nationally, some gaps in service remain.
- 3.9 Following discussion between the HSCP Team and colleagues from Economies and Communities, it has been determined that the following specialist services would not be covered by the proposals relate to Debt Advice and Welfare Rights for non-HSCP clients, including form filing and Digital Support.
- 3.9 It is therefore proposed that a detailed service specification should be developed to underpin a tender process to secure the following services:
- Debt advice including access to Bankruptcy, Debt Arrangement Scheme and other Statutory Debt Solutions.
 - Welfare Rights for non-HSCP clients, includes Benefit Checks, Income Maximisation, Mandatory Revisions, with the referral of all appeals to H&SCP Welfare Rights
 - Form Filing includes claims, review, Mandatory Revisions, Appeal forms and Digital Support for claiming benefits and meeting Claimant Commitments.
 - Signposting including development of digital signposting, supporting upkeep and development of CareNA portal.
- 3.10 In doing so, the objective will be to integrate the services offered by the in-house Welfare Rights Team with those secured through the Big Lottery funding, those funded nationally and those commissioned as per section 3.9 above. This will offer a cohesive network of complementary advice services designed to offer ease of access to local people who require help with a specific issue.
- 3.11 In doing so, it will be important for the Welfare Rights Team to working in partnership with the Big Lottery consortium and the provider commissioned to deliver wider advice services to develop clear signposting and referral pathways for service users.

3.12 Further, given the changing landscape in Advice, the different funding streams , and the demands on advice provision from Welfare Reform it is proposed that the Partnership Team work closely with the Council Team responsible for the Big Lottery funded service to continuously review advice provision in North Ayrshire and deliver the aims and objectives of the Framework for Public Funding of Advice in Scotland, namely:

- Best Outcomes for client
- Value for Money for the public purse
- Minimise Duplication and overlap of Services
- Joined up and strategic approach between funders and providers.

4. Anticipated Outcomes

4.1 It is anticipated that the proposed changes set out above will ensure:

- The HSCP Welfare Rights Team continue to tackle inequalities by delivering a comprehensive Welfare Rights service to H&SCP service users and an Appeals Representation (includes written and oral representation) service to all North Ayrshire residents.
- The HSCP Welfare Rights Team are resourced to contribute to H&SCP Charging Assessment thereby generating income to H&SCP through chargeable services.
- The HSCP Welfare Rights Team are resourced to contribute to Kinship Assessments via Income Maximisation for Kinship Carers.
- The HSCP Welfare Rights Team are resourced to combat further Welfare Reform and the devolution of Benefits and mitigate the impact for H&SCP service users and North Ayrshire residents.
- Partnership working continues with referral protocols between H&SCP and Big Lottery Financial Inclusion and the successful contractor for Advice Services.

5. Measuring Impact

5.1 The impact of the proposed changes will be measurable in terms of:

- Income in North Ayrshire is maximised, with year-on-year increases demonstrated through performance reporting;
- All North Ayrshire residents will have access to Appeal Representation
- Charging income for North Ayrshire Council and North Ayrshire Health and Social Care Partnership is maximised, with demonstrable improvements year-on-year;
- Duplication, gaps and barriers are reduced as the new advice landscape matures, with demonstrable reduction in complaints and concerns.

6. Financial Implications

6.1 To meet the anticipated increased demand for Welfare Rights advice from HSCP clients and to provide Appeal Representation for all North Ayrshire residents who require it, additional resources will be required within the Welfare Rights Team.

6.2 Looking at the likely demand levels, the staffing resource for the Welfare Rights Team is projected at approximately £875k against a projected budget for 2017/18 of £828k.

- 6.3 Given the significant reduction in the proposed level of wider advice services to be commissioned, the Team are confident that this additional staffing cost can be met within the totality of advice budget available to the Partnership.

7. Consultation

- 7.1 The proposals contained within this paper have been developed in full consultation with colleagues from Economies and Communities who are leading the Big Lottery Funded Consortium to deliver Financial Inclusion Services.

8. CONCLUSION

- 8.1 Members of the Integrated Joint Board are invited to consider the changing nature of demand for advice services contained herein; assess the proposals for the creation of a fully integrated network of service providers; and approve the proposed changes to the role and composition of the in-house team as well as the planned commissioning of wider advice services.

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

REVIEW OF FINANCIAL INCLUSION 2016

Ref	TOPIC / PROVIDER	Desired Provision from Draft NACAS Spec	CHAP (community Housing Advocacy Project	McMillan and Money Matters	NAC Housing Welfare Reform Team	Cunninghame Housing Association	Access Ability	CLASP	ANCHO	Citrus Energy	NAC Housing Benefits Take up Officer	Irvine Housing Association	Ayrshire Communities Education and Sport
1	Information, advice and assistance and representation services as appropriate	X	X (representation at 1st tier tribunals)					X	X				
2	People affected by cancer, family and / or carers			X									
3	Vulnerable service users - families with children facing eviction, service users with enduring mental health problems, learning disability, dual mental health or addiction issue, registered blind			X	potentially homeless								

4	New process introduced by NACAS to identify vulnerable individuals (including SS service users) at initial point of contact	X											
5	Service delivered across North Ayrshire on an outreach basis	X						X (and also have a financial inclusion outreach service)	X				
6	Main base of operations in Saltcoats Mon – Fri 9.30 – 2 pm	X											
7	Drop in visits in main office - Mon,Tues, Thurs	X											
8	Planned appointments for specialists debt advice and form filling assistance at main office Wed & Fri	X										X	

9	Welfare benefits	X	X	X	X (Council tenants and those who are potentially homeless)		X	X	X	X		X	X
10	Consumer affairs	X											
11	Debt and financial matters	X	X Approved accountant in bankruptcy money advisor		X (Council tenants and those who are potentially homeless)	X via referral on to other agency such as Stepchange				X (specifically energy arrears debt)			
12	Employment problems	X							X				
13	family and relationships	X											
14	Housing	X										X	
15	Legal issues	X											
16	Tax	X											
17	Travel and transport	X											
18	Utilities and communications	X										X	
19	Education	X											
20	Health	X											
21	NHS complaints	X											

22	Immigration	X											
23	Home visits for individuals who encounter severe and significant difficulties accessing & using transport	X											
24	Face to face, telephone, website & email provision	X						X	X				
25	Income maximisation		X			X via referral on to subsidiary company Citrus Energy		X				X	
26	Assistance to request mandatory reconsideration		X			X			X				
27	Assistance to appeal benefit sanctions		X									X	
28	Negotiating with creditors		X							X			
29	Assistance with court proceedings		X										
30	Advice on Debt Arrangement Scheme (DAS) are accredited DAS advisers		X										

31	Assistance with Council Tax Arrears		X										
32	Budgeting Advice		X							X (budgeting for future energy use)		X	
33	Promotion of the Council's home contents insurance (financial inclusion)				X (Council tenants and those who are potentially homeless)			X (and assistance with the paperwork)					
34	Employability via employment hubs (financial inclusion)				X (Council tenants and those who are potentially homeless)			X	X	Recruitment of unemployed residents of Ayrshire, to date 4 residents, with one obtaining full time employment to obtain recognised qualification		X	

35	Promote & refer to Citrus Energy for assistance with fuel bills (financial inclusion)				X (Council tenants and those who are potentially homeless)								
36	Partnership with First Alliance Credit Union to promote bank a/c's & credit facilities (financial inclusion)				X (Council tenants and those who are potentially homeless)								
37	Support workers who visit those potentially affected by Universal Credit & migration to PIP to gauge ability to pay rent and deal with changes that Universal Credit brings. Workers refer on to WRO & debt advice officers				X (Council tenants and those who are potentially homeless)								
38	Free money advice and legal representation to those homeowners facing mortgage repossession in Ayrshire		X										
39	Funding of other agencies / services	NA	NA	NA	NA	NA							

40	Referral and signposting				X	X	X	X		X			
41	Submission of SSCS1 appeal request and referral on to Welfare Rights Team							X					
42	Dedicated assistance with energy switching to assist householders to find the most cost effective deal									X			
43	Home energy advice service to assist householders to understand their energy bills, assist to reduce energy consumption, assist with choice of meter									X		X	
44	Housing benefits and council tax reduction for working age and pensioner claimants										X		
	No responses from Procurement at Riverside Housing, Carers Centre or Scottish Govt People and Communities												

Integration Joint Board
9 March 2017 Agenda
Item 12

Subject: **Adaptations Process**

Purpose: To provide an update of the handover of the adaptations process from North Ayrshire Council.

Recommendation: The Integrated Joint Board is asked to support the handover of the adaptations process to the partnership and note issues highlighted.

1. Introduction

- 1.1 For the last 17 months the Equipment and Adaptations Project has been undertaking improvement activities across many aspects of the Equipment and Adaptations processes in North Ayrshire. This work has been co-ordinated by the Equipment and Adaptations Steering Group, which reports through the North Ayrshire Health and Social Care Partnership (HSCP) Change Programme Steering Group to the Integration Joint Board (IJB).
- 1.2 The Public Bodies (Joint Working) (Scotland) Act 2014 established the legal framework for integrating health and social care in Scotland. The Act required that Health Boards and Local Authorities delegate some of their functions to an Integration Authority. As well as health and social care functions, Local Authorities were required to delegate some housing functions with the lead responsibility shifting to the new Integrated Authority. The housing functions that must be delegated are adaptation services for council tenants, private sector households and owner occupiers.
- 1.3 At its meeting on the 12 January 2017 the IJB was informed about the work undertaken across North Ayrshire Council (NAC) Housing, Property Management and Investment (PMI) and North Ayrshire HSCP health and social care staff supported by the Change Team. The group made a number of proposals to bring together all adaptations processes under one management system and structure, with improved clarity around Senior Manager responsibility, which will help to resolve many of the previous issues in terms of complexity and duplication in the system. The IJB agreed for these proposals to be taken forward with a view to transferring processes from 1 April 2017.

2. Current Position

2.1 Since the IJB meeting a working group has been developing lower level processes in the key areas outlined below:

- Single point of contact
- Assessment and supervision
- Complex case management
- Ordering adaptations
- Scheme of assistance
- Budget

The high level process can be seen in the flow map in appendix one and the high level process summary in appendix two. These changes have been developed into Adaptations Procedures and Adaptations Criteria documents to provide clear guidance and processes for staff. Please note these process only apply to the mainland and Cumbrae, a separate process is already in place for Arran.

2.2 The new process in appendices one and two brings together all adaptations processes under one management system and structure and with improved clarity around Senior Manager responsibility, will help to resolve many of the previous issues in terms of complexity and duplication in the system.

2.3 There are a range of on-going work required to ensure the continuous improvement of adaptations processes by March 2018. This is largely due to the changing landscape in terms of the development of Single Point of Contact, how community equipment will be managed in the future and the end of significant adaptations contracts. This on-going work will be underpinned by best value and ensure service users receive a quicker, safe and more streamlined service across the various tenures.

3. Proposals

3.1 Single Point of Contact

The new process will work in line with the professional single point of contact (SPOC) which opened in December 2016. The new adaptations process will become the responsibility of the Senior Manager - Intermediate Care & Rehabilitation Services. As SPOC is in an early stage of development, it is proposed the new adaptations team will be based together with the team who administrate the equipment process, thus ensuring parity across equipment and adaptations and ensuring back-up for the adaptations process. As part of the on-going development of SPOC throughout 2017/18, a triage process will be developed to explore the possibility of rehabilitation and enablement at point of referral.

3.2 The current process for grab rails, handrails and bannisters for owner occupiers, will remain with the equipment budget process, similarly all grab rails, handrails and bannisters for NAC properties will remain in the HRA budget process. However this minor adaptations process will be examined alongside Pan-Ayrshire processes and developments, (currently planned for early 2018) for consistency across the three Ayrshires. The budget and resources around this have been divided accordingly and clear management and financial processes have been developed.

3.3 Assessment and Supervision

A streamlined assessment and supervision process has been developed clearly defining complex cases and outlining how individuals with more complex needs will be supported. In addition, we have developed an adaptations criteria document to provide clear guidance around the provision of adaptations and enable professional review of assessment and adaptation recommendations through supervision. As the Single Point of Contact is further developed, new management and financial processes will be created around this.

3.4 Complex Case Management

A new process will be introduced to improve the review and support of complex cases. This will be a multi-disciplinary, multi-agency group which will regularly review as required complex cases with a view to providing individual innovative solutions and on-going management of any residual risk.

3.5 Ordering

The new Adaptations Team will ensure recording and monitoring of all adaptations as well as on-going ordering of these. In line with the NAC Corporate Building Services Strategy a Service Level Agreement has been drafted to ensure compliance with standards, adherence to timescales, and value for money and provide clarity of responsibility and accountability for all parties. This will be reviewed with all parties regularly throughout the year.

3.6 Scheme of Assistance (owner-occupiers)

Where an adaptation is required for a home owner, support is provided through the Scheme of Assistance – providing an 80 or 100% grant depending on financial circumstances. The Scheme of Assistance is extended to include external and internal accessibility adaptations (e.g. ramps, door widening, room reconfiguration etc.), as well as access to hygiene facilities and kitchen facilities for all owner occupiers. This brings the North Ayrshire Scheme of Assistance in line with other authorities including East and South Ayrshire. Where the budget cannot meet demand, a waiting list will be operated. It is proposed that the two workers currently supporting the SOA process transfer to the new proposed Adaptations Team.

3.7 The process for Registered Social Landlords (RSLs) remains unchanged as RSLs receive grants for adaptations directly from the Scottish Government. However, although the funding scheme is different, the assessment process is the same and the outcome is then discussed with the RSL.

3.8 It is proposed that the post paid for by the Housing Revenue Account for this process is transferred into the proposed Adaptations Team, however, any workers paid exclusively from HRA will be required to work solely on adaptations for Council tenants, in line with HRA Guidance.

3.9 Budget

A finance and budget process has been agreed across NAC Finance, the Partnership and NAC Housing. After this year, budget setting for this area will align with the normal budget setting process in line with the requirements of the NAHSCP Strategic Plans. . In addition, quarterly HRA monitoring meetings will be undertaken with Housing to provide comfort that the HRA is being managed appropriately and within the limits of the budget. Expenditure projections will be provided to inform the monthly budgetary control process for the HRA and within the required reporting timescales for preparing appendices for cabinet. This is in line with the wider partnership budgetary processes.

- 3.10 There is one key area of risk highlighted from due diligence process. This is to ensure the ongoing budgets are appropriately funded to ensure they meet cost increases and demographic pressures. Housing have noted that the amount in these budget will depend on rent setting process for HRA and statutory obligation to consult with tenants and therefore no assurance can be given that budgets will stay at these level.
- 3.11 In addition, in line with the current equipment recycling within NAHSCP to ensure on-going value for money, some adaptations can be recycled e.g. stairlifts and modular ramp systems. All recycled adaptations are serviced and replenished back into stock across the contracts in place. Where an adaptation is paid for by Scheme of Assistance, this will become the owner occupier's property. However the option to donate any recyclable adaptations such as modular ramps back to the partnership for recycling will be provided.

It is proposed the IJB accepts the finance and budget process whilst noting potential risks around these and notes the HRA budget is cash limited and HSCP have no delegated authority to overspend.

4. **IMPLICATIONS**

4.1 **Financial Implications**

The following budgets will transfer to the Health and Social Care Partnership:

- HRA Adaptations 2016/17 Budget £1,623,669
- Private Sector Housing Grant (PSHG) Capital 2016/17 Budget £807,940
- Private Sector Housing Grant (PSHG) Revenue 2016/17 Budget £146,131

Note that the amounts quoted are for 2016/17 and the 2017/18 budget has still to be confirmed.

In addition, the paper outlines potential financial risks around the transfer of the Council Adaptations process and the Scheme of Assistance. However, there is potential to make efficiencies in the review of contracts and service level agreements.

4.2 Human Resource Implications

Existing staff attached to the current process will be transferred into the proposed Adaptations Team and therefore will be required to work in a new workplace with a new line management structure.

4.3 Legal Implications

There are no legal implications

4.4 Equality Implications

There are no equality implications

4.5 Environmental Implications

There are no environmental implications

4.6 Implications for Key Priorities

The proposals fully support and underpins our early intervention and prevention strategic priority

5. Consultations

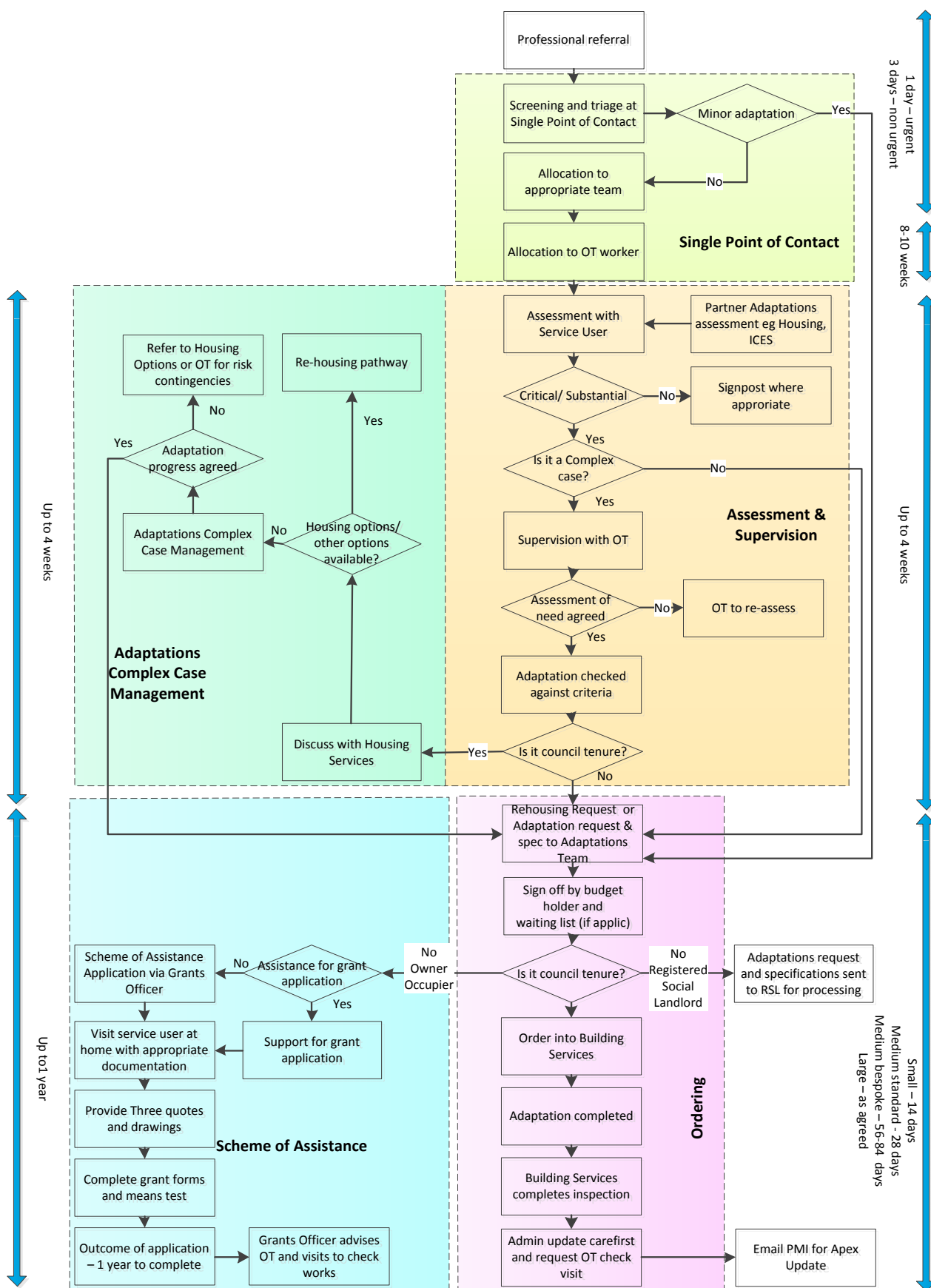
- 5.1 An appreciative inquiry was undertaken in October 2015, and a multi-agency review of equipment and adaptations processes in April 2016. All work from the equipment and adaptations project is underpinned by this. In addition, a consultation on the Adaptations Process and Adaptations Criteria was undertaken with all OT staff in early February.

6. Conclusion

- 6.1 It is anticipated that the outcomes from this phase of the Equipment and Adaptations Project will support work around the New Models of Care, reduce waiting times for adaptations for service users and lead to costs reduction in terms of supply of adaptations. On that basis, it is recommended that IJB Members support the transition of this service to the Partnership and on-going development outlined in line with 2.3 above.

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

Adaptations Process



Adaptations Service - High level process

This high level adaptations process will break the process into 5 key areas:

- Single point of contact
- Assessment and supervision
- Complex case management
- Ordering adaptations
- Scheme of assistance

Full documents for all developed areas are written through the **Adaptations Procedures** and **Adaptations Criteria**.

1. Future Development of Single Point of Contact

The Single Point of Contact Team will provide a co-ordinated screening, triage and case allocation according to need to ensure the right person is allocated thus reducing waiting times and multiple allocations.

- **Professional referral** received at Single Point of Contact Team
- Each case will be **screened and triaged** appropriately
- **Minor adaptations** (e.g. Grabrails, Handrails and Bannisters) Ongoing development will establish a system that screens all requests, before proceeding to order.
- Referrals will then be **allocated to the appropriate team**
- Here it will be **allocated to the appropriate worker**

Waiting times – Triage will happen each working day

2. Assessment and Supervision

The assessment process is undertaken regardless of tenure, ability to meet need or the individuals' eligibility for service.

- The allocated assessor will undertake an **assessment** of need in accordance with OT Functional Assessment process.
- Eligibility criteria are then applied – only **critical and substantial** need can be met – although signposting is undertaken for moderate/low need. Eligibility criteria is as follows:
 - **Low** - low risk to independence, health and wellbeing
 - **Moderate** - risk of some impairment to the health and wellbeing of a person, or some risk to independence
 - **Substantial** - risk of significant impairment to the health and wellbeing, or significant risk to independence
 - **Critical** - risk of major harm/danger to a person or risk to independence

- Criteria for **case complexity** has been agreed as a large complex adaptation eg extension or three small or medium adaptations. Where the case is not complex the adaptations will be directed straight to the adaptations administration team for ordering. Where it is a complex case, it will be reviewed in supervision to determine agreement on outcome of assessment. Supervisors will be linked into the budget process to ensure they have an understanding of the budget to date. Adaptation Guidelines will help support supervisory framework
- If the **assessment of need** is not **agreed** the assessor will have to re-asses the individual
- Where complex case identified - discussion in supervision will outline whether the **adaptations are checked against criteria** and agreed as appropriate for further discussion with housing services.
- All council tenure complex cases will be discussed with Housing Services

Waiting times – This processes is currently being amended. It is proposed OT allocation will take 8-10 weeks with assessment taking place within one week of allocation. In addition, supervision will take place every 4 weeks, although urgent cases will be resolved accordingly.

3. Adaptations Complex Case Management

The Adaptations Complex Case Management Forum is a person centred solution focused group who will meet regularly to discuss complex cases. This forum will be attended by a range of appropriate individuals depending on the individual case.

- Where an individual requires a complex adaptation but the adaptation is not agreed by the supervision process, the assessor should discuss with the individual **and discuss with housing services**. In many cases, often the discussion with housing services will lead to resolution of this issue and move the issue to another part of the process e.g. the adaptation is agreed or moves to **housing options**.
- Where the individual does not wish to discuss housing options or it is unknown if the property can be adapted then it is referred to the “**Adaptations Complex Case Management Forum**”. This group will meet on a regular basis and include Occupational Therapy, Housing, PMI, the budget holder – the Senior Manager - Intermediate Care & Rehabilitation Services and any technical/architect support, when required, to ensure the change is technically feasible. Cases identified must meet the “Complex Case” criteria. The assessor will provide a clear detailed report on current circumstances, outcome of assessment, recommendations, and options already considered. The forum will then agree on realistic solutions taking into account individual social needs, accessible needs, any extreme circumstance, risks identified, future proofing and the sustainability of that house to the individual's outcomes. Clear documentation for this process to be agreed by working group.
- Where the **adaptation is not agreed** the assessor will ensure any **risk contingencies** are in place.
- All discussion will be minuted and recorded in Carefirst.

Waiting times – This processes does not currently exist but it is proposed the forum takes place approximately 4 weekly. However, it is noted that further discussion or investigation maybe required after the forum.

4. Ordering

The process ordering depends on the type of tenure for which the allocation is being made. This will be co-ordinated by the Adaptations Team.

- Where the tenure is not a council tenant but the adaptation is unsuitable for any reason, a re-housing request may be made. All adaptation requests and necessary specifications will be sent to the “**Adaptations Team**” for processing.
- The **Budget holder** will then **sign off** all requests and monitor the budget against each tenure type with the agreed budget process and if necessary place the individual on a waiting list. The waiting list is manged by date order, priority and budgetary restrictions.
- The team will check whether it is **Council Tenure** – where it is not they will refer to the Scheme of Assistance or Registered Social Landlord (RSL).
- The process for Registered Social Landlords (RSLs) remains unchanged as RSL’s receive grants for adaptations directly from the Scottish Government.
- The Adaptations Team will **order from Building Services**. A separate piece of work will review the Service Level Agreement in terms of cost and/or timescales, as per benchmarking exercise.

Waiting times – Proposed timescales as follows for council and owner occupiers:

Adaptation Type	Adaptation	Timescales
Small - Minor	Fitting of Handrails, bannisters, grab rails, Door Entry, Lever Taps, Lower Threshold, Non-slip Flooring only High urgency requests to support discharge or imminent high risk. These should be actioned immediately.	14 days
Medium - Standard	Works where specialist external contractors are not required. e.g. Wet floor shower, widening doors	28 days
Medium - Bespoke	Works where specialist external contractors required. Non-bespoke adaptations Bespoke adaptations e.g. bespoke stair lift Due to manufacture.	56 days 84 days
Large - complex	Significant building works or structural changes. Expected timescales will be indicated at the beginning of works with a schedule proposed to all parties involved.	Agreed with clear schedule.

- Once the **adaptation is complete** this will prompt the **building services** to undertake an **inspection**
- When the building officer is satisfied with the adaptation the adaptation team will notify the assessor who will undertake a check visit
- The adaptation team will also **email PMI** to update the **Apex system** and **I World** They should also notify the **Common Housing Register Team**.

5. Scheme of Assistance (Owner Occupiers)

The Scheme of Assistance enables Owner Occupiers to make significant changes to the structure of their home to meet their health or care needs. This process covers most medium and some large adaptation types.

- The assessor will check whether **assistance** is required for the **grant application and contact support for the grant application**.
- The assessor will send the adaptation request and specification to either the **Grants Officer** or whoever is supporting the grant application (where assistance to attain quotes is required).
- Either will **visit the service user** to discuss the process and the forms
- **Three quotes and drawings** must be supplied in order to process the request
- **Grant application forms** must be completed and a **means test** is in place to provide 100% grants. All other grants are 80% of the total cost of the adaptation.
- If the **outcome of the application** is successful the applicant has one year to undertake the work.
- On completion, the **grants officer inspects** and informs adaptations team for **assessor follow up**.

Waiting times –The service user will have one year to complete this work

Housing Adaptations Financial Implications

1. Housing Revenue Account (HRA) Funded Adaptations for Council Tenants

The HRA resource to fund adaptations for Council tenants has been identified and the historic budget and spend is given below.

	Budget	Actual	Variance
2016/17	1,623,669	1623,666 projected	0
2015/16	1,775,900	1,545,217	(230,683)
2014/15	1,750,000	1,361,804	(388,196)

1.1 A **due diligence** discussion was conducted with housing. The housing team manager for business planning advised that the underspend in recent years was due to less adaptations being completed i.e. there was a backlog of work at the end of each year, rather than the budget being excessive.

1.2 Housing/PMI and Building Services are working to expedite the time it takes to carry out the work. The current time delay has led to a back log however, this should be cleared and done so within the allocated budget.

If a significant backlog builds up prior to the end of the financial year this will be negotiated with housing to allow the new service delivery model to be progressed with no burden to fund a backlog.

1.2 **Future funding levels** – the level of funding for adaptations is determined as part of the annual update of the 30 year HRA business plan. The business plan is based on a set assumptions which can vary from year to year and the level of funding for each element of the HRA expenditure and income can vary.

It was agreed that the annual budget for adaptations would be set by housing following consultation with the Partnership. The funding level needs to take account of the varying factors within the HRA business plan whilst considering demand, inflation and demographic factors to ensure it is adequate to meet the needs of the service.

1.3 **Exceptional items** – e.g. extensions to properties, are either currently met from the existing budget or alternative properties are identified for the tenant. Future exceptional items will be considered on a case by case basis and where possible met from the existing resources. If this is not possible negotiations will commence with housing to reach a mutually agreeable solution.

1.4 **Financial Management and Processes** - the HRA budget is ring fenced and cannot be transferred to the Partnership. The Partnership will instead create an income and expenditure budget and recharge the spend to the HRA on a monthly basis.

The recharge will include sufficient information to allow housing to verify the validity of the charge. As a minimum the following information will be provided:

- Address
- Job Number
- Amount charged
- Summary of work carried out

The Partnership will put in place checks and safeguards to ensure that the integrity of the HRA ring-fence is protected i.e. the funding is only used for the benefit of council tenants and properties. It is proposed to prepare an annual financial statement on the use of the adaptations budget to provide the required transparency and accountability.

The partnership need to work within the budget set and provide housing and ensure that works ordered and invoiced by Building Services are within the budget set. Projected spend against the budget will be provided to housing by financial services following discussions with the budget holder in period 4, 6, 8 and 10, with supporting analysis by address, YTD budget and spend and projection. It is recognised that there is a time lag between work being completed and recharged and projected spend calculations will need to build this factor in.

The budget holder responsibility will lie with the Senior Manager - Intermediate Care & Rehabilitation Services and they will need to ensure there is adequate systems in place to track and monitor commitments against the budget. Financial services will provide the same level of support as they do for the other partnership budgets.

2. Private Sector Housing Grant (PSHG)– General Fund

The Private Sector Housing Grant is held within the general fund and the historic budget and spend is given below for capital and revenue.

Capital	Budget	Actual	Variance
2016/17	807,940	807,940 projected	0
2015/16	632,476	614,109	(18,367)
2014/15	661,842	639,792	(22,049)

Revenue	Budget	Actual	Variance
2016/17	146,131	146,131 projected	0
2015/16	146,131	146,131	0
2014/15	146,131	146,131	0

Note that the base 2016/17 capital budget was £700,000 but has been increase to £807,940 by carrying forward unused funds from previous years.

2.1 Due Diligence – the budgets have either underspent or on-line each year. There has been no increase in the revenue budget in the period as it relates to agreed payments to contractors but the capital budget has increased by 22%.

Capital – in terms of drawing down the capital grant, customers have one full year to make their claim. As a result, the budget is always fully committed however the actual spend is determined by the frequency and value of grant claims. There is no waiting list at present.

Revenue - the revenue budget relates to the Care and Repair service which is provided by Cunninghame Housing Association (CHA) and TRUST. The service delivery with CHA is under a Public Social Partnership (PSP) model which is in place until April 2018. Following the cessation of this agreement, the mainland Care and Repair service is required to be tendered in order to adhere to procurement protocol. There is no such PSP agreement with Trust. The Island Care and Repair service is based on a historical agreement. Both organisations receive a payment of £4,000 from the NHS for the delivery of this service.

2.2 Future funding levels

Capital - the level of funding for PSHG is determined by the Council's 10 year capital plan and is monitored by the Capital Programme and Assets Group (CPAG). The value going forward is set at £0.700m per annum. The actual budget available will change each year dependant on over or underspends in the previous year. Housing should be advised if there is any planned change to the budget set by the 10 year capital plan.

Revenue - as the PSHG is in the general fund and can transfer to the Partnership. Future funding levels will be determined as part of the annual budget setting process for the Partnership/Council. The funding level needs to consider demand, inflation and demographic factors to ensure it is adequate to meet the needs of the service.

2.3 Exceptional items

Future exceptional items will be considered on a case by case basis and where possible met from the existing resources. It may be necessary to prioritise and wait list services to ensure exceptional items are funded.

2.4 Financial Management and Processes

For all budgets the Partnership will need to work within the budget set. If at any stage the budget is projecting an overspend then mitigating action will be considered and implemented prior to any wait listing of service. Any overspend will require to be met by NAHSCP unless given specific approval by Housing re HRA tenants.

Capital – spend will be monitored and report via the Capital Programme and Assets Group (CPAG). The assessment and processing of the claims will be undertaken by the adaptations assessment team in conjunction with the grants officer for the Scheme of Assistance.

Revenue - the partnership need to include projected spend against the revenue budget in their regular financial performance managements to the IJB.

The budget holder responsibility will lie with the budget holder – the Senior Manager - Intermediate Care & Rehabilitation Services and they will need to ensure there is adequate systems in place to track and monitor commitments against the budget. Financial services will provide the same level of support as they do for the other partnership budgets.

Adaptations Procedures

March 2017

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Background

Adaptations services aims to assist people in living independently through either the provision of equipment and/or adaptations in their current home or re-housing to a suitable property that meets their needs. Social Care and Housing Services work together in responding to the Public Bodies (Joint Working) (Scotland) Act 2014 and help to prevent, reduce or delay care and support needs for customers by any of the above means.

This document centres on the delivery of Adaptations within NAHSCP, however adaptations are only one of the many options available and as such all alternatives will be considered when devising a solution to meet service user's needs.

The statutory duties of the Local Authority in connection with adaptations are mainly laid down in the following legislation (not exhaustive):

- National Assistance Act 1948
- Social Work (Scotland) Act 1968
- Chronically Sick and Disabled Persons Act 1970
- Chronically Sick and Disabled Persons (Scotland) Act 1972
- Health and Safety at Work Act 1974
- Disabled Persons (Services, Consultation and Representation) Act 1986
- Housing (Scotland) Act 1987
- NHS and Community Care Act 1990
- Human Rights Act 1998
- Adults with Incapacity (Scotland) Act 2000
- Housing (Scotland) Act 2001
- Community Care and Health Act (2002)
- Mental Health (Care & Treatment) (Scotland) Act 2003
- Good Practice Guide for the Provision of Major Adaptations (2011)
- Equality Act (2010)
- The Public Bodies (Joint Working) (Scotland) Act 2014
- Adaptations, Aids and Equipment Advice Note – The Scottish Government, 2015

However, the Council must decide whether the service user's needs can be best met through:

- Rehabilitation
- Issue of equipment
- Adaptations

Or

- Re-housing.

The Council can discharge its duties under the Chronically Sick and Disabled Persons Act 1970 by any of these means.

Eligibility Criteria

For all Adaptations the following criteria is applied :

- eligibility criteria is as follows:
 - **Low** - low risk to independence, health and wellbeing
 - **Moderate** - risk of some impairment to the health and wellbeing of a person, or some risk to independence
 - **Substantial** - risk of significant impairment to the health and wellbeing, or significant risk to independence
 - **Critical** - risk of major harm/danger to a person or risk to independence. Any essential need to support hospital discharge or end of life care.
- Only **critical and substantial** need can be met and will form the basis of any prioritisation including priority assigned when ordering of works.

Definitions of Adaptations

All types of adaptations are defined within the “Adaptations Criteria” however the following grouping can be made for the purpose of this document. These lists are not exhaustive.

Minor Adaptation

These are small basic adaptations as listed below:

- Grabrails
- Handrails
- Bannisters
- Specialist Rails
- Floor fixing for frames.
- Door Entry Systems

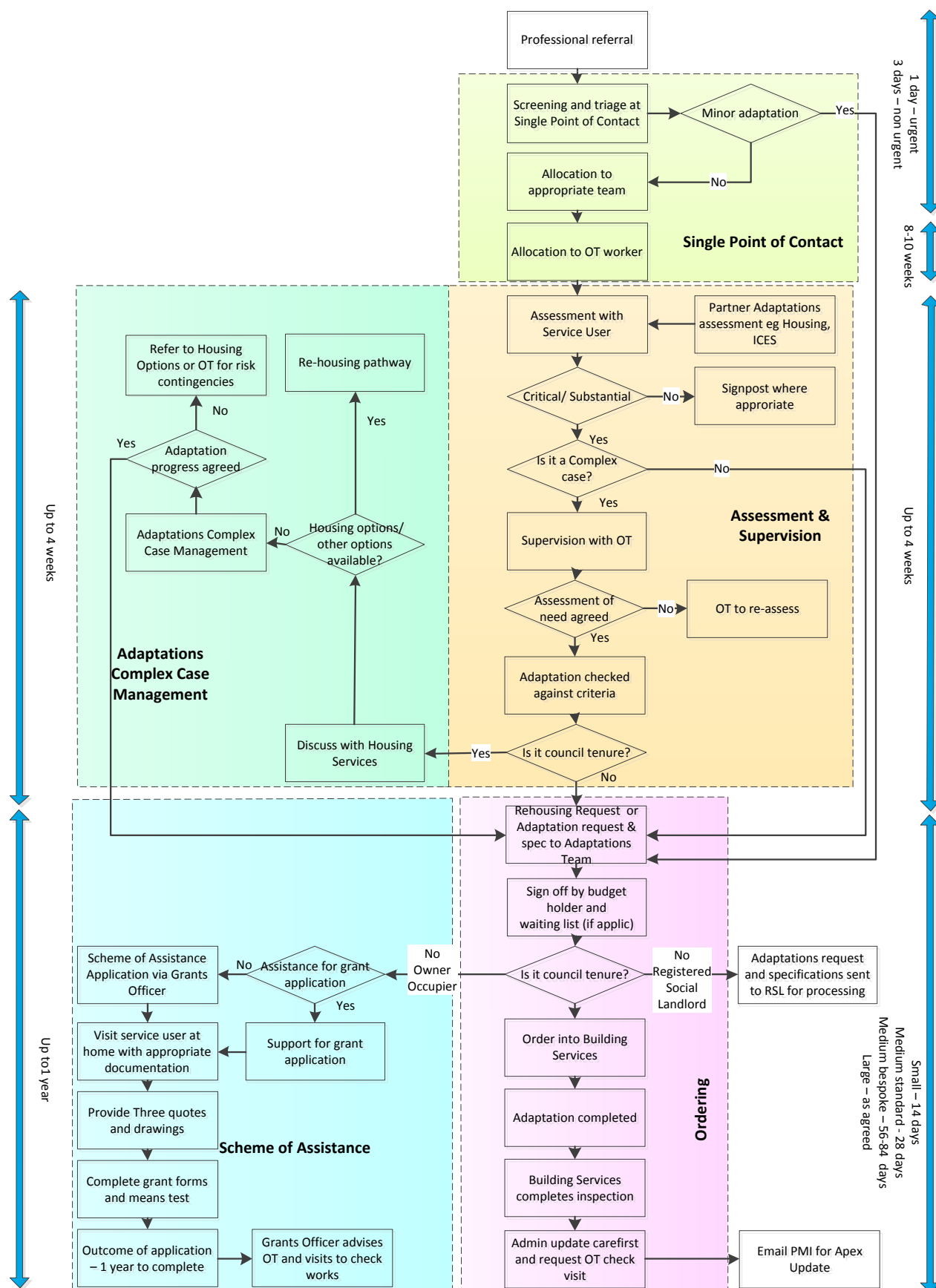
Major Adaptation:

These are larger scale adaptations as listed below:

- Door Opening Systems
- Ramp Access
- Step Alteration
- Path alteration
- Dropped Kerb
- Door alteration
- Secure Boundaries
- Stairlifts
- Vertical Through Floor Lifts
- Step Lift
- External Platform Lift
- Wet Floor and Level Access Shower
- Over Bath Shower
- Low Access Shower
- Specialist Baths
- Body Dryers
- Additional Standard W.C
- Specialist WC
- Specialist Wash Hand Basin
- Accessible food preparation area.
- Fixed Overhead Hoists
- Internal living space alterations
- Extensions
- Ventilation/Window Opening Device
- Safety Windows

There is a number of adaptations that the adaptations service will not fund. These are outlined in the supporting adaptations criteria.

Adaptations Process



Point of Contact

All referrals received at locality teams or from other professionals, should be triaged and screened appropriately for decision on the most suitable team to deliver the service. This includes any requested assessments for adaptations.

Eligibility is governed by legislation and therefore the procedures reflect this. Further information on eligibility criteria and definition of terms can be found within guidance notes on the “*Fair Access to Care Service*”. Assessment entitlement is universal, however priority will be given to those most in need.

At present, where a client has been known to the service in recent three months, then the referral is screened within the locality Assessment and Enablement team for suitability to team or signposted to the most appropriate service.

Where a client has not been known to service in recent three months, the referral should be screened by Service Access for triage into either low level equipment provision or onward processing to locality teams.

Where Minor Adaptations or low level equipment are indicated, the service access OT assistants will undertake initial assessment. Any Minor Adaptations requests from this service will be processed through the adaptations route described in this document.

Future provision aims to provide a Single Point of contact where all Occupational Therapy referrals will be triaged through one point of contact in order to enable the decision on which specialist AHP service is most relevant .

Minor Adaptations

- Grabrails
- Handrails
- Bannisters
- Specialist Rails
- Floor fixing for frames.
- Door Entry Systems
- Lowering Thresholds

Members of the public The following Minor Adaptations can be requested by the public through the locality teams or service access where a self-assessment form will be provided. Public can self-assess for:

- Handrails,
- Bannisters
- External Grab Rail.

All other minor adaptations requires a staff assessment.

Trained professionals. The following Minor Adaptations can be assessed for and requested by all OT staff or appropriately trained AHP, Nursing or Social Work Staff.

- Grabrails
- Handrails
- Bannisters
- Specialist Rails
- Floor fixing for frames

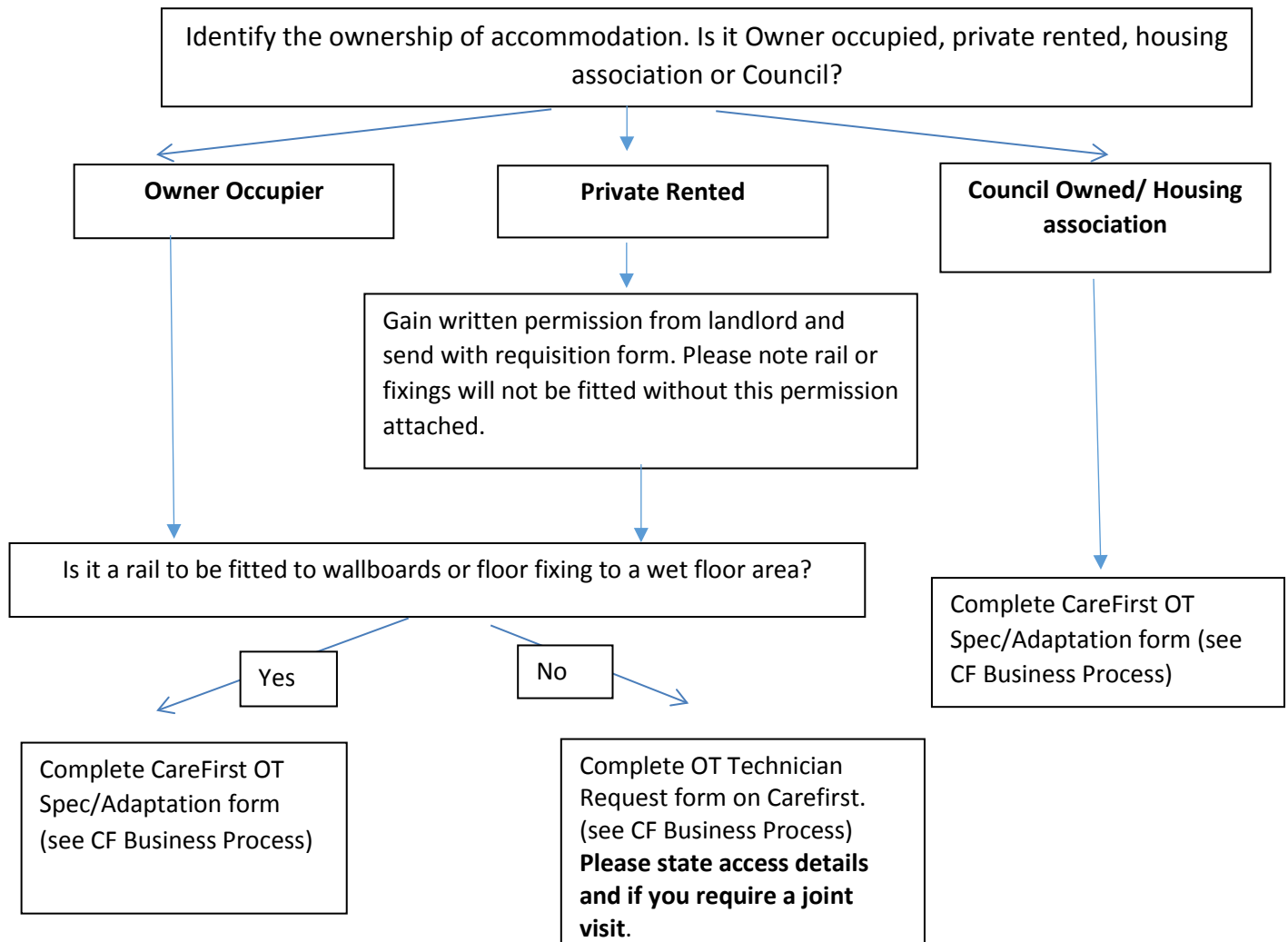
Minor adaptations can involve a small amount of construction and should include permission from owner of the property (verbal for owner occupier and written for private landlord).

Specialist Assessment: The following Minor Adaptations requires specialist assessment:

- Door Entry systems
- Lowering Thresholds

Process for Staff to order Minor Adaptations:

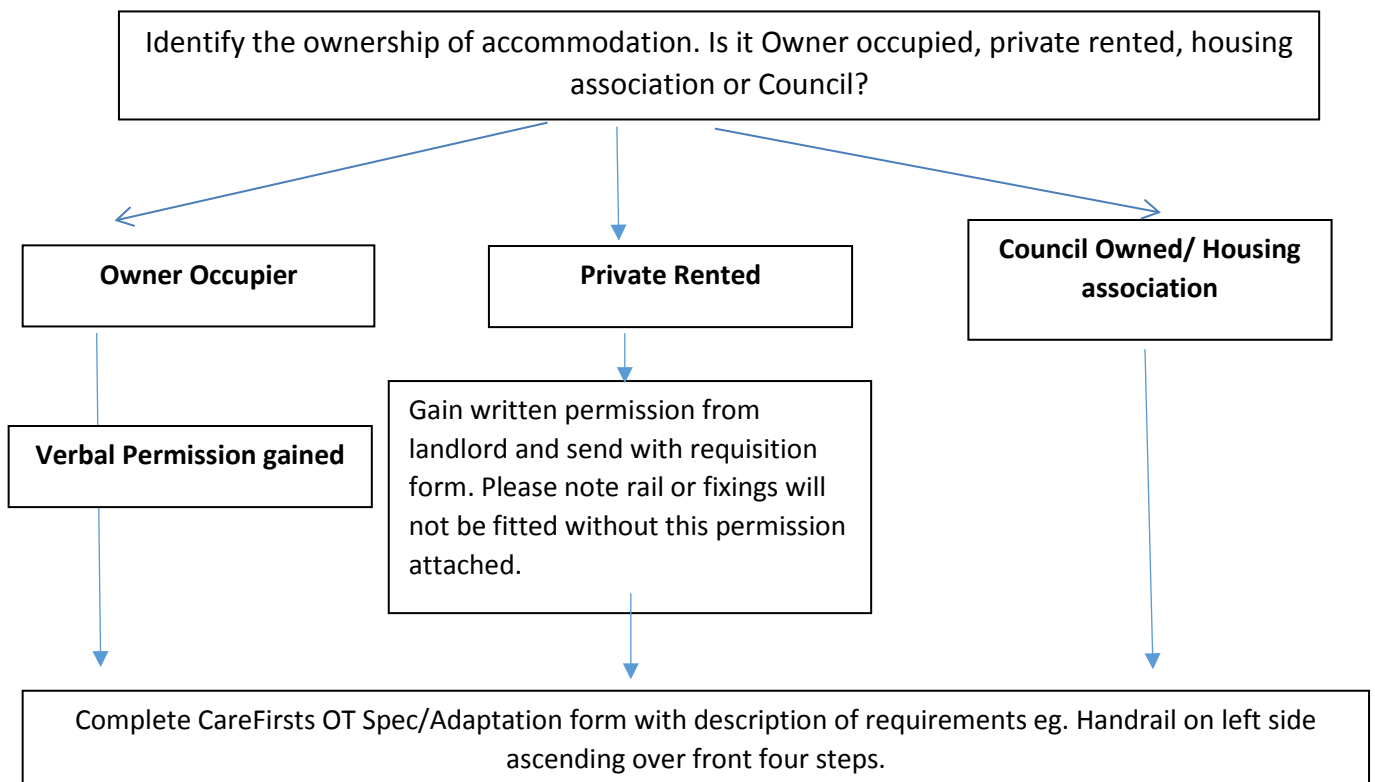
Grab rails and floor fixings for rails/frames – Please see the below for grabrails / Floor fixings according to tenure



All Other Minor Adaptations:

- Banisters
- Hand rails
- Door entry systems
- Lever Taps
- Lowering thresholds

Please see the below process for ordering of all other minor adaptations:



MAJOR ADAPTATIONS

Major Adaptations includes the following. This list is not exhaustive.

- Door Opening Systems
- Ramp Access
- Step Alteration
- Path Alteration
- Dropped Kerb
- Door Alteration
- Secure Boundaries
- Stairlifts
- Vertical Through Floor Lifts
- Step Lift
- External Lift
- Wet Floor and Level Access Shower
- Over Bath Shower
- Low Level Access Shower
- Specialist Baths
- Body Dryers
- Additional Standard W.C
- Specialist WC
- Wash Hand Basin
- Accessible Food Preparation Area.
- Fixed Overhead Hoists
- Internal Living Space Alterations
- Extensions
- Ventilation/Window Opening Device
- Safety Windows

In order to qualify for Major Adaptations in the home:

- The person for whom the adaptation is being considered must be someone who has a permanent and substantial disability (physical, sensory or learning, behavioural or cognitive).
- The person must be 'ordinarily resident' within North Ayrshire Council. Where other local authorities have formal responsibilities, each case will be dealt with individually.
- The adaptations must be at that person's only or main residence for the foreseeable next 5 years. If formal care arrangements are split within other local authorities, such as parental care, or long term foster care, consideration may be given to adapting more than one property.
- A major adaptation should only be provided when all other reasonable options have been fully considered.
- Major adaptations may require a large amount of construction work. With any tenancy, the landlord/owner must give consent for works completed. Private sector tenants will be eligible if they are able to supply written consent from the landlord and confirmation that a tenancy is in place. In mixed tenure properties or properties with shared access (i.e. flatted accommodation) permission of all owners or landlords may be required prior to approval of adaptation.
- Major Adaptations are concerned with providing works that have an accessibility purpose and is subject to specialist assessment. Adaptations do not provide any works to improve the aesthetics or functionality of the property that have no direct accessibility benefit to the service user.
- An Occupational Therapist or other authorised person must complete an assessment recommending the adaptations required.
- Major adaptations aim to:
 - Support individual outcomes for a person
 - Reduce need for other professional/service intervention;
 - Balance risk with the need to maximise functional potential.
 - Support enablement and rehabilitation needs.

- Facilitate access to washing, cooking, bedroom, living areas within the home and to enable personal hygiene maintenance.
- Eligibility criteria is as follows:
 - **Low** - low risk to independence, health and wellbeing
 - **Moderate** - risk of some impairment to the health and wellbeing of a person, or some risk to independence
 - **Substantial** - risk of significant impairment to the health and wellbeing, or significant risk to independence
 - **Critical** - risk of major harm/danger to a person or risk to independence. Any essential need to support hospital discharge or end of life care.
- Only **critical and substantial** need can be met and will form the **basis of prioritisation** into “fast track” or “standard” for the Adaptations team to process ordering.
- Signposting is undertaken for moderate/low need.
- A detailed written report will be required for complex cases. A complex case is when there are 3 or more major adaptations recommended, an extension or property layout alterations required and will be processed through the Complex Case Adaptations Forum
- A decision for Major Adaptations should be reached within 8 weeks from the assessment.
- A financial assessment is required under Scheme of Assistance and is undertaken by the Grant Officer.

The following restrictions on adaptations are limited only to **Council owned properties** and do not apply to privately owned, rented or Housing Association properties.

- **Overcrowding:** Where NAC deem a local authority house to be overcrowded, an adaptation should not be approved until the tenants housing need has been discussed with Housing Services and alternative housing solutions considered.
- **Under occupancy:** In cases where there is under-occupancy, these should be discussed with Housing Services e.g. older single or couple living in a 3 bed family home, before proceeding with adaptations, as a more appropriate housing option might be identified.
- **Mutual Exchange :** Mutual exchanges are processed by Housing Services and may be refused if a house has been adapted and there is no one in the new household who needs the adaptations.

Assessment**Good Practice Guide to Major Adaptations (2011)**

We must ensure “individual service user outcomes are at the centre of service provision and that promoting choice and flexibility is valued by assessors” and that there should be “anticipatory approach to assessment, care planning and review”

“Regardless of tenure and how an adaptation may be funded, the level of service received from assessment to provision should be equitable.”

- Assessment of individual circumstances underpins provision. Major adaptations will not be carried out without prior specialist assessment.
- Assessment should reflect the comprehensive person centred needs of the individual, the needs of carers and must take into account both current and long term needs.
- The assessor will consult with other professionals, such as GP or consultant, to ensure that sufficient background information informs recommendations. Permission will be sought from the client prior to consulting their GP.
- The role of the carer will be taken into account in that:-
 - The provision of adaptations will improve the quality of care given to the person.
 - It may alleviate the physical demands experienced by the carer.
 - The health and safety of both the person and the carer will be incorporated within the assessment and recommended provision.
 - The provision of the adaptation may negate or reduce care provision.
- Assessment and Recommendations must consider:

(i) Therapeutic intervention – the process of normal recovery, ongoing rehabilitation, teaching of new methods or compensatory techniques which eliminate the need for adaptation or equipment.

(ii) Unless the assessor considers it inappropriate to do so, all equipment should be trialled prior to the consideration of adaptations. The principle of “**minimal intervention, maximum independence**” will underpin all assessments.

(iii) In complex cases, the possibility of rehousing will be discussed with all applicants at an early stage. Consideration will be given to the disruption of established support networks, or increased isolation to the person.

Where alternative suitable accommodation is available then major adaptations may not be recommended. Where the service users preferred option is a complex adaptation, and rehousing is available, further discussion will be required alongside housing partners.

Where a property is not technically feasible to carry out the suggested complex adaptations, further discussion should take place at a Complex Case Adaptations Forum.

Consideration to the following will be made in the forum:

- A) Safety
- B) Occupancy
- C) Layout
- D) Location
- E) Support Systems
- F) Financial Viability
- G) Alternative Housing Options
- H) Contraindications to Medical Conditions

(iv) Adaptations will be provided with the aim of removing an environmental barrier. Adaptations should only be considered where the applicant can be expected to enjoy increased independence and an improved quality of life, for a reasonable period following completion of the work.

(v) The adaptation should meet the client's current and long-term needs. The assessor will consider how the person's needs are likely to change and evolve over the medium to long term. Where prognosis is uncertain, care should be taken to be as honest in decision making as possible. Consideration should be given to point (iv).

(vi) Adaptations can be considered to minimise the risk of danger.

Reasonable and Practicable

- The assessor will consider adaptations that are “necessary and appropriate” and “reasonable and practicable”. Consideration will be given to the level of disruption and any temporary arrangements, which will be discussed and agreed by all interested partners. EG Service user, carer.
- Adaptations will only be considered where the service users functional ability is unlikely to improve in order to use standard facilities with or without equipment.
- To qualify for assistance in funding adaptations, an assessment must be completed by an authorised member of staff. Funding must be approved in writing, prior to any works being initiated. Retrospective funding will not be agreed.

Additional Works / Restrictions

- The level of provision will be dependent on the assessment of the client’s needs. Within a privately owned property, any costs in excess of the specified adaptation, will be the responsibility of the owner/service user. NB any extraneous additions to the adaptation should be agreed with the assessor to ensure it meets the accessibility need.
- Adaptation will be provided as far as possible within the existing footprint of the applicant’s property. An extension will only be considered as a last resort.
- Extensions are generally not provided for additional living/bedroom space (except in exceptional circumstances). Extension will not be considered if the existing footprint can be utilised.
- There may be certain circumstances in which major adaptation cannot be considered, e.g. lack of landlord permission; planning restrictions.

Assessment Process

This process refers to the following defined case outcome for Adaptations:

NON COMPLEX: Where there are 2 or less adaptations in total, which clearly define long term suitability for the service user, the assessor should follow the pathway to progression of the adaptations via the Adaptations team, with assessment scrutiny and budgetary support being managed on CareFirst.

COMPLEX: A complex case will be defined following assessment and will apply if the property requires 3 or more major adaptations, extension and/or layout alteration. Where rehousing is not progressed, all complex cases will be discussed in the Complex Case Adaptations Forum (CCAF)

Major adaptations include:

- Ramp including widening of pathways
- Stair lift or through floor lift
- Level access shower or wet floor shower
- Closomat or Biobidet wc
- Repositioning of sanitary ware
- Wheelchair adapted kitchen, including rise/fall units, redesigning or re-organising of existing kitchen
- Widening of doors (external and internal)
- Removal of partition walls to create sufficient turning space
- Redesigning of storage space to incorporate shower/bathing facilities
- Automatic external door
- Major internal rearrangements
- Re-siting of electrical switches/sockets
- Change of heating

Extension

An extension would include adding any additional living space to existing property to form a bathroom, bedroom or kitchen area.

The assessment process should also consider sustainability of adaptation and investment to ensure property meets clients long term needs and future needs of other applicants with health issue or disability.

Assessor Process

1. All major adaptations require assessment of need.
2. The assessment will report on service user's individualised outcomes, accessibility needs, risk management and overall social, physical, cognitive needs in relation to tasks. This should clearly state the following:
 - outlining the person centred goals,
 - the support any adaptation will provide
 - value for money benefits
 - associated risk evaluation and reduction
3. Assessors will explore all potential for re-ablement, equipment, minor adaptations and re-housing prior to proceeding towards major adaptation.
4. Assessors will determine the suitability of any recommended adaptations for long term needs regardless of tenure.
5. The long term suitability should be clearly defined in the assessment and summary of intervention. Should this not be explicit, the request will be declined and returned to the assessor.
6. All adaptation recommendations should take into account the considerations detailed in the Adaptation Criteria document.
7. Specifications will accompany all adaptation recommendations and will include type, size, and any specialist consideration. Standard specifications templates are provided.
8. Assessors will categorise requests based on the **NON COMPLEX** or **COMPLEX** definitions and follow the appropriate procedures detailed below.

Non-complex adaptations

- The assessor should complete an assessment tool and must include clear summary of the intervention. Lack of information will result in a management request for further information.
- Decisions around technical feasibility do not sit within the skillset of occupational therapy. Concerns on **technical feasibility** for non-complex adaptations should be investigated addressed before the OT Spec/ Adaptation request is completed. For council properties, Building Services can visit with the assessor to advice. For owner occupier/ private rented properties, the grant officer is available for advice.
- The assessor will gain quotes for any specialist adaptations provided by contractors or external providers, in accordance with financial regulations.
- The practitioner should complete an OT Spec/ Adaptation request form on CareFirst, (or email version where the assessor does not have access to CareFirst) identify Critical or Substantial in accordance to the eligibility criteria and will attach specifications or any quotes. Priority should also be given for adaptation works that is deemed essential before a person can move into a void property.
- All requests will be screened by the appropriate manager for outcomes. Budgetary scrutiny will be applied prior to authorisation. Critical requests will be reviewed within 24 hours, Substantial within 5 working days.
- Where authorised, the assessor will be notified via CareFirst, or email where the assessor does not have access to CareFirst. The assessor will provide the service user with a copy of the specifications and work requested , and can close the case should there be no further outstanding actions.
- The Adaptations team will progress the adaptations according to tenure routes.
- Where declined the assessor will be notified of reasoning via CareFirst or email where the assessor does not have access to CareFirst. The assessor will follow up as requested, ensuring all risk contingencies are in place.

- Upon completion the Adaptations team will inform the Team Manager of any required follow up to check adaptation.

Complex Adaptations

- All complex adaptations should explore housing options prior to being discussed at supervision. In many cases, often the discussion with housing services will lead to resolution of this issue. e.g. if the applicant has submitted an application for housing and their rehousing prospects are good.
- All complex adaptations require to be discussed in Supervision prior to presentation at the Complex Case Adaptation Forum (CCAF). This is to ensure clarity on the assessed need, inform the Senior OT of options explored, and to identify those required to attend the CCAF.
- Where technical advice is required for complex adaptations, this will still be discussed at the CCAF prior to initiating architectural or other services involvement. This is to ensure deciding partners have an input into the progression of ALL considered options and prevent raising service user expectation.
- Assessor will present a full OT report to the CCAF.
- The outcome of the CCAF will determine the next step to progress the case.
- If there is agreement to progress adaptations, assessor will ensure that any foreseeable requirement for decant or respite is advised and supported.
- The assessor will provide the service user with a copy of the specifications and work requested. The case will be closed to assessor, pending completion of adaptation.
- The Adaptations team will progress the adaptations according to tenure routes.
- Upon completion the Adaptations team will inform the Team Manager of any required follow up to check adaptation.
- Where adaptation is not progressed, the CCAF will advise on next step.

Specifications

Good Practice Guide to Adaptations – Care & Repair England (2010)

The development of common specifications can save time and effort and there is considerable potential for its use in the process of delivering adaptations for example, analysis of Grant work carried out in private sector housing shows that a high proportion was for stair lifts and level access showers. However, it is also important to bear in mind that personal needs differ as do the characteristics of the properties to which adaptations are made

Pan-Ayrshire specifications have been designed in order to support all major adaptations to best practice accessible guidelines, technical standards and as an aid in ensuring like for like quotations, with clear outcomes and design.

These specifications include:

- Accessible Shower
- Accessible Entrance (Eg Ramp, Rails Etc)
- Door Alterations
- Step Alterations
- Over Bath Shower
- Stairlift
- Toilet
- Wash Hand Basin
- Kitchen Access

The specifications will be attached to the OT Spec/Adaptation form on Carefirst (or email where the assessor does not have access to CareFirst) in order that all communication is streamlined and assessed at point of budgetary scrutiny and for governance agreement.

SUPERVISION AND GOVERNANCE

Good Practice guide to Major Adaptations (2011)

“There are clear guidelines for staff about who to approach for professional support and advice in relation to the provision of major adaptations”

“A Major Adaptation Service requires to clearly identify lines of accountability and responsibility for the management and governance of the service. This is essential for all stakeholders and will assist in communication with service users and their carers, as well as internally across the relevant agencies from frontline staff, to senior strategic managers.”

- Supervision for local authority assessing practitioners will be provided on a regular 4 to 6 weeks basis across the local authority Occupational Therapy teams with access to Senior advise at times where a critical need is identified requiring fast tracked adaptations.
- Decision making for non-complex assessment can be supported in a peer framework.
- Occupational Therapy Assistants have daily access to HCPC registered occupational therapists within their locality team in order to support non-complex assessment and any associated risk assessment in cases that require priority decision making.
- Supervision will identify any training requirements for the Occupational Therapist/Assistant in any part of the Adaptations Process.
- Peer group supervision across the partnership will be established to enable shared working, skill mix and provide practitioners with the peer support for maximising a person’s goal attainment. Adaptations requests across the partnership will be supported in this framework.
- Governance and budget scrutiny of adaptations requests will be further enhanced with screening of CareFirst adaptations requests and the associated assessments attached.
- All Complex Cases will be scrutinised in the CCAF with all stakeholders providing input within in making a decision over the service user’s best option available. Ownership of the decision making will be held to account by all participating partners.

COMPLEX CASE ADAPTATION FORUM (CCAF)

Good Practice guide to Major Adaptations (2011)

“An inter-agency protocol should be in place to achieve outcomes for service users regardless of tenure. The actual prescription of complex, specialist major adaptations to meet that need will remain the responsibility of HPC registered occupational therapists. The inter-agency protocol should address meeting need across a wide range of Community Care service areas including Homelessness, Addictions, Mental Health and Learning Disability as well as Children’s services, Education, and Sensory Impairment.”

The good practice guide also advises local service delivery to provide an “integrated care pathway across agencies for the provision of major adaptations” and “ability to fast track major adaptations in accordance with need”

“Duty of care, legislation and operational arrangements that underpin the current assessment and provision of adaptations mean that a wide variety of agencies may be involved in the provision of adaptations and processes can be time consuming, fragmented and complicated by tenure. Partners often include SW, Health, housing providers, building control, in-house or external architectural services, Care and Repair and legal serviceswhilst it is acceptable to have different arrangements in place across tenure it is not acceptable to have different customer practices that are not equitable”

The CCAF provides a round table discussion to achieve integrated defensible decision making. This ensures all stakeholders utilise their specialist skill mix and knowledge in the decision making process. The Forum provides a platform for sharing of expertise and development of relationships that effectively support joint working.

The aim of the CCAF is to discuss potential local options and outcomes available to the service user. Supervisory function should identify which managers are relevant to a particular case and are invited to the table. Participation should remain consistent across the forum in order that a singular consistent approach is gained. A consistent Chair will be identified with delegated responsibility.

Depending on who is relevant to discuss a particular case complexity, this can include:

1. Local Area Housing manager
2. Common Housing Register Manager

3. Registered Social Landlord
4. Architectural advisor
5. Social Worker/Case Managers
6. Social Services Senior Occupational Therapist
7. Assessing person
8. Private Sector Housing Manager
9. Adaptations Team Administration

- It is proposed the forum takes place 4 weekly if required.
- The forum will not consider cases where re-housing options has not been explored prior to being presented to the panel.
- All cases will have been discussed in supervision prior to the forum.
- The forum should entail discussions surrounding complex cases only.
- The forum will explore all options including housing options for all people who need high costing major adaptations.
- The forum aims to maximise the reallocation of adapted housing stock.
- The assessor will provide information to the Forum on current circumstances. A standard template will be provided.
- The forum will agree on realistic solutions taking into account individual social needs, accessible housing needs, any extreme circumstance, risks identified, future proofing and the sustainability of that house to the individual's outcomes.
- The applicant may not wish to be re-housed and this should be noted, as well as any medical and social grounds to support this fact.
- If there is not enough information (including technical feasibility), to make a reasonable decision, then a request for further information will be made to the relevant source. Timescales for response will be agreed within the forum.
- Technical feasibility request for complex cases will require to be examined at the forum in order that all the available options for the service user are explored, before agreeing to the presence of architectural or other contractors input in a service users home. This is to

prevent raising expectation by the presence of a clerk of works or architect, particularly where consideration is being given to extensions or transforming internal layout of property.

- Service Users will be informed by letter no later than 14 days as to the outcome of the decision from the CCAF.
- There is no appeals procedure to decisions made by the CCAF. If a service user is unhappy with the decision that is made within the forum, then they should follow the Council's general complaints procedure.
- Where the outcome is not agreed by the service user, any risk management strategies would require to be implemented.
- All discussion will be minuted and outcomes recorded in CareFirst.

Presenting to the CCAF: Value For Money And Reasonable/Practicable Adaptations

A standard template will be provided and will detail value for money, risk reduction and reasonable/practicable criteria adherence.

REHOUSING

At times, the best solution may be to move to a different property. The assessor should check if the client has applied for rehousing and on any priority awarded during the assessment process.

To apply for accessible housing the service user must complete a North Ayrshire Housing Register application as well as an accessible housing application form. These are available from any local housing office and online.

- A dedicated Housing Occupational Therapist will then complete an accessible housing assessment of the persons current and long term need and determine any priority to be awarded.
- Any adaptations provided as an interim solution either prior to or during the housing application process may affect the priority awarded as a result of the accessible housing assessment.
- Where there has been recent re-housing needs identified within a complex case this can be discussed in detail at the CCAF.
- Housing options can also be explored **prior** to the complex case forum.

FINANCIAL MANAGEMENT, BUDGET MONITORING AND APPROVAL

- Requests are made through CareFirst on the OT Spec/Adaptations form or “self assessment” handrail and bannisters form. This is coordinated by the Adaptations team (as described on page 29)
- **Critical** requests are scrutinised by management on a daily basis to advice on progression.
- **Substantial** requests are scrutinised in a **Weekly Finance Meeting (WFM)**, attended by Senior OT’s, Team Manager and administration support.
- The WFM will manage all budgets (supported by administration for detail) for coordination of orders and waiting lists.
- The WFM will apply budgetary scrutiny to all requests, to ensure control and risk management.
- All priorities are screened, based on the assessed outcomes and associated risk.
- Financial regulation management will be applied at the WFM to inform the ordering process.
- Contracts in place will be monitored by the Partnership and any issues surrounding financial regulation will be highlighted by the Partnership in order to ensure engagement with procurement when required. Any change in contracts will be advised through Procurement management to the Adaptations team.
- Off contract requests must be accompanied with the appropriate quotes as detailed in financial regulations. If these are not attached, the request will be returned to worker.
- Decisions from the WFM will be recorded on CareFirst and added to the associated budget or waiting list spreadsheet, or returned to worker for further action as appropriate. Spreadsheet details will include service user details, description of adaptations, assigned priority, date request was received from assessor, outcome, any order dates and proof of delivery.
- Quarterly meetings will be convened with all stakeholders to ensure robust budgetary management.

Tenure related process (SPICe Briefing Housing Adaptations (Major) 15 March 2016)

Tenure	Permission Needed?	Costs	Work
Owner-Occupier	Yes – Verbal	Can be covered by a LA mandatory grant if the work is considered essential. Grants are made either at 80% or 100% if the person receives certain benefits. Any remaining costs must be met by the home owner. The LA has discretionary powers to award top up grant.	The work must be organised by the home owner but this can be supported by the local authority or organisations such as Care and Repair. However, work should not commence before written approval of a grant is received. Any relevant planning permissions should also have been received.
Private Tenant	Yes - Written	Can be covered by a LA mandatory grant if the work is considered essential. Grants are made either at 80% or 100% if the person receives certain benefits. Any remaining costs must be met by the tenant.	The work ought to be organised by the tenant, with the agreement of the landlord. However, work should not commence before written approval of a grant is received. Any relevant planning permissions should also have been received.
Local Authority Tenant	Yes - through Adaptations Process	The work will be paid for in full by the local authority (subject to availability of funding)	The local authority will organise any works and should consult with the tenant during the design process.
Housing Association Tenant	Yes – Given at point of request	The work will be paid for by the HA, subject to the availability of funding.	The HA will organise any works and should consult with the tenant during the design process.

ADAPTATIONS TEAM – PROGRESSING THE ADAPTATION

- Screenings and authorisation of all external and CareFirst “OT Spec /Adaptations” requests is completed on a day to day basis across management for those that are high risk “critical” priority. The delegation of these requests from CareFirst to Management is coordinated by administration support via email.
- Substantial priority requests are screened within a weekly finance meeting. This provides scrutiny and coordinate budgetary allocation.
- All approved CareFirst “OT Spec /Adaptations” will be processed by the Adaptations team.
- All CareFirst “OT Spec /Adaptations” requests that are not approved, are returned to the assessor with comment.
- The Adaptations team consists of delegated administration support to coordinate and progress major adaptations across both owner occupier and local authority housing.
- The Adaptations team coordinates all external emailed forms (eg Health) and internal CareFirst OT Spec/Adaptations request, the authorisation of these, and orders arising there from.
- The Adaptations team will send a letter to the service user to acknowledge authorised receipt of request. For owner occupier / private rented this will also include specifications provided by the assessor.
- The Adaptations team includes a Grants officer whose primary role is to assist Scheme of Assistance Grant applications for owner occupier/private rented tenures and monitor the quality of these adaptations.
- For owner occupier requests that do not fall under the remit of the Scheme of Assistance, the Adaptations team will coordinate and order these requests, as well as any maintenance contracts associated. E.g. specialist rail fitting, handrails, banisters, door entry systems, stairlifts and all ceiling track hoists.

- For owner occupiers and RSL's, standard grab rails and floor fixed frames can be requested and fitted directly with the OT Technician Stores and do not require Adaptations team coordination. **All** adaptations for NAC properties, including all grab rails and floor fixings, will be coordinated by the Adaptations team.
- All requests for adaptation to an RSL tenure (with exception of standard grab rails) will be forwarded onto the appropriate RSL. The process for ordering works related to RSL's is out with the scope of the Adaptations Team.
- The following processes relate to the three main budgets utilised for all adaptations. All processes detailed below advice on the adherence to Standard Operational Procedures (SOPs) and the adjoining Financial Regulations. These will be detailed in SOP's.

NORTH AYRSHIRE COUNCIL LOCAL AUTHORITY TENANCY

Housing Revenue Account (HRA) Funded Adaptations:

Ordering of Adaptations

On receipt of the specifications and the authorised "OT Spec /Adaptations Request" form, the delegated administration follows a process for progressing the request. This is dependent on the type of adaptation and the priority attached.

- Tenure is checked including any mixed tenure implications
- The Adaptations team will inform the Local Housing Office (LHO) for every major adaptation requested prior to order. Any concerns at this point, should be raised to the Adaptations team, who will advise the assessor.
- Both minor and major adaptations are ordered through Building Services except where specialist works such as ramps, wash dry toilets, ceiling track hoists and stairlifts are requested. These orders are raised direct with the contractor. A quote requires to be provided by the assessing staff for all specialist adaptations, with exception of ramps.
- Other specialist complex works requiring architectural involvement are requested direct with PMI, who will provide drawings, costing, project management/procurement, planning coordination and any external contractor involvement.
- Asbestos surveys information held by NAC is provided to the contractor/ Building Services at point of order. If additional asbestos works are identified by the contractor/Building Services, these should be carried out and the copies of the reports returned to PMI.

All contractors carrying out works on behalf of NAC should ensure that the survey obtained prior to the works contains all information required to carry out the works in accordance with their method statement.

- Orders are raised through Uniclass Resource Management (URM) for Building Services or PECOS for specialist contractor. Priority on the order is advised at this time (“Pink”, “Special Pink” or “Standard”)
- High risk referrals should be identified by the assessor and agreed in supervision, to allow the work to be ordered under the appropriate priority. Priority should also be given for adaptation works that is deemed essential before a person can move into a void property. Specific timescales are outlined in the Service Level Agreement.
- All necessary detail pertaining to the order is entered into the HRA Adaptations budget spreadsheet, such as names, addresses, type of work requested, order numbers and recording of the financial commitment, as well as the actual spend and date on completion.
- In order to measure Key Performance Indicators, any specific dates are also recorded on the spreadsheet, such as receipt of the request and date order raised on the financial systems, and the date works completed when the order is complete.
- The service user will receive written confirmation that the adaptations request is being processed.
- The assessor will detail any respite or decant requirements.

Service Level Agreement

The Good Practice Guide to Major Adaptations (2011)

“The Service Level Agreement should detail the scope of the operational service (service specification), the objectives, agreed service standards and provide a framework for performance monitoring”

For all Local Authority housing adaptations, all minor and major works will be ordered directly with Building Services with the exception of when specialist contractors are required (see below), architectural involvement is identified and project management is required.

A service level agreement has been drafted in order to provide the following timescales for work and ensure the coordinated use of PMI (Property Management and Investment services) where required for progression of complex adaptations/project management role.

This agreement is between the Partnership and Building Services, and relates directly to minor, standard, bespoke and complex adaptations as detailed below.

Adaptation Type	Adaptation	Timescales
Small -Minor	Fitting of Handrails, bannisters, grab rails, Door Entry, Lever Taps, Lower Threshold, Non-slip Flooring only High urgency requests to support discharge or imminent high risk. These should be actioned immediately.	14 days
Medium - Standard	Works where specialist external contractors are not required. e.g. Wet floor shower, widening doors	28 days
Medium - Bespoke	Works where specialist external contractors required. Non-bespoke adaptations Bespoke adaptations e.g. bespoke stair lift Due to manufacture.	56 days 84 days
Large - complex	Significant building works or structural changes. Expected timescales will be indicated at the beginning of works with a schedule proposed to all parties involved.	Agreed with clear schedule.

A schedule of rates pertaining to small and standard works will be provided by Building Services and reviewed at incremental stages over the agreement for value for money reasons, as well as to ensure clarity of budgetary monitoring.

On receipt of the order, Building Services will visit the property to survey, review feasibility and coordinate a schedule of works with the necessary trades.

Any extraneous costs not accounted for in the initial order, but identified on survey, will be costed and communicated to the Adaptations Team prior to work going on site.

The Adaptations Team will advise the budget holder of these differences prior to any authorisation of the works proceeding.

On completion of works Building Services will inspect the works for their own internal compliance as well as inform the Adaptations Team of completion on a weekly basis.

Complex major works (eg Extensions, high level internal alterations)

Where there is a request received from the CCAF to provide a complex internal modification or an external extension, these will be coordinated by PMI service to afford the correct level of architectural input, project management and planning or building warrant application.

Where technical feasibility is requested from an architect, the Adaptations Team will forward the request to PMI to arrange for an appointment with Architects.

The Adaptations Team will forward an order to PMI for the works requested and will await advice on costings associated.

PMI will provide any necessary architectural input and drawings to be agreed by the assessor involved.

Once drawings are agreed, PMI will provide a tender for procurement of extensive work with the costings associated communicated to the Adaptations team.

The Adaptations team will then confirm budgetary scrutiny on this by informing management of the costings associated.

Management will communicate with the Budget Holder for authorisation or refusal and confirm outcome with the Adaptations team.

On authorisation of the outcome, the Adaptations team will request the works be progressed through PMI or Building Services as appropriate.

Where the proposed outcome is not authorised, Management will communicate this through supervision to the assessor who will address any outstanding needs for the service user by other means (eg Rehousing application or risk reduction measures).

PMI will provide a service that enables progression and completion of any planning permission or building warrant requests, as well as project manage the schedule of works and communicate back to the Adaptations Team the proposed schedule.

Should the proposed schedule require respite or decant for the client, the Adaptations Team will request this through Carefirst for the associated Care Manager to respond.

External Contractors for “One off” specialised adaptations

Where the adaptation request relates to one off external specialist providers, the Adaptations team will raise a PECOS order with the contract in place or when not in contract, with the provider detailed in adjoining quotes. Quotes will relate to financial regulations within NAC’s procurement processes.

Contracts in place will be monitored by the Partnership and any issues surrounding financial regulation will be highlighted by the Partnership in order to ensure engagement with procurement when required. Any change in contracts will be advised through Procurement management to the Adaptations team.

Ramps and stairlifts currently have a contract in place and can be ordered direct with the supplier through PECOS. Any concerns in relation to shared ownership or neighbour disputes for proposed ramps will be managed in conjunction with PMI and the Local Housing Office. PMI will provide technical advice as required.

Any one off specialist adaptations require quotations attached and will be supplied by assessor. In each case the amount and type of quote should be supplied as per financial regulations. Examples of these are (list not exhaustive):

1. Wash Dry Toilets
2. Specialist Baths
3. Ceiling track hoists

The adaptations team will then follow a process for monitoring as detailed below.

Completed works and Quality Monitoring

The Good Practice Guide to Major Adaptations (2011)

“regular surveys (should be) used to gauge service user and carer’s views on the quality of the major adaptation service e.g. annual, bi-annual”

On receiving the weekly adaptations completion from Building Services, or completions from external contractors, the Adaptations Team will arrange for post inspection of adaptation by PMI to ensure the work is compliant to the request.

The Adaptations team will also advise the Team Manager of completion through CareFirst in order that the necessary follow up for review is initiated. This is essential to any outstanding care or equipment needs to access the new facility.

Once inspection has taken place, any outstanding payments for invoices or related internal payment will be processed through the finance system.

The Adaptations Team will post a questionnaire for customer satisfaction survey with a stamped addressed envelope included. On receiving these surveys, these will be filed for any future Audit.

The Adaptations Team will update I-World (Housing Service system) with all adaptations completed in the property.

PMI will obtain a list of installed adaptations from I-World to ensure asset management system to be updated.

The Adaptations team should also notify the Common Housing Register Team of completed adaptations to ensure applications for housing are reviewed if required.

Removal of Adaptations in a Local Authority House

Adaptations will not be removed without agreement of housing services. In the case of void properties, this would be dealt with by housing services and considered during the review process.

OWNER OCCUPIER/ PRIVATE RENTED TENANCY**SCHEME OF ASSISTANCE – MAJOR ADAPTATIONS****Eligibility**

As set out in the Housing (Scotland) Act 2006, all local authorities must provide a minimum percentage grant of 80% for the provision of structural adaptations that are essential to meet the needs of a person within their own or privately rented accommodation.

Grants are not available to extend the original structure to create additional living accommodation but, if assessed can be extended to provide a standard amenity.

Funding is available in the following situations subject to financial assessment:

- *To allow access within your home to standard amenities;*
- *For the provision of an additional or replacement standard amenity; or,*
- *For an extension or structural adaptation to allow provision of, or access to, a standard amenity only (not living space – eg level access shower)*

A standard amenity is:

- A fixed bath or shower and wash hand basin, each with satisfactory supply of both hot and cold running water suitably located within the house
- A sink with a satisfactory supply of hot and cold water within the house
- A water closet available for the exclusive use of the occupant of the house and suitably located within the house.

Adaptations can include:

- *Water Closet (flushing toilet);*
- *Sink with both a hot and cold water supply;*
- *Fixed bath or level access shower with both a hot and cold water supply;*
- *Financial assistance towards the cost of providing a bathroom external to the main structure of the home (e.g. within a new extension but not including any living accommodation).*
- *Making essential facilities in the kitchen accessible.*
- *Alterations to allow access to a standard amenity (eg. widen doors, ramped access, reconfiguration of internal aspects for accessible needs).*

NOTE: The Scheme of Assistance within North Ayrshire Council does not provide grant aid for Stair lifts or ceiling track hoists within owner occupier properties. Please see page 40 for funding and progression of these specific adaptations.

If a person is in receipt of one or more of the following benefits, grant will automatically be 100%:

- Income Support
- Income Based Job Seekers Allowance
- Pension Credit (Guarantee Element)
- Income Related Employment and Support Allowance

Approved applicants who are not eligible for a 100% grant will be awarded an 80% grant. Where an applicant is happy to accept the minimum 80% grant they will not have to provide details of their financial circumstances.

Discretionary Financial Assistance

Those who qualify for mandatory financial assistance (ie. 80% of the cost of approved works), but are unable to afford the remaining 20% cost of the adaptation charitable application for contributions will be considered and signposted as a matter of initial point of enquiry. Thereafter, the Partnership may be able to help by providing a further discretionary contribution to cover the balance. This contribution will only be provided in exceptional circumstances.

Each application for a discretionary financial assistance will be judged on its own merits and due to demand, such assistance, even in exceptional circumstances, may not be provided.

Care & Repair Involvement

NAC have a Public Social Partnership agreement with the Cunningham Housing Care & Repair Service. Within this agreement Care & Repair can support Scheme of Assistance applications by providing an applicant with assistance in gaining appropriate quotes, completing the application form and initiating the work associated.

The use of Care & Repair is applied to those most vulnerable. The assessing staff and Grant officer would be best placed to advice on those most in need of this assistance. The assessor can highlight the need for Care & Repair involvement in their request.

Application process for Scheme of Assistance Grant

On receipt of the authorised Specifications and the “OT Spec /Adaptations Request” form, the delegated administration follows a process for progressing the request.

- All authorised requests will be forwarded to the Grants Officer and logged onto the Scheme of Assistance Budget Spreadsheet

- The Grants officer will note any requests for Care and Repair to be involved and pass the relevant details and specifications onto Care & Repair to follow up.
- The assessor will provide the service user with a copy of the specifications and work requested
- The grants officer will visit the service user at home and the service user should be advised of the following:
 1. No funding will be paid in retrospect of any costs incurred before funding has been approved
 2. Works undertaken by the service user over and above basic specifications / works approved will be at their own expense
 3. Service User responsibilities include decoration / soft furnishing costs, or additional works other than has been assessed as essential for accessibility purposes.
 4. Likely timescales, conditions of assistance given and responsibility for ongoing repairs/maintenance.
 5. Any requirement for architectural involvement (should the homeowner struggle to coordinate this, the Grants officer will direct them towards Care & Repair for assistance)
- The grants officer should also obtain a copy of the proof of eligibility for 100% funding or undertake a financial assessment.
- Should assistance be required to fill out the forms or gain quotes, the grants officer, with service user consent, will forward details onto Care & Repair.
- Once the grants officer has all the required information, they will submit the grant application for approval to the Partnership. North Ayrshire Health and Social Care Partnership, in association with the Grants officers financial assessment, will determine the amount of grant that will be awarded.
- All Scheme of Assistance funded major adaptations must have the budget signed off prior to any works commencing. This commitment to spend must be recorded against the budget in the Excel spreadsheet. Review of this budget will be determined in WFM and reporting to Senior management.
- The service user will be advised that work should not be started unless approval has been provided; grant will not be awarded retrospectively. In certain circumstances, consent can be given following submission of a grant application to start work early, for example, to facilitate a hospital discharge. (Ref Housing Scotland Act (2006) Section 75 (4) (b) "where work has begun, that there were good reasons for beginning it before the application was approved")
- Permissions from Building Control and Planning will need to be obtained before any work takes place and will lie with the Service User or Care & Repair (where appropriate) to obtain.
- The Adaptations team will advise the service user in writing of when a grant has been awarded and inform that works should be completed within one year to remain grant applicable.

- All works are arranged by the service user or Care & Repair (where involved). Should respite or decant needs be identified by the Service User, these will be supported through the relevant Social Work locality office.

On completion:

- Contractors will submit an invoice or service user will submit a receipted invoice to NAHSCP.
- The Grants officer will advise the Adaptations team of the completion, who will in turn notify the Team Manager through CareFirst.
- An assessor will visit (once allocated the case) for follow up, to check the adaptations meets the service users assessed needs and if necessary provide any associated equipment to enable access within the adaptation. Eg Shower chair.
- The Grants Officer will also inspect to ensure quality, building regulation and specification compliance within the adaptation works, as well as service user satisfaction with all aspects of the contractors work.
- Once all the work is complete and to an acceptable standard payment can be made. The grant will then be paid directly to service users if they have submitted a receipted invoice or the contractor who carried out the work on the service user's behalf (only if the service user has completed a mandate to do so). The service users is responsible for paying the contractor any costs they are liable for.

When assistance might be withdrawn

If the applicant moves or sells the property whilst the work is being carried out the grant may be withdrawn. The applicant may then be responsible for the full cost of the work.

Assistance with reinstatement

If a homeowner requires assistance with the reinstatement of a property which has previously been adapted the Partnership can provide information, advice and practical assistance with organising this work.

Financial assistance will not be available.

EQUIPMENT BUDGET – MINOR AND SELECTED MAJOR ADAPTATIONS WITHIN OWNER OCCUPIER AND PRIVATELY RENTED ACCOMMODATION

This budget is not solely concerned with adaptations however these processes refer to the adaptations element.

The equipment budget is responsible for the below adaptations within owner occupier and private rented accommodation (list not exhaustive):

Minor adaptations:

- Grabrails to be fitted to wetwall boarding (those fitted to tiles are processed through stores)
- Handrails
- Bannisters
- Specialist Rails
- Floor fixing for frames to wet floor only (any other floor will be processed through OT Stores).
- Door Entry Systems

Major Adaptations:

- Ceiling Track Hoists
- Stairlifts
- Discretionary payments to assist in other major adaptations

The Adaptations team will coordinate all authorised requests relating to this budget.

Prioritisation and waiting lists

- Due to the level of demand, the Equipment budget runs a waiting list based on priority and date order. Management screen requests and either approve to order or place on a waiting list.
- Adaptation requests are screened through the WFM. Critical requests are screened daily by the Adaptations Team forwarding to the appropriate Manager.
- Delegated administration will record outcome of management screening on CareFirst. The assessor will be advised either through CareFirst or by email to those without access to CareFirst.

- Where management advice to place on the waiting list, these are recorded to the waiting list spreadsheet. The waiting list is reviewed within the WFM for suitable budget allocation and management.

Ordering

On receipt of authorised adaptations request, the following process will be followed by the delegated administration:

- All adaptations must be recorded against the appropriate spreadsheet and account for as committed/ordered.
- Existing contracts will be utilised. One-off orders will be supported by relevant quotations, as per financial regulations.
- Requests will be ordered through PECOS.
- Evidence that the adaptation has been completed must be obtained prior to payment of the invoice.
- The Adaptations team should ensure all invoices are correct prior to passing for payment or processing via PECOS. This includes checking the invoice against the original order and ensuring VAT is correct.
- Any processing queries should be made to Accounts Payable.
- In order for the Council to reclaim VAT all invoices must be addressed to the Council or a Council service. The correct rate of VAT must be charged as there are certain VAT exemptions for disabled people relating to goods and building works. Any VAT queries should be made to Financial Management.
- ILS arrange for payments to be made to providers through the PECOS system

On completion of any adaptation, the Adaptations team will advise the team manager via CareFirst in order that a follow up visit or phone call (whichever is appropriate) can be made.

APPEALS AND COMPLAINTS PROCESS

The adaptations process strives to provide the best possible service. However if a service user is unhappy about the service received, NAC operate a two-stage complaints process (see complaints handling procedure for further detail). Service users can complain:

- online at www.north-ayrshire.gov.uk;
- by telephone, to the Adaptations team or relevant occupational therapy team;
- in writing to: Customer Services Corporate Complaint Team, Bridgegate House, Irvine, KA12 8BD; and
- in person at any of NAC public facing offices.

Stage 1: Frontline resolution

NAC always try to resolve the complaint quickly, within 5 working days if possible. If the service user is dissatisfied with NAC's response, this can progress to a second stage.

Stage 2: Investigation

The team will look at the complaint at this stage if:

- The service user is dissatisfied with NAC response at Stage 1: Frontline resolution;
- The service user refuses to co-operate with Stage 1: Frontline resolution;
- The issue raised is complex and requires detailed investigation; and
- The complaint has been identified as serious, high risk or high profile.

It may be necessary to look at complaints immediately at Stage 2, if it is clear that they are complex or need detailed investigation.

NAC will acknowledge the Stage 2 complaint within 3 working days and will give a decision to the service user as soon as possible. This will be after no more than 20 working days, unless there is clearly a good reason for needing more time.

The Scottish Public Services Ombudsman (SPSO)

If, after receiving the final decision for the complaint, the service user remain dissatisfied with the decision or the way NAC have handled the complaint, the service user can ask the Public Services Ombudsman to consider it and will be provided on information on how to do this.

North Ayrshire Council Adaptations Criteria

Guidance and priorities for the adaptations of homes of people with disabilities

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Background

Adaptations services aims to assist people in living independently through either the provision of equipment and/or adaptations in their current home or re-housing to a suitable property that meets their needs. Social Care and Housing Services work together in responding to the Public Bodies (Joint Working) (Scotland) Act 2014 and help to prevent, reduce or delay care and support needs for service users.

This document centres on the delivery of Adaptations within NAHSCP, however adaptations are only one of the many options available and as such all alternatives will be considered when devising a solution to meet service user's needs.

The statutory duties of the Local Authority in connection with adaptations are mainly laid down in the following legislation (not exhaustive):

- National Assistance Act 1948
- Social Work (Scotland) Act 1968
- Chronically Sick and Disabled Persons Act 1970
- Chronically Sick and Disabled Persons (Scotland) Act 1972
- Health and Safety at Work Act 1974
- Disabled Persons (Services, Consultation and Representation) Act 1986
- Housing (Scotland) Act 1987
- NHS and Community Care Act 1990
- Human Rights Act 1998
- Adults with Incapacity (Scotland) Act 2000
- Housing (Scotland) Act 2001
- Community Care and Health Act (2002)
- Mental Health (Care & Treatment) (Scotland) Act 2003
- Good Practice Guide for the Provision of Major Adaptations (2011)
- Equality Act (2010)
- The Public Bodies (Joint Working) (Scotland) Act 2014
- Adaptations, Aids and Equipment Advise Note – The Scottish Government, 2015

However, the Council must decide whether the service user's needs can be best met through:

- Rehabilitation
- Issue of equipment
- Adaptations

Or

- Re-housing to suitably adapted accommodation.

The Council can discharge its duties under the Chronically Sick and Disabled Persons Act 1970 by any of these means.

Eligibility Criteria

For all Adaptations the following criteria is applied :

- eligibility criteria is as follows:
 - **Low** - low risk to independence, health and wellbeing

- **Moderate** - risk of some impairment to the health and wellbeing of a person, or some risk to independence
- **Substantial** - risk of significant impairment to the health and wellbeing, or significant risk to independence
- **Critical** - risk of major harm/danger to a person or risk to independence. Any essential need to support hospital discharge or end of life care.
- Only **critical and substantial** need can be met and will form the basis of any prioritisation, including priority assigned when ordering of works.
- Signposting is undertaken for moderate/low need

Definitions of Adaptations

All types of adaptations are defined within the “Adaptations Criteria” however the following grouping can be made for the purpose of this document. These lists are not exhaustive.

Minor Adaptation

These are small basic adaptations as listed below:

- Grabrails
- Handrails
- Bannisters
- Specialist Rails
- Floor fixing for frames.
- Door Entry Systems

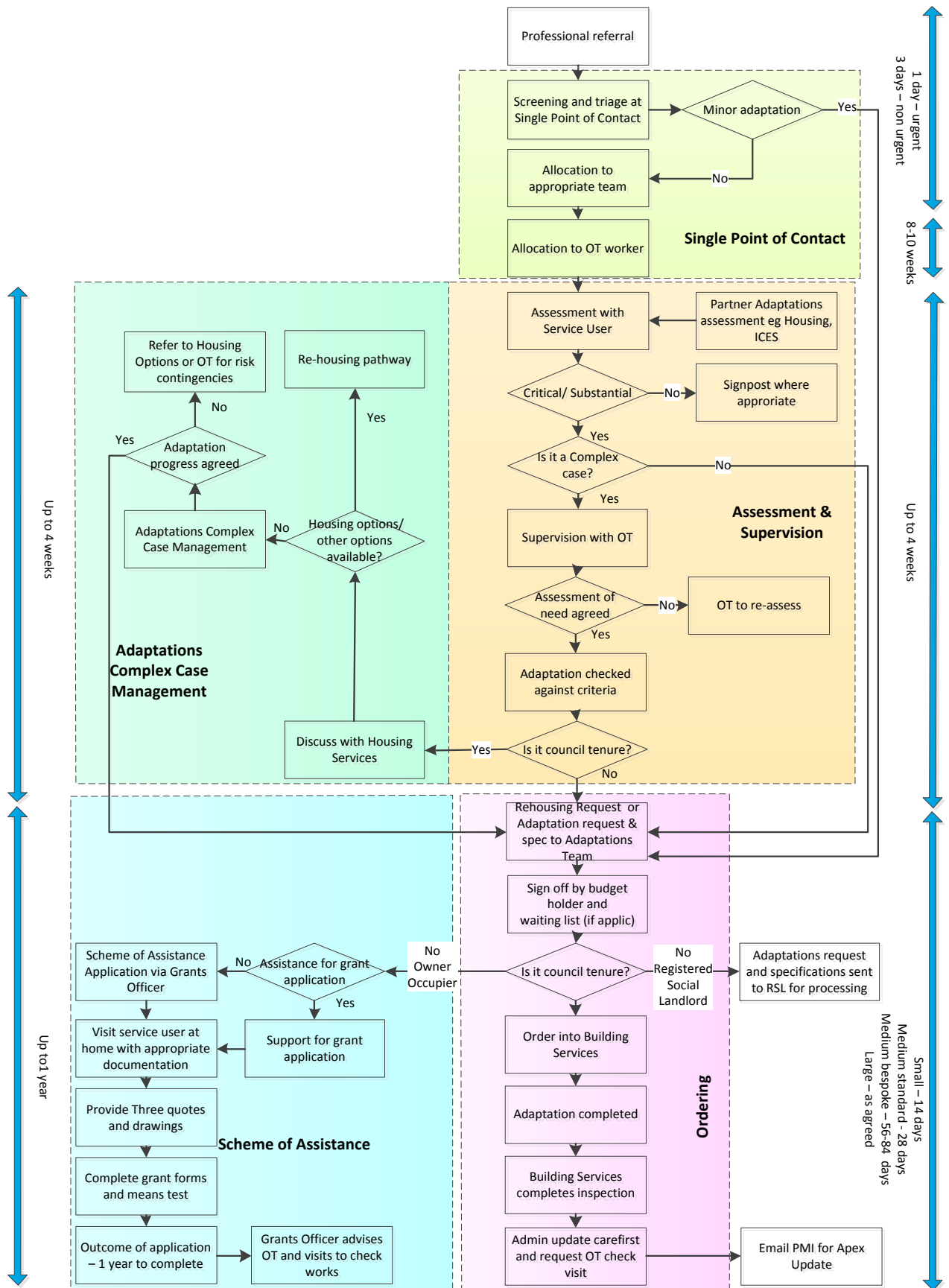
Major Adaptation:

These are larger scale adaptations as listed below:

- Door Opening Systems
- Ramp Access
- Step Alteration
- Path alteration
- Dropped Kerb
- Door alteration
- Secure Boundaries
- Stairlifts
- Vertical Through Floor Lifts
- Step Lift
- External Platform Lift
- Wet Floor and Level Access Shower
- Over Bath Shower
- Low Level Access Shower
- Specialist Baths
- Body Dryers
- Additional Standard W.C
- Specialist WC
- Wash Hand Basin
- Accessible food preparation area.

- Fixed Overhead Hoists
- Internal living space alterations
- Extensions
- Ventilation/Window Opening Device
- Safety Windows

Adaptations Process



Major Adaptations

In order to qualify for Major Adaptations in the home:

- The person for whom the adaptation is being considered must be someone who has a permanent and substantial disability (physical, sensory, learning, behavioural or cognitive).
- The person must be 'ordinarily resident' within North Ayrshire Council. Where other local authorities have formal responsibilities, each case will be dealt with individually.
- The adaptations must be at that person's only or main residence for the foreseeable next 5 years. If formal care arrangements are split within other local authorities, such as parental care, or long term foster care, consideration may be given to adapting more than one property.
- A major adaptation should only be provided when all other reasonable options have been fully considered.
- Major adaptations may require a large amount of construction work. With any tenancy, the landlord/owner must give consent for works completed. Private sector tenants will be eligible if they are able to supply written consent from the landlord and confirmation that a tenancy is in place.
- Major Adaptations are concerned with providing works that have an accessibility purpose and is subject to specialist assessment. Adaptations do not provide any works to improve the aesthetics or functionality of the property that have no direct accessibility benefit to the service user.
- An Occupational Therapist or other authorised person must complete an assessment recommending the adaptations required.
- Major adaptations aim to:
 - Support individual outcomes for a person
 - Reduce need for other professional/service intervention;
 - Balance risk with the need to maximise functional potential.
 - Support enablement and rehabilitation needs.
 - Facilitate access to washing, cooking, bedroom, living areas within the home and to enable personal hygiene maintenance.
- A detailed written report will be required for 3 or more major adaptations are recommended, with consultation through the Complex Adaptations Forum.
- A decision for Major Adaptations should be reached within 8 weeks from the assessment.
- A financial assessment is required under Scheme of Assistance and is undertaken by the Grant Officer.

The following restrictions on adaptations are limited only to **Council owned properties** and do not apply to privately owned, rented or Housing Association properties.

- **Overcrowding:** where NAC deem a local authority house to be overcrowded, an adaptation will be refused and it would be appropriate to discuss the tenants housing need with Housing Services to investigate solution.
- **Under occupancy:** In cases where there is under-occupancy, these should be discussed with Housing Services e.g. older single or couple living a a 3 bed family home, before proceeding with adaptations, as a more appropriate housing option might be identified
- **Mutual Exchange :** Mutual exchange may be refused if a house has been adapted and there is no one in the new household who needs the adaptations.

Assessment

Good Practice Guide to Major Adaptations (2011)

We must ensure “individual service user outcomes are at the centre of service provision and that promoting choice and flexibility is valued by assessors” and that there should be “anticipatory approach to assessment, care planning and review”

“Regardless of tenure and how an adaptation may be funded, the level of service received from assessment to provision should be equitable.”

- Assessment of individual circumstances underpins provision. Major adaptations will not be carried out without prior specialist assessment.
- Assessment should reflect the comprehensive person centred needs of the individual, the needs of carers and must take into account both current and long term needs.
- The assessor will consult with other professionals, such as GP or consultant, to ensure that sufficient background information informs recommendations. Permission will be sought from the service user prior to consulting their GP.
- The role of the carer will be taken into account in that:-
 - The provision of adaptations will improve the quality of care given to the person.
 - It may alleviate the physical and psychological demands experienced by the carer.
 - The health and safety of both the person and the carer will be incorporated within the assessment and recommended provision.
 - The provision of the adaptation may negate or reduce care provision.
- Assessment and Recommendations must consider:

(i) Therapeutic intervention – the process of normal recovery, ongoing rehabilitation, teaching of new methods or compensatory techniques which eliminate the need for adaptation or equipment.

(ii) Unless the assessor considers it inappropriate to do so, all equipment should be trialled prior to the consideration of adaptations. The principle of “**minimal intervention, maximum independence**” will underpin all assessments.

(iii) Where appropriate, the possibility of rehousing will be discussed with all applicants at an early stage. Consideration will be given to the disruption of established support networks, or increased isolation to the person.

Where alternative suitable accommodation is available then major adaptations may not be recommended. Where the service users preferred option is a complex adaptation, and rehousing is available, further discussion will be required alongside housing partners.

Where a property is not technically feasible to carry out the suggested complex adaptations, further discussion should take place at a Complex Case Adaptations Forum.

Consideration to the following will be made in the forum:

- A) Safety
- B) Occupancy
- C) Layout
- D) Location
- E) Support Systems
- F) Financial Viability
- G) Alternative Housing Options
- H) Contraindications to Medical Conditions

(iv) Adaptations will be provided with the aim of removing an environmental barrier. Adaptations should only be considered where the applicant can be expected to enjoy increased independence and an improved quality of life, for a reasonable period following completion of the work.

(v) The adaptation should meet the service user's current and long-term needs. The assessor will consider how the person's needs are likely to change and evolve over the medium to long term. Where prognosis is uncertain, care should be taken to be as honest in decision making as possible. Consideration should be given to point (iv).

(vi) Adaptations can be considered to minimise the risk of danger.

Reasonable and Practicable

- The assessor will consider adaptations that are "necessary and appropriate" and "reasonable and practicable". Consideration will be given to the level of disruption and any temporary arrangements, which will be discussed and agreed by all interested partners. EG Service user, carer.
- Adaptations will only be considered where the service users functional ability is unlikely to improve in order to use standard facilities with or without equipment.
- To qualify for assistance in funding adaptations, an assessment must be completed by an authorised member of staff. Funding must be approved in writing, prior to any works being initiated. Retrospective funding will not be agreed.

Additional Works / Restrictions

- The level of provision will be dependent on the assessment of the service user's needs. Within a privately owned property, any costs in excess of the specified adaptation, will be the responsibility of the owner/service user. NB any extraneous additions to the adaptation should be agreed with the assessor to ensure it meets the accessibility need.
- Adaptation will be provided as far as possible within the existing footprint of the applicant's property. An extension will only be considered as a last resort.

- Extensions are generally not provided for additional living/bedroom space (except in exceptional circumstances). Extension will not be considered if the existing footprint can be utilised.
- There may be certain circumstances in which major adaptation cannot be considered, e.g. lack of landlord permission; planning restrictions.

Criteria for Adaptations

Section 1.0 - Access – General Criteria

- Assessment aims to provide accessibility for a service user to and from their home, with the aim to provide the most achievable level of independence and reduced associated risk.
- Where access to the applicant's property cannot reasonably be achieved, it will be deemed that the property is unsuitable for adaptation, unless the assessment can identify other means of access eg use of a stair climber or step lift within reasonable and practicable terms.
- Doors will not be provided as additional fire escapes under adaptations provision.
- Adaptations will not normally be available to provide more than one point of access to a property. Access may be requested and reasonably provided to the front, side, or rear ground floor of the property according to need.
- Adaptation might be available to improve access to and from the garden of the property where feasible and deemed essential to occupational performance for the individual assessed.

1:1a Intercom and Door Unlocking Systems

Criteria

- The service user has severely restricted mobility, or bed bound, and is unable to reach the door within a reasonable length of time, even on ground level. OR
- The service user is living above or below the ground level and there is no lift access and they are unable to use the stairs. OR
- The service user lives alone or is regularly left alone for periods of hours or more, several times a week.
- Where health and safety issues could put the service user at risk when facilitating entry.
- Particular consideration should be given to access for care provision at all times of the day.

Points for consideration:

- Some service users may feel that the equipment installed outside their home may advertise vulnerability.
- Service users and all affected proprietors should be advised by the OT to check what impact this may have on their home insurance. Ensure permission is gained from all proprietors in any communal entrance. Where permission is not gained, request will not be progressed
- Hearing impaired service user may require differing types – eg. Flashing doorbell systems
- The service user is able to use the handset, and cognitive ability does not impair use or place the person at risk by letting unwanted people into the property.

Technical Issues

- Number of handsets, plus location, to be stipulated by assessor.

1.1b Door Opening Systems EG Key Fob Entry

Criteria

- The service user is unable to open or close the main external door or secure it independently and care provision can be reduced in order to do so.
- Where a door opening system would enable the user to access the community independently.

Points for consideration

- Any communal aspect to the main door being converted should include all the affected properties proprietor's permissions.
- The service user is physically able to use the key fob and no cognitive impairment restricts this.

Technical issues

- Examine the type of locking system/door and ensure compatibility with a door entry or door opening systems.
- Replacement of the door to a suitable alternative will be considered if necessary.
- Service Users and all affected proprietors should be advised by the assessor to check what impact this may have on their home insurance. Ensure permission is gained from all proprietors in any communal entrance. Where permission is not gained, request will not be progressed.

1.1c Handrails

Criteria

- Service user is at risk of injury when negotiating steps at main entrance of household without the use of a rail.
- Service user is able to use handrail safely, either independently or with an attendant.
- Only rail(s) at one entrance will ordinarily be only provided. Exceptional circumstance should the access from front to back of property be compromised by other issues. Eg terraced house without pathway, inability to safely mobilise length of house. Where a pathway is deemed unsafe due to poor maintenance, this should not be classed as a disabled access need.
- One handrail will ordinarily be provided. Exceptions would be made where a service user has a specific need to use bilateral rails due to frailty, severely compromised balance with use of walking aid on steps, or where a one sided weakness stipulates the need for rails either side when ascending/descending.

Points for consideration

- Placement of rail and agreement with service user on the location and effect on fabric of steps or building.
- Ensure all doors and locks remain accessible with rail in place.
- It is the responsibility of the home owner to maintain, repair or replace existing rails

Technical issues

- Ensure permission is gained from all proprietors in any communal entrance where a rail is being specified. Where permission is not gained, request for rail will not be progressed.

1.1d Banisters

Criteria

- Service user is at risk of injury when negotiating steps/stairs within internal aspect of household without the use of a rail.
- Service user is able to use banister safely, either independently or with an attendant.
- Only banisters that assist access to essential facilities and bedroom areas will be provided. Exceptional circumstance will be considered for any access to areas that enable person centred goals within the household.
- One banister will only be provided. Exceptions would be made where a service user has a specific need to use bilateral banister due to either frailty, severely compromised balance with use of walking aid on stairs, or where a one sided weakness stipulates the need for rails either side when ascending/descending.

Points for consideration

- Placement of banister and agreement with service user on the location and effect on fabric of building.
- It is the responsibility of the home owner to maintain, repair or replace existing banisters.

1.2 Ramp Access

Criteria

- Ramp provision will ordinarily be only provided at one entrance. Should the service user require any other entrances ramped or adapted, then sign posting should be undertaken for other funding such as private purchase or charitable.
- The service users' need for ramp provision is an essential one which relates wholly to the disability and which cannot be met by smaller works such as handrails or shallow steps. Any adaptations proposed should be appropriate to the service users assessed needs.
- The service user and/or attendant is at serious risk when using current method for negotiating steps.
- The service user has accessible facilities in the internal aspect of the home once accessed via ramp provision.
- The service user's functional ability is unlikely to improve in relation to ability in negotiation of steps. Such improvement may be expected through the natural course of events or the anticipated outcome of proposed medical or surgical intervention or a rehabilitation programme.
- The service user is able to use the ramp safely; either independently or with an attendant.
- Impractically long ramps will not be considered.

Points for consideration

- Any permission or building warrant requirements for ramp to be outlined at point of adaptations progression.
- Agree gradient with service user and ensure this will allow independent or assisted use. Consideration to the type of mobility aid, wheelchair or carer assistance should be applied in specifying ratio.
- Specification should include material type and consider long term use of the property.
- Ensure permission is gained from all proprietors in any communal entrance. Where permission is not gained, request for ramp will not be progressed.
- Ensure agreement is gained from the service user on the impact of the ramp.
- Any dubiety over the ground ownership requires to be clarified and agreement sought from owners.
- There should be notification to other residents in relevant cases where shared ground/access is an issue.
- Clear specification to support any quotations to be gained, to ensure meets building standards as well as the service users needs.
- A combination of gated steps and ramp may be required to meet the safety and mobility needs of others, particularly if the entrance is one common to a number of dwellings.
- Consider access to bins.

Technical issues

- Where a ramp is not feasible a stair climber, step lift or rehousing should be considered.
- Space available for the ramp should be considered. If this is insufficient within the boundaries of the property, then the ramp is deemed inappropriate.
- All technical standards should be adhered to for a compliant ramp, including ensuring the ramp ratio not only meets the technical standard but is also the person/carers ability to use.
- Ramp adaptation should also include safety in accessing to and from path way/ pavement and the necessary adjustment to ensure clear access. Eg additional slabbing.

Removal of ramps

Where ramps can be reused for future ramps, both owner occupier and council stock, this should be encouraged. Cost to refit this to other properties should reflect reuse of materials stocked and retained from removal. Should an owner wish to donate the ramp provided under scheme of assistance to council stock, this should be agreed at a local level.

1.3 Shallow/Half steps

Criteria

- The service user is unsafe on existing steps.
- A handrail/grabrail should be provided alongside the steps for safety if recommended by the assessor.

Points for consideration

- If the service user has a Visual Impairment, the step edges should be highlighted.

- Assessor should specify size and height of steps and ensure trial of this specification prior to recommending.
- Where a walking aid is used, the step should be wide/deep enough to accommodate this (as specified by the Assessor).

Technical Issues

- Consider the going / rise of installation to suit the service user's needs.
- All steps must meet Technical Standards

1:4 Paths

Criteria

- A path to be provided within the curtilage of the property to allow safe access to the property where a service user has difficulty in walking, visual impairment, or requires access using a wheelchair.
- General repairs to paths are not funded.
- Where a change is made for access reasons, e.g. widen for wheelchair or addition of handrail, any identified uneven surface or patch of unsound construction will be repaired.
- Only one access path to the property will be considered.

Points for consideration / Technical Issues

- The path is to be wide enough to facilitate any walking aids/wheelchair used (as specified by the assessor).
- Where handrails are required, the assessor must specify.
- Edge definition may be required for visually impaired users

1:5 Dropped Kerb

Criteria

Dropped Kerb will only be considered where all of the following is met:

1. Applicant is a permanent wheelchair user (unless in exceptional circumstance) in receipt of high rate Disabled Living Allowance, PIP mobility components or Blue Badge, and the dropped kerb is to allow vehicle access to side/front of the house
2. The car is registered at the applicant's address.
3. Applicant is the driver of the vehicle.

If eligible for consideration then the following criteria will be applied:

- A dropped kerb will not be provided where your paid or unpaid carer can push you to a safe place to access a vehicle within a reasonable vehicle, unless in exceptional circumstances.

Technical Issues

- Check Conservation Area
- Construct dropped kerb in strict accordance with Roads Division and/or specification as detailed by the Technical Officer.
- Width to be suitable and constructed for vehicle used by applicant.

1:6 Door alterations

Criteria

- The service user is unable to or has extreme difficulty gaining access to essential living areas through the existing doors, due to nature of their disability or health.
- Changing the layout of the furniture in the room has been considered and is not appropriate.
- The design of the present door places the service user at risk
- Changes proposed will enable the disabled person(s) and/or carer a means of safe, easy and adequate access into and around their home.

Points for consideration

- Various types of doors and frames may also be required or specified i.e.:
 1. Rehang door
 2. Kick plates
 3. Sliding door and frame - these should be a last resort as they tend to be difficult to operate.
 4. Bi-fold door and frame
 5. Double swing door and frame
 6. Remote control / Press pad
- Door openings to be a minimum of 800mm clear of width wherever practically possible unless special size openings are required as specified by the assessor.
- Low level or level access thresholds must form part of any new installations to both internal and external openings, whether at front, side or rear main entrances.

Technical

- Alterations to door widths or heights requires Building Warrant application

1:7 Secure Boundaries (Fencing)

Criteria

- Fences will only be provided for applicants where it is considered that there is a substantial risk of harm to themselves or others. Occasional 'reckless behaviour' or a 'tendency to wander' will not constitute 'substantial risk'. All cases to be discussed at manager level beforehand.
- Service user has vulnerability due to a medical condition and not related to age. It is reasonable to expect all children under the age of 8 years to be provided a safe play area by parent.

- Alternative solutions are not reasonable or practical and the fencing would keep the person in a safe environment.
- Fences may not be appropriate where communal access has to be maintained or where boundary issues are raised due to property type and neighbours
- Area of fencing agreed will be in relation to need and not in relation to the size of the garden

Points for consideration

- Fence design to be agreed with assessor and manager level in consideration of applicant

Technical Issues

- In all instances where fencing is provided, the most cost effective solution will be the preferred option.
- All construction work must conform to current building regulations, planning and conservation area status.
- The height and type of construction must be considered to achieve the most economic and effective solution.
- Maintenance should become the tenant or owner responsibility.

1:8 External Area

Please note the below is not funded by the Adaptations Team and would require funding sourced by charitable or private funding means.

To enable the service user access to one or more of the following facilities:-

- clothes line
- fuel storage
- rubbish disposal point
- play facilities/external safe area

1:9 Stairlifts - Internal

To provide the service user with a means of adequate access within their own environment.

The design of the installation must meet the individual's safety and independence requirements at all times.

Criteria

- The assessment indicates that the service user's level of functional ability is such that s/he is unable to climb stairs or has extreme difficulty climbing the stairs and/or their health and safety are at risk.
- The stairlift will be provided to access essential facilities only.
- Availability of existing facilities on the ground floor will be explored before a stairlift is considered. Where there are rooms on the ground floor, which can be re-designated to include essential facilities, a lift will not be provided. Consideration will be given to the most cost effective long term sustainable solution.

- Service user is functionally able to transfer on and off the lift safely without mechanical assistance.
- The risk to other members of the household must be considered e.g. young children and other residents who may continue to use the stairs.
- There is a medical contra-indication in climbing the stairs.
- Where the service user is a wheelchair user or has mobility problems that are likely to deteriorate, their longer term needs should be carefully considered. The assessment and recommendation will give due consideration to the future need of the service user and risk to carers in the event of deterioration in functional ability.
- The customer is within the weight limit for the lift.
- Where a perched seat on a stairlift is required, special consideration should be given to the service user's ability to use safely.
- Where a person has a downstairs toilet (inside with heating) and is able to negotiate the stairs safely once in the morning and once at night, a stairlift will not normally be recommended.
- Stairlifts to first floor flats will not usually be recommended where the person is able to negotiate the steps once per day. A door entry system would be considered.
- Decoration, carpets and furniture removal should all be considered by the service user prior to installation. Any changes to these will not be funded.

The following requires a carefully considered risk assessment (with clear indication on the suitability of use) attached to recommendation. Assessor must arrange a demonstration and assessment trial of a comparable stair lift:

- Progressive conditions that affects transfer.
- Decreased sitting / standing balance.
- Positional contractures eg leg extension where contracture affects ability to sit
- Service user confused, has any cognitive related difficulty or has spatial orientation problems.
- Concerns around provoking anxiety by using the lift.
- Uncontrolled epilepsy / frequent blackouts.
- Visual impairment.
- Children with complex needs.
- History of alcohol or substance abuse, with consideration to abstinence requirements.
- Access to property where there is only one access route and the stair lift might impede entry or exit when in the down position. Fire regulations should be adhered to and advice sought.

Points for consideration

- Stairlifts for access may be provided in communal areas but provision is subject to other legislative guidance such as fire regulations. The width of the stairs must be adequate for the stairlift plus an ambulant person to walk past, as well as delivery of goods.
- The installers must assess the full requirements of the disabled person, in conjunction with the assessor. This assessment is to include design and installation of the lift to fully meet the

needs and requirements of the individual, including the type and design of the seat and operation features.

- The assessor will consider all external access features where a stairlift is recommended.
- Need to consider safety aspect and provision of rails at discharge points.

Technical Issues

Assessor to recommend:

- All stairs must be covered by the stairlift.
- If to be used whilst sitting or standing
- If manual or powered swivel seat
- Height of seat
- Location and type of controls
- Type of belt (N.B retractable belt to be fitted as standard unless recommended otherwise).
- Platform requirements
- If a hinge track is required.
- Clearance at top and bottom of stairlift to ensure emergency access. A risk assessment should be formally submitted where there are any concerns.

Where it is not technically possible to fit the stairlift, the assessor must be informed.

1:10 Stairlifts: External:

To enable adequate access to the property where steps currently exist and a stairlift is deemed the most appropriate option.

Criteria

- As above for stairlifts – internal.

Points for consideration

- As above for stairlifts - internal

Technical Issues

- Features to be recommended by the assessor as above for stairlifts - internal.
- Installation to be protected against adverse weather conditions. For external stairlifts the installation must be anti rust treated, safety insulated and weather protected.

1.11 Vertical Through Floor Lifts

Criteria

- The criteria in 1.10 are met and supported by the assessment, but where the assessor and/or manufacturer indicates that the provision of a stairlift is not appropriate or contra-indicated.
- There is a need for the service user to access facilities above ground floor level.

- Service user is wheelchair dependent, or likely to become dependent, or where an ambulant person requires a stairlift, but it has been identified that this cannot be installed or is not suitable for long term use.

Technical Issues

- Use of rooms will be reassigned in collaboration with the assessor.
- If installation is on a party wall, consideration has to be given to neighbours due to noise of lift.
- Customers with pre-paid meters may need further advise from the contracted company as to whether a through floor lift is appropriate.

Points for consideration

- Service user requires to be advised that following installation, there is a “dead” space left in two areas where furniture etc. cannot be placed.
- Where a service user lives alone, or is alone for long periods, the installation of an alarm/telephone to summon help in an emergency should be considered.

Adequate cabin size and configurations to suit user; standard features to include:-

1. Up and down control buttons.
2. An emergency stop push button.
3. Emergency descent control.
4. Emergency lighting and alarm call system.

Assessor to recommend:

1. Type and height of seat (if not for a wheelchair user)
2. Safety straps
3. Dimensions of wheelchair where appropriate
4. Type and position of controls
5. Door opening
6. If equipment is to accompany the user in the lift
7. If a carer is to accompany the user in the lift
8. Any additional requirements to meet service user needs.

1.12 Short Rise/Step Lift – Internal/External

Criteria

- The service user is unable to negotiate current steps or stairs and there is insufficient space to provide a ramp of appropriate gradient to access facilities.
- The use of a stairlift is not recommended (this must be detailed in the assessment)

Points for consideration

- Consideration has to be given as to whether lift has to accommodate wheelchair, combined weight of user and chair.
- Safety and access has to be considered for those persons not using a lift.
- Features to be recommended by the assessor (e.g. door opening, type and position of controls).

Technical Issues

- For external installation to be protected against adverse weather conditions.
- For external lifts the installation must be anti-rust treated, safety insulated and weather protected.
- Need to consider safety aspect and provision of railings at discharge points.

1:13 External platform lift

Criteria

- The service user is a permanent wheelchair user and there is insufficient space to provide a ramp of an appropriate gradient.
- The use of an external stairlift is not recommended (this must be detailed in the assessment)

Points for consideration

- Consideration has to be given as to whether lift has to accommodate wheelchair, combined weight of user and chair.
- Features to be recommended by the assessor (e.g. door opening, type and position of controls).
- Safety and access has to be considered for those persons not using a lift.

Technical Issues

- Installation to be protected against adverse weather conditions.
- For external lifts the installation must be anti rust treated, safety insulated and weather protected.

Section 2.0 – Access to Hygiene – General considerations

The assessor will look at the best use of the existing sleeping and living areas to accommodate bathing/showering and toilet facilities. This may require a change of use of existing bedrooms/living rooms/work/study area. Such changes will normally be considered in the first instance, rather than provision of an extension.

The overall family needs will be considered when creating new facilities in existing space.

In all instances where it is technically feasible and recommended, a wet floor shower (NOT level access shower) with curtain will be installed. If assistance is needed, a static ½ height screen may also be fitted.

Shower provision will be recommended where the applicant has a specific need for a shower. These situations are: -

- a. Specific severe skin conditions
- b. Hygienic needs (e.g. incontinence causing skin irritation where bath is not appropriate)
- c. Stoma Care
- d. Continuous ambulatory peritoneal dialysis
- e. Joint disorders where usage of bathing equipment is contra-indicated.

f. Bathing equipment is not appropriate due to person's functional ability, pain level or medical condition.

Consideration should be given to the person's long term needs and prognosis.

2.1a Over-Bath Shower

Criteria

- As per level access shower but where the service user has sufficient functional ability to safely use the installation.
- The service user's long-term prognosis and any expected deterioration should be carefully considered when recommending this adaptation.

Points for consideration

- Assessor to recommend position of shower, height of controls, and rails.
- Consideration must be given to the weight and height of the service user.
- Consideration to any equipment required to access the over bath shower.

Technical Issues

- Wall covering to edge of bath and up to ceiling if not currently existing
- Lighting, flooring and heating as standard items, also extractor fans.
- Where it is not technically possible to fit an Over-bath shower, the Grant / Building Service Officer / contractor should refer back to the assessor.

2.1b Wet Floor and Level Access Shower

Criteria

- Bath equipment has been considered/tried and is inappropriate due to degree of functional loss, resulting in the service user being at risk.
- Provision of a shower will improve carer ability to assist.
- Provision of a shower will improve independence and reduce any care requirements.
- Wet floor shower will always be considered in **first** instance where accessible showering is recommended.
- Where a level access tray is required for contrasting purposes. EG Visual impairment, perceptual problems etc.
- Shower is accessible either on the ground floor, or on a floor that has the potential to be accessible via a stair lift/through floor lift, suitable to the service users long term needs.

Points for consideration

- Assessor to recommend height of controls, rails, and type of enclosure (half height doors, portable screens or curtain only).
- Consideration must be given to the weight and height of the service user.
- Type of seat to be specified on assessor's recommendation.
- Where a mobile shower chair is required or expected, this will inform the size and specification.

- Family circumstances should be taken into account where young children may require a bath.
- A side panel will be considered to prevent water egress where the shower is close to the bathroom door.

Technical Issues

- Waste to be gravity piped where possible, pumped units only where absolutely necessary. Filters and pumps to be sited in accessible positions (see specifications technical standards).
- Wall covering to extend 150mm beyond wet area where possible and up to ceiling.
- Lighting, flooring and heating as standard items, also extractor fans.
- Where it is not technically possible to fit a wet floor or level access shower, the Grant / Building Service Officer/ contractor should refer back to the assessor.

2.1c Low Access Shower

Criteria

As per level access/wet floor shower but where the service user is able to step up and into the adaptation and where wet floor or level access is not feasible (in this instance the Grant / Building Services Officer must discuss with the referring assessor regarding suitability for the service user ability).

Points for consideration

- Consideration of structure must be given to the weight and height of the service user.
- Supplementary equipment i.e. shower, any seat, grab rails to be installed in accordance with manufacturer's instructions, specification, and agreement by the assessor.
- Size of tray to be specified by assessor.
- Family circumstances should be taken into account where young children may require a bath.

Technical Issues

- Space within bathroom for shower and drying area.

2.2 Specialist Baths

Criteria

- The service user has disabilities to support provision and inform the assessment that **no other** accessible provision such as a **wet floor shower** is appropriate.
- The service user cannot use a shower (this must be underpinned with evidence to suggest why).
- A shower will **not** be removed and replaced with a bath unless in exceptional circumstances relating to medical needs.

Points for consideration

- Assessor to recommend functions of unit required.
- Ensure adequate access is available for the disabled person and any carer(s) assisting to bath, as well as any manual handling requirements/equipment need.
- Consideration must be given to the postural ability within the bath and any supports required.
- The assessor should also determine position for carer to assist in drying the service user, when specifying the bath type and location.
- Consideration of structure must be given to the weight and height of the service user.
- Specialist taps to be provided if recommended by assessor.

Technical Issues

- Supplier to liaise with the Grant / Building Services Officer to advise if the water supply is adequate for the specialist bath.
- Power supply to the manufacturer's recommendations, where required and commissioning certificate required on completion.

2.3 Body Dryers

Criteria

- Where the service user is functionally unable to dry themselves and the installation of a body drier would increase their independence.
- Assessment indicates there are no other suitable alternatives.

Points for consideration

- Assessor to recommend functions of unit required (e.g. ceiling or vertical unit)

Technical Issues

- Electric supply to manufacturer's recommendation, and commissioning certificate required on completion.

2.4a Additional Standard W.C.

Criteria

- The service user's functional ability to reach the existing W.C in time is severely restricted due to the nature of their physical disability or due to medical condition.
- Where access to an existing toilet cannot be provided by banisters or stair lift.
- An additional W.C will generally only be provided on the same floor that the disabled person has their sleeping accommodation unless they suffer from a permanent physical disability that manifests itself as urgency incontinence.
- A commode or chemical toilet has been considered and is inappropriate due to problems emptying or lack of privacy.

Points for consideration

- Family considerations.
- Height of toilet should be specified by assessor. If this is not specified, standard 450mm should be fitted.
- Any additional needs to be considered such as contrasting colour of toilet seat for those with visual impairment or perceptual difficulties.
- Consider the long term suitability and future proofing for equipment when specifying the W.C, space around the W.C and the size of room it is located in.
- Ensure correct specification for the wash hand basin to be accessible (see section 2.5) if this is to be provided also.

Technical Issues

- Unless otherwise specified, a standard closed couple toilet will be installed and in accordance with manufacturer's specification.
- A standard height W.C will be fitted, unless otherwise recommended by the Assessor.
- Siting of W.C under stairs to be considered only as a last resort - for ambulant disabled only.
- Wash hand basin, ventilation and lighting should be provided as standard.
- Heating should be provided if not already in place.

2.4b Specialist W.C.

An automatic W.C that provides flushing, warm washing and drying functions.

Criteria

- The service user is unable to maintain appropriate hygiene after toileting due to degree of functional difficulty.
- The provision of the specialist WC will improve independence in hygiene maintenance.
- The assessment indicates that no other equipment meets the service user's needs (eg bottom wipers).
- Provision will reduce care provision.

Points for consideration

- Where an assessor identifies that a shower chair is to be used over the specialist toilet, compatibility must be ensured with the recommended toilet and wash/dry facility (N.B extra space is needed if the chair is self-propelling).
- The assessor will recommend the type of W.C. to install, along with the type and position of controls required.
- Assessor to specify height of W.C.
- Assessor to specify any accompanying rails or specialist controls.

Technical Issues

- Ongoing maintenance responsibilities require to be clarified at point of recommendation into owner occupier or private tenancy.

2.4c Combined toilet shower unit.

Criteria

- This will only be considered in exceptional circumstances and requires to be discussed within supervision prior to complex case forum. A combined toilet shower unit would not ordinarily be provided.

2.5 Wash hand basin

Criteria

A service user is unable to use existing wash hand basin facilities.

Points for consideration

- The assessor will specify what features are required in the basin in line with functional assessment. Eg wall hung, pedestal free, semi pedestal etc
- The assessor will identify if taps are required to be replaced or specified in accordance to function (eg lever taps, automatic sensor tap etc)

Technical Issues

- Tiling to wash hand basin will be provided across the length of the basin to a height of 300mm above the basin.

2.6 Extension to property: Accessible Shower room or Bathroom

Extensions are generally not provided and will not be considered if the existing footprint can be utilised for accessible hygiene facilities.

Criteria

- Rehousing has been discussed and discounted as possible solution. There after any recommendation for an extension requires to be discussed at supervision and presented to CCAF.
- The sustainability of the property to the service user has been accounted for prior to recommendation of change of existing space or extension.
- The property must have potential to meet **all** long term needs and the prognosis will afford a reasonable timeframe for use.
- The property has an existing bedroom and living space that is accessible from the shower facilities proposed/ extension recommended. Family circumstances will be considered.
- The service user has extreme difficulty in negotiating any existing stairs and /or the prognosis indicates deterioration of function in the future.
- Where it is not technically feasible, or possible to install a stair lift or vertical lift to access current facility, or there might be young children or other members in the household who would be at risk for such adaptations.
- Design considerations for the shower/bathroom will refer to all aspects outlined in **Section 2.0 - Hygiene**

Section 3.0 - Fixed Overhead Hoists

3.0 Hoists

Ceiling track or wall fixed hoists

Criteria

- The service user's level of functional ability is such that s/he cannot transfer independently and needs to be hoisted for transfers.
- The assessment indicates that other mobile equipment will not meet service user's needs
- Where environmental space restrictions prevent manual handling needs being provided effectively, and the tracking hoist will alleviate these restrictions.
- The provision will offer support to a carer by reducing the physical exertion of transferring the service user thus reducing the risk of carer injury.
- Where provision will reduce care package significantly.

Points for consideration

Assessor to determine:

- The functions of hoist system required and room coverage.
- Planning of the tracking system features, including location and type of hoist.
- Type of slings required.
- Type of controls needed.

Technical Issues

- In view of the moving and handling implications, the responsibility for the maintenance and LOLER inspections will be with the Partnership.
- A manual system will always be installed unless otherwise recommended.
- The installer to provide a commissioning certificate after installation.

Section 4.0 - General living area alterations

Section 4:1 Additional Bedroom

Criteria

- The decision in identifying the room to be used for sleeping is to be made in consultation with the service user and the assessor.
- In redesigning the internal layout to provide the additional bedroom consideration will be given to all living areas, current residing family use, to provide suitable space within the existing layout.
- The adaptations service will not generally fund extending the property to provide an additional room used, or usable, for sleeping – rehousing would ordinarily be recommended.
Only in exceptional circumstances will additional bedroom space be provided with an extension and will be discussed within supervision and complex case forum. Extensions for bedrooms in owner occupier properties are not funded under Scheme of Assistance.

- Only permanent members of the household will be considered when determining the size of rooms required for living and sleeping.
- Location of an additional bedroom on the ground floor will only be considered where:
 1. There is sufficient space for a bedroom to be located within current footprint of the building and will still provide access to living areas and hygiene facilities.
 2. If current bedroom is upstairs, it is not technically possible to provide a stair lift or vertical lift or their use is contraindicated.
 3. Bathroom facilities are already or will be located on the ground floor
- Carers access to the service user to be considered where appropriate. Telecare technology to be utilised to enable the carer to be located in a separate room or on different floor before consideration given to provision of additional facilities on the same floor.

Points for consideration

- Consideration will always be given to protecting the privacy of the service user when converting any space to a bedroom.
- Consideration is given to space requirements for any medical devices such as bed, any assistive equipment required and manual handling needs.
- Consideration to safe heating system required for room.
- Means of escape essential in accordance with Building Regulations.
- Where access to a bedroom is provided by the grant and accessed through a kitchen, consideration will be given to the safe escape from a fire.

Section 4:2 Accessible Kitchen for Food Preparation

Criteria

- Access will be considered for food preparation needs by the service user. The assessment must evidence physical and cognitive ability, and motivation to prepare and cook independently.
- Consideration will always be given in the first instance to ensuring that a small area of the existing kitchen is adapted for use by the disabled person for the preparation of food and drink.
- Adaptation of the whole kitchen with specialist facilities for the preparation and cooking of food will not be provided unless the person is a wheelchair user, able to use the proposed adapted kitchen independently, lives alone OR with dependent minors OR all members of the household have a disability that affects their ability to use conventional kitchen facilities.
- The provision of all electrical goods is the responsibility of the tenant or owner.

Points for consideration

- The user's occupational goals in the kitchen, and realistic solutions to enable this.
- Design should account for the use of kitchen facilities by carers or other household members.

- Provision should consider turning space, access to at least one accessible work surface for all resident, access to power points, food storage facilities and the opening and closure of a window for ventilation
- Any carer involvement and requirements for their accessibility to kitchen for preparation in food.
- All design requirements should be discussed at supervision.

Technical Issues

- Close liaison with the assessor must take place with regard to design and layout, and use of funds that will enable function rather than aesthetic design.
- All requirements to be specified by the assessor.
- All involved must consider re-use of existing equipment where possible.
- Work surfaces to be sited in a suitable position / height for all users within the household. This is individually assessed, and unless specified, generally no lower than 800mm.
- Any white goods, including hob and oven will not be provided, and advise given to service user about self-purchase.

Section 5: Miscellaneous

5.1 Cupboard / Door Locks

Safety locks fitted to cupboards, doors or windows to prevent access to risk areas.

Criteria

- It is reasonable to expect that parents retain the responsibility for the creation of a safe environment for all children. Childproof locks and other devices which are readily available from commercial outlets will not be provided or fitted by this service. The Adaptations Service can provide advice and information on strategies and solutions to these problems.
- Only in exceptional circumstances will special locks on windows, doors and cupboards be provided and fitted.
- These will only be fitted to prevent access to risk areas

5.2 Kickplates

Metal or Perspex strips fitted to the bottom of doors to prevent continual damage from wheelchair footplates.

Criteria

- These will be provided where the service user is a permanent wheelchair user and significant damage to doors is evidenced.

5.3 Windows

Criteria

- The service user is a danger to themselves and others from the regular breaking of glazed units due to their physical/learning/behavioural difficulties.

Points for consideration

- Consider clear window film in all instances.

Technical Issues

- In all cases glazing must comply with Building Regulations
- Glazing Materials suitable for installation must satisfy safety requirements

5.4 Ventilation/Window Opening Device

Criteria

- Assessment advises that service user with a severe physical disability is unable to open windows in the rooms/skylights which s/he uses regularly.
- Assessor to consider non-standard items of equipment where appropriate before pursuing this option.

Points for consideration

- Height of window controls must be located to suit the user.
- Window lights beyond easy reach may be controlled by either a manually or electrically operated hydraulic system. Assessor to specify with consideration to strength and any limitations in upper limb function.

Manual System

- This can be used on most styles of windows to operate individual or multiple sets from a single wall mounted operator (turn handle).

Electrical Window Opener

- This can be activated manually, either by a wall switch, a hand held remote control, or as part of an environmental control system.
- Where neither of these is suitable, various types of automatic sensors are available and matched to suit the service user's individual needs.



Adaptations – Joint Service Agreement

Service Agreement, Purpose and Scope

Service Agreement

This Service Agreement is made between Housing Services, Property Management & Investment (PMI), Building Services (BS), and North Ayrshire Health and Social Care Partnership (the partnership), for the timely delivery of effective adaptations; **which is right first time, defines accountability and clear timescales, is responsive to customer needs, and is at the right cost.**

Purpose of the Agreement

The Adaptations process is a key part of the partnerships effective delivery of its early intervention and prevention priority and is key to ensuring people can stay in their own home for as long as they want to, in line with our Strategic Plan. In addition, it ensures compliance with associated legislation, HRA Guidance and Scottish Housing Regulator requirements. This agreement sets out the roles, responsibilities, deliverables and requirements of each internal service provider; as well as the expected outcomes for the partnership and the tenants of North Ayrshire Council.

This Service Agreement is on the basis that all parties will closely collaborate to provide optimum quality, performance and transparency in all aspects of adaptations; where value for money is demonstrated with joint commitment to continually improving the adaptations process.

General Responsibilities

The high level Core Process for providing housing repairs and maintenance is agreed by all contributing Services named in above. As such, key individual and joint inputs and outputs have been identified to ensure an effective service is delivered.

PMI is responsible for providing professional and technical services to; plan programmes of work, procure and contract manage all complex adaptation works and carry out performance and quality management on behalf of Housing Services.

Building Services is responsible for carrying out the assigned adaptations of Council owned housing assets across North Ayrshire.

Specific Services and Responsibilities

The Partnership

(Lead Role) will provide all inputs (including special requirements) for the effective provision of adaptations required of each party including;

- All relevant information and documentation reasonably required, at appropriate times, to enable timely delivery of adaptations
- Governance of the Adaptations Procedures and Criteria to ensure it remains aligned with the strategic plan and service user need, while demonstrating value for money
- Confirming approved annual budgets for adaptations in consultation with BS and PMI
- Effective communication with and across all parties, ensuring a collaborative approach to service delivery, performance and process changes
- Prepare and issue adaptation works in line with budget, demand and resource needs



- Clear consistent instructions to BS with pre-agreed timescales, work scope, and cost parameters for adaptations (including authorisation of variations for unforeseeable works)
- Ensure that the approved adaptations budget is managed effectively, with transparency of costs and demonstrated value for money
- Monitor and control capital and revenue budgets, expenditure and changes, which are within the remit of the partnership
- Manage financial and service performance of internal providers and external contractors to ensure optimum value for money, resolving invoice queries/disputes
- Complete tenant satisfaction surveys on behalf of Housing Services

PMI, BS,

(Provider Roles) will work together to collectively;

- Comply with the Adaptations Procedures and Criteria, and implement the standards of service levels therein and as may be agreed through the Change Control process
- Provide technical advice on adaptations to support timely decision making
- Provide the partnership with accurate, timely performance data and reports regarding individual services delivered
- Provide the partnership with accurate and timely information on cost breakdowns when requested
- Ensure all anticipated and proposed changes to service criteria, delivery processes or procedures which may impact on this agreement or its participants, are provided for prior consideration and approval through the agreed Change Control Process

PMI

Will specifically;

- Carry out pre and post inspections for validation and quality purposes
- Plan programmes of work, procure and contract manage all complex adaptation works
- Provide cost checking/monitoring of responsive and planned complex adaptations works and agree proportionate cost breakdowns to all parties.
- Provide detailed work specifications for all complex adaptations allocated to Building Services and other contractors
- Update housing systems to ensure adaptations completed are recorded

Building Services

Will specifically;

- Provide an appointment service for all types of adaptations
- Manage all resources and scheduling for allocated adaptations works
- Deliver all adaptations, within required timescales
- Submit invoices within 4 weeks of work completion, including application of appropriate accuracy quality control and, provision of detailed information on any invoice queries/disagreements when requested by the partnership
- Prepare and provide interim invoices for adaptations (monthly or as agreed)
- Provide regular progress and forecast delivery reports to required standard, frequency and milestones



- Make suitable appointments with service users (liaising with the partnership/Housing as/when necessary).
- Respond to service user enquiries including; progress of a repair, cancelling / re-booking a repair/appointment.
- Resolve complaints received in relation to enquiry handling; monitor the accuracy of information input to Lagan; and notify the partnership of corrective action required.
- Ensure all works allocated are completed within relevant timescales, outlined below, appropriate to partnership parameters
- Where there are delays out with BS control e.g. no access for survey/feasibility, BS will carry out 3 visits, one of which must be notified by letter and then contact the Adaptations Team, to advise of cancellation of the works order.

Adaptation Type	Adaptation	Timescales
Small - Minor	Fitting of Handrails, bannisters, grab rails, Door Entry, Lever Taps, Lower Threshold, Non-slip Flooring only High urgency requests to support discharge or imminent high risk. These should be actioned immediately.	14 days
Medium - Standard	Works where specialist external contractors are not required. e.g. Wet floor shower, widening doors	28 days
Medium - Bespoke	Works where specialist external contractors required. Non-bespoke adaptations Bespoke adaptations e.g. bespoke stair lift Due to manufacture.	56 days 84 days
Large - complex	Significant building works or structural changes. Expected timescales will be indicated at the beginning of works with a schedule proposed to all parties involved.	Agreed with clear schedule.

In the case of adaptations completed to void properties they need to be prioritised to allow new tenant to move in and to minimise void rent loss.

Responsibilities for Key 3rd Party Providers

- The partnership will manage all aspects of the outsourced contract for the satisfactory and seamless delivery of adaptations including to;
 - align training, procedures and quality standards (in consultation with PMI & BS)
 - ensure performance and accuracy are fully satisfactory and no less than provided by Building Services
 - monitor, investigate and pro-actively resolve all service errors and failures (in consultation with PMI & BS)
 - ensuring all avoidable additional costs incurred (resulting from 3rd party errors and failures) are re-imbursed
- PMI will manage all other external/private contractors in the provision of revenue and capital works, including specialist services, through separate NAC contracts.



Performance Management (Service standards and quality)

Service Monitoring Meetings

Regular liaison between the Partnership, Housing Services, PMI and Building Services will take place to manage and ensure successful operation of this joint service agreement and its performance levels. Key contacts from each participating Service will attend Quarterly Service Agreement monitoring meetings, chaired by the partnership. Each meeting will have an agreed agenda including as a minimum;

- inputs (including accurate, up to date performance & financial data),
- agreed outputs,
- issues resolution and, change control
- follow-up actions.

Bi-annual Reviews

High level bi-annual review meetings will be held to consider the overall effectiveness and progress of the Service Agreement in achieving and maintaining its strategic and performance objectives. Key members of this review group will include the Senior Manager - Intermediate Care & Rehabilitation Services and attended by key representatives from each participating Service.

Monitoring Reports

The agreed performance indicators and measures related to the services and service levels are detailed below;

- Robust data to inform spend projections, process reviews and analysis of repairs – by PMI and BS
- Timely provision of KPIs and PIs to allow compilation of performance reports e.g. Statutory Indicators and Value for Money report etc.

Quality and Standards

BS and PMI will liaise to ensure acceptable quality of workmanship which complies with all relevant legislation. Any remedial work (e.g. due to unsatisfactory workmanship) will be undertaken at the earliest opportunity at no additional charge.

Conflict Resolution

Should any party be dissatisfied with another's performance or detrimental impact on their service level, both parties will attempt to resolve through cooperation and dialogue failing which the matter shall be resolved through the regular review and progress meetings.

Financial Management (Costs, Budget, Monitoring)

Service Costs

Cost info to be added

Budget Control

Monthly budgetary control information and reports will be provided and distributed by all participating parties to this Service Agreement no later than 48 hours prior to the indicative and full budget meeting(s).



Financial Control

Financial information/financial analysis requests from the partnership to each provider service shall be supplied when required, with regular updates on progress in line with agreed performance reporting schedule.

Upper financial/invoicing tolerance levels will be regularly reviewed by the partnership in consultation with BS in order to effectively control the adaptations budget.

Change Control

No changes to policy, service parameters, processes or systems by any parties to this Agreement may proceed without prior consultation with all participating Services, and confirmed approval through the Change Control Process.

Proposals for such changes shall be referred to the monthly Service Monitoring meetings for consideration and approval.

Future Service – Improvement & Collaboration

All parties to this Service agreement will continue to work together to:

- develop clear and fair pricing basis, establish **robust financial management** systems, ensure effective governance, and demonstrate **value for money**
- establish a person centred approach to service provision focussed on providing reliable quality, timely delivery, and **customer satisfaction**
- improve service perceptions through reducing sources of complaint and failure demand events
- provide required information and accommodate future audits or scrutiny by statutory bodies, consultants or the partnership
- establish cross service working groups as required to address operational issues and encourage collaborative working at all levels; and

With the shared objectives of improving value for money and effectiveness of adaptations, on-going continuous improvement will be carried out aimed at identifying an innovative and simplified approach to the provision of adaptations.

This Service Agreement shall be reviewed bi-annually at directorate level for the purpose of assessing its sustainability and effectiveness against objectives; whether it continues to offer value for money and timely delivery and how well related changes and improvements are being implemented and embedded.

Integration Joint Board
9th March 2017
Agenda Item 13

Subject:	Joint Community Equipment and Minor Adaptions Service
Purpose:	To advise the IJB on the outcome of a feasibility study cost report and start-up costs in order to progress with implementation of a Joint Community Equipment and Minor Adaptations Service for Ayrshire and Arran.
Recommendation:	The IJB is asked to recommend that the £240k additional start-up costs are split equally between all four partners and that North IJB agree the additional funding of £60,000.

1. EXECUTIVE SUMMARY

- 1.1 A summary business case submitted in Summer 2016 outlined the requirement for a Joint Community, Equipment and Minor Adaptations Service (CEMAS) for all four partners in Ayrshire and Arran in order to mitigate organisational risks and improve efficiency and effectiveness of existing services. Subsequently, agreement was secured to progress with implementation of a Joint Community Equipment and Minor Adaptations Service for all four partners in Ayrshire and Arran.
- 1.2 The summary business case indicated initial 'one up' start-up costs of £196,500. However, at that time, an operational lay out for the building had not been developed and potential modification costs were largely unknown.
- 1.3 A Feasibility Study has been concluded which identifies the building as being suitable for modifications required in respect of compliance with Health & Safety and Infection Prevention and Control requirements, to allow the building to be used for the purposes for cleaning/decontamination/recycling and storage of community equipment.
- 1.4 A Feasibility Study Cost Report has been produced which identifies costs associated with required modifications to the building.
- 1.5 Additional implementation costs required in 2017-18 have been identified and collated.
- 1.6 The Feasibility Study Costs and additional implementation costs are reported below. These combined costs are in excess of the costs anticipated in the Summary Business Case.

2. BACKGROUND

- 2.1 A potentially suitable building has been identified at Prestwick International Airport to house the Joint Community Equipment Store.
- 2.2 The building will require modifications to make it fit for purpose as an Operational Base for the Joint Community Equipment.
- 2.3 Consultation with operational staff and managers from existing services, along with Health & Safety colleagues, Infection Prevention and Control colleagues; and Fire Safety Officers led to an operational layout being identified that provided compliance with health and safety and infection control requirements.
- 2.4 A Feasibility study was carried out to determine if the required modifications were able to be carried out, and also provide indicative costs for the necessary work. The Feasibility Report concluded that proposed modification “looks entirely feasible from a practicable and statutory consent perspective”, and also included indicative costs for associated works.
- 2.5 Further work has been ongoing to determine other indicative costs associated with implementation of the Joint Community Equipment and Minor Adaptations Service.
- 2.6 The Summary Business Case, agreed in Summer 2016 (imbedded in background information) below, indicated initial ‘one off’ start-up costs of £196,500, as shown below. However, at that time, an operational lay out for the building had not been developed and potential modification costs were largely unknown.

Feasibility Study Costs and Associated Implementation Costs

- 2.7 A Feasibility Study was carried out to determine if the required modifications were able to be carried out and also to provide indicative costs for the necessary work. The Feasibility Report concluded that proposed modification “looks entirely feasible from a practicable and statutory consent perspective”, and also included indicative costs for associated works.

The initial Feasibility Study Cost Report indicated a cost of £408,206.

- 2.8 It was identified that this cost included refurbishment of the entire building, including replacing heating systems, lighting systems, sanitary fittings etc., in addition to the modification works required to make building fit for purpose.
- 2.9 An exercise was undertaken to identify what remedial works realistically be the responsibility of the landlord to make the building up to an acceptable standard.

Negotiation with the landlord secured their agreement to undertake majority of these works and associated costs were subsequently removed from the feasibility study cost report.

- 2.10 It should be noted that whilst the feasibility study is fairly detailed and will give a good indication of the likely costs of the works, these costs are based on feasibility stage information from the design team and not detailed design. Final costs will not be available until detail design phase is completed and tenders from contractors are obtained.

- 2.11 If agreement is reached to proceed with modification works to the proposed site, these costs would require to be met within 2017-18.

3. Associated Implementation Costs

- 3.1 Further work has been ongoing to determine other indicative costs associated with implementation of the Joint Community Equipment and Minor Adaptations Service.

- 3.2 These are summarised below as costs to date within 2016-17, and predicted costs for 2017-18 along with indicative costs from the Feasibility Study.

3.3 Implementation Costs 2016-17

Staffing	£20,831.00
IT	£341.00
Planning	£10,685.00
Construction	£0.00
Fit Out Building	£0.00
ELMS	£0.00
NAC Contingency	£0.00
General Contingency	£0.00
Total	£31,857.00

3.4 Predicted Costs 2017-18

2017/2018	Feasibility Cost
Staffing (programme)	£56,574.00
Staffing (transition)	£30,371.00
IT	£8,840.00
Planning	£0.00
Construction (from feasibility study)	£264,720.00
Fit Out Building	£10,000.00
ELMS	£16,000.00
NAC Contingency	£2,500.00
General Contingency	£5,000.00
Moving Costs	£11,000.00
Insurance to be determined as per stock value etc.	£0.00
Total	£405,005.00

Total start-up costs are now estimated to be £437k leaving a shortfall of £240k against the initial business case estimate of £197k.

4. Other Financial Considerations

- 4.1 A new contract for the service; Maintenance and Repair of Community Equipment for all partners will be awarded on 1st February 2017. Contract duration is for a period of two years plus the option to extend for a further two periods of up to twelve months at the Council's discretion. The Tender Outcome Report identifies that, "The identified budget in the RPA was £900,000 for all partners and the contract award is for £787,516. A procurement saving of £112,484 will be recorded. North Ayrshire Health and Social Care Partnerships share of this is estimated to be £11,248 over the 4 year term of the contract.

- 4.2 Within the 'Business Information to Support Future State' document, 'one off' costs were identified by each partner in respect of measures that would be required to mitigate these risk factors if 'Stand Alone' service arrangements were to be continued. Mitigation factors included increases in premises size, vehicles and improvements to stock management systems for example.

The summary business case identified that, Optimism bias is reflected by the inclusion of a recurring contingency allowance of £100,000pa. It is understood that Partners will share the contingency costs equally. Additionally, it is understood that it is anticipated that the insurance costs for the new store building and equipment therein will be met from the recurring contingency allowance. It is not possible to provide indicative costs at this stage.

- 4.3 Work is ongoing on developing a procurement Framework, which can be used by all partners to purchase community equipment. It is anticipated that a further saving will be made from this, but it is not possible to quantify this at this stage.
- 4.4 Consideration could be given to offsetting the indicative implementation costs against the above but this is unlikely to be quantified until late Autumn 2017. North Health and Social Care Partnership share of implementation costs is £60,000.

5. PROPOSALS

- 5.1 In order to progress the implementation of the Joint Community Equipment and Minor Adaptations Service, funding will require to be identified to meet the 'one off' costs associated with this. The cost of the 'one off' funding to be split equally between the partners.

6. Anticipated Outcomes

- 6.1 Establishment of the Joint Community Equipment and Minor Adaptations Service will:
- Ensure service delivery which has capacity to deal with projected changes of demographics across Ayrshire and Arran and is compliant with Health & Safety and Infection Control requirements.
 - Support in the delivery of 'New Models of Care' and 'Reshaping Care for Older People' frameworks.
 - Provide Community Equipment and Minor Adaptations to support the increasing complexity of care packages being managed within community settings.
 - Operate from a central 'Area Service Centre (ASC)', providing a single point of contact to the people of Ayrshire and Arran in respect of delivery, uplift and repairs of community equipment.
 - Be responsible for purchasing, supply, delivery, uplift and recycling of all community equipment including Telecare Equipment, Sensory Impairment Equipment and Community Physiotherapy walking frames.
 - Play a crucial role in timely provision of Community Equipment and Minor Adaptations to facilitate hospital discharge and assist in prevention of admission and reducing risk to service users and carers (both formal and informal).

- Provision of Community Equipment and Minor Adaptations will assist service users to remain in their own homes as long as possible where it is safe for them to do so.

7. **Measuring Impact**

7.1 The new service will:

- Provide better support all Assessors groups within the 3 Health & Social Care Partnerships in Ayrshire and Arran.
- Provide all equipment on a 'loan' basis to individuals for whom it has been assessed and will uplift equipment when no longer required, thereby improving recycling rates.
- Provide a holistic service, which will identify then meet the training needs of both Assessors and Equipment Service employees so they are competent in the areas of assessment, provision and installation of all relevant equipment and minor adaptations in addition to the functions related to service delivery to service users and patients.
- Provide assessors with access to an electronic web based equipment catalogue so they are able to identify what equipment is available in stock and place a request remotely for what they require via the internet, thereby making this process more streamlined and efficient.
- Provide more efficient deployment of existing staff.
- Enable more effective use of existing resources.
- Provide a single more effective and responsive system for purchasing of community equipment across the four partners.
- Operate robust reporting and operational management systems and processes.

8. **IMPLICATIONS**

Financial :

Start-up cost as per Summary Business Case	£196,500	Cost for 2016-17	£31,857.00
		Cost for 2017-18 Construction & associated implementation costs	£405,005.00
Total Start-up cost	£196,500	Total cost	£436,862
		Difference between start-up and total cost	£240,362

The new Joint Community Equipment and Minor Adaptations Service will replace the 4 existing Community Equipment Services and mitigates many of the organisational risks associated with existing services. A 'one off' investment is required from each of the partners to establish the new service.

The summary business case identified anticipated costs of £196,500. The table below shows the differences between anticipated start-up costs as per and implementation costs for 2016-17 plus anticipated implementation costs for 2017-18. North Ayrshire Health and Social Care Partnerships share of this will be £60,000. This can be funded from within existing budgets.

Human Resources :	Establishment of the new service will require organisational change and service redesign as the four existing services are merged into single service, for which South Health and Social Care Partnership is the lead Partner Workforce Implications are being considered in line with policy requirements for each of the Partner Organisations and in consultation with Trade Union representatives, HR colleagues and relevant managers from all partners.
Legal :	None.
Equality :	Equality Impact Assessment to be carried out.
Environmental & Sustainability :	A Joint Community Equipment and Minor Adaptations Service is required that is fit for 21 st Century Service delivery with capacity to deal <i>with projected changes</i> of demographics across Ayrshire and Arran and support in the delivery of 'New Models of Care' and 'Reshaping Care for Older People' frameworks, in addition to being able to provide Community Equipment and Minor Adaptions to support the increasing complexity of care packages being managed within community settings.
Key Priorities :	Establishment of the new service supports delivery of the Community Plan and New Model of Care agendas.
Community Benefits :	.

9. CONSULTATION

- 9.1 An Options Appraisal to identify preferred management arrangements for the new service and a consultation exercise on agreeing the proposed staffing model is being progressed in consultation with Trade Union representatives, staff side representatives and management colleagues from the affected service.

10. CONCLUSION

- 10.1 The Summary Business Case identified that existing services for all partners have varying degrees of organisational risk associated with them and that, 'In the light of these risks an assessment has been made of the investment needed by individual partners to mitigate these risks'.
- 10.2 Although there will be additional implementation costs to those originally identified, implementation of the Joint Community Equipment and Minor Adaptations service offers the opportunity to mitigate existing risk and additional costs for implementation can at least be partly offset by factors outlined above.

10.3 It is recommended that the £240k additional start-up costs are split equally between all four partners and that North IJB agree the additional funding of £60k.

For more information please contact Billy McClean, Associate Director for AHP's on 01563826737 or billy.mcclean@nhs.net

Integration Joint Board

9th March 2017

Agenda Item 14

Subject: Clinical and Care Governance Arrangements

Purpose: To consider and approve the proposed Clinical and Care Governance Framework for Integrated Health and Social Care Partnerships.

Recommendation: The IJB is asked to:

1. Consider and approve the proposed Clinical and Care Governance Framework for Integrated Health and Social Care Partnerships
2. Consider and support the proposed arrangements for Complaints and Feedback, Risk, Public Protection, Staff Governance, Workforce Planning and Internal Audit.

1. EXECUTIVE SUMMARY

- 1.1 The establishment and continuous review of robust arrangements for governance of Partnership Services is essential to the delivery of statutory, policy and professional requirements; and also the achievement of Partnership quality ambitions. This paper outlines proposals for specific elements of governance for consideration by SPOG to meet statutory requirements and the commitments outlined in each Integration Joint Board Integration Scheme and provide the NHS Board with assurance that robust arrangements are in place.
- 1.2 It is proposed that each Partnership adopts the framework for Clinical and Care Governance (outlined at Appendix 1) to delegate responsibility for Clinical and Care Governance consistently, while allowing scope for tailored application within each Partnership.

2. BACKGROUND

- 2.1 Each Partnership has been developing Clinical and Care Governance arrangements in line with the commitments and requirements contained in each Integration Scheme. This paper outlines further proposals that have been developed by stakeholders from each Partnership, under the direction of the Director of the North HSCP, to provide a consistent approach for discharging responsibility for each specific element of governance.

- 2.2 A consultation on the draft framework ran from 2nd May to 29th July, with dissemination across NHS Ayrshire and Arran, Local Authorities and each Health and Social Care Partnership (including professional committees and partnership groups). All comments were reviewed by subject experts and the framework was revised accordingly. It is acknowledged that a number of professional/operational stakeholders contributed to the development of framework.

3. PROPOSALS

3.1 Framework for Clinical and Care Governance

Clinical and Care Governance is the system by which Health Boards and Local Authorities are accountable for ensuring the safety and quality of health and social care services and for creating appropriate conditions within which the highest standards of service can be promoted and sustained. Annex C of the Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework sets out in some detail the working definition to be applied to Integrated Health and Social Care Services in Scotland.

- 3.2 It is proposed that each Partnership adopts the framework for Clinical and Care Governance (outlined at Appendix 1) to delegate responsibility for Clinical and Care Governance consistently, while allowing scope for tailored application within each Partnership. The core elements of this framework are as follows:

- Definition of Clinical and Care Governance
- The process of Clinical and Care Governance
- Accountabilities/Structure for Clinical and Care Governance
- Arrangements for the delivery of specific elements of Clinical and Care Governance (as outlined in the Integration Scheme)

3.3 Other Specific Elements of Governance:

3.2.1 Complaints and Feedback

It is proposed that each Partnership adopts a single policy (Appendix 2) for the management of Managing Customer Feedback: Service Requests, Comments, Concerns and Complaints. This policy sets out the principles and standards by which the Partnerships will manage its Feedback Procedure. The aim of this policy is to ensure a fair and consistent approach to managing customer requests, comments, concerns and complaints. This policy recognises the requirement to align existing NHS and Local Authority processes in the short term (as outlined in each Integration Scheme) with a view to a fully integrated process in the medium term. The proposed complaints procedure meets the requirements of the forthcoming model complaints handling process for health and social care. Each Health and Social Care Partnership Clinical and Care Governance Group will submit six monthly integrated complaints reports in line with the requirement of the Integration Scheme.

3.2.2 Risk Management

It is proposed that the Partnerships adopt a single Risk Management Strategy (Appendix 3) for the management of risk. The strategy has been developed in conjunction with NHS A&A and North Ayrshire HSCP. To avoid extensive duplication the strategy must be read in conjunction with the parent organisation's risk management strategies. The Risk Strategy for North Ayrshire HSCP was approved by the IJB in December 2016.

The primary objectives of the strategy is to: promote awareness of risk and define responsibility for managing risk within the IJB; establish communication and sharing of risk information through all areas of the IJB; initiate measures to reduce the IJB exposure to risk and potential loss; and establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

3.2.3 Health, Safety and Wellbeing

The Heads of Health and Safety from the four organisations have been meeting on a regular basis for some time now. An integrated Health, Safety and Wellbeing report has been designed and reporting to the Chief Officers takes place quarterly. The group is currently looking at areas where we can further develop to ensure an Ayrshire wide approach. This includes the potential for a common risk assessment procedure and training standards (including manual handling, violence and aggression).

3.2.4 Corporate Governance - Internal Audit

The Performance and Audit Committee of each IJB will receive internal audit reports which should be focused at a strategic level; however the IJB may also wish to see internal audit reports on operational services which they are commissioning.

The Corporate Business Manager in NHS Ayrshire & Arran is liaising with the internal auditors across all partners to ensure there is a shared understanding and overview of all internal audit plans pan Ayrshire for Health and Social Care.

PricewaterhouseCoopers (PwC), NHS Ayrshire & Arran's internal auditors, have confirmed that any internal audit reports they produce can be presented to any of the IJB Performance and Audit Committees to provide assurance on a particular area. It should be noted that no reports should be presented or discussed in a public meeting.

3.2.5 Reporting arrangements

In line with the scheme of delegation, links between NHS Ayrshire and Arran and the Integration Joint Boards have been considered and accountability lines have been established. There is ongoing work with stakeholders across all Boards to continue to establish a shared understanding of required reporting arrangements of health and social care services.

From a clinical and care governance perspective, each partnership clinical and care governance group will submit an annual report to their respective IJB for onward submission to the NHS Board Healthcare Governance Committee and the cabinet of each local authority.

3.2.6 Workforce Planning and Staff Governance

CEL32(2011), Revised Workforce Planning Guidance, sets out the extant requirements for NHS A&A in terms of producing an annual workforce plan which is approved by the NHS Board and submitting annual workforce projections to SGHSCD. The guidance is however outdated as it does not cover IJBs despite the Everyone Matters: 2020 Workforce Vision Implementation Plan 2016/17 detailing the requirement for IJBs to have a workforce plan. It is likely that SGHSCD will produce revised workforce planning guidance during 2016/17, which will encompass IJB workforce planning requirements, and reaffirm the established principles and practice of workforce planning in the NHS. Pragmatically to address this situation it has been agreed that each IJB will have a distinct workforce plan which fulfils the requirements of the IJB scheme of establishment and is contributory and complementary to the overarching NHSA&A workforce plan. The IJB workforce plans will develop incrementally over time, being adaptable to fulfil forthcoming national guidance with reporting to the NHS Workforce Planning Group.

Each Partnership has established a Partnership Forum. There is representation from NHS Staff Side on all Integration Joint Boards. Health and Social Care Partnership Directors, Partnership Facilitators and Human Resource Managers are invited to attend Staff Governance Committee meetings on a regular basis to provide assurance to the Committee that service areas are implementing the five elements of the Staff Governance Standard, to speak to their Staff Governance Improvement Plans and to update the Committee on the actions being taken to address areas identified within the Staff Survey results.

3.2.7 Public Protection

It is proposed that each HSCP establishes a Significant Adverse Events Review Group (SAERG) This Review Group should reflect the constituent components of the Partnership and should deal with all adverse events within their areas and for any pan-Ayrshire services they deliver. Appendix 4 outlines the process which should be adopted and the criteria for SAER.

The process for referral to external review processes for child protection, adult protection and public protection are also contained in the Appendix 4. These processes should be implemented when the criteria for Initial Case Review (ICR) is met. The criteria for child protection and adult protection are contained within Appendix 4. The criteria for public protection is that any offender subject to MAPPA, who commits a further offence, will be subject to ICR. Further guidance will developed.

3.4 Anticipated Outcomes

Operationalisation of Clinical and Care Governance Framework will meet the requirements of the The Public Bodies (Joint Working) (Scotland) Act 2014 and the Health and Social Care Integration Scheme

3.5 Measuring Impact

Ongoing assessment of impact will be monitored by the Clinical and Care Governance Group.

4. IMPLICATIONS

Financial :	None
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	To meet the requirements of the The Public Bodies (Joint Working) (Scotland) Act 2014 and the Health and Social Care Integration Scheme
Community Benefits :	N/A

5. CONSULTATION

- 5.1 A consultation on the draft framework ran from 2nd May to 29th July, with dissemination across NHS Ayrshire and Arran, Local Authorities and each Health and Social Care Partnership (including professional committees and partnership groups). All comments were reviewed by subject experts and the framework was revised accordingly. It is acknowledged that a number of professional/operational stakeholders contributed to the development of framework.

6. CONCLUSION

- 6.1 The IJB is asked to consider and approve the proposed Clinical and Care Governance Framework for onward submission to the Integration Joint Boards and the NHS Integrated Governance Committee.
- 6.2 The IJB is also asked consider and support the proposed arrangements for Complaints and Feedback, Risk, Staff Governance, Workforce Planning, Public Protection and Internal Audit.

For further information please contact Andrew Moore, Associate Nurse Director (Quality Improvement and Governance) on 01292 513674 or andrew.moore@aapct.scot.nhs.uk

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

Version: 8.0
Lead Reviewer: Strategic Planning and Operational Group
Review Date: April 2018

1.0 Introduction

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

2.0 Definition of Clinical and Care Governance

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

2.2 Annex C of the Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework sets out in some detail the working definition to be applied to Integrated Health and Social Care Services in Scotland. This working definition is as follows:-

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

- (g) Where a Partnership has Lead responsibility for a service delivered across the three HSCP's then the Lead Partnership will have accountability for clinical and care governance arrangements, which include formal linkages with the clinical and care governance structures in the other HSCP's.

3.0 Professional Governance

- 3.1 Professional Governance is the accountability framework that empowers health and social care professionals at the frontline to collaborate effectively in the delivery of integrated services. The elements of professional governance include such core elements as professional regulation, standards of practice, evidence based practice and continuous quality improvement.
- 3.2 Professional governance is achieved through the agreed accountable professional officers, namely the Nurse Director and the Medical Director. Leadership, assurance and accountability of health and social work professionals within each partnership is discharged via the senior clinicians (including the Clinical Director, Lead Nurse, Lead AHP) who directly report to the Chief Officer (Partnership Director) and professionally report to the Nurse or Medical Director. The Chief Social Work Officer holds professional and operational accountability for the delivery of safe and effective social work services and reports to the Chief Executive of the respective Local Authority.

4.0 The Process of Health and Care Governance

- 4.1 The Chief Officers (Partnership Director's) in each of Ayrshire and Arran's three HSCPs, the Chief Executive Officer (CEO) for NHS Ayrshire and Arran and the CEOs for each of the three Local Authorities will have in place, management structures that ensure accountability and responsibility for Clinical and Care governance in each HSCP. Annex C of the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework sets out a series of five process steps to support health and care governance as follows:-
 - (a) Information on the safety and quality of care is received (this includes external scrutiny reports and action plans)
 - (b) Information is scrutinised to identify areas for action.
 - (c) Actions arising from scrutiny and review of information are documented.
 - (d) The impact of actions is monitored, measured and reported.
 - (e) Information on impact is reported against agreed priorities.
- 4.2 The process outlined above will directly inform the strategic outcomes for each partnership as part of an integrated performance framework (as part of the wider governance arrangements established by each Partnership Director and their IJB to fulfil those responsibilities and scrutinise their discharge).

5.0 Accountabilities for Health and Care Governance

- 5.1 Chief Executives (NHS and three Local authorities)

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

5.2 Chief Officers (Partnership Directors)

Each Partnership Director is the accountable officer for Health and Social care Integration to the Integrated Joint board. Responsibility for Health and Care Governance has been delegated to each Partnership Director by the NHS Chief Executive and the respective Local Authority Chief Executive. Each Partnership Director will be required to establish appropriate arrangements to fulfill those responsibilities and scrutinise their discharge.

5.3 Chief Social Work Officer (CSWO)

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

5.4 Senior Clinicians/Professional Advisors to IJB

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

Specifically:

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

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

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

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

- the Senior Management Team of the Partnership;
- the Clinical Director;
- the Lead Nurse;

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

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

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

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

6.3 Health and Care Governance Group Agenda

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

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

6.4 Professional Governance

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

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

6.5 Adverse Events

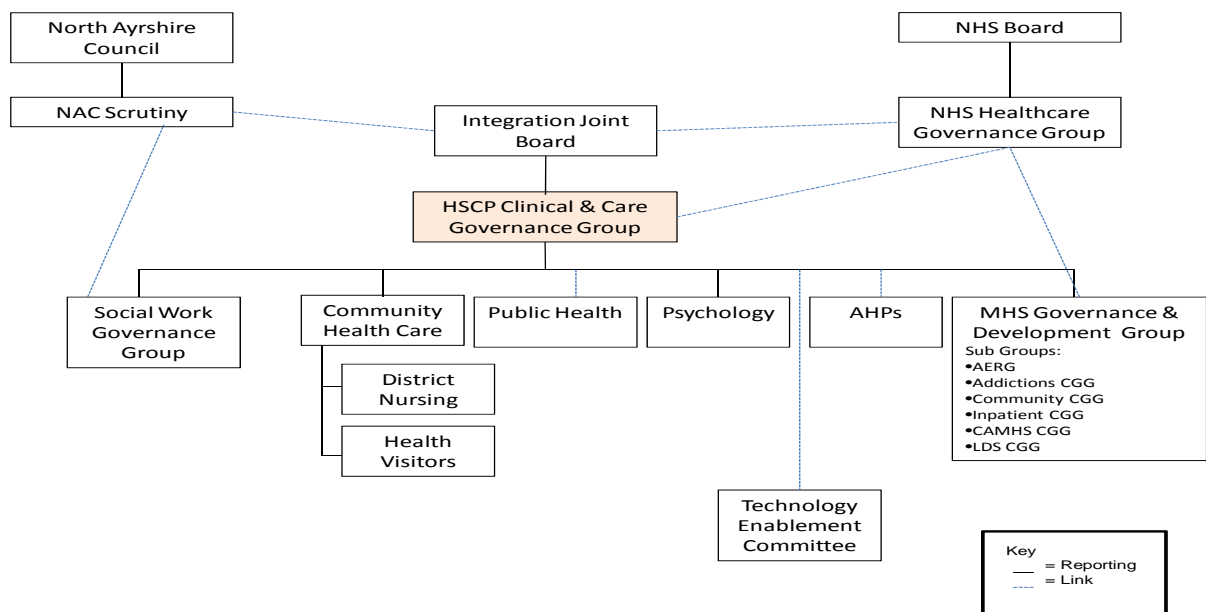
Each Partnership will establish an Adverse Events Review Group (AERG), (taking into consideration existing arrangements e.g. Mental Health Adverse Events Review Group) to provide a co-ordinated and integrated approach to managing adverse events occurring within Partnership Services. As a sub-group of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

7.0 Review

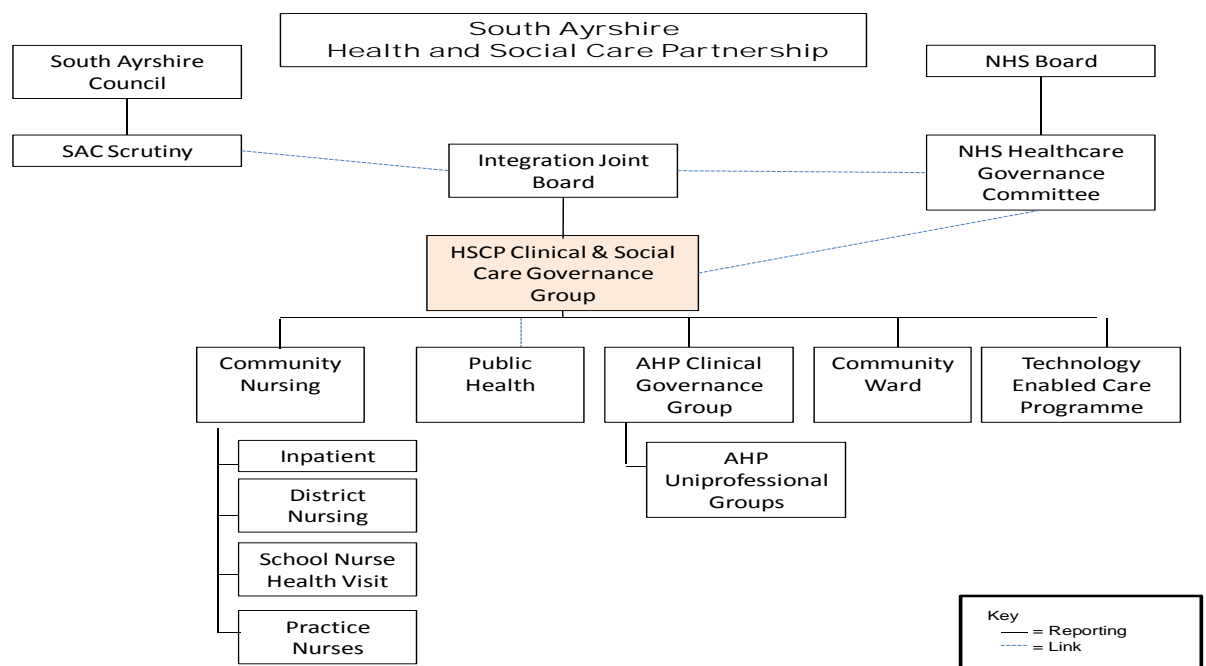
This framework for Clinical and Care governance will be reviewed and updated on at least an annual basis.

Appendix 1: Clinical and Care Governance Arrangements for each Partnership

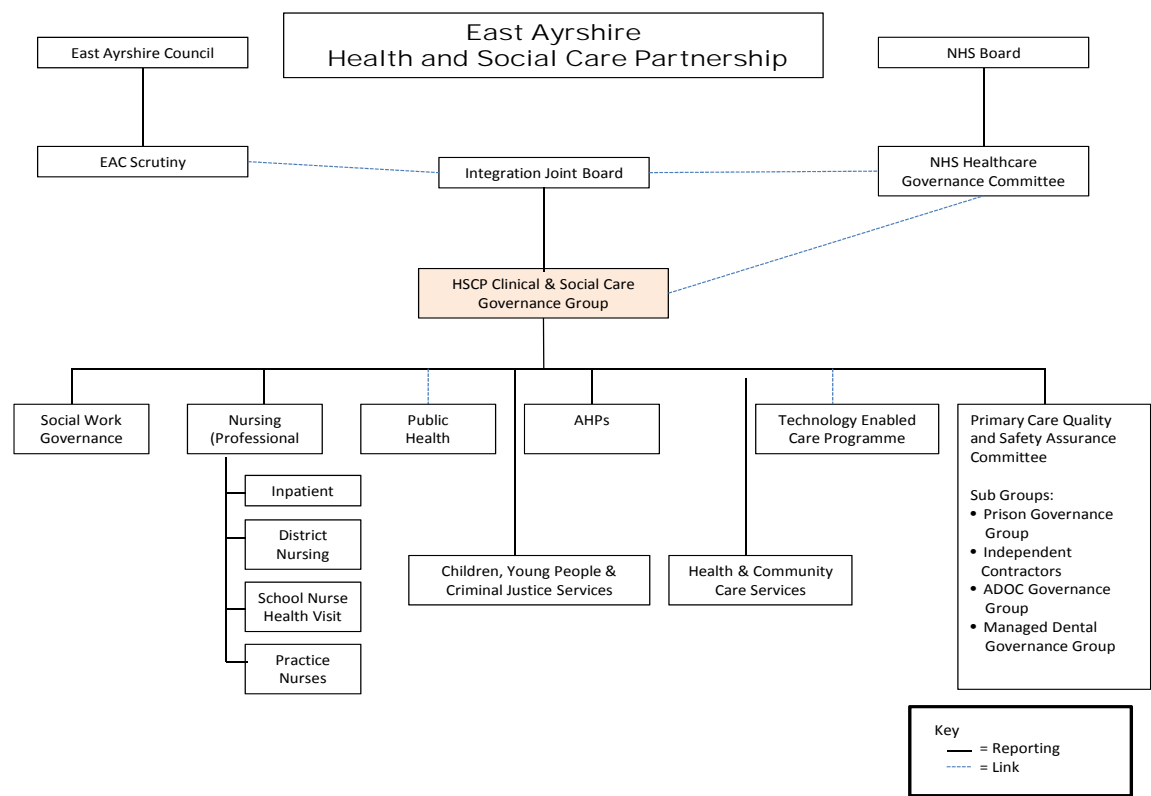
North Ayrshire Health and Social Care Partnership



South Ayrshire Health and Social Care Partnership



East Ayrshire Health and Social Care Partnership



Existing Guidance on Governance and Accountability

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

Clinical and care governance across integrated services: what needs to be in place at a strategic level? (2015)
Royal College of Nursing (Scotland)
<https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/policies-and-briefings/scotland/policies/2015/scot-pol-clinical-governance-guide.pdf>

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<http://www.socialworkscotland.org/>

Practice Governance Framework: Responsibility and Accountability in Social Work Practice (2011)
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The Role of the Chief Social Work Officer (2010)
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<http://www.scotland.gov.uk/Publications/2010/01/27154047/0>

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Scottish Executive
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**Ayrshire and Arran Health and Social
Care Partnerships
Policy for
Managing Customer Feedback: Service
Requests, Comments, Concerns and
Complaints**

2015

Version: 3.0
Lead Reviewer: SPOG
Review Date: April 2018

1. INTRODUCTION

- 1.1 Ayrshire and Arran Health and Social Care Partnerships recognise the value in listening to and acting on feedback from customers. Each Partnership (Integration Joint Board) is accountable for providing a fair, transparent and easily accessible Customer Feedback Procedure in regard to the services delegated to each Partnership by the respective Local Authority and the NHS Board.
- 1.2 The Partnerships recognise that sometimes things can go wrong which prevent us from delivering the best possible services to our customers. We view the Feedback Procedure as an opportunity to engage with customers, understand when to put things right, and learn how to continually improve our customer service.
- 1.3 This policy sets out the principles and standards by which the Partnerships will manage its Feedback Procedure. The aim of this policy is to ensure a fair and consistent approach to managing customer requests, comments, concerns and complaints. This policy recognises the requirement to align existing NHS and Local Authority processes in the short term (as outlined in each Integration Scheme) with a view to a fully integrated process in the medium term (recognising the need for legislative change).
- 1.4 This policy complies with the Scottish Public Services Ombudsman's (SPSO) Guidance for the Model Complaints Handling Procedure as laid down by the Public Services Reform (Scotland) Act (2010) and the Patients Rights (Scotland) Act (2011).
- 1.5 In practice the local authority process will be applied to feedback and complaints regarding partnership social care services and the NHS process will be applied to feedback and complaints regarding partnership health services. All complaints will be co-ordinated to ensure customers receive a single response. This document sets out the process for:
 - Submitting feedback including complaints (i.e. routes to make a complaint)
 - How a complaint will be managed (i.e. that complaints relating to social work complaints will be managed through the social work complaints process; that complaints about health services within the partnership will be managed through the health complaints process; and that complaints which cover both will be responded to in a single response with each aspect considered and progressed under the process which applies).

2. KEY PRINCIPLES

- 2.1 Each Partnership is committed to ensuring that our services are available and accessible to all our customers. We recognise that people's needs are different and know that to continuously improve our services we must ensure that our services meet the needs and expectations of the whole community. As such, we want to guarantee that there are no barriers to customers who want to provide us with comments or complaints. Customers can therefore provide feedback in a range of ways as detailed below, according to their preference:
 - Face to face;
 - By telephone;
 - By email;

- On-line through the Council's website/ NHS Ayrshire and Arran website or via patient/care opinion (<https://www.patientopinion.org.uk> or <https://www.careopinion.org.uk/>)
- By letter.

- 2.2 We will ensure that all our staff are trained to meet the diverse needs of our customers and we will also work to make certain that the provision of feedback is tailored to the requirements of individual service users where appropriate. This includes making reasonable adjustments for disabled customers, as well as providing information in a range of formats and languages at the request of service users.
- 2.3 To safeguard the welfare of children, young people and vulnerable adults, arrangements, such as advocacy services, will be put in place. The Partnership will make every effort to resolve complaints quickly and at first of point of contact.
- 2.4 Each Partnership is committed to continuous improvement and information from the feedback and complaints process will be used to inform service and policy development and contribute to an improved quality of service for customers.
- 2.5 All complaints will be investigated and dealt with in strict confidence. All information relating to complaints will be held in compliance with the Data Protection Act. Any detail of a complaint that could allow a complainant to be identified will not be revealed as part of any statistical analysis or improvements to services.
- 2.6 Performance against standards will be regularly monitored and reviewed by each Partnership Integrated Joint Board and will also be published on an annual basis.
- 2.7 A complaint covering more than one service area will receive one co-ordinated response managed by one Complaints Investigator.
- 2.8 Anonymous complaints will be accepted and progressed in line with the established Feedback and Complaints process although clearly feedback on the outcome of the complaint cannot be provided to the complainant.
- 2.9 Customers have the right to complain directly to a Councillor, MSP or MP. Where a customer requests it, his/her Councillor, MSP or MP can represent the customer in a complaint. The Partnership will obtain the written consent of the customer, in such circumstances.

3. FEEDBACK (COMMENTS AND CONCERNS)

- 3.1 Each Partnership encourages all comments and feedback, whether positive or negative.
- 3.2 Each Partnership will use existing local authority and NHS processes to receive and acknowledge all feedback received and, where appropriate, provides information on any action taken.
- 3.3 Any service requests e.g. a routine first request for a service will be dealt with using existing processes.

4. COMPLAINTS

4.1 Definition of a Complaint:

Each Partnership has adopted the Scottish Public Services Ombudsman (SPSO) definition of a complaint:

A complaint is an expression of dissatisfaction by one or more members of the public about the Council's action or lack of action, or about the standard of service provided by or on behalf of the Council.

ALL COMPLAINTS

4.2 Stages of Complaint – Stage 1: Frontline Resolution

4.2.1 The majority of complaints will be addressed at this stage. These complaints are likely to be more straightforward, easily resolved and will require limited or no investigation.

4.2.2 Complaints at Stage 1 will be allocated to a Complaints Investigator (via existing processes) who will be responsible for progressing the complaint and responding to the Customer.

4.2.3 All complaints at Stage 1 will be acknowledged immediately on receipt when accepted face-to-face, by telephone or online. Complaints received in writing will be acknowledged within two working days.

4.2.4 Complaints being dealt with at Stage 1 will be responded to within a maximum of 5 working days. In exceptional circumstances, there may be reasons why a full response or resolution cannot be issued within this timescale. If this happens, the customer will be advised and given an explanation as to why the timescale cannot be met. The extension to the timescales in this situation will be no later than 10 working days from the date of the initial complaint being received.

4.2.5 The method of responding to Customers at Stage 1 will be determined by the Customer's initial method of contact, or by their stated preference. This will usually be face to face or by telephone.

4.2.6 The response to the Customer will indicate the outcome of the complaint and whether it has been upheld, partially upheld, not upheld, or diverted to an alternative procedure.

4.2.7 Where the Customer remains dissatisfied, they will be advised of their right of appeal to Stage 2 – Investigation.

4.3 Stages of Complaint – Stage 2: Investigation

4.3.1 Complaints which are subject to appeal at Stage 1 will be progressed to Investigation.

-
- 4.3.2 In some circumstances, a customer may request, or the Partnership may decide on the initial review of a complaint, that it should progress directly to Stage 2. This may be due to the complex or serious nature of the complaint or the requirement to carry out a more detailed investigation which is likely to extend beyond the timescales for Stage 1.
- 4.3.3 Complaints at Stage 2 will be allocated to a Complaints Investigator who will be responsible for early engagement the customer. The emphasis is on early resolution and this is usually done best through face to face engagement. There is a requirement to keep the customer informed of progress providing them with a note of agreed actions to achieve resolution.
- 4.3.4 All complaints at Stage 2 will be acknowledged within three working days and responded to within a maximum of 20 working days. In exceptional circumstances, there may be reasons why a full response or resolution cannot be issued within this timescale. If this happens, the customer will be advised and given an explanation as to why the timescale cannot be met.
- 4.3.5 Responses to complaints at Stage 2 will usually be in the form of a meeting note and covering letter. A full written response will provided only at the request of the customer.
- 4.3.6 Stage 2 responses will reflect the Partnerships final response on the complaint and will be signed off by the Chief Officer or a Designate. The exception to this is where an additional internal review is in place which has been agreed by the SPSO's Complaints Standards Authority.
- 4.3.7 At the end of Stage 2 customers will be advised that if they remain dissatisfied they have the right to appeal to the SPSO and request that an independent investigation be carried out. The SPSO may refer complaints back to the Partnership if the Customer has not complied with the Partnership's procedures.
- 4.3.8 Responses to customers at both Stage 1 and 2 will include, where relevant, an apology, specifics of the investigation carried out and the outcome, including details of any quality improvement action to be taken. If the complaint is not upheld it will also include the reason for this.
- 4.3.9 The Partnership will respond to all complaints which relate to circumstances or events which occurred within the previous six months. However discretion may be applied in certain circumstances if there is a substantial reason which has prevented the complaint being raised within this timescale.

5. EXCEPTIONS AND EXCLUSIONS

- 5.1 This policy provides a framework to ensure consistency of standards, procedures and monitoring of complaints handling. However it is also recognised that some complaints will not follow these procedures as there is an alternative procedure in place. These will include complaints relating to, Schools and Early Years Establishments and other services which are subject to alternative processes of review or statute including all aspects of public protection (adult support and protection, child protection and mappa).

5.2 Complaints against Integrated Joint Board (IJB).

Complaints against individual members will be dealt with under the respective Code of Conduct for members of the IJB. Complaints regarding Policy Decisions would be dealt with under the direction of the Chair and Chief Officer of the IJB following the process outlined in Section 4.0.

<http://www.publicstandardscommissioner.org.uk/contact-us>

6. ROLES AND RESPONSIBILITIES

6.1 All Partnership employees will undertake customer service training which will include training on feedback and complaints procedures and will be responsible for complying with the principles and standards in this Policy.

6.2 Employees who have a specific responsibility and role within the Feedback and Complaints procedures, who provide direct customer services and are responsible for supporting, co-ordinating or investigating complaints will receive detailed and comprehensive role specific training in both health and social work processes.

6.3 There are two specific roles within the process:

- Complaints Co-ordinator
- Complaints Investigator

6.4 Complaints Co-ordinator will:

- Co-ordinate complaints across service(s);
- Allocate complaints to a Complaints Investigator at Stage 1 & 2;
- Maintain an overview of complaints across service(s) and ensure Complaints Officers and Complaints Investigator are progressing complaints within the agreed timescales, ensuring there is a single Partnership response.
- Monitor the complaints being received and co-ordinate the analysis of trends
- Ensure that information obtained through the Feedback and Complaints is used to inform service and policy development and contribute to an improved quality of service for customers.

6.5 Complaints Investigators will:

- Take responsibility for complaints allocated to them
- Make early engagement with the customer, focusing on early resolution through a preferred method of contact.
- Carry out an investigation of the complaint
- Track the progress of the investigation through ensuring all associated tasks are recorded through the systems which support feedback and complaints
- Progress the investigation to conclusion and meet with the customer (where possible) to advise them of the outcome of their complaint within the agreed timescales.
- Ensure that any written responses to customers are checked and signed by the Chief Officer or Designate and issued to the customer in the appropriate format
- Ensure systems are maintained which record all outcomes, highlighting action taken

-
- 6.6 An employee may undertake one or more of these roles simultaneously based on the specific requirements of each service.
- 6.7 Overall responsibility for ensuring that complaints are managed in accordance with the Feedback and Complaints procedures lies with the Chief Officer.

7. GUIDANCE DOCUMENTS

- 7.1 A feedback and complaints leaflet has been developed for customers, which outlines the process for providing feedback and making a complaint about social work or health services.
- 7.2 Each Council and NHS Ayrshire and Arran has produced a Guide for Managers, and Employees on Managing Feedback and Complaints. These resources are available to support managers and employees in practice.

8. UNACCEPTABLE ACTIONS BY COMPLAINANTS

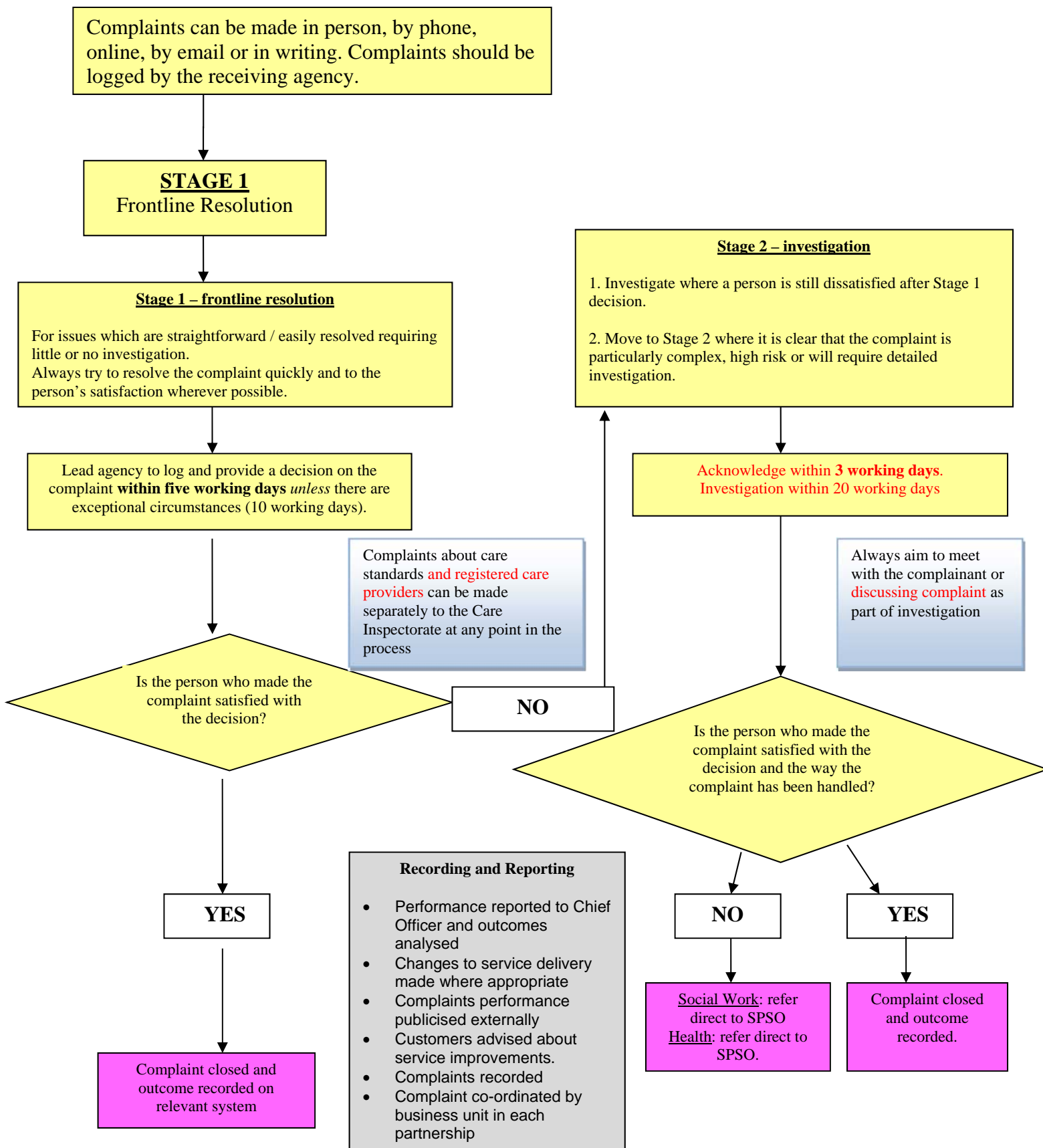
- 8.1 Whilst each Partnership does not consider assertive behaviour as unacceptable it will not tolerate abusive behaviour or acts of harassment towards staff, verbal or otherwise.
- 8.2 A complainant may be deemed to be acting unacceptably if they:
- Are abusive to, or harass Partnership employees;
 - Persistently make the same complaint despite the complaint having been fully investigated under the Feedback and Complaints Procedure;
 - Seek an unrealistic outcome and intend to persist until the outcome is achieved;
 - Complain about a historical complaint that cannot be undone or remedied;
 - Repeatedly change aspects of their complaint or their desired outcome part way through an investigation at either Stage 1 or 2, or after any formal response has been issued.
- 8.3 If an employee considers that a complainant's behaviour is unacceptable they will refer the matter to a Complaints Co-ordinator who will consider whether the complaint should be rejected and on what grounds, and inform the customer of any decision in writing.
- 8.4 The customer will be informed of the appeals process against any such decision to reject a complaint.

9. REPORTING AND MONITORING

- 9.1 The Partnership will use information from the feedback and complaints process to report on and provide analysis on all feedback and complaints received. This information will be used to identify and deliver quality improvements. Learning arising from the feedback and complaints process will be shared via clinical and care governance processes

-
- 9.2 Analysis of feedback and complaints information will be reported to and monitored by Partnership Management Teams. Regular reports will be submitted to relevant partnership and parent body committee's (including the IJB) in line with the requirements of each Integration Scheme.
- 9.3 The Partnership will publish annually complaints performance information in line with SPSO requirements.
- 9.4 This Policy will be reviewed on an Annual basis.

Draft Process Map for Health and Social Care Complaints





Integration Joint Board

Risk Management Strategy

Version No:	1.0
Prepared By:	NHS and Local Authority Risk Leads
Effective From (replacing version 5.1):	xx/xxx/xx
Review Date:	xx/xxx/xx
Lead Reviewer:	Iona Colvin Chief Officer NA H&SCP
Dissemination Arrangements:	

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“This Strategy underpins the commitment to robust risk management across the three Ayrshire Health and Social Care Partnership and must be read in conjunction with NHS Ayrshire & Arran and Council Risk Management Strategies” – CE Officer

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Policy – the risk management approach

Integration Joint Boards (IJB's) are committed to a culture where their workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

Appropriate and effective risk management practice will be embraced throughout the IJB as an enabler of success, whether delivering better outcomes for the people of Ayrshire, protecting the health, safety and wellbeing of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.

Key benefits of effective risk management:

- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse incidents, claims and/ or litigation; and
- a positive reputation established for the IJB.

In doing so the Joint Boards aims to provide safe and effective care and treatment for patients and clients, and a safe working environment within the IJB and others who interact with the services delivered under the direction of the IJB.

The Joint Boards purposefully seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the IJB can take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes.

Risk appetite is the amount of risk which is judged tolerable and justifiable. It is the amount of risk that any organisation is prepared to tolerate, or be exposed to at any one point in time. A formal risk appetite statement requires to be agreed annually by each IJB.

The Joint Board promotes the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients and the IJB.

The Joint Board will receive assurance reports from their Partnership Senior Management Team (PSMT) not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently evaluate the contribution that risk management makes to the wider governance arrangements of the IJB.

The Joint Boards, through the following risk management strategy, has established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

This document represents the risk management framework to be implemented across the Joint Boards and will contribute to the IJB's wider governance arrangements.

Strategy - Implementing the policy

Introduction

The primary objectives of this strategy will be to:

- promote awareness of risk and define responsibility for managing risk within the IJB;
- maximise opportunity to improve service delivery;
- establish communication and sharing of risk information through all areas of the IJB;
- initiate measures to reduce the IJB exposure to risk and potential loss; and,
- establish standards and principles for the efficient management of risk, including regular monitoring, reporting and review.

This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.

Strategic/Corporate¹ risks represent the potential for the IJB to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk.

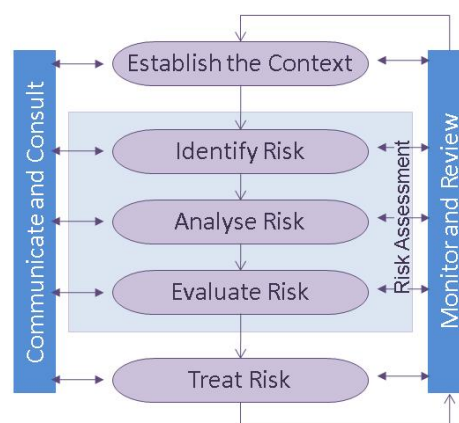
Operational risks represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the IJB's activities. Parent bodies will retain responsibility for managing operational risks as operational risks will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where an operational risk impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic/corporate risk' status for the IJB and where required the parent organisation.

All risks will be analysed consistently with an evaluation of risk as being **very high/high/moderate/low & red/amber/yellow/green**. Further information can be found at Appendix 1.

Risk management process

Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects². It is proactive in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.

The IJB embeds risk management practice by consistent application of the risk management process shown in the diagram on the right, across all areas of service delivery and business activities. Further information in relation to the Risk Management Process can be found at Appendix 1.



¹ Differences in terminology of risk currently exists, Strategic is used with the LA whilst Corporate is used with NHS.

² Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

Application of good risk management across IJB activities

The following standard procedures will be implemented across all areas of activity that are under the direction of the IJB in order to achieve consistent and effective implementation of the Risk Management Strategy.

Implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.

Identification of risk using standard methodologies, and involving subject experts who have knowledge and experience of the activity or process under consideration.

Categorisation of risk under the headings below:

- Strategic / Corporate Risks: such as risks that may arise from Political, Economical, Social, Technological, Legislative and Environmental factors that impact on the delivery of the Strategic Plan outcomes.
- Operational Risks: such as risks that may arise from or impact on Clinical Care and Treatment, Social Care and Treatment, Customer Service, Employee Health, Safety & Well-being, Business Continuity/ Supply Chain, Information Security and Asset Management.

Appropriate ownership of risk. Specific risks will be owned by/ assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required.

Consistent application of the agreed risk matrix. Necessary to analyse risk in terms of consequences and likelihood of occurrence, taking into account the effectiveness of risk control measures in place. The risk matrix to be used is attached in Appendix 1.

Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (ie to another partner or third party); tolerated as it is; or, treated with measures to bring it to a level where it is tolerable for the IJB in keeping with its appetite/ tolerance for risk. In the case of opportunities, the IJB may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the IJB is confident in its ability to achieve the benefits and manage/ contain the associated risk. Further information can be found at Appendix 1.

Implementation and maintenance of risk registers. Used as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.

Reporting of strategic/corporate risks and key operational risks to the IJB on a six monthly basis. Operation of a procedure for movement of risks between strategic and operational risk registers that will be facilitated by the PSMT.

Routine reporting of risk information. Required within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

Risk leadership and accountability

Governance, roles and responsibilities

This section should be read in conjunction with Ayrshire and Arran Integrated Health and Social Care Partnerships Health and Care Governance Framework

Integration Joint Board

Members of the Integration Joint Board are responsible for:

- Oversight of risk through the Performance and Audit Committee;
- Seeking assurances from the Partnership Senior Management Team that effective risk management arrangements are in place;
- Receipt and review of reports on strategic/corporate risks and any key operational risks that require to be brought to the IJB's attention; and,
- Ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies/ emerging risks, opportunities and the like.

Chief Officer

The Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB's partner bodies and members of the IJB informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB

Chief Financial Officer

The Chief Financial Officer will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance.

Partnership Senior Management Team

Members of the Senior Management Team are responsible (either collectively, or by nominating a specific member of the team) for:

- supporting the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities;
- arranging professional risk management support, guidance and training from partner bodies;
- receipt and review of regular risk reports on strategic/corporate, shared and key operational risks and escalating any matters of concern to the IJB;
- ensure the impact of decisions made in terms of risk and opportunities do not have a negative impact on insurance and self insurance arrangements. Key specialist advisors should be involved in decision making processes at the earliest opportunity where practicable; and
- ensuring that the standard procedures set out in this document and supporting documentation are actively promoted across their teams and within their areas of responsibility.

Individual Risk Owners

It is the responsibility of each risk owner to ensure that:

- understand their responsibility in relation to the management of risk;
- risks assigned to them are analysed in keeping with the agreed risk matrix;
- measure effectiveness of existing controls;
- risk mitigation in place to manage the risk are proportionate to the context and level of risk;
- monitor the timely implementation of additional mitigation where required;
- risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk; and
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise.

All persons working under the direction of the IJB

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to understand:

- the risks that relate to their roles and activities;
- how their actions relate to their own, their patients, their services users / clients and public safety;
- their accountability for particular risks and how they can manage them;
- the importance of flagging up incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,
- that good risk management is a key part of the IJB's culture.

Partner Bodies

It is the responsibility of relevant specialists from the partner bodies, (such as internal audit, external audit, clinical and non clinical risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

Resourcing risk management

Resourcing the risk management framework

The work on developing and leading the ongoing implementation of the risk management framework and associated training for the IJB and employees will be resourced through the Partnership Senior Management Team's arrangements.

Training, learning and development

Risk management training and development opportunities

To implement effectively this strategy, it is essential for staff to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.

Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity. The PSMT will regularly review risk management training and development needs and source the relevant training and development opportunities required.

Monitoring activity and performance

Monitoring risk management activity and performance

A suitable system is required to ensure risk management activity and performance is monitored. Monitoring will include review of the IJB's risk profile at Senior Management Team level.

The PSMT is responsible for providing assurance to the IJB that the Risk Management Strategy is being applied effectively across the Partnership.

Key Performance Indicators (KPIs) will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or, budget monitoring PIs (Performance Indicators) can provide assurance that key financial risks are under control.

The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.

Reviewing the IJB's risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act' review cycle that will shape future risk management priorities and activities of the IJB, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the IJB.

It is expected that partner bodies will use IJB risk reports to keep their own organisations updated on the management of the risks, highlighting any IJB risks that might impact on the partner organisation.

Communicating risk management

Communicating, consulting on and reviewing the risk management framework

Effective communication of key risk management information across the IJB is essential to developing a consistent and effective approach to risk management.

Copies of this policy and strategy will be widely circulated via the Partnership Senior Management Team and will form the basis of any risk management training arranged by the IJB.

This strategy will be reviewed every three years or earlier if required to ensure that it reflects current standards and best practice in risk management and fully reflects the Integration Joint Board's business environment.

Appendix 1 Risk Management – A Quick Guide

Risk Management – A Quick Guide

What is Risk Management and why do we have to do it?

Risk is something that may have an impact on the achievement of our objectives. This could be an opportunity as well as a threat. Good risk management means that we have a better understanding of what risks and opportunities an IJB may face and how it can best manage them.

This quick guide provides basic details on the risk management process more detailed information in relation to using risk register software, directorate risk registers, peer review process, etc can be found in the supporting Management of Risk Guidance document.

Understanding and managing threats or risks comes down to four very simple questions:

1. What are the worst things that could happen to us?
2. What is the likelihood of them happening?
3. What would be the impact?
4. What can we do about it? (How can we prevent it from happening, or what can we put in place to manage it if it should?)

There are several tools which can be used to answer these questions. For simplicity and ease of understanding our approach is to use a simple 4 stage process of identification, assessment, management and review to ensure our risks are recorded and effectively managed. This approach is shown in Figure 2 and described in the four sections below.

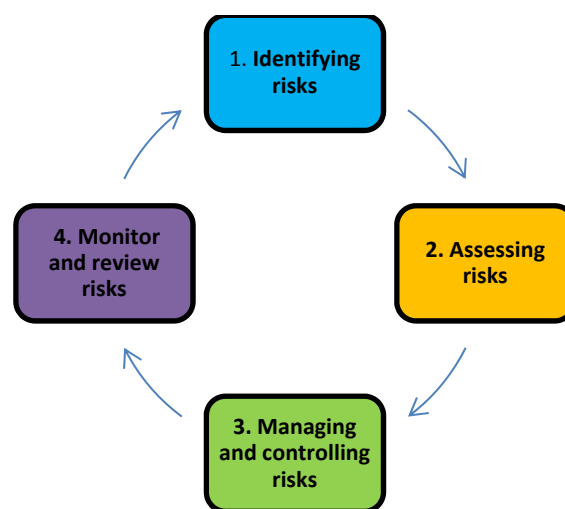


Figure 2 – Four Steps to Managing Risk

1. Identifying risks

To identify risks think through the things that could prevent or hinder your team from achieving its business objectives. There are three parts to a risk – an event that has a consequence that leads to an impact on our objectives. Typical risk phrasing could be:

<i>Loss of...</i>	}	<i>lead to</i>	<i>results in.....</i>
<i>Failure of.....</i>			
<i>Failure to...</i>			
<i>Lack of...</i>			
<i>Development of...</i>			
<i>Opportunity for</i>			

You will also need to identify whether the risk is:

- Strategic/Corporate: risks that are significant in size and duration and will impact on the reputation and performance of the IJB and parent organisations as a whole and in particular its ability to deliver Board objectives;
- Operational: risks specific to the delivery of individual services/service performance/project.

2. Assessing risks

Residual/Net risk = the level of risk remaining after managing it through treatment and/or control measures.

To identify the Residual/Net Risk we simply identify the consequence score from the appropriate domain listed in Table 2 after we have identified the control measure. We then multiple the consequence score by the likelihood of the event occurring. The likelihood score is taken from the matrix at Table 3.

Multiplying the consequence x likelihood then provides us with the Residual Risk. The Residual risk score helps to make decisions about the significance of risks to the IJB and how they will be managed, the controls required and the treatment of the risk. This can be found in Table 4.

SEVERITY CONSEQUENCE MATRIX - Description and definition of the CONSEQUENCE / IMPACT of the risk should it occur (these are a guide)

Severity

“Domains”	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Objectives and projects	<ul style="list-style-type: none"> Barely noticeable reduction in scope / quality / schedule 	<ul style="list-style-type: none"> Minor reduction in scope / quality / schedule 	<ul style="list-style-type: none"> Reduction in scope or quality, project objectives or schedule. 	<ul style="list-style-type: none"> Significant reduction in ability to meet project objectives or schedule. 	<ul style="list-style-type: none"> Inability to meet project objectives, reputation of the organisation seriously damaged and failure to appropriately manage finances.
Injury (physical and psychological) to patients/staff.	<ul style="list-style-type: none"> Adverse event leading to minor injury not requiring first aid. 	<ul style="list-style-type: none"> Minor injury or illness, first-aid treatment needed. No staff absence required. 	<ul style="list-style-type: none"> Significant injury requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> Major injuries or long term incapacity/ disability (loss of limb), requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> Incident leading to death or major permanent incapacity.
Patient experience / outcome	<ul style="list-style-type: none"> Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care. 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery < 1Wk 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome, long term effects - expect recovery > 1Wk 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects.
Complaints / claims	<ul style="list-style-type: none"> Locally resolved complaint 	<ul style="list-style-type: none"> Justified complaint peripheral to clinical care 	<ul style="list-style-type: none"> Below excess claim. Justified complaint involving lack of appropriate care. 	<ul style="list-style-type: none"> Claim above excess level. Multiple justified complaints. 	<ul style="list-style-type: none"> Multiple claims or single major claim.
Staffing and competence	<ul style="list-style-type: none"> Short term low staffing level (< 1 day), where there is no disruption to patient care. 	<ul style="list-style-type: none"> Ongoing low staffing level results in minor reduction in quality of patient care Minor error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training. Ongoing problems with staffing levels 	<ul style="list-style-type: none"> Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> Non delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to insufficient training / implementation of training.

Service / business interruption	<ul style="list-style-type: none"> Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service 	<ul style="list-style-type: none"> Short term disruption to service with minor impact on patient care. 	<ul style="list-style-type: none"> Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service. 	<ul style="list-style-type: none"> Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked. 	<ul style="list-style-type: none"> Permanent loss of core service or facility. Disruption to facility leading to significant “knock on” effect.
Financial	<ul style="list-style-type: none"> Negligible organisational financial loss (£< 1k). 	<ul style="list-style-type: none"> Minor organisational financial loss (£1-10k). 	<ul style="list-style-type: none"> Significant organisational financial loss (£10-100k). 	<ul style="list-style-type: none"> Major organisational financial loss (£100k-1m). 	<ul style="list-style-type: none"> Severe organisational financial loss (£>1m).
Inspection / assessment / audit	<ul style="list-style-type: none"> Small number of recommendations which focus on minor quality improvement issues. 	<ul style="list-style-type: none"> Minor recommendations made which can be addressed by low level of management action. 	<ul style="list-style-type: none"> Challenging recommendations but can be addressed with appropriate action plan. 	<ul style="list-style-type: none"> Enforcement Action. Low rating. Critical report. 	<ul style="list-style-type: none"> Prosecution. Zero Rating. Severely critical report.
Adverse publicity / reputation	<ul style="list-style-type: none"> No media coverage, little effect on staff morale. 	<ul style="list-style-type: none"> Local Media – short term. Minor effect on staff morale / public attitudes. 	<ul style="list-style-type: none"> Local Media – long term. Impact on staff morale and public perception of the organisation. 	<ul style="list-style-type: none"> National Media (< 3 days). Public confidence in the organisation undermined. Usage of services affected. 	<ul style="list-style-type: none"> National Media (> 3 days). MP / MSP Concern (Questions in Parliament).
Organisational / Personal Security, and Equipment	<ul style="list-style-type: none"> Damage, loss, theft (£< 1k). 	<ul style="list-style-type: none"> Damage, loss, theft (£1-10k). 	<ul style="list-style-type: none"> Damage, loss, theft (£10-100k). 	<ul style="list-style-type: none"> Damage, loss, theft (£100k-1m). 	<ul style="list-style-type: none"> Damage, loss, theft (£>1m).

Table 2 – Consequence/Impact Matrix

Likelihood					
	1 Remote	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Probability	<ul style="list-style-type: none"> Will only occur in exceptional circumstances. 	<ul style="list-style-type: none"> Unlikely to occur but definite potential exists. 	<ul style="list-style-type: none"> Reasonable chance of occurring – has happened before on occasions. 	<ul style="list-style-type: none"> Likely to occur – strong possibility. 	<ul style="list-style-type: none"> The event will occur in most circumstances.

Table 3 – Likelihood Matrix

Risk Rating

LIKELIHOOD	SEVERITY				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Remote	1	2	3	4	5

Table 4 – Risk Rating

Level of Risk	Risk	How the risk should be managed
Very High (20-25)	Immediate Action Required Intolerable	Requires active management to manage down and maintain the exposure at an acceptable level. Escalate upwards. The activity or process should not be started or allowed to continue until the risk level has been reduced. While the control measures selected should be cost-effective, legally there is an absolute duty to reduce the risk. Review every 3 months.
High (10-16)	Immediate Action Required Unacceptable	Contingency plans may suffice together with early warning mechanisms to detect any deviation from the profile. Escalate upwards. If a new activity or process, it should not be started until the risk has been reduced. Considerable resources may have to be allocated to reduce the risk. Where the risk involves an existing activity or process, the problem should normally be remedied within one to three months. Review every 6 months.
Moderate (4-9)	Action Required	Efforts should be made to reduce the risk, but the cost of reduction should be carefully measured and limited. Risk reduction measures should normally be implemented within three to six months. Re-assess frequently
Low (1-3)	Acceptable	No further preventative action is necessary, but consideration should be given to more cost-effective solutions or improvements that impose no additional cost burden. Monitoring is required to ensure that the controls are maintained. Review periodically to ensure conditions have not changed.

Table 5 – How Risks should be managed

3. Managing and controlling risks

THE FOUR T's

The level of the inherent risk will help determine the best treatment for a risk, whether strategic, corporate, partnership or operational. Once the type of risk has been determined, consideration must be given to the most appropriate to treat the risk, action plan will be required to be drawn up and implemented. The rating and prioritisation of the risk will determine the speed with which the risk action plan should be implemented and at which level of the organisation the risk needs to be reported.

Tolerating	The IJB may tolerate a risk where: <ul style="list-style-type: none">• the risk is effectively mitigated by internal controls, even if it is a high risk• the risk cannot be mitigated cost effectively• the risk opens up greater benefits These risks must be monitored and contingency plans should be put in place in case the risks occur.
Treating	This is the most widely used approach. The purpose of treating a risk is to continue with the activity which gives rise to the risk, but to bring the risk to an acceptable level by taking action to control it in some way through either: <ul style="list-style-type: none">• containment actions (these lessen the likelihood or consequences of a risk and are applied before the risk materialises) or• contingency actions (these are put into action after the risk has happened, thus reducing the impact. These must be pre-planned)
Terminating	Doing things differently and therefore removing the risk. This is particularly important in terms of project risk, but is often severely limited in terms of the strategic risks of an organisation.
Transfer	Transferring some aspects of the risk to a third party, e.g. via insurance, or by paying a third party to take the risk in another way. This option is particularly good for mitigating financial risks, or risks to assets. However it is a limited option.

Table 6 – The Four T's

CONTROLS

Any action, procedure or operation undertaken to either contain a risk to an acceptable level (the impact), or to reduce the likelihood. Where future actions are planned these should have a date by which they will be implemented.

4. Monitor and Review Risks

REPORTING RISK

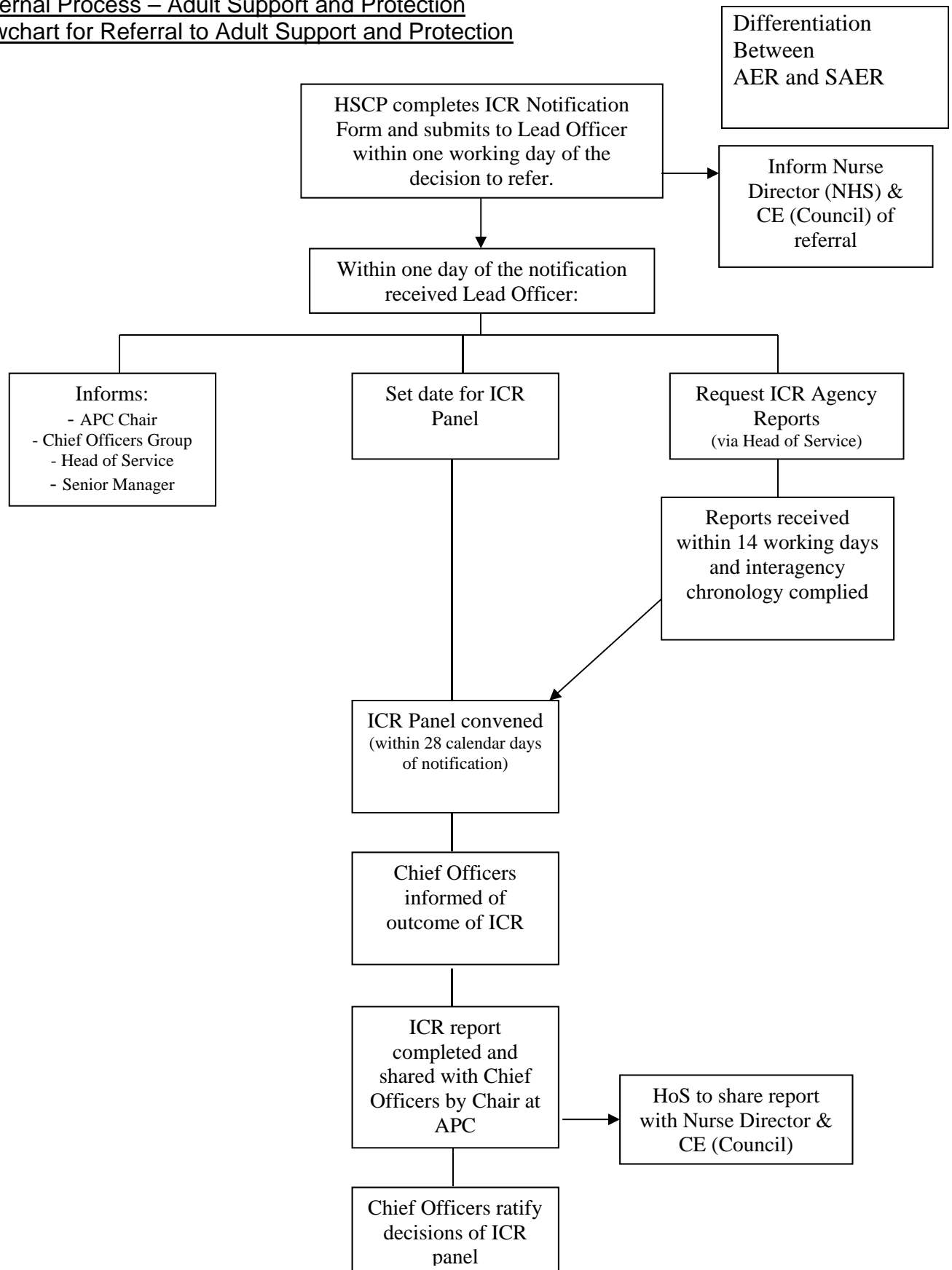
Nothing stays the same forever. By talking to your staff and monitoring incident rates and control measures, you will be able to judge whether your risk control measures are effective. Managers and staff must be given responsibility to oversee the process and develop reporting procedures, discussing and helping to implement solutions, as well as monitoring the solutions for effectiveness.

Your risks should be reviewed regularly to ensure that the risk has not changed and that no further control measures are needed. A risk should also be reviewed if any changes occur that may increase the risk of an adverse event occurring.

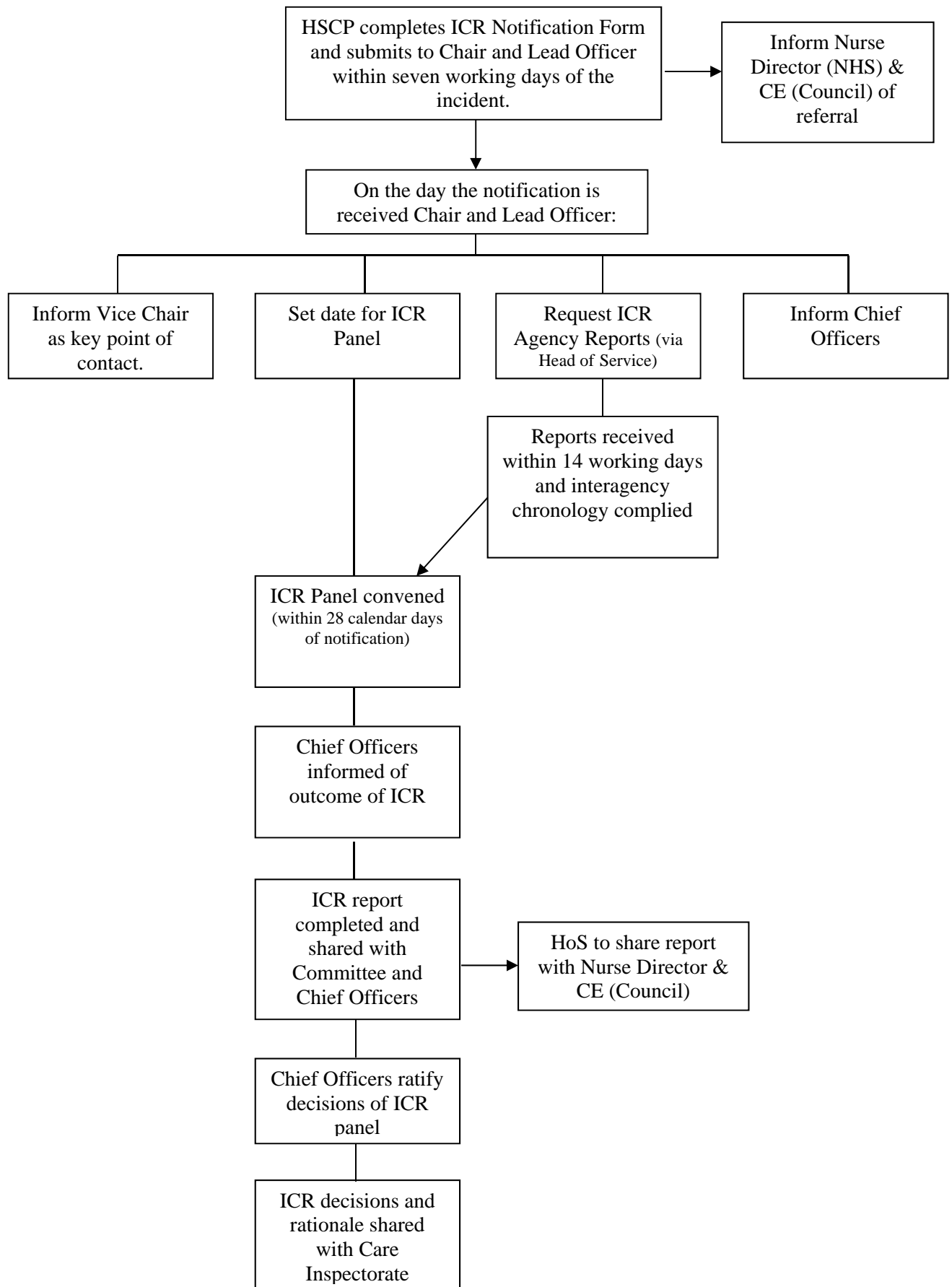
There is no legal time frame for when you should review your risk assessment. However, the IJB has adopted the process that it is at your discretion to decide when a review is deemed necessary, but the risk assessment is a working document and, as your business experiences change, this information should be recorded and updated. As a guide, it is recommended that risk assessments be reviewed on an annual basis.

Appendix 4 - Internal Process for Services Provided within the Partnership

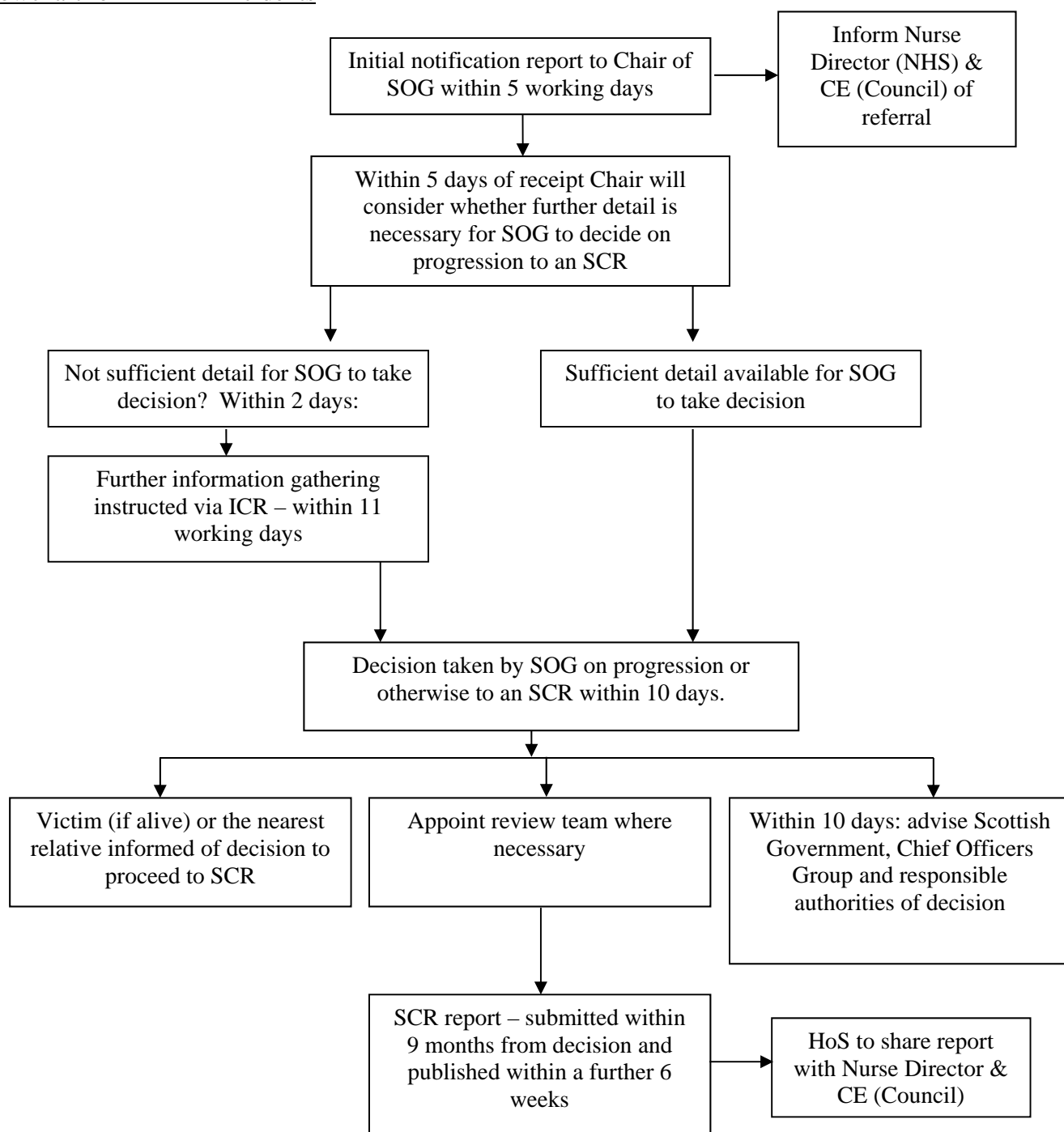
External Process – Adult Support and Protection Flowchart for Referral to Adult Support and Protection



External Process – Child Protection
Flowchart for Referral to Child Protection



Extrenal Process - MAPPA
Flowchart for MAPPA Incidents



Criteria for Intial Case Review

Child Protection

When a child dies and the incident or accumulation of incidents (a case) gives rise to significant/serious concerns about professional and/or service involvement or lack of involvement, and **one or more of the following apply** :

- Abuse or neglect is known or suspected to be a factor in the child's death;
- The child is on, or has been on, the Child Protection Register (CPR) or a sibling is or was on the CPR. This is regardless of whether or not abuse or beffet is known or

suspected to be a factor in the child's death unless it is absolutely clear to the Child Protection Committee that the child having been on the CPR has no bearing on the case;

- The death is by suicide or accidental death;
- The death is by alleged murder, culpable homicide, reckless conduct or act of violence;
- At the time of their death the child was looked after by, or was receiving aftercare or continuing care from, the local authority.

When a child has not died but has sustained **significant** harm or risk of significant harm as defined in the National Guidance for Child Protection Scotland, **and** in addition to this, the incident or accumulation of incidents (a case) gives rise to serious concerns about professional and/or service involvement or lack of involvement, and the relevant Child Protection Committee determines that there may be learning to be gained through conduction a Significant Case Review.

Adult Protection

- An SCR should be considered when:
- An adult who is known or believed to meet the criteria of an adult at risk dies (including death by suicide), and abuse or neglect is known or suspected to be a factor in their death.
- An adult at risk has sustained any of the following:
 - A life threatening injury through abuse or neglect or lack of care
 - Serious sexual abuse
 - Serious or permanent impairment of development through abuse and/or neglect.

OR

- Where serious abuse occurred in an institutional setting.
- A culture of abuse was identified
- Multiple abusers were involved.

AND

The case(s) give rise to serious concerns about the way in which local professionals and services work together to safeguard adults at risk.

A "Significant" Case need not comprise just one significant incident any of the serious circumstances above in 2.2 could suggest that an SCR may be required. The threshold for seriousness can be considered as the "impact on the victim, the intent of the perpetrator, whether the abuse constitutes a criminal offence and whether there is continued risk to the same person or other potential persons" (DOH 2000) therefore the severity of harm and the impact is the first screening process (Brown 2009).

An important point to consider as the aforementioned research highlights is that many situations involving adults who agencies know or believe may meet the criteria of an adult at risk of harm can be extremely complex however if the local support and protection practice has been able to deal with this there can be learning but it is not necessary to initiate an SCR .

What is provided in this section is a guide for helping the Adult Protection Committee, professionals and all agencies make professional decisions about the way forward. The list should not be seen to exclude cases that may not precisely fit the criteria but which nevertheless clearly trigger significant professional concern. These cases should be left to professional judgement and the Adult Protection Committee decision on how to proceed.

Incident Categories and Levels

Although there is no single definition of an incident, in general terms an incident is an event which has led to or has the potential to lead to an unwanted outcome in relation to a service user/patient and/or their family.

Incidents that relate to health and safety issues (including staff subject to incidents of violence and aggression) should be recorded on DATIX and/or the local authority health and safety system as appropriate.

Significant Adverse Events to be reported through SAER processes are categorised as follows:

This list of Significant Adverse Events describes distinct events categorised by the organisation as ones that must always be reported when they may have resulted in:

Unexpected Death	<ul style="list-style-type: none"> • Death of a service user/patient involving suicide, murder, misadventure or suspicious circumstances • Death of a child open to services (with the exception of children who die as a result of a life-limiting condition) • Death of a service user/patient subject to statutory measures or ongoing investigation/inquiry defined in statute • Death of an individual recently discharged from services or recently refused access to services (within 1 year), where the death involves suicide, murder, misadventure or suspicious circumstances • Death of others caused by the actions of a service user/patient • Death of service user/patient as a result of service action/inaction
Significant Harm (defined as physical, sexual or emotional abuse/neglect/self-harm incident or avoidable accident leading to substantial impact on an individual's mental or physical well-being)	<ul style="list-style-type: none"> • Significant harm (potential significant harm) caused to/experienced by a service user/patient as a result of an act of commission or omission by staff acting on behalf of the organisation • Significant harm caused to/experienced by a service user/patient whilst in the presence of a staff member

	<ul style="list-style-type: none"> • Significant harm caused to/experienced by a service user/patient whilst within any Partnership establishment or premise • Significant harm caused to/experienced by a service user/patient whilst living in an independent establishment commissioned by the Partnership to look after them • A further sexual offence committed by a Registered Sex Offender on license • Significant harm to others caused by the actions of a service user/patient • Medication error – wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation or wrong route of administration • Significant harm caused to member of staff through engagement with service user/patient • Significant damage to property or premises of the Partnership by deliberate act of service user/patient
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Criminal events such as wilful administration of care process, treatment or medications to cause harm, physical assault or sexual assault may require review using the SAER process. These events will initially be subject to review by police.

Integration Joint Board
9th March 2017
Agenda Item 15

Subject: **Pan Ayrshire Shared Equality Outcomes**

Purpose: To inform the Integration Joint Board of the development of Shared Equality Outcomes between public sector organisations across Ayrshire and seek approval of the Board to adopt the outcomes for the period 2017 – to 2021.

Recommendation: The IJB approves the Shared Equality Outcomes for adoption by North Ayrshire Health and Social Care Partnership and endorses the development of the supporting action plan for implementation.

1. EXECUTIVE SUMMARY

- 1.1 The North Ayrshire Health and Social Care Partnership (NAHSCP) has been working with other public sector organisations across Ayrshire to develop a set of Shared Equality Outcomes. It is intended that these outcomes will supersede the existing sets of outcomes held by each organisation from 1st April 2017.
- 1.2 Public sector bodies are required to produce a set of Equality Outcomes as part of the 'Specific Duties' outlined in the Equality Act 2010. This will be the first time public organisations in Scotland have come together to produce a set of shared outcomes in this way. The development work has included desk top research, working group discussions and public consultation.
- 1.3 It is expected that by sharing outcomes, public sector bodies across Ayrshire will have a more cohesive approach to equalities which will lead to more inclusive outcomes for local people, particularly those with protected characteristics.

2. BACKGROUND

- 2.1 All public authorities in Scotland must comply with the public sector equality duty set out in the Equality Act 2010. This means that all public authorities, as part of their day to day business, must show how they will:
 - Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under this Act
 - Advance equality of opportunity between people who share a relevant protected characteristic and those who do not share it;
 - Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

- 2.2 A Specific duty on each public organisation is to publish a set of equality outcomes that demonstrate how the authority aims to meet the requirements set out above. Across Ayrshire, each public sector organisation has its own unique set of equality outcomes. In most cases, these outcomes are due for review by 31st March 2017.
- 2.3 On 13th June 2016, an event was organised in St Kentigerns Church in Kilmarnock to consider the possibility of developing a set of shared equality outcomes. Considering the often close working links between many of the public sector organisations, it was proposed that shared development of Equality Outcomes should be undertaken. Considering that all organisations are delivering services to the Ayrshire community, it was reasonable to suggest that all public sector organisations across Ayrshire should share a set of Equality Outcomes.
- 2.4 Advantages of a shared approach were identified as:
- Providing a more consistent approach to equalities across Ayrshire
 - Further facilitating the cultural shift required to mainstream equalities
 - Reducing consultation fatigue
- 2.5 Following that meeting, a pan Ayrshire working group was established that undertook the development of, and consultation on a set of high level equality outcomes to be shared by all contributing partners as well as the development of a supporting action plan.
- 2.6 The partners involved in the development of the outcomes are as follows:
- Ayrshire College
 - South West Scotland Community Justice Authority
 - North Ayrshire Council
 - South Ayrshire Council
 - East Ayrshire Council
 - NHS Ayrshire & Arran
 - **North Ayrshire HSCP**
 - South Ayrshire HSCP
 - East Ayrshire HSCP
 - The Ayrshire Joint Valuation Board
- 2.7 During September 2016, 3 public consultation events took place, one in each local authority area. North Ayrshire hosted the first event in Saltcoats Town Hall on 21st September. The public events were also complimented by an online survey that was distributed widely. This survey received over 250 responses. In addition, following on from the primary consultation a number of engagement activities took place throughout October and November with other equality groups to gather their views on the proposed outcomes.

3. PROPOSALS

3.1 Current Position

- 3.1.1 Currently, NAHSCP report against two sets of Equality Outcomes, those of the Council and the HSCPs own interim outcomes, detailed below:

NAC Outcomes		HSCP Interim Outcomes
1. More disabled people are in work and training		1. The impact of inequalities will be reduced in North Ayrshire
2. The incidence of violence against women is reduced		2. Vulnerable people have access to support to tackle financial difficulties
3. The incidence of hate crime is reduced		3. More disadvantaged people are in work or training
4. Older people are more active and independent in their communities		4. Vulnerable people are kept safe from harm
5. Vulnerable people have improved access to financial advice, services and products		5. Services are inclusive to the transgender community
6. More young people are leaving schools for positive, sustained destinations		6. Local people are involved in improving their communities
7. Pupils Feel Safer in Schools		7. Carers have the support they need
8. More council employees are working flexibly		8. Individuals will be supported to improve their physical health and well-being
9. Employees feel they have increased capacity to respond more confidently and appropriately to the needs of colleagues and customers		

3.2 **Future Position**

- 3.2.1 Through the development work the working group are proposing 4 Shared Equality Outcomes. These are:

- 1. In Ayrshire people experience safe and inclusive communities***
- 2. In Ayrshire people have equal opportunities to access and shape our public services***
- 3. In Ayrshire people have opportunities to fulfil their potential throughout life***
- 4. In Ayrshire public bodies will be inclusive and diverse employers***

As set out in the Equality Act 2010, these Equality Outcomes will be reviewed within four years of initial publication.

3.3 Measuring Impact

- 3.3.1 To support the implementation of the shared equality outcomes, an action plan has been developed. This action plan consist of two elements:

1. Overarching shared actions that all partner organisations can contribute to, and
2. NAHSCP specific actions which are a closer reflection of activity ongoing at the local level. These actions are supported by local performance metrics.

The actions identified specifically for the NAHSCP are aligned closely to the Partnership's Strategic Plan and as such data collection will not significantly increase workload.

Information from this action plan will be incorporated into the Equality Outcome and Mainstreaming report that is required by all public bodies as part of the specific equality duties. Progress reports are required at intervals of no more than 2 years from initial publication.

A draft version of the action plan is attached as an appendix to this report.

- 3.4.2 Work to monitor the shared outcomes, and any cross-partner support, will be undertaken through the Ayrshire Equality Partnership with each organisation having their own internal monitoring mechanisms for future reporting against the action plan.

4.	IMPLICATIONS
Financial :	The adoption of these shared outcomes should have no direct financial implications for NAHSCP budgets.
Human Resources :	Adoption of the shared outcomes will further encourage public organisations to ensure Human Resource policies (in both NAC and NHS) do not discriminate unjustly against any person with a protected characteristic and the public sector workforce is representative of the community in which it operates.
Legal :	The NAHSCP are bound by the Equality Act 2010 to publish a set of Equality Outcomes and at intervals of no more than 2 years publish a report on progress made to achieve those outcomes.
Equality :	It is anticipated that through adoption of these shared outcomes, public organisations across Ayrshire will take a more cohesive approach to equalities which should lead to more inclusive outcomes for local people.
Environmental & Sustainability :	Adoption of the Equality Outcomes will have no direct impact on the Environment or have implications regarding sustainability. However, as part of the delivery of the supporting action plan many authorities may choose to review the physical accessibility and structure of public buildings to be more inclusive of those with protected characteristics.
Key Priorities :	The proposed shared outcomes strongly reflect the priorities of the NAHSCP. Adoption of the equality outcomes will have no detrimental impact on the HSCPs key priorities as the supporting equality action plan aligns directly with that of the Strategic Plan.
Community Benefits :	NA – no tender or procurement implications

5. CONSULTATION

- 5.1 The Equality Act 2010 places a duty on public bodies to actively engage with those who share protected characteristics in the development of equality outcomes.
- 5.2 A series of consultation events took place between September and November 2016. A survey was also used to gather public feedback. More information on this process is provided in paragraph 2.7.

- 5.3 The consultation originally proposed 'five' shared outcomes. However, feedback from the public in response to the consultation resulted in the five outcomes being revised into four.

6. CONCLUSION

- 6.1 NA HSCP has been involved with a pan Ayrshire working group in the development of a set of Shared Equality Outcomes. These outcomes will supersede the Partnership's existing outcome obligations from 1st April 2017.
- 6.2 This joint approach to development and implementation aims to provide coherence, minimise duplication and support the ongoing mainstreaming of equality into business in public sector agencies across Ayrshire.

7. RECOMMENDATIONS

- 7.1 It is recommended that:
- The IJB adopts the Shared Equality Outcomes (as set out in paragraph 3.2.1) which will be implemented from 1st April 2017
 - The IJB supports the implementation of the supporting action plan that will be used to demonstrate progress towards the outcomes

For more information please contact Scott Bryan on 01294 317747 or via email sbryan@north-ayrshire.gcsx.gov.uk

quality Outcome 1		In Ayrshire people experience safe and inclusive communities					
Links to National Outcomes		We have tackled the significant inequalities in Scottish Society We have improved the life chances for children, young people and families at risk We live our lives safe from crime, disorder and danger We have strong, resilient and supportive communities where people take responsibility of their own actions and how they affect others					
Context		Outputs	Actions	Measurement	Protected Characteristics	General Duty	NA HSCP Lead Officer
1.1	Hate Crime	Increased awareness of hate crime	Raise staff awareness to better identify hate crime and share data	Number of staff trained	Disability, Sex Gender Reassignment, Race Religion and Belief, and Sexual Orientation	Eliminate unlawful discrimination	Senior Manager Learning Disability
			Work with partners to raise awareness of hate crime	Number of crimes reported and detected			Senior Manager Learning Disability
		Increased use of third party reporting	Increase the awareness of third party reporting	Increased third party reporting using a variety of media tools and promotion materials	Disability, Gender Reassignment, Race Religion and Belief, and Sexual Orientation	Eliminate unlawful discrimination	Senior Manager Learning Disability
		Implementation of the 'Keep Safe' initiative across partner agencies in Ayrshire	Deliver partner training as appropriate	Number of training courses/briefing sessions delivered Number of staff trained	Disability	Foster good relations	Senior Manager Learning Disability

			Conduct a baseline of 'Keep Safe' places	Audit of existing 'Keep Safe' places	Disability	Foster good relations	Senior Manager Learning Disability
			Support the development of the 'Keep Safe' initiative in Ayrshire	Increase in the number of establishments registered for 'Keep Safe'	Disability	Foster good relations	Senior Manager Learning Disability
1.2	1.2 Prevent	People are aware of prevent	Raise staff awareness to better identify radicalisation	Number of staff trained	All		Senior Manager Intervention Services
		Established reporting protocols in place	Increase awareness of reporting procedures	Published briefings and leaflets in all key areas	All		Senior Manager Intervention Services
1.3	1.3 Social Isolation	People experience reduced levels of social isolation	We will work with partners to identify and promote services or activities that can reduce the impact of Social Isolation	TBC	Age, disability, sex	Advance equality of opportunity	Principal Manager – Planning and Performance
1.4	1.4 Youth Crime	Vulnerable young people are diverted from, and supported if, they enter the Criminal Justice System	Whole systems approaches are employed to divert young people away from, and support those who enter, the Criminal Justice system.	Number of young people referred to Early and Effective Intervention Service Number of young people in Secure Accommodation	Age	Advance equality of opportunity	Senior Manager Intervention Services

1.5	1.5 Vulnerable People	Ensure vulnerable people are safe and respected	Implementation of Children's Services Plan	Percentage of families placed on the child protection register with 12 months of de-registration Number of referrals to SCRA on Care and Protection Grounds	All	Advance equality of opportunity	Head of Service Children, Families and Criminal Justice
			Implementation of Adult Support and Protection (ASP) Improvement Plan.	Decrease repeat referrals to ASP Improve timescales for completion of ASP Investigations Increase representation of adults at ASP case conference			
1.6	Accommodation	Develop a range of supported accommodation options	Develop a range of supported accommodation options to support those with complex Mental Health concerns and Learning Disabilities	Number of people with mental health concern or learning disability living in supported accommodation	Disability	Advance equality of opportunity	Senior Manager Learning Disability

Equality Outcome 2		In Ayrshire people have equal opportunities to access and shape our public services					
National Outcomes		We have tackled the significant inequalities in Scottish society We live in well-designed, sustainable places where we are able to access the amenities and services we need Our public services are high quality, continually improving, efficient and responsive to local people's needs					
Context		Outputs	Actions	Measurement	Protected Characteristics	General Duty	Lead Officer and Timescale
2.1	Consultation and Engagement	The experiences of marginalised or under-represented groups continue to inform decision-making	Through the partnership undertake a mapping exercise to identify marginalised and under-represented groups in Ayrshire.	A list of marginalised and under-represented groups to be developed and maintained	Disability, Gender Re-assignment, Race and Sexual Orientation	Advance equality of opportunity	Principal Manager – Planning and Performance
			Ensure processes are in place which welcome, encourage and support marginalised and under-represented groups to inform decision-making	Evidence inclusion of marginalised and under-represented groups in decision-making	Disability, Gender Re-assignment, Race and Sexual Orientation	Foster good relations	Principal Manager – Planning and Performance
			Explore joint approach for the commissioning of translation, interpretation and communication support (TICS) service	TICS usage reports Increased customer satisfaction	Disability and Race	Advance equality of opportunity	Principal Manager – Planning and Performance

			Locality Planning Forums will engage with local communities and services to identify locality specific priorities	Feedback gathered from engagement and consultation events	All	Foster good relations	Principal Manager – Planning and Performance
			Former/current service users will be trained as Peer researchers to gather qualitative views of current service users.	Number of peer researchers developed Number of research projects/consultations undertaken	All	Advance equality of opportunity	Principal Manager – Planning and Performance
			Grow our Social Media presence as a tool to engage with local people	Number of followers/imprints	All	Advance equality of opportunity	Principal Manager – Planning and Performance
2.2	Accessible and welcoming buildings and services	Trans people are not discriminated against when accessing our services	Ensure our public buildings and services are accessible and welcoming	Feedback from trans community Increased customer satisfaction	Gender Reassignment	Advance equality of opportunity	TBC
			Implement the recommendations made by the Scottish Transgender Alliance to improve the experience of Trans' people accessing Addiction Support Services	Number of recommendations implemented	Gender Reassignment	Advance equality of opportunity	Senior Manager Addictions

Equality Outcome 3		In Ayrshire people have opportunities to fulfil their potential throughout life					
National Outcomes		We realise our full economic potential with more and better employment opportunities for our people We are better educated, more skilled and more successful, renowned for our research and innovation Our young people are successful learners, confident individuals, effective contributors and responsible citizens Our children have the best start in life and are ready to succeed We live longer, healthier lives					
Context		Outputs	Actions	Measurement	Protected Characteristics	General Duty	Lead Officer and Timescale
3.1	Less than 2% of all Modern Apprenticeships in Scotland are taken by Black and Minority Ethnic (BME) Communities although they form around 4% of the target population.	Increase the number of modern apprentices who are BME	Conduct audit of existing modern apprenticeships by protected characteristics	Baseline of number of BME modern apprentices in Ayrshire	Age, Race	Advance equality of opportunity	Senior Manager Intervention Services
			Work with internal and external stakeholders to promote uptake across protected characteristic groups	Increase in BME modern apprentices	Age, Race	Advance equality of opportunity	Senior Manager Intervention Services
	Less than 0.5% of all Modern Apprenticeship placements are taken by someone with a declared disability. Around 8% of the target population (16-24) is disabled.	Increase the number of modern apprentices who have a disability	Conduct audit of existing modern apprenticeships by protected characteristics	Baseline of number of disabled modern apprentices in Ayrshire	Age, Disability	Advance equality of opportunity	Senior Manager Intervention Services
			Work with internal and external stakeholders to promote uptake across protected characteristic groups	Increase in modern apprentices who have a disability	Age, Disability	Advance equality of opportunity	Senior Manager Intervention Services

3.2	Evidence about non-traditional roles	Increased no of people in non-traditional gender roles including modern apprenticeships	Conduct an audit of existing modern apprenticeships roles by gender	Baseline of number of modern apprenticeship roles by sex in Ayrshire	Age, Sex	Advance equality of opportunity	Senior Manager Intervention Services
			Work with internal and external stakeholders to promote uptake across protected characteristic groups	Increase in non-traditional roles by both sexes	Age, Sex	Advance equality of opportunity	Senior Manager Intervention Services
3.3	Employability	More people are ready and confident for work	Support formerly cared for young people to access Employment, Education or Training.	% of formerly looked after young people in EET Number of those completing AAs going onto positive destination	Age, Disability	Advance equality of opportunity	Senior Manager Intervention Services
			Provide employability support to parents of Early Years children	Review of implementation of programme	Age, Disability, Pregnancy and Maternity	Advance equality of opportunity	GIRFEC Manager
			Implement the 'Family Firm' programme to provide employability support to young people 15+	Review of implementation of programme	Age, Disability	Advance equality of opportunity	GIRFEC Manager

			Implement the Employability and Skills element of the 'Care Leavers Covenant'	Review of implementation of programme	Age, Disability	Advance equality of opportunity	GIRFEC Manager
			Review and development of job coaching services for those with a Learning Disability or with Mental Health concerns.	Number of LD and MH service users accessing employment support activities	Disability	Advance equality of opportunity	Senior Manager Learning Disability Senior Manager Community Mental Health
3.4	Social Enterprise	Implementation of Social Enterprise Strategy	NAHSCP will deliver in partnership with NA CPP the NA Social Enterprise Strategy.	Number of new Social Enterprises	All	Advance equality of opportunity	Senior Development Officer
3.5	Promote Good Health and Well being	People are healthier for longer and have a greater knowledge of their own health and wellbeing	Work with partners to promote healthy and active lifestyles	TBC	All	Advance equality of opportunity	Principal Manager – Planning and Performance
			Provide greater access to information about health and wellbeing	Growth of CareNA	All	Advance equality of opportunity	Principal Manager – Planning and Performance
			Improved signposting to appropriate services and facilities	Hits on CareNA Sign posting by Community Connectors	All	Advance equality of opportunity Fostering good relations	Principal Manager – Planning and Performance

Equality Outcome 4		In Ayrshire public bodies will be inclusive and diverse employers					
National Outcomes		We realise our full economic potential with more and better employment opportunities for our people We are better educated, more skilled and more successful, renowned for our research and innovation					
Context		Outputs	Actions	Measurement	Protected Characteristics	General Duty	Lead Officer and Timescale
4.1	Recruitment Practices	Public bodies have a diverse workforce reflective of the local population	Use alternative opportunities for advertising posts	More diverse applications for posts within the public sector	All	Eliminate unlawful discrimination Advance equality of opportunity	<i>Led by parent organisations</i>
			Achieve and maintain Level 2 of the Disability Confident Scheme	Level 2 award achieved and maintained	Disability	Advance equality of opportunity Foster good relations	<i>Led by parent organisations</i>
			Progress work to achieve level 3 of the Disability Confident Scheme	Level 3 award achieved	Disability	Advance equality of opportunity Foster good relations	<i>Led by parent organisations</i>
4.2	Training programmes / awareness sessions on general equality and specific equality themes	A better educated workforce to support equality inclusiveness	Partners working together to develop and provide a range of training and awareness sessions around Equality and Diversity issues.	Training programmes developed Training programmes delivered Number of staff trained	All	Foster good relations	Senior Manager Practice and Policy