

## **Integration Joint Board Meeting**



**Thursday, 21 November 2019 at 10:00**

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

**1 Apologies**

**2 Declarations of Interest**

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

**3 Minutes/Action Note**

The accuracy of the Minutes of the meeting held on 24 October 2019 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.

**Quality and Performance**

**4 Director's Report**

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

**5 Chief Social Work Officer Annual Report**

Submit report by David MacRitchie, Chief Social Work Officer on the Annual Report of the Chief Social Work Officer (copy enclosed).

**Strategy and Policy**

**6 Co-creating Libraries for Health and Well-Being**

Submit report by Michelle Sutherland, Partnership Facilitator and Alison McAllister, Library and Information Service Manager on building the role of libraries into the emerging locality multi-disciplinary partnership teams (copy enclosed).

**7 Health and Social Care Clinical and Care Governance Group Update**

Submit report by David Thomson, Associate Nurse Director on an update and overview of governance activity for the period February 2019 - August 2019 (copy enclosed).

**Budget**

**8 Financial Monitoring Report - Period 6**

Submit report by Caroline Cameron, Chief Finance and Transformation Officer on the Health and Social Care Partnership's financial performance to September 2019 (copy enclosed).

**Minutes of Meetings for Discussion**

**9 Strategic Planning Group Minutes**

Submit the Minutes of the Strategic Planning Group meeting held on 2 October 2019 (copy enclosed).

**10 Urgent Items**

Any other items which the Chair considers to be urgent.

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# Integration Joint Board

## Sederunt

## Voting Members

Councillor Robert Foster (Chair)  
Bob Martin (Vice-Chair)

North Ayrshire Council  
NHS Ayrshire & Arran

Councillor Timothy Billings  
Jean Ford  
Councillor Anthea Dickson  
John Rainey  
Adrian Carragher  
Councillor John Sweeney

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

## Professional Advisors

Stephen Brown  
Caroline Cameron  
Dr. Paul Kerr  
David MacRitchie  
Dr. Calum Morrison  
Alistair Reid  
David Thomson  
Dr Louise Wilson

Director North Ayrshire Health and Social Care  
Chief Finance and Transformation Officer  
Clinical Director  
Chief Social Work Officer – North Ayrshire  
Acute Services Representative  
Lead Allied Health Professional Adviser  
Associate Nurse Director/IJB Lead Nurse  
GP Representative

## Stakeholder Representatives

David Donaghey  
Louise McDaid  
Marie McWaters  
Graham Searle  
Sam Falconer  
Fiona Thomson  
Clive Shephard  
Nigel Wanless  
Val Allen  
Vicki Yuill  
Vacancy  
Janet McKay

Staff Representative – NHS Ayrshire and Arran  
Staff Representative – North Ayrshire  
Carers Representative  
Carers Representative (Depute for Marie McWaters)  
(Chair) IJB Kilwinning Locality Forum  
Service User Representative  
Service User Rep (Depute for Fiona Thomson)  
Independent Sector Representative  
Independent Sector Rep (Depute for Nigel Wanless)  
Third Sector Representative  
(Chair) IJB Irvine Locality Forum  
(Chair) Garnock Valley Locality Forum



**North Ayrshire Health and Social Care Partnership**  
**Minute of Integration Joint Board meeting held on**  
**Thursday 24 October 2019 at 10.00 a.m.**

**Present**

Councillor Robert Foster, North Ayrshire Council (Chair)  
Bob Martin, NHS Ayrshire and Arran (Vice-Chair)  
Adrian Carragher, NHS Ayrshire and Arran  
Councillor Anthea Dickson, North Ayrshire Council  
Jean Ford, NHS Ayrshire and Arran  
Councillor John Sweeney, North Ayrshire Council

Stephen Brown, Director of Health and Social Care Partnership  
Caroline Cameron, Chief Finance and Transformation Officer  
Dr Paul Kerr, Clinical Director  
Alistair Reid, Lead Allied Health Professional Adviser  
David Thomson, Associate Nurse Director/IJB Lead Nurse  
Dr. Louise Wilson, GP Representative

David Donaghey, Staff Representative (NHS Ayrshire and Arran)  
Louise McDaid, Staff Representative (North Ayrshire Council)  
Marie McWaters, Carers Representative  
Graham Searle, Carers Representative (Depute for Marie McWaters)  
Nigel Wanless, Independent Sector Representative  
Val Allen, Independent Sector Representative  
Vicki Yuill, Third Sector Representative  
Janet McKay, Chair, Garnock Valley HSCP Locality Forum

**In Attendance**

Thelma Bowers, Head of Mental Health  
Alison Sutherland, Head of Service (Children, Families and Criminal Justice)  
Eleanor Currie, Principal Manager (Finance)  
Michelle Sutherland, Partnership Facilitator  
Isabel Marr, Senior Manager (Long Term Conditions)  
Paul Main, Independent Chair, Alcohol and Drug Partnership  
Angela Little, Committee Services Officer

**Apologies for Absence**

Councillor Timothy Billings, North Ayrshire Council  
John Rainey, NHS Ayrshire and Arran  
David MacRitchie, Chief Social Work Officer

## **1. Apologies**

Apologies were noted.

## **2. Declarations of Interest**

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

## **3. Minutes/Action Note**

The accuracy of the Minute of the meeting held on 29 August 2019 was confirmed and the Minute signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

### **3.1 Matters Arising**

The Board noted that (a) an update on the Veterans First Point Service will be provided to the next meeting; and (b) all other matters arising are on track for completion by the appropriate timescales.

## **4. Director's Report**

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

The report provided an update on the following areas:-

- Draft Carers' Strategic Policy Statement Consultation;
- Call for Evidence: Independent Review into the Delivery of Forensic Mental Health Services;
- Named Person Service;
- Health and Care Experience Survey 2019/20;
- Prevention, Early Intervention and Recovery Service;
- New App for Addiction Services;
- 16 days of Action Campaign;
- North Ayrshire Child Protection Committee Newsletter – 1<sup>st</sup> Issue; and
- Thinking Differently, Doing Better Experience.

The Board agreed (a) that the North Ayrshire Drug and Alcohol Recovery Service investigate the issues around downloading the new App; and (b) to note the ongoing developments within the North Ayrshire Health and Social Care Partnership.

## **5. Alcohol and Drug Partnership Annual Report**

Submitted report by Paul Main, Independent Chair (ADP) on the annual report submitted to the Scottish Government as part of local reporting arrangements with the Alcohol and Drug Partnership. The Annual Report was attached at Appendix 1 to the report and outlined financial commitments, specific areas of spend required by the Scottish Government, key priority areas and partnership working.

Members were advised that the Scottish Government had confirmed the £131,000 underspend could be carried forward to the next financial year.

Noted.

## **6. Alcohol and Drug Partnership Strategy**

Submitted report by Paul Main, Independent Chair (ADP) on the new Alcohol and Drug Partnership Strategy, attached at Appendix 1 to the report. Appendix 2 provided a summary of the Strategy, outlining the key areas of focus for the next five years.

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

- The addition of the Criminal Justice Ayrshire in the delivery group and strategic reporting arrangements diagram at P19 of the Strategy;
- Development of the Strategic Plan and five strategic priorities;
- Dundee Drugs Commission's 'Drug Use with Kindness, Compassion and Hope' report;
- Half of drug deaths in Scotland had no contact with services; and
- A review of all drug deaths that will be undertaken as part of the recommendations of the National Staying Alive in Scotland report.

The Board agreed to endorse the Alcohol and Drug Partnership Strategy for submission to the Community Planning Partnership Board for approval.

## **7. Preventing Drug Related Deaths: An Update**

Submitted report by Paul Main, Independent Chair, Alcohol and Drug Partnership (ADP) on the work of the North Ayrshire Drug Death Prevention Group (DDPG) and partner agencies to prevent drug related deaths in North Ayrshire.

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

- The increased roll out of the supply of Naloxone,
- Staff training on the distribution of Naloxone kits and the distribution of 220 kits in the last year;
- Prevention, education and early intervention that includes work by teachers and Campus officers in secondary schools
- Other addictions, such as gambling, that are not yet included in the work that is underway

The Board were provided with information on an addiction initiative on Arran that works with all members of the community funded by licensees and major alcohol providers

Noted.

## **8. North Ayrshire IJB Carer's Short Breaks Statement**

Submitted report by Kimberley Mroz, Project Manager on the Carer's short breaks Statement. The Short Breaks Statement was outlined at Appendix 1 to the report and set out information about short breaks, including what services are available for carers.

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

- Work that is being done to update all staff in respect of Carer Support Plans;
- the provision of services in line with resources and the waiting time for funds to be released;
- work that is being done on the processes that will require to be put in place;
- the unfilled Carers post that will be advertised shortly;
- attendance at primary and secondary school assemblies to talk to young people about what a young carer is; and
- guidance provided to Headteachers, pastoral and guidance staff to help young people complete a statement.

The Board agreed to (a) extend thanks to the Carers Advisory Group for their work on the Short Breaks Statement; and (b) approve the Carer's Short Breaks Statement.

## **9. Community Care Occupational Therapy Update**

Submitted report by Alistair Reid, Allied Health Professional and Helen McArthur, Principal Manager on the current waiting time for occupational therapy assessment and progress made to reduce the waiting times. An Action Plan Update was set out at Section 3 of the report and outlined a range of actions planned to improve the waiting time position.

The Board agreed to (a) approve the Action Plan Update; (b) note that a meeting to discuss equipment training and workload had been arranged; and (c) otherwise note the report.

## **10. Caring for Ayrshire: Project Initiation Document**

Submitted report by Stephen Brown, Director (NAHSCP) on the Project Initiation Document (PID) for the Caring for Ayrshire Programme, Appendix 1 to the report set out the PID, outlining the key phases and stages, delivery methodologies, key milestones, communication activity and recommended governance and managements structure for a whole system health and care service redesign

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

- NHS Ayrshire & Arran and the three Ayrshire IJBs are the first to present a vision for a whole system redesign approach to the Scottish Government;
- funding by the Scottish Government to commence the initial stages of Caring for Ayrshire;



- the lifespan of existing Ayrshire hospitals and the requirement for appropriate infrastructure within the community to allow for the redesign of health and care services;
- presentation of the Caring for Ayrshire PID to South and East IJBs; and
- engagement that will take place with staff and the community

The Board agreed to approve (a) the Caring for Ayrshire Programme PID; and (b) the governance structure and supporting processes outlined in the PID.

## **11. Enhanced Intermediate Care and Rehabilitation Services**

Submitted report by Alistair Reid, Lead Allied Health Professional Adviser on progress in implementing the enhanced model for Intermediate Care and Rehabilitation. The report detailed the model which supports people at different stages of their recovery and links up and builds on existing intermediate care and rehabilitation services, reducing duplication and fragmentation of services across Ayrshire and Arran.

Members asked questions and were provided with further information in relation to increased costs to the IJB that are expected to be funded by acute hospital savings.

The Board agreed to (a) note (i) the progress made in implementing the enhanced model for Intermediate Care and Rehabilitation in North Ayrshire; (ii) the financial implications of funding the service for the remainder of 2019/20; and (b) consider the funding required to sustain the model on a longer-term basis as part of the budget planning for next year.

## **12. Reserves Policy**

Submitted report by Caroline Cameron, Chief Finance and Transformation Officer on the updated Partnership Reserves Policy, attached at Appendix 1 to the report. It outlined the purpose of the policy, the statutory and regulatory framework for reserves, the operation of reserves, the role of the Chief Finance Officer, the adequacy of reserves, the reporting framework and accounting and disclosure.

The Board agreed to approve the Reserves Policy, as set in Appendix 1 to the report.

## **13. Budget Monitoring Report – August 2019**

Submitted report by Caroline Cameron, Chief Finance and Transformation Officer on the projected year-end outturn for the financial year as at August 2019, including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery and actions required to work towards financial balance.

Appendix A to the report provided the financial overview of the partnership position, with detailed analysis provided in Appendix B. Details of the savings plan were provided at Appendix C. Appendix D outlined the financial recovery plan to bring overall service delivery back into line with the available resource and Appendix E highlighted the movement in the overall budget position for the partnership and budget reductions requiring approval.

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

- maximising the capacity of care home placements; and
- the management of permanent placements to bring the budget back into line.

The Board agreed to (a) note the projected year-end overspend of £2.308m; (b) approve the changes in funding as detailed in Section 2.11 and Appendix E of the report; and (d) note the potential impact of the Lead Partnerships.

The Meeting ended at 11.35 a.m.

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## North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 24 October 2019

No.	Agenda Item	Date of Meeting	Action	Status	Status Date	Officer
1.	Veterans First Point (V1P) Service	21/3/19	That an update report on the long-term sustainability plan be submitted to the IJB Meeting on 29 August 2019.	Ongoing – plan to report to the November meeting	November 2019	Thelma Bowers
2.	Ministerial Strategic Group Review of Progress with integration of Health and Social Care: Self-Evaluation	16/5/19	That an overall progress update be submitted to a future meeting in 2019.	Ongoing – plan to report to the December meeting	December 2019	Caroline Whyte
3.	Community Alarm/Telecare Services Transition from Analogue to Digital	26/9/19	That an update report on progress be submitted to a future meeting.	Ongoing	TBC	Helen McArthur

**Integration Joint Board**  
**21st November 2019**


**Subject:** **Director's Report**

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

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

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.
<b>2.</b>	<b>CURRENT POSITION</b>
	<b><u>National Developments</u></b>
2.1	<b><u>Health and Social Care Scotland 2<sup>nd</sup> Annual Conference</u></b>
	Health and Social Care Scotland (HSCS) will host their 2 <sup>nd</sup> Annual Conference "Collaboration, Compassion and Ambition" on 4 <sup>th</sup> December 2019 at the Grand Central Hotel, Glasgow.
	Each Health & Social Care Partnership were asked to submit a workshop proposal and NAHSCP were successful with our submission on Wellbeing and Recovery.
	<b><u>Ayrshire Wide Developments</u></b>
2.2	<b><u>Home Fire Safety Visits</u></b>
	To reduce the risk of fire fatalities in the home, fire safety should be considered as part of the process when assessing people in their own homes. If anyone within the home has reduced mobility or there are specific concerns over fire hazard, for example lots of flammable materials being stored or dangers from smoking in some home situations, then a referral to the Scottish Fire and Rescue Service should be considered.
	Staff can make a referral for a Home Fire Safety Visit for anyone they think would benefit from one, and can do so by accessing the link below :-

	<a href="#">HFSV Link</a>
	Staff will also be asked to consider whether a question about fire safety and the need for a referral for a Home Fire Safety Visit would be appropriate to include in any assessments being completed. The Scottish Fire and Rescue Service can provide access to e-learning and face to face learning about fire safety for staff.
	<b><u>North Ayrshire Developments</u></b>
2.3	<u>Communication and Engagement Officer</u>
	The partnership recently welcomed Nicola Teager, our new Communication and Engagement Officer to the partnership.
2.4	<u>Staff Partnership Awards</u>
	 <p>Nominations for the North Ayrshire Health and Social Care Partnership Awards are now open. The Partnership Staff Awards are the best way to show appreciation for the day-to-day wonderful work that colleagues or volunteers do. Nominating an inspiring individual or tremendous team is a special way to say thanks. The categories and the guidance to complete the nomination form and sing the praises of the team or individual here:</p> <p><a href="https://www.smartsurvey.co.uk/s/NAHSCPawards2019/">https://www.smartsurvey.co.uk/s/NAHSCPawards2019/</a></p> <p>Please contact <a href="mailto:LaurenMcMillan@north-ayrshire.gov.uk">LaurenMcMillan@north-ayrshire.gov.uk</a> if you would like a hard copy of the nomination form.</p>
2.5	<u>Dementia Workshop</u>
	The Life Changes Trust has organised a workshop on <b>Wednesday 27<sup>th</sup> November 2019</b> from 11 am to 12.45 pm in Fullarton Connexions, Church Street, Irvine KA12 8PE.
	The workshop will offer professionals who work with people who have dementia or people with dementia and carers an opportunity to share and discuss their experiences, in a safe space to talk. Support will be provided by workshop leaders from the Village Storytelling Centre.
	Over the course of the workshop professionals will be invited to get to know each other through swapping stories, listen to traditional tales that might have something to say about care and community and create a collective story through a series of carefully guided exercises that expresses some of the challenges of living with dementia and some of the solutions that could improve people's lives.
	Discussions from the workshop will be used to influence the Trust's Community and Dementia Conference being held at Ayr Racecourse on 28 <sup>th</sup> November 2019. To reserve a place please contact Anne Miller on 1041 212 9615 or email <a href="mailto:anne.miller@lifechangestrust.org.uk">anne.miller@lifechangestrust.org.uk</a>
2.6	<u>Thinking Different, Doing Better Update</u>

Over the past few weeks, the Thinking Different, Doing Better staff experience has welcomed some additional guests over the door. As well as the usual six staff sessions, two community sessions and 25 students from Kilwinning College came along. Their enthusiasm was, according to our hosts on the day, inspiring and overwhelming.

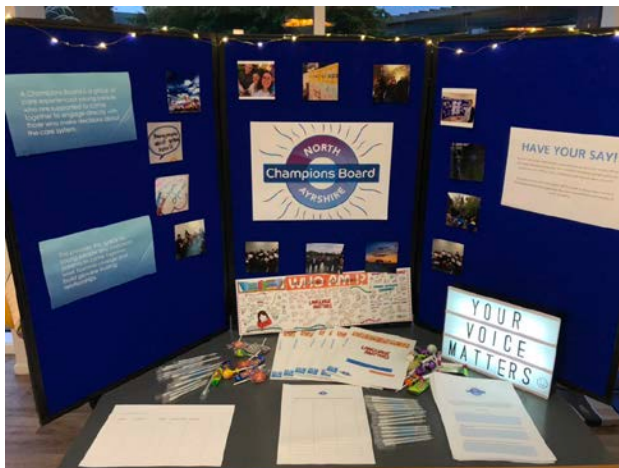


As well as all of our staff, we are hoping to speak with as many North Ayrshire residents as possible about health and social care issues, priorities, challenges and how we all work together to improve the health and wellbeing of our population.


The initial community and college sessions have been overwhelmingly positive with people responding very well to the experience and engaging in rich conversations that will help inform how we shape and improve our services. The first few community sessions have involved a truly diverse mix of people from seniors' forums to ramblers' groups, church groups and even members of staff from the Maritime Museum.

## 2.7 National Care Leavers' Week

North Ayrshire HSCP jointly hosted a celebration event with Kilwinning College on Tuesday 22<sup>nd</sup> October from 5.30-8pm, to celebrate the successes of our care leavers.





2.8	<u>HSCP Engagement Events</u>
	<p>The Partnership has been implementing its new approach to participation and engagement, building on the learning from the last strategic plan engagement process. To ensure that communities are recognised as key partners and assets; the partnership has been capturing communities' strengths, their knowledge, skills and lived experience of the issues they encounter, by going to communities and groups in their localities.</p>
	<p>This strengths-based approach working in partnership with Locality Planning Forums and Community Planning Partnerships seeks to:</p> <ul style="list-style-type: none"> <li>• Establish the existing strengths, skills and services within a locality, identifying service deficits and major health &amp; social care issues.</li> <li>• Engage staff, partners and communities in a strategic participatory approach that affect them and their communities by recognising that evolving health &amp; social care outcomes of diverse communities will be achieved through co-production and redressing the fixed mind-set of public service delivery only.</li> <li>• Empower the membership of the Locality Planning Forum/s to undertake Public Engagement using innovation and creativity to remove barriers and enhance participation levels using new approaches.</li> </ul>
	<p>A capacity building and visioning session is held before each event with target groups to ensure the approaches are appropriate and co-produced. The Partnership now uses a wider range of methods to ensure effective participation and engagement which includes Chit Chats, Breakfast Blethers, Discussion Dinners, Nominal groupwork Technique, Snowballing, Mini Publics, Pop up surgeries, World cafes' and Treasure hunts. Communities have also been invited to attend 'Thinking Differently, Doing Better' and their feedback has been very positive.</p>
	<div>TABLE TOP DISCUSSION</div> <div>CO-PRODUCTION</div>
	

	MARKET STALL	CHIT CHAT SESSIONS
		

<b>3.</b>	<b>PROPOSALS</b>
3.1	<b><u>Anticipated Outcomes</u></b>
	Not applicable.
3.2	<b><u>Measuring Impact</u></b>
	Not applicable
<b>4.</b>	<b>IMPLICATIONS</b>

<b>Financial:</b>	None
<b>Human Resources:</b>	None
<b>Legal:</b>	None
<b>Equality:</b>	None
<b>Children and Young People</b>	None
<b>Environmental &amp; Sustainability:</b>	None
<b>Key Priorities:</b>	N/A
<b>Risk Implications:</b>	N/A
<b>Community Benefits:</b>	N/A

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

<b>5.</b>	<b>CONSULTATION</b>
5.1	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of consultation.



6.	<b>CONCLUSION</b>
6.1	Members of IJB are asked to note the ongoing developments within the North Ayrshire Health and Social Care Partnership.

**For more information please contact Stephen Brown, Director/Chief Officer on 01294 317723 or [sbrown@north-ayrshire.gov.uk](mailto:sbrown@north-ayrshire.gov.uk)**

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**Integration Joint Board**  
**21 November 2019**  
**Agenda Item**

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**Subject:** **Chief Social Work Officer Annual Report**

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**Purpose:** To provide the report of the Chief Social Work Officer to the Integration Joint Board (IJB) as required by the Scottish Government's Guidance.

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**Recommendation:** That the IJB note and endorse the report set out at Appendix 1.

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**1. EXECUTIVE SUMMARY**

- 1.1 There is a requirement for every Local Authority to appoint a professionally qualified Chief Social Work Officer (CSWO) and this is contained within Section 3 of the Social Work (Scotland) Act 1968 as amended by Section 45 of the Local Government etc. (Scotland) Act 1994.
- 1.2 In line with the legislation and guidance, the CSWO is required to prepare an annual report for the Council, on all statutory, governance and leadership functions of their CSWO role.
- 1.3 Given all social work and social care functions have been formally delegated to the Integrated Joint Board, it is vital that the Board is sighted on the CSWO annual report and is aware of the key issues.
- 1.4 This is the tenth annual report covering the period of April 2018 to March 2019. It is attached as Appendix 1.

**2. BACKGROUND**

- 2.1 In 2014, the Office of the Chief Social Work Adviser, following consultation with CSWOs across Scotland, SOLACE, the then ADSW and others, identified a more standardised approach to prepare the annual reports.
- 2.2 The report provides an overview by the CSWO of the partnership structures, robust governance arrangements and the performance of social services in the context of the demographic landscape of North Ayrshire and the delivery of Social Services. It looks more closely at the statutory functions of the service and the quality and workforce development within our services. The report is also forward looking, reviewing the preparation for key legislative changes that will impact on our delivery and reviewing the key challenges the service will be facing in the forthcoming year.

2.3 The report highlights the range of Social Work activity throughout the year and places that in the context of the socioeconomic challenges faced locally. Of particular note, the following three areas should be highlighted:

- The most recent SIMD figures (2016) show a worsening position in North Ayrshire in the domains of Income, Employment, Education and Housing. All of these domains are likely to impact on the demands for Social Work interventions and this appears to be borne out particularly in relation to increased Adult and Child Protection activity, Mental Health, Disabilities and Destitution presentations. There are significant challenges due to a combination of the financial pressures, demographic change and the cost of implementing new legislation and policy.
- The Audit Scotland Report of 2016 on 'Social Work in Scotland' concluded that *"Current approaches to delivering Social Work Services will not be sustainable in the long term. There are risks that reducing costs further could affect the quality of services. Councils and Integration Joint Boards (IJBs) need to work with the Scottish Government, which sets the overall strategy for Social Work across Scotland, to make fundamental decisions about how they provide services in the future. They need to work more closely with service providers, people who use Social Work Services and carers to commission services in a way that makes best use of resources and expertise available locally. They also need to build communities' capacity to better support vulnerable people to live independently in their own homes and communities"*.
- The new Health and Social Care Partnership structures create possibilities to take a whole system approach to delivery of services and the Social Work role and function within this environment will remain a vital one if these possibilities are to be realised. Throughout this annual report, examples are given of new and innovative approaches to the delivery of Social Work Services.

### 3. PROPOSALS

3.1 It is proposed that the IJB note the key themes and challenges detailed in the report and that it endorses the report as set out in Appendix 1. The report highlights the role of social work in helping the Partnership achieve its five priorities. Examples from the report that I would like to highlight are as follows:

1. We cannot underestimate the impact of poverty and Welfare Reform on the lives of people in North Ayrshire. In addressing the priority of "Tackling Inequalities" the important role of Money Matters should be highlighted. The team generated over £9.5M in benefits for service users in the last year.
2. In addressing the priority of "Engaging Communities" the work we have done to assist and inform the Scottish Independent Care Review and our progress in suicide prevention should be noted.
3. Our commitment to the priority of "Early Intervention and Prevention" has had an impact on our child protection services and the number of children placed on our Child Protection Register. Our Universal Early Years team is identifying needs and risks earlier and the implementation of the National Health Visitor Pathway has assisted greatly in this.
4. An example of our work towards the priority of "Improving Mental Health and Wellbeing" is seen in our employment of four Recovery Development Workers who all have lived experience in working with peers in their recovery journey.

5. The Health and Social Care Partnership is fully focused on the priority of “Bringing Services Together” and this is evidenced in our Localities model for children’s services, which builds teams around the child and in adult services, by the creation of multi-disciplinary teams around Primary Care.

6. Our workforce is our most important resource and it is essential that staff are skilled, committed, trained and supported to provide the best possible health and social care services to the people of North Ayrshire. A recent interactive experiential learning initiative that has had a particularly positive impact on staff and others has been the “Thinking Different Doing Better” experience. This has been designed in partnership with various community groups, businesses, volunteers, our third and independent sector partners and staff working across the Health and Social Care Partnership. The purpose of the experience, which is open to the public, is to inspire us to think differently about health and care, with a particular focus on our assets.

### 3.2 **Anticipated Outcomes**

That the IJB and the Scottish Government are made aware of the positive impact of Social Work Services in North Ayrshire as well as the significant challenges that are being faced.

### 3.3 **Measuring Impact**

Impact will be measured in terms of the direction and support to continue to transform the delivery of Social Work Services.

## 4. **IMPLICATIONS**

Current models of delivering Social Work Services will change.

<b>Financial :</b>	There are none.
<b>Human Resources :</b>	There are none.
<b>Legal :</b>	There are none.
<b>Equality :</b>	There are none.
<b>Environmental &amp; Sustainability :</b>	There are none.
<b>Key Priorities :</b>	This report covers matters which contribute to the key priorities around vulnerable children and adults within the North Ayrshire IJB Strategic Plan.
<b>Risk Implications :</b>	There are risks that reducing costs further could affect the quality of services.
<b>Community Benefits :</b>	Anticipated greater community and service user involvement in the design, commissioning and reviewing of Social Work Services.

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

## **5. CONSULTATION**

- 5.1 Members of the Extended Partnership Senior Management Team across the partnership have been consulted on this report.

## **6. CONCLUSION**

- 6.1 The CSWO Annual Report sets out, for the IJB, the extent of the delivery of Social Services in North Ayrshire and summarises significant aspects of performance in relation to the statutory interventions carried out by the Registered Social Worker and Care Services delivered on behalf of the Local Authority.

**For more information please contact David MacRitchie, Chief Social Work Officer, on 01294 317781.**

# Chief Social Work Officer Report

## 2018–19



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## Introduction

In April 2015, Integration Joint Boards were established and Health and Social Care Partnerships (HSCPs) formed across Scotland. All Local Authority Social Work responsibilities were delegated by North Ayrshire Council to the North Ayrshire Integration Joint Board (IJB) which was fully established in 2015 by the Public (Joint Working) (Scotland) Act 2014 with responsibility for the strategic, operation and financial oversight of the North Ayrshire Health and Social Care Partnership (NAHSCP). The appointment of Chief Social Work Officer (CSWO) is not delegated to the IJB. I was appointed to the role in March 2017, having had a period as Interim CSWO and, before that, acting as Deputy for three years. My post within NAHSCP is as Senior Manager for Justice Services.

The NAHSCP is one of the three Ayrshire partnerships formed with the NHS Ayrshire and Arran and has lead Partnership responsibility for Mental Health and Learning Disability Services as well as Child Health Services.

In 2018 the NAHSCP published its second strategic plan. This plan was created in partnership with third and independent sector colleagues, public health, community planning partners, local communities and, most importantly, people who use our services.

Through our public consultation, we asked if people agreed with the Partnership's vision and the five identified priorities. Following this engagement, we still believe these priorities are the right ones to improve services and, most importantly, to improve health and wellbeing for everyone in our local communities.

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

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

Evidence of our progress in working towards these priorities is captured within the body of the report.



# 1 Key challenges, developments and improvements during 2018/19

In reviewing the content of this report, there are many areas where I can highlight the contribution and at times, leading role, of our social work teams in supporting NAHSCP in taking forward a significant change agenda. These are:

- Innovation within services – with many examples of social work teams working together more efficiently to care for service users. Such as the joint working between Money Matters and Service Access.
- Ongoing Service User Involvement – with a range of meaningful consultation exercises being undertaken over the last year. These exercises helped inform both strategic level documents and the individual care that a service user receives.
- Integration – Following the integration of addiction services, there has been significant progress in undertaking a similar process for our Mental Health and Learning Disabilities Teams.
- Peers – with the North Ayrshire Drug and Alcohol Recovery Service employing Recovery Development Workers. This is in line with the [North Ayrshire Health and Social Care Partnership Strategic Plan](#).
- Carers – with numerous activities being undertaken to develop and support the carer role within North Ayrshire. With North Ayrshire being the first Local Authority or Partnership to introduce an online resource for carers.
- Our registered services continue to be of high quality, as evidenced by many of registered services receiving and maintaining high grades from the Care Inspectorate. As at 31<sup>st</sup> March 2019 all but one of NAHSCP inspected services received a grade 4 or above.

We have increasing demands for social care services, in the main linked to our population changes. These are: increasing number of older people – with multi morbidity, rising number of children born with lifelong disabilities and increasing complexity thereby making demands on services. Other challenges are with balancing systemic issues when operating with two different large organisations and their process.

- HR and System issues providing a barrier to Integration – Although some of our teams have either successfully integrated, or are in the process of integrating, both sets of workers are still operating under different terms and conditions and working on different information systems. Until these issues are resolved full integration will not be achieved.
- System wide pressures – Demand and complexity across services remains high. For example, the Children with Disabilities team battles with both increasing numbers of referrals and levels of complexity. Financial and staffing pressures are also evident across the social work learning disability team.

## 2 Partnership structures/Governance arrangements

Previously, the CSWO was normally the Director of Social Services, a convergence of roles that was widely recognised as being the most straightforward way in which the requirements of the Scottish Government's guidance on this role could be met. The post is one of professional leadership and accountability but should assist authorities in understanding the complexities of social work service delivery and the role that social work plays in contributing to the achievement of local and national priorities and outcomes. The post provides professional advice to local authorities, elected members and officers in the authority's provision of social work services.

Since the advent of HSCPs, the role of the CSWO has become more complex, given the diversity of governance and accountability structures. The responsibility for the operation of social work services was devolved to the IJB and in recognition of the continued importance of this role, the CSWO is a standing member of the IJB as one of the professional advisors.

Currently, the establishment of professional boundaries and clarity within partnership roles is proving to be challenging. Health colleagues require advice from the CSWO in terms of their role, remit and responsibility for the social work tasks undertaken within their integrated teams. Conversely, social workers, rightly demand the support and clarity provided by their lead professional. This has resulted in increasing demands on the time of the CSWO, with difficulties experienced in balancing the role and responsibilities of the CSWO with those of being a Senior Manager within the NAHSCP.

Within NAHSCP, I am a member of the Partnership Senior Management Team (PSMT) alongside Heads of Service, Principal Managers and other professional leads for health disciplines. The PSMT meets on a weekly basis. Out-with these meetings, I meet regularly with the NAHSCP Director and Heads of Service and contribute fully to any matters relating to social work quality and performance.



Attendance at forums of the local authority and Community Planning Partnership (CPP), which would previously have been fulfilled by the Director of Social Services (also then CSWO), are now fulfilled by the Director of NAHSCP. It is through regular meetings with the Chief Executive, to whom I am directly accountable, as well as within NAHSCP that communication and consultation is managed allowing me to deliver effectively the functions of the CSWO in North Ayrshire.

Partnership working is the key to the delivery of social services against local and national outcomes. The CPP 'Fair for All Strategy' delivers the Local Outcomes Improvement Plan 2017–2022. This identifies four priorities, all required to build stronger communities for the people of North Ayrshire to live safely, in better health,

without poverty, and by giving our children and young people an opportunity to have the best start in life.



As CSWO, I sit on several steering groups and strategic partnership forums that look to deliver on the CPP's priorities.

The Children's Services Strategic Partnership has overseen the Improving Children's Outcomes agenda and is responsible for the strategic direction of children's services across North Ayrshire. Our Children's Services Plan 2016–20 makes promises to the children of North Ayrshire and we are meeting those promises through partnership working and the development of supporting strategies and actions to realise the intended outcomes.

The Corporate Parenting Strategy places responsibility on partners for working together to meet the needs of looked after children and young people.

I am an advisor to North Ayrshire's Chief Officers' Group for Child and Public Protection and am a member of the Child and Adult Protection Committees. I am also a member of the Multi Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group. In this way, a comprehensive overview is maintained of all issues relating to public protection and of risk management arrangements across North Ayrshire.

As lead officer for social work in NAHSCP, I chair a monthly Social Work Governance Board that focuses on the quality and support required by our social work staff, both registered and non-registered to ensure we deliver effectively to the people in North Ayrshire. The onset of partnerships has seen this governance board sit amongst one of many that have been set up to establish necessary accountability in the health professions. As health and social care services have become integrated, it is important to maintain a forum in which the professional integrity of a discipline is a key focus. However, it is equally important to have mechanisms by which learning can be shared and scrutiny robustly delivered on any cross-cutting issues. I am currently working with the other lead professionals to establish these processes. The Clinical Care and Governance Board is the overarching governance group to which all other governance groups report.

### 3 Social Services delivery landscape

North Ayrshire has a population of 135,280 living across a mixture of town and rural communities on the mainland and two island communities, Arran and Cumbrae.

In North Ayrshire, 39% of residents live in 20% of the most deprived areas of Scotland, the fourth highest incidence of deprivation in Scotland; a third of our children live in poverty, a situation second only to Glasgow. Deprivation is directly linked to a higher prevalence of complex individual problems such as mental ill health, increased drug and alcohol problems, criminality, lower life expectancy, illness in later life and poorer outcomes for children.

Social Services provision in North Ayrshire is a mix of in-house services and those commissioned from the third and independent sections. Our partners in the independent and voluntary sectors make a valuable contribution to health and social care provision in North Ayrshire. Services commissioned by the Council are subject to North Ayrshire Health and Social Care Contract Management Framework which places the interest of services and carers at the heart of decision making and focusses on joint working and adopting positive, open relationships.

Several provider forums have developed over recent years in response to the desire amongst the independent, public and third sectors to work together to develop and provide high quality, responsive health and social care services. The main forum in operation is the North Ayrshire Health and Social Care Providers Forum which meets quarterly, and its remit is to discuss any matter relating to the development of delivery of care and support services in North Ayrshire. Several service specific forums are also in operation. Details, including feedback from delegates who attend forums, can be found at NA HSCP website in the [Our work with providers section](#).

Procurement of services can be a lengthy and protracted process in order to meet all legislative requirements. The complexity of procuring the right service in social services can have a serious impact on the quality of life and health of people who use these services and their carers. We have worked with our partners to design a Service Delivery Options Framework which provides details of the pros and cons of procurement options available when considering service design.

The Arran Service Review in 2017 has resulted in the proposed development of a Health and Social Care HUB. This requires the rationalisation and modernisation of several buildings within the Arran estate. Development of this has been through engagement with HUB South West and Healthcare planners to draw up an initial agreement for capital works. This agreement was approved by the Integrated Joint Board in June 2019. Next steps include presentation to NHS Board and submission to Scottish Government in late summer, early autumn, 2019.

In March of 2019, the Care Inspectorate and Healthcare Improvement Scotland produced a report on the effectiveness of strategic planning North Ayrshire Partnership. The results were as follows;

Quality Indicator 1: Key Performance Outcomes

1.1 Improvements in partnership performance in both healthcare and social care

Evaluation: Adequate

Quality Indicator 6: Policy development and plans to support improvement in service

6.1 Operational and strategic planning arrangements

6.5 Commissioning arrangements

Evaluation: Good

Quality Indicator 9: Leadership and direction that promotes partnership

9.1 Vision, values and culture across the partnership

9.2 Leadership of strategy and direction

Evaluation: Good

## 4 Resources

### Resources

In October 2018, the Scottish Government published the Medium-Term Health and Social Care Financial Framework which sets out the future shape of Health and Social Care Demand and Expenditure. Within the report it outlined that the Institute of Fiscal Studies and Health Foundation reported that UK spending on healthcare would require to increase in real terms by an average of 3.3% per year over the next 15 years to maintain NHS provision at current levels, and that social care funding would require to increase by 3.9% per year to meet the needs of a population living longer and an increasing number of younger adults living with disabilities. The report recognised that despite additional planned investment in health and social care the system still needs to adapt and change.



The focus of the financial framework is on the main health and social care expenditure commitments, as set out below.

- Over the course of this parliament, baseline allocations to frontline health boards will be maintained in real terms, with additional funding over and above inflation being allocated to support the shift in the balance of care.
- Over the next five years, hospital expenditure will account for less than 50% of frontline NHS expenditure. This relates to the policy commitment to 'shift the balance of care', with a greater proportion of care provided in a setting close to a person's home rather than in a hospital.
- Funding for primary care will increase to 11% of the frontline NHS budget by 2021–22. This will amount to increased spending of £500 million, and about half of this growth will be invested directly into GP services. The remainder will be invested in primary care services provided in the community.
- The share of the frontline NHS budget dedicated to mental health, and to primary, community, and social care will increase in every year of the parliament. For adults, and in some cases for children, these services, along with unscheduled hospital care, are now managed by Integration Authorities.

Availability of funding for public services remains uncertain. The implementation of new policy initiatives and the lifting of the public sector pay cap has also impacted on the funding available for core services and the flexibility to use resources in line with local requirements.

Financial information is part of the performance management framework, with regular reporting of financial performance to the IJB. This includes an integrated approach to financial monitoring, reporting on progress with savings delivery, financial risks and any variations and changes to the delegated budget. There were significant financial challenges during the past year due to increasing demand for social care services, the

delivery of the transformation programme and associated savings. Despite this there was an improved financial position compared to 2017-18.

The main areas of pressure continue to be learning disability care packages, care home placements and residential placements for children. In general, these areas overspend due to this provision being demand led and subject to fluctuations throughout the year. These services are at times difficult to deliver within budget as some can be low volume but very high cost.

Although financial balance has not been delivered in previous years, significant progress has been made during 2018-19 to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2019-20. Key successes for 2018-19 include:

- Repayment of the outstanding debt to the Council has commenced with a substantial contribution of £0.668m to the outstanding debt.
- 2018-19 is the first year where the year-end IJB position has been accounted for in a truly integrated way with resource shifting from the NHS budget to offset Social Care pressures.
- Overall reported surplus allows for the earmarking and protection or ring fenced funding for Scottish Government priorities.

### **Challenge Fund**

North Ayrshire Council, during the 2017–18 budget setting process, approved the development of an innovative approach for the establishment of a £4m ‘Challenge Fund’. This ‘invest to save’ programme created an opportunity for services, using a change approach, to realise both required North Ayrshire Council savings and additional savings which could be re-invested into newly designed services.

These projects included placing social workers within a secondary school and a feeder primary school to support the schools in order to prevent children becoming subject to statutory measures or becoming accommodated. A review of this project after a year showed that no children had become subject to statutory measures, no children were accommodated and no children were involved in the child protection system.

The funding also allowed for additional reablement staff to be employed within care at home service, resulting in a lower level of support which prevented situations escalating to the point that increased packages of care or even residential care was required. A Learning Disability Review team was also established to review existing care package provision.

The projects which commenced in 2017–18 have completed during 2018–19 and, following evaluation, have either ceased or continued to be funded on a recurring basis by the savings made. Due to financial pressures in the partnership the £4m originally available for investment was reduced to £2m and with projects nearing completion there is now no separate funding out-with the baseline IJB budget to fund investment in similar transformational change programmes.

### **Moving Forward**

Strong financial leadership will continue to be required to ensure that future spend is contained within the available resources. This requires to be supported by a plan to deliver a balanced budget to safeguard against short-term mitigating actions to reduce expenditure, which when required can negatively impact on the outcomes of service users. The IJB move into the 2019-20 with an approved balanced budget supported by a transformational change plan.

In March 2017, the IJB approved the first Medium Term Financial Plan covering the period 2017-2020. This is being refreshed and will be presented to the IJB during 2019. The Partnership will continue to face high levels of demand for services, however, it is essential that services are commissioned within the resources made available building on the good progress during 2018-19. This will be a high priority during 2019–20. The transformation plans are aligned to the partnership's Strategic Plan priorities and delivery of the plan will continue to be monitored and progressed through the Partnership Transformation Board.

To achieve its vision, the Partnership recognises it cannot work in isolation. The Partnership will continue to strengthen relationships with colleagues within the Community Planning Partnership to ensure a joint approach to improving the lives of local people.

Most importantly, the Partnership must work closer with local people and maximise the use of existing assets within communities to improve the overall health and wellbeing.



## 5 Service quality and performance including delivery of statutory functions

### 5.1 Tackling inequalities

#### 5.1.1 *by addressing poverty*

**Money Matters** - Money Matters, throughout 2018 – 19, continued to tackle inequalities and poverty by ensuring service users received their legal entitlement to benefits. The team generated over £9.5m in benefits to service users. This included providing advice, assistance and representation at tribunals to 629 service users. From the cases which progressed to appeal, Money Matters achieved a 71% success rate resulting in service users receiving over £1.6m in benefits which they otherwise would not have received.

Money Matters also provide a helpdesk service which received 4387 enquires/referrals. Alongside these services, the team provide financial assessments for non-residential charges in community care packages, kinship care assessments and support to all HSCP teams and management.

#### 5.1.2 *by improving access to work*

**Justice Services** - Since September 2017, two Employability Mentors have been employed by the Unpaid Work team with the remit of working with all justice service users to provide support in working towards employment, which is recognised as a significant factor in helping to reduce re-offending. The process begins with an in-depth assessment of the service user's learning and skills needs and includes assistance in preparing CVs and identifying training relevant to the area of employment in which they have an interest.

A significant number of service users have undertaken training in CSCS (Construction Skills Certification Scheme), forklift driving, Health and Safety, Safety at Sea and Hospitality. Several service users have undertaken voluntary work which builds on their skills and experience in addition to adding to their CV and self-confidence. Some of the hours spent addressing employability count towards 'other activity' as part of the Unpaid Work Requirement.

#### 5.1.3 *by co-production*

**Justice Services** - The Making a Difference (MAD) group, the first service user group of its kind in Scotland, is an innovative and collaborative initiative to ensure that those directly affected can inform and shape the design, development and delivery of Community Justice Services across North Ayrshire. The Core aims of the MAD include:

- Establishing and enhancing effective partnerships
- Encouraging and enhancing existing processes and opportunities for participation
- Establishing and embedding a variety of opportunities for user involvement and participation in the design, development and delivery of community justice service
- Building community facing and community engaging services
- Supporting recovery, desistance and social integration

Towards the end of 2018 we appointed a Desistance Officer to support our service user engagement. Again, this is the first post of its type in Justice Services in Scotland. In recognition of the MAD work, and other developments in Social Work Justice Services, our Justice Fieldwork Team received the NAHSCP innovative Team Award in March 2018.

While the work of the MAD is having a demonstrable positive impact on services, the focus is on creating spaces for service users to participate in services in different ways, to be decided by those services users. For example, the MAD group worked with PING (People's Involvement Networking Group – South Ayrshire) and CVN (Community Voices Network – East Ayrshire) to host the '#JustFootballTournament', in the Summer of 2018.

## 5.2 Engaging Communities

### *5.2.1 to identify priorities for our services*

**Mental Health Conversation** – The three Ayrshire Health and Social Care Partnerships have committed to the development of an Ayrshire and Arran Mental Health Strategy. Our aim was to ensure the Ayrshire Mental Health Strategy included the views of people who use services, their family members, carers, the local workforce and people and communities in Ayrshire. This was accomplished via the Ayrshire Mental Health Conversation.

To capture as many responses as possible, people had the opportunity to provide feedback via local conversation events, paper – based questionnaires (available in all local libraries and within other local services) and an online survey. The conversation led to 777 responses.

So far, the feedback has been used to develop the Ayrshire Mental Health Conversation: Priorities and Outcomes 2019 – 2027. This document is our strategic response to the Scottish Government's Mental Health Strategy and has been approved by the three partnership Integrated Joint Boards.

The future would be for the Implementation groups, that will be developed following the formal launch of this, to consider the feedback from the conversations as they develop local plans.

### *5.2.2 to develop local strategies and policies within a National context*

**Advocacy Strategy** – In June 2018 the IJB considered and supported the recommendations made by the Mental Welfare Commission regarding independent advocacy. It was agreed that an Advocacy Strategy would be developed for the 31<sup>st</sup> December 2018 deadline involving key stakeholders. A draft was sent to the Mental Welfare Commission for Scotland on the 31<sup>st</sup> of December to meet the national deadline.

The short life working group set up to progress this developed a public engagement survey monkey which was opened on 12<sup>th</sup> October 2018 and closed on the 16<sup>th</sup> November 2018. There was also engagement with people who use independent advocacy services by means of focus group conversations in AIMS Advocacy Service, Housing Services and Children's Services.

Following IJB approval, the plan was provided to the Mental Welfare Commission Scotland. It is anticipated that this strategy will assist in delivery the Strategic Objectives set out in the North Ayrshire Strategic Plan for 2018 – 21.

The **Young People's (YP) Suicide Taskforce** (formerly the Young People's Operational Suicide Prevention Group) has continued to meet regularly in 2019, with governance from the Young People's Strategic Suicide Prevention Group (YPSSPG). Over the course of a year the YP Taskforce has progressed work in two community action plans with the overall objective of preventing suicide in young people.

A key element of the community action plan has been the 13 Ways Campaign. A series of 13 animations with key messages focusing on young people supporting each other, were developed and released via social media in the weeks leading up to Xmas 2018 – starting in September coinciding with Suicide Prevention Week (10<sup>th</sup> September 2018). The animations illustrated one of each of 13 messages, with a narration by a young person and an animation to illustrate the message. There was also an introductory message and a final adult message which was added in towards the end from the parents of one of the young people who had died within North Ayrshire. The key message is that suicide is not the solution – there are many people and ways to support and help. Young people were central to developing the language, visuals and stories, and were supported to contribute meaningfully specifically (but not exclusively) through the Year of the Young People Ambassadors. The campaign has been very well received and has been given a positive response perhaps because of the ownership by all groups and the young people of the messages and the rationale. Young people have been the best ambassadors – the YOYP ambassadors winning the category prize for Mental Health and Wellbeing in the Youth Link awards for this work.

The YPSSPG and Young People's Suicide Taskforce are committed to building on the 13 Ways Campaign and maximising the reach of the campaign to young people. Key activity over the coming year will include peer research with the aim of developing a mental health toolkit, getting celebrity endorsement to widen the reach of the 13 Ways social media campaign and working with young people to agree a message in relation to supporting their peers when they have concerns that a friend has suicidal intent.

The YPSSPG finalised a Crisis Response Plan in the event of a young person completing suicide. A Table Top exercise was co-ordinated by the CPC and Police Scotland in September 2018 to test the plan, the exercise evaluated well and provided multi-agency workers with the opportunity to discuss how they could work and support each other in the event of a completed suicide by a young person. Unfortunately, the plan was initiated on a number of occasions in 2018/2019 due to young people completing suicide. Each death had a profound impact on the families, communities and workers who knew the young person; but it was agreed by both the

Young People's Suicide Taskforce and the YPSSPG that the plan was effective in protecting and supporting young people whom were impacted by the deaths.

The CPC also commissioned a short life working group to establish guidance in relation to suicide risk assessment and safe planning within education. This will ensure that young people are receiving a consistent and efficient response from all members of education staff when there are concerns in relation to their mental health and wellbeing. The guidance is in the process of being finalised with a planned launch in September 2019.

Our Young People established a **Champions Board** in August 2018 and they have just celebrated their first birthday. Along with other Young People they organised and delivered a peer research event specifically looking at language, stigma and behaviour used within the care system.

This proved very successful and the Champions Board are taking forward the seven recommendations within the event report. They are also working to develop a Mental Health Toolkit specifically for Care Experienced children and Young people.

We have also begun to develop our 'Family Firm' policy, procedures and protocols and in the spirit of this policy we have appointed a Corporate Parenting Support worker and a Modern apprentice within the Corporate Parenting Team who are both Care Experienced. We have also secured 10 ring fenced modern apprentice opportunities for Care Experienced young people

We have delivered Nurture training to all our residential staff and have started this training for Foster Carers to reduce placement disruption.

All Care Experienced children and Young people have a shared record, accessible to the team around the child ensuring that information about their needs is shared as quickly as possible so the right support can be offered at the right time.

### *5.2.3 to shape our services*

**Arran Engagement** – 175 people attended engagement events on the island between May and November 2018 ensuring both staff and the community on Arran were engaged and involved in the ongoing developments for service improvement.

All the key elements from the consultation events have been built into our plans going forward and they largely relate to transport. We also recognised that we needed to engage with a larger, more diverse, group including young people. Plans are currently in place to undertake this work in Autumn 2019.

**What Matters to You – 2018** – On the 6<sup>th</sup> of June 2018 – What Matters to You? Day (WMTYD) - A total of 1612 conversations were recorded across the Partnership. All teams displayed the individual conversation cards in an area visible to carers and family members.

In the four weeks that followed WMTYD the teams involved had a discussion session based on the feedback forms provided. The teams noted how many conversations they had, the benefits and challenges of taking part, decided on one change that they would make as a team and agreed on a suggested change for the overall service. The feedback forms were then returned to the Partnership Engagement Officer.

Each team taking part had committed to making one change based on the conversations they had. 18 teams committed to implementing practical changes such as:

- Providing training for staff and/or the people that they support
- Meet with more local groups and services to increase service awareness
- Change the language used in appointment letters
- Introduce a de-brief session at the end of each day to keep staff aware of what service users and carers have been telling them
- Coordinate more trips out for people accessing the service
- Provide more opportunities for people to share their views daily
- Make people aware of waiting lists to ensure realistic expectations
- Implement an internal communication log
- Create a women's group
- Develop a form filling service
- Ensure patients have access to advocacy
- Ensure patients receive a phone call prior to visits

### 5.3 Bringing Services together

#### 5.3.1 *by partnership working*

**Justice Services** – The Early Intervention from Custody project seeks to offer support to women to access and attend existing health and other services, and to develop improved integrated pathways between Health and Social Care in North Ayrshire, resulting in sustainable and efficient delivery of services.

The greatest need for this group has been Addiction and Mental Health Services. Women receive support to improve their health and avoid custody whilst promoting their social inclusion and decreasing their marginalisation.





### Case Study 1

*Ms S appeared as a first offender in September and was referred to the Early Intervention Service for extra support. The allocated staff member completed a home visit and explained the court process. It was agreed that phone contact would be maintained through the court process to support Ms S emotionally and to help reduce her anxiety and this worked best for her as she was in full-time employment. The staff member supported Ms S to court when she appeared for her trial.*

The **Caledonian Women's Service** offers emotional and practical support to women who have been victims of domestic violence. The service aims to reduce their vulnerability and work with other services, including education, housing, police and the voluntary sector, so that women and their families are better supported.

During 2018-19, the team worked with 123 women across Ayrshire and Arran (an increase from 62 the previous year), offering a variety of services and support, from safety planning sessions only, to longer term interventions and support. The team currently have ongoing work with 59 women (An increase from 34 the previous year) from North Ayrshire.

Within the Caledonian Woman's Service, the **Children's Worker** role is to ensure the rights of the child and that the child's needs are met. Although a specific role, the Caledonian System is an approach involving team and multi-agency working. It is everyone's job to support and protect children involved in domestic abuse. Since re-accreditation of the Caledonian System, the Children's worker role involves not only direct work with children, but also fathers in terms of the impact of domestic abuse on their children. The Children's worker is also trained to co-facilitate the children and fathering module on the group work programme.

#### *5.3.2 by building teams around the child*

Children's services are developing a locality-based approach centred on bringing together multidisciplinary teams of health and social care professionals. The first team will be established within one of our local secondary schools, Kilwinning Academy, in September 2019. Others will be established in localities throughout 2020. The ethos is that children access the correct support within their local area, provided by the right discipline and without undue delay.

#### *5.3.3 by creating multi-disciplinary teams around Primary Care*

In July 2017 NHS Ayrshire and Arran working with the three Ayrshire Health and Social Care Partnerships developed 'Ambitious for Ayrshire' to respond to the new national GP contract. A discussion paper which outlined the strategic direction for 'Core' Multidisciplinary Team working in Primary Care. This work has begun to be developed in both the Kilwinning and Garnock Valley Localities of North Ayrshire, which meet the ambitions of the Primary Care Improvement Plan.



Work within Kilwinning has been consistently evaluated with the views of stakeholders captured throughout. Discussion with 2 of the GP's from Oxenward Medical Practice highlighted some of the positive and negative outcomes of the project.

On the positive side, they said that they had found it easy to generate patients to discuss; that it was good to meet the MDT face to face; that it provided a focus to achieve deadlines and expediate the process for patients; and communication channels were improving. While most things would have been completed eventually without the meeting, this process helped to speed everything up and was also helpful in addressing some issues where there was no previous knowledge of a solution.

Negatives were mainly around time demands. They were unsure about the necessity for 2 weekly meetings as it was very time consuming to generate patients, attend the meeting and then look for patients for the next meeting. They also couldn't guarantee that they could always send a representative to each meeting.

#### *5.3.4 by integrating our services*

**North Ayrshire Drug and Alcohol Recovery Service** –The NAHSCP's first integrated team, NADARS, has continued to evidence the benefits of the integration



process, such as a blended multi-disciplinary workforce. Additionally, there is increased access to a new range of prescribing, including GP's, Advanced Nurse Practitioners (ANPs) and pharmacist. Locality-based working is now being undertaken, including anonymous drop -ins for people wishing support for their own or others substance use. Ongoing issues include HR terms and conditions with two separate employers and two separate recording systems.

**Mental Health Services and Learning Disabilities** - Integration of these services will also benefit from co-location and the planning for this has required movement to be agreed by services currently occupying parts of the NHS estate. This is in line with the Health Board's wider capital plan. Whilst co-location progresses, we are currently consulting with staff and referrers to agree operational policies that will function in an integrated manner.

#### **5.4 Early Intervention and Prevention**

Receiving support and care at an early stage can help improve service users' long term quality of life. The impact of many health conditions, or events may be reduced or even prevented if the right support is provided at the right time.

#### *5.4.1 by targeting our services*

**Young Person Support Team** - Since its inception, the SNAP (STOP NOW AND PLAN) initiative has supported children ages 8-11 engaging in aggressive and anti-social behaviour at school or in the community. Experienced and highly trained staff work with each family to assess challenges and problems and develop an action plan aimed at reducing the potential of antisocial behaviour and chances of conflict with family, peers and authority figures.

For the period 2018-19, 100% the children who have been involved through SNAP have been sustained within their local school.



**The Rosemount Project** - The Rosemount Project is a crisis Intervention support service and aims to support vulnerable children and young people assessed as high risk of not remaining within their family homes and local communities. This is done using a holistic multi-faceted approach with the delivery of customised service interventions to meet the needs of complex families

In 2018-19 the Rosemount Project worked with approximately 359 families with 94% of children and young people remaining within their family homes on a long term basis.

**Money Matters** - Additional resources were allocated to the Money Matters Team and, following consultation with our service which provides the first point of contact for the public, Service Access, it was agreed that Money Matters Income Advisers would be based in Service Access and work in partnership addressing problems of destitution.

The priority was to tackle inequality and prevention and early intervention. Service users who require assistance with Foodbank vouchers or are facing eviction will be immediately directed to Money Matters Income Advisers.

The initial on site assessment prevents a wait or referring on process, meaning action is quicker and, on most occasions, the person will meet with the right person at the point of the referral being received.

#### *Case Study*





*Notification received from Housing Services for eviction of a tenant due to rent arrears. Through partnership working, Money Matters assisted the tenant to claim a Discretionary Housing Payment, and arrears of £508.80 were awarded which halted the eviction. During the initial appointment with the tenant in March 2019 it transpired he had been sanctioned from Universal Credit (UC) and had not received any payment from UC since July 2018. Advisers assisted the tenant to challenge the sanction decision, which was successful, awarding the tenant £2,542.56 of arrears of benefit that he*

*had been due.*

#### *5.4.2 by innovation in our services*

**Mental Health** - We continued our pilot North Ayrshire Wellbeing and Recovery College for people affected by mental health problems and delivered the participatory course open to anyone over 16 years old who lives, works or studies in North Ayrshire. Some of the more successful courses have been repeated as well as new courses being trialled. These courses include:

- Living life to the full – eight week course based on cognitive behavioural therapy
- Crafty Corner – peer delivered series of six craft workshops
- It's not what's wrong with me it's what happened to me that matters (Levels 1 and 2) – trauma informed practice and the science of adverse childhood experiences (ACEs) delivered over five sessions for each level
- Your voice counts – five sessions that support self – advocacy by encouraging participants to try out ways of getting their point across face to face, on the phone and in writing
- Right to Recovery – five week course that focusses on self – management for people experiences emotional difficulties or mental ill health
- WRAP (Wellness Recovery Action Plan) – two day course to support the development of a prevention and wellness process that anyone can use to get well and stay well

We are developing the approach by supporting people with lived experience of mental health problems to access training to enable them to work towards co-facilitation of courses and other peer roles within the Wellbeing and Recovery College. We are also in the process of developing a website to increase access to the courses and share information more widely.

**North Ayrshire Drug and Alcohol Recovery Service** – NADARS have listened to the very positive feedback from the women who previously participated in the Women in North Ayrshire Group (WINA's) and have used that information and experience to develop a Men in North Ayrshire (MINA's) addiction recovery support group.

NADARS also recognised that men aged 35 years and over are highlighted in the national “Staying Alive” report as most at risk of drug related death and viewed this as an opportunity to increase practical and supportive interventions for males in service. This group is a 10-week programme aimed at men and topics include Health & Wellbeing (Mental, Physical Health, Exercise & Relaxation), personal finance, basic fire safety and first aid, sexual health & Blood Borne Viruses (BBV), naloxone awareness & medication management and concordance, confidence building, effective communication and strategies for moving on. They have a range of guest speakers available to speak on specialist subjects including individuals who are in recovery and have used North Ayrshire addiction services. Feedback to date is very positive and the team are now in the process of setting up the second roll out of the 10-week programme.

#### *5.4.3 by making use of Community Assets*

**Syrian Refugee Coordinators** - The Health and Social Care Partnership has continued to support the successful resettlement and integration of Syrian Refugees via the Syrian Refugee Coordinator to coordinate services delivered by the partnership to refugee families.

A new initiative known as ‘The Syrian Swans’ supports young girls to get out and about in the local community. This runs from a church hall on a fortnightly basis and includes various activities including; pamper nights, visits to a show home, talks from Royal Bank of Scotland community representatives regarding various aspects of banking, session rights and responsibilities of young people in North Ayrshire and visits to the police and fire stations.

The idea is to expose the girls in a planned way to various aspects of Scottish life to encourage and foster ideas and aspirations for the future and to provide a relaxed and informal place to discuss different topics.



#### *Case Study*

*The young person presented as angry and losing control physically at times with peers. He is on the fringes of the community and has been through a Syrian war, before subsequently fleeing to a refugee camp and then to the UK.*

*His father has died, and his mum is not always great with routines, boundaries and general parenting. She has also had her own health issues. There have been significant concerns about him being*

*excluded from school and some concerns about him being placed into alternative care arrangements.*

*He is currently being supported by the Rosemount Project, social work, school and the Refugee Support Team. These teams are working in partnership together and have also accessed some culturally sensitive counselling for him in Glasgow. The counsellor has been using play therapy with him and looking at a variety of issues including anger management.*

*To date he has received approximately eight sessions of counselling and is appearing a lot calmer*

*He seems to be happier, his personality is coming out a bit more, for example, his caring attitude towards his brother. He is a bit cheekier, but in a positive way, and he is beginning to get the message that it is ok to lose at games and that name calling is just that.*

*He is currently being given positive opportunities to socialise within his local community with organised football teams and boxing*

North Ayrshire Involved! Group won the Excellence in Mental Health Services category for its innovated approach to providing mental health services, which ensures those using the services are at the centre of their design, delivery and evaluation.

The Excellence in Mental Health Services award recognised those who have engaged people creatively, championed the rights of people with mental health problems and put service users at the centre of care.

#### *5.4.3 by services that maintain older people at home and in good health*

**Care at Home** - With the number of Service users being provided with Care at Home support increasing by 10% to 2,230 from 2,021 in 2017/18 and the number of people receiving a Community Alert increasing by 9% to 4,912 in 2018/19 from 4,500, we have continued to work to ensure the high quality of service provision expected.

Our Care at Home service was inspected during 2018-19 with Quality of Care and Quality of Staffing being the focus. The outcome was a grading of 'Very good' for both inspected elements during a period of increased demand, up by 45% compared to 2017/18.

**Telecare/Community Alarm** – In 2018/19 we continued to expand the use of Community Alarm and Telecare, enabling service users to contact an emergency contact centre where their safety and wellness can be ensured.

- 2017/18 – Community Alarm 4500/Telecare 917
- 2018/19 – Community Alarm 4912/Telecare 1038

## **5.5 Improving Mental Health and Wellbeing**



#### *5.5.1 by developing peer support services*

**Recovery Development Workers** –NADARS have created four posts of Recovery Development Worker (RDW). This new development was as a result of a service review and redesign which highlighted the benefits of individuals with lived experience in working with peers in their recovery journey. The funding has enabled a staff complement reconfiguration to recruit four permanent contracted Recovery Development Workers. This initiative has increased the service's capacity to provide a range of interventions. Positive feedback from service users and staff has been received and the workers enjoy employment and deserved recognition for the strengths they bring to the NADARS team.

#### *5.5.2 by supporting young people to become confident adults*

**Additional Support Needs School** - Following the secured funding to develop an additional support needs residential and respite facility in 2017-18, it was confirmed that a new additional support needs school will also be developed on the same site. This development presents a very necessary and unique opportunity for the North Ayrshire HSCP, and Education Services and Youth Employability to meet better the needs of children and young people with additional support needs within North Ayrshire.

The ASN School will enable professionals to work together within the one campus which will highlight the advantages of an integrated approach to benefit some of our most disadvantaged children and young people. This opportunity allows us to in our children and young people with complex needs who require to have access to the best facilities we can provide to ensure that they are able and supported to make life choices and to realise their potential.

**The Rosemount Project** – Young people were supported to take part in the 'Beings' project, in Edinburgh, where they were joined by others from employability courses, youth organisations, schools and youth clubs and encouraged to "show the inside on the outside" through a variety of media. The young people interpreted individual paintings and sculptures as a springboard for making their own artworks exploring their emotional and inner lives.

#### *5.5.3 by nurturing*

**Children and Families** – A nurture-based approach is being rolled out across the Children and Families residential services. In order to introduce and develop this nurture based approach, there has been work on the following; awareness raising sessions for all staff; concept of nurture being utilised within supervision, team meetings and development sessions; Nurture steering group to be formed; nurture champions to be identified across the service; managers to complete a four day training course and an external consultant facility to be procured and residential implementation strategy to be completed

#### *5.5.4 by supporting carers*

**Carers** - We recognise that only 39% of carers responding to the national Health and Care Experience Survey felt supported. During 2018/19 we achieved Level 2 Care Positive Employer status.

We purchased a Digital Resource for Carers, which is available to all unpaid carers across North Ayrshire. The NAHSCP was the first Local Authority or Partnership to sign up to such a resource.

The online resource helps carers support their own physical and emotional health and wellbeing as well as providing information about managing their carer's responsibilities and supporting the person they look after. Additionally, it offers a range of resources to support the carer including e-learning resources, essential reading guides and factsheets, advice around supportive technology, financial planning and advice on dealing with working and caring.

A new collaboration for the Partnership has been with the Community Brokerage Network (CBN). The CBN has secured funding to make this support service completely free to service users and the Partnership. In the past calendar year CBN have supported 48 people and their families in North Ayrshire and their families in North Ayrshire with the majority being Children with Disabilities and Adult Services.

CBN employ brokers to work with people with social care needs to plan and organise their support whether they are eligible for an individual budget or not. They help connect people back into their communities and think creatively about how they can receive further support.

Within North Ayrshire there are now 45 local businesses offering discounts and concessions to local carers who present a Carers Appreciation Card. We have 537 carers registered to date.

## **5.6 Statutory duties**

### *5.6.1 Children and Families Social Work Teams*

Our Children and Families area teams have been involved with 1,498 young people over the course of the past year. As at the end of 2018/19 we have 88.19% of looked after children being looked after in the community. This means where possible the child is placed in a familiar environment, as research shows that children achieve better outcomes if they can remain within the family home or with a family member or friend, or in a community setting. Our intervention services have been involved with 802 young people over the course of the past year.

### *5.6.2 Child Protection*

We began the year with an unprecedented high number of children registered on our Child Protection Register and of the 143 family groups registered throughout the year seven (4.9%) of those families had been registered previously within the last 12 months

The greatest increase in North Ayrshire's Child Protection Register in the last year has been of children aged 0 -5 years. Indeed, North Ayrshire's pre-school (pre-birth to school entry age) child protection registrations and investigations are higher than other areas in Scotland. A number of factors are influencing this increase.



Over the last few years North Ayrshire HSCP has led on the implementation of the newly established national health visitor pathway. This means that every family benefits from their named health visitor undertaking a minimum of 11 home visits/assessments for children from 36 week gestation to pre-school, building relationships, offering advice and identifying any needs that may have arisen.

NHS Ayrshire & Arran has also developed a specialised team of midwives to work with families in the home environment, in the pre-birth period, to assist where families may be experiencing need and possible risks.

North Ayrshire HSCP has also integrated their health visiting service to include team members with additional skills, such as mental health nurses, speech and language therapists and social workers, all jointly working with families to identify family strengths as well as risks and needs. We have created a team-around-the-family approach.

We acknowledge that this multi-stranded early intervention approach has led to earlier identification of needs and risks and enabled us to put proportionate supports in place to manage these needs/risks. This multi-disciplinary approach to keeping babies and children in North Ayrshire safe, has led to children being placed on the Child Protection Register. However, we are seeing children being on the register for shorter periods of time, and additionally the number of children becoming looked after and accommodated is reducing. The highest number of de-registrations is due to improved home circumstances.

There are also wider determinants in play that have an impact, such as North Ayrshire having one of the highest proportion of its children living in poverty in Scotland, recognising the strong links between poverty and child protection; and the importance of implementing early intervention support services.

North Ayrshire Health and Social Care Partnership is fully committed to working alongside families and wider partners to safeguard children, while balancing this with support to enable children to remain with family, wherever possible.

Throughout the year we have continued to monitor registrations via regular dedicated case audits undertaken by the CSWO and Senior Children and Families Managers. These audits include reviewing children on the Register for a year as well as those on the Register for less than three months.

The number of children registered as at 31<sup>st</sup> March 2019 was 113.

#### *5.6.3 Fostering and adoption*

The fostering team has run successful campaigns, such as open evenings with the family placement team, to recruit over the past year and our total numbers of carers stand at 104. This is 1 more carer than last year.

#### *5.6.4 Children with disabilities*

The trend of the increasing number of referrals continues as does the levels of complexity. There has been a 50% increase in caseload from May 2016 (210 to 315) and 150% increase since 2013 (126 to 315).

The Children and Families Disabilities Team embraces the ethos and principles of Self Directed Support. We have developed and reviewed both systems and paperwork to enable us to engage families with the service in an open and transparent way as to how their needs are assessed and outcomes can be met.

#### *5.6.5 Community Care Teams*

Adults with long term conditions and older people receive assessment for services from our Locality based teams. There were 3860 individuals receiving a service in 2018-19, an increase of 12.2% over the previous year. Increased demand due to a growing ageing population is well documented as is the multi-morbidity of health conditions they face and the increase in organic mental health conditions such as dementia. The level of support required to maintain people at home is significant.

One of our specialist services is the Dirrans Centre team. This team achieved Investor in People Platinum award in 2017 and have just completed the interim assessment of the three-year strategy for re-accreditation in 2020.

The Investor in People standard is a nationally recognised benchmark for good practice in achieving business success through people.

The Platinum Award highlights truly high performing organisations that are operating at the pinnacle of people management practice using Investors in People to drive the business forward.

Our interim report congratulated us on continuing to achieve in line with the Platinum level of Investors in People. Our final assessment is in April 2020.



#### *Case Study*

*Service user B has followed an eventful journey in his rehabilitation with a CVA (Stroke)*

*B, at the age of 47 years had a CVA which changed his life.*

*Prior to his stroke he was an active man who ran his own painting and decorating business. He lived alone in an upstairs flat*

*His stroke left him with dense right sided weakness, wheelchair dependent and with expressive dysphasia.*

*B struggled with who he was now and the dramatic change in his life. His mood was very low and he was frustrated with his difficulties in communication.*

*Following discharge from hospital he received physiotherapy, speech and language therapy at Douglas Grant Rehabilitation Centre. He had Community O.T. support to address the inaccessibility of his home and to assist in applying for accessible housing.*

*He now depended on his parents for support and gradually became more withdrawn.*

*DGRU O.T. referred B to the Dirrans Centre. At this time he had very low mood and was difficult to engage with.*

*At the centre B was appointed a key worker who spent time finding out all about B as a person, his likes/dislikes, what was important to him and his hopes and goals for the future. This took TIME to build up a positive relationship.*

*B enjoyed cooking, had been a keen reader, had an interest in computing and hoped to improve his mobility and fitness.*

*At the centre the O.T. introduced B to adult literacy, cooking and life skills class to help build up confidence dealing with money, helping with communication and recognising values etc. He had been introduced to KA leisure stroke fitness class but B did not engage with this as he felt everyone was of an older generation.*

*He was then introduced to the local Pennyburn gym and the O.T. helped to develop a tailored exercise programme for him. His confidence began to grow as he developed new activities and skills. His mobility improved and was walking with a quad stick.*

*An opportunity arose for B to attend the Calvert Trust, outdoor centre in the Lake District, with the Dirrans Centre. This centre provides challenging activities for people with disabilities.*

*This was a turning point for B.*

*He participated wholeheartedly in gorge walking, sailing, abseiling and climbing. He was very much part of the group who supported each other to complete the task, which often almost seemed impossible. He pushed himself to the limits and gained a whole new prospective on life. He realised that although his life had dramatically changed he still could participate in challenging and enjoyable activities.*

*He reported that this experience was hugely beneficial to building his determination, facing his fears and adapting to challenging situations. His family immediately noticed the change in him.*

*Following this trip he was discharged from the Dirrans Centre but continued to receive outreach support to maximise his independence and maintain his progress.*

*B is now a fully functioning member of his community. He attends computing classes, attends his local gym 4 times a week, and is investigating job opportunities. He has been re-housed to a bungalow which meets his needs and allows him to be as independent as possible.*



### 5.6.6 Learning Disability Services

The North Ayrshire Learning Disability Service continues to undergo development, working to a complex and multifaceted change agenda while also responding to significant financial challenges. The work previously undertaken to change respite services provision is well established. Families have responded positively to the changes it brought regarding the maximum entitlement and the process for allocation. Review of packages involving sleepover supports has also progressed well, with every effort being made to consider not only the assets and needs of the individual within this process, but also the nature, quality and needs of their broader support network.

This focus on a broad consideration of individuals, their networks, and their community context, characterises much that is happening across the service. The establishment of a small review team comprising a Social Worker, Occupational Therapist and Support Worker, has allowed for the exploration of a new approach to the review of care packages, which better accommodates the contribution of individuals to this

process, and the consideration of their existing and potential assets and links to the broader community. This work commenced in the Garnock Valley in early 2019, and is planned to move onto the Irvine locality, with the intention of further refining the process based on reviews undertaken there.



The review approach developed by the team is also being explored for use within the new Day Opportunities Centre, at Trindlemoss in Irvine. Due to open in the last quarter of 2019, Trindlemoss will have a focus on asset building, enablement, and collaboration with the community, which fits well with the materials and experience developed by the Review Team. The staff in the existing two day services involved in the move (Fergushill and Hazeldene) have been proactively working with the management team and external organisations in the process of refreshing their existing culture and service model, in order to make best use of the opportunities that will be available within and close to Trindlemoss. The Ayrshire Community Trust, Community Link Workers, Care Inspectorate, and Scottish Commission for Learning Disability have all been contributors to this process.

Along with the focus on community collaboration afforded by Trindlemoss Day Opportunities Service, the development of 20 supported accommodation tenancies on that site, as well as other developments in Dalry and Largs' This further exemplifies the intent of the Learning Disability Service to support communities to include people better with learning disabilities, and people themselves to take better advantage of those opportunities for inclusion. Building capacity in individuals and communities is core to this, and will hopefully, over the next three to five years, allow for the refocusing of activity within and further evolution of the integrated Learning Disability Service, in collaboration with the full range of services and community

partners. It is important to recognise the responsibility of all to support the inclusion and wellbeing of people with learning disabilities. As stated above, this essential work is occurring in the context of significant financial pressures on the service, but also of significant pressure on the Social Work component, because of those financial pressures, as well as staffing pressures.

There has been a slight increase in caseload sizes from this stage last year, with it growing from 532 to 536

#### *5.6.7 Mental Health Services*

There are currently 44 on the waiting list, with the longest waiting since 11<sup>th</sup> January. From the list there has been increased requests as the year has gone on e.g. February we had two applications and August so far, we have had ten.

In order to try and address the waiting list we employed two temporary Mental Health Officer's (MHO's) who work 1.5 days per week and focus only on private welfare guardianship applications. Other MHO's will pick up on this work when they have capacity to do so. There had been discussions earlier in the year to review the MHO service however this is currently on hold due to other pressures of work such as integration and reviewing current model of care.

#### *5.6.8 Adult Support & Protection*

In summer 2017, North Ayrshire put their name forward to volunteer to be included in the very first Joint Thematic Inspection of ASP.

The resulting inspection report rated North Ayrshire as the top performing area for Adult Support and Protection of the six local authority areas inspected across Scotland. The inspectors agreed with our self – evaluation ratings as follows:

- |  |           |
|--|-----------|
| • Outcomes for adults at risk of harm          | Good      |
| • Key process to support ASP practice          | Very Good |
| • Leadership and governance in relation to ASP | Very Good |

As a result of the Inspection, in September 2018, North Ayrshire submitted their ASP improvement Plan, based on the two areas highlighted by the Inspectors for improvement activity:

- Information sharing with Police Scotland
- Independent Advocacy

Progress has been positive in relation to both issues, to date. Following training with a group of specifically selected Police Officers in North Ayrshire, we have seen an improvement in relation to Police attendance at ASP Case Conferences. In addition, Police in attendance have been briefed on the Case to be discussed and are therefore better prepared to provide input to the meeting, maximising the benefit of their attendance.

The North Ayrshire Adult Protection Committee has also set itself a target of Independent Advocacy being considered for 100% of ASP Cases which go to ASP Investigation and beyond.

Our very good inspection result has led to twenty-two other local authority areas contacting North Ayrshire to request that we share information on our processes and supporting paperwork or to arrange to visit us to discuss how we organise and report on our various processes and our leadership in respect of ASP.

Our Adult Protection Committee (APC) Independent Convenor and our Senior Officer ASP have both been invited on to the Scottish Government Inspection Taskforce. This group will be overseeing the planning and implementation of the next round of ASP Inspections of all areas not involved on the original 2017 Inspection, to take place over the next two years.

North Ayrshire is very well represented Nationally in respect of ASP. Our APC Independent Convenor is the Chair of the National APC Chairs' Group and our Senior Officer ASP is the Chair of the National Social Work Scotland ASP Network.

#### *5.6.9 Public Protection*

In 2018 the South West Scotland Strategic Oversight Group (SOG) commissioned an independent review of its MAPPA office model and functionality. The review report was presented to the SOG in November 2018 and its findings were considered. The report found that the "operation of MAPPA in South West Scotland is operationally sound" and that this was "supported by the standard key performance indicators and statistics produced measuring the overall performance". The report also concluded that, "There is strong evidence of good working relationships throughout the area at an operational level with excellent self-assessment processes embedded in local procedures".

The independent report suggested that the MAPPA office staffing structure should be looked at to ensure that it remained fit for purpose. With the scope of MAPPA extended from March 2016 to include other Risk Of Serious Harm (ROSH) offenders, and the resulting focus on the ROSH assessment and risk management plan, we have seen a considerable reduction in MAPPA Level 2 cases being referred to the MAPPA office. (see figures in appendix page 25)

The staffing structure of the MAPPA office, prior to the independent review, was made up of two MAPPA Coordinators, one strategic and one operational, based at Ayr Police Station, along with 3 administrative staff. There was a 0.5 administrative staff member based at Dumfries Police station.

The SOG agreed to create 1.5 MAPPA Coordinator posts for South West Scotland with the full-time post being based at Ayr Police Station and a 0.5 post based at Dumfries Police Station. It was also decided to reduce the number of administrative staff at Ayr Police Station from 3 to 2.

The new MAPPA structure is nearing full implementation with only the 0.5 Coordinator post to recruit to.

**ViSOR (Violent and Sex Offender Register)** is a Home Office database of records of those required to register with the police under the Sexual Offences (Scotland) Act 2009. All Justice Services social workers have agreed to be vetted at the appropriate level to use ViSOR and we have two ViSOR terminals located in our

main staff office. Staff are encouraged to make regular use of ViSOR to assist in their effective management of violent and sex offenders.

National figures provided by Police Scotland for the period from November 2017 to November 2018 indicate that of the 49 vetting applications over that year across Scotland, North Ayrshire submitted 10 of these. North Ayrshire also had 10 of the 104 Visor users across Scotland who had logged into their accounts over that period.

We are currently going through a re-structuring of services within the HSCP, and part of this re-structuring involves the creation of a Public Protection Service. This public protection service will have responsibility for Child Protection, Adult Support and Protection, MAPPA, Justice Services and Community Justice. It is hoped that this service will be operational from September 2019.

## 6. Workforce

### 6.1 Professional development and qualifying the workforce

North Ayrshire Social Services Assessment Centre (NASSAC) supported approximately 85 candidates to achieve an SVQ Award to meet registration requirements (SSSC). We deliver SVQ Social Services and Health Care Awards and the Leadership and Management Care Award.

We also supported four modern apprentices to achieve their award.

Continuous professional development increases skills and confidence in delivering quality services. We have 70 different course titles that are available to staff through NAHSCP's learning and development calendar. Based on demand and identified learning needs, 57 courses ran with 1742 delegates attending over 2018/19.

The Health and Social Care Partnership is in the early stages of undertaking an ambitious staff engagement exercise called "Thinking Different Doing Better". Thinking Different Doing Better is a unique, interactive experience, which has been designed in partnership with various local community groups, businesses, volunteers, our third and independent sector partners and staff working across the Health and Social Care Partnership. Over the course of 2019/2020, approximately 3000 staff and 3000 community members will attend the three hour experience, which consists of 90 minutes of experiential learning, followed by a 90 minute intimate discussion with our Director, Stephen Brown.

The experience is created to facilitate learning about the NAHSCP, our priorities, values and partners, whilst providing the opportunity for participants to give their views on things such as financial spend and how we, as a Partnership, can do better. The session will inspire staff and the public to think differently and focus on our assets, both in the community and within people, which should ultimately lead to improved outcomes across each of our five priorities.

### 6.2 Practice Teaching

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

We continue to face increasing challenges in being able to support our quota of students each year due to internal restructures, relocation of teams and virtual and hot-desk models of working. To date none of these challenges has prevented NAHSCP in being able to fully support our students and this demonstrates the ongoing commitment in the partnership.

### 6.3 Workforce Planning

NAHSCP has a workforce that numbers 3,367 split NAC 1,866 (55.4%) and NHS 1,501 (44.6%).

## Appendix

## MHO service

<i>Mental Health (Care and Treatments) 2003</i>	<i>2013–14</i>	<i>2014–15</i>	<i>2015–16</i>	<i>2016–17</i>	<i>2017–18</i>	<i>2018–19</i>
Emergency detentions	30	29	24	44	44	54
Short term detentions	71	72	75*	87	69	74
Compulsory treatment	48	40	54	25	52	38
Warrants undertaken	2	1	3	1	2	1

<i>Criminal Justice Act Scotland 1995</i>	<i>2013–14</i>	<i>2014–15</i>	<i>2015–16</i>	<i>2016–17</i>	<i>2017–18</i>	<i>2018–19</i>
CORO	4	4	4	4	4	4
Compulsion orders	4	4	6	5	6	2
Hospital directions	1	1	1	1	1	1
Assessment orders	4	1	2	2	2	2
Treatment orders	2	1	1	2	2	4
Transfer for treatment	1	0	3	3	3	2

<i>Adults with Incapacity Act (Scotland) 2000</i>	<i>2013–14</i>	<i>2014–15</i>	<i>2015–16</i>	<i>2016–17</i>	<i>2017–18</i>	<i>2018–19</i>
Private Welfare Guardianships *	204	291	255 (60)	287 (67)	367 (92 new)	411 (58 new)
CSWO Guardianships **	44	47	59 (19)	52 (21)	46 (8 new)	40 (16 new)
Financial Intervention Order (LA) ***	42	58	53	41 & 21 in process	57	26
MHO report: PWG application	79	86	68	96	100	38

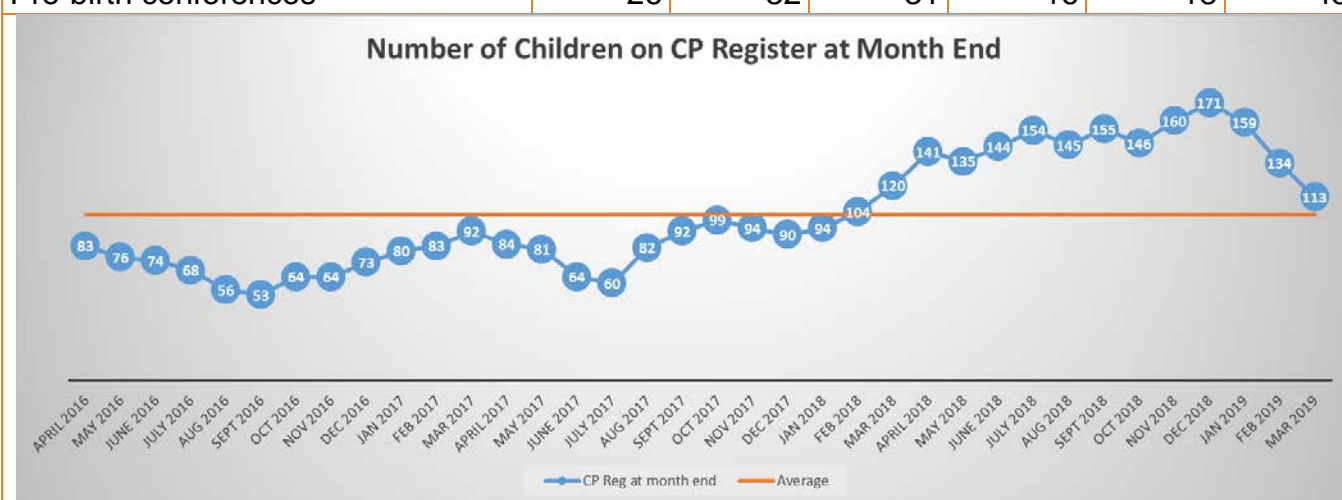
## Adult protection

	<i>2013–14</i>	<i>2014–15</i>	<i>2015–16</i>	<i>2016–17</i>	<i>2017–18</i>	<i>2018–19</i>
ASP referrals	631	812	697	654	512	457
ASP case conferences	24	44	73	48	40	47
Protection orders	9	7	6	4	4	1
Adult concern reports	0	1039	1349	1446	1609	1,838



## Child Protection

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Child protection concerns	885	858	901	835	972	920
Child protection investigations (CP1s)	578	526	430	469	474	383
Child protection initial conferences	81	176	162	133	136	126
Pre-birth conferences	26	32	31	16	18	43



## Looked after children

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Children newly accommodated in North Ayrshire	100	91	81	64	72	70

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Foster carers		85	97	100	103	104

<i>Permanency planning</i>	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Number of permanency plans approved	25	38	22	37	35	-
Adoption – approved and placed	3	15	13	10	10	10
Adoptions granted	9	3	15	13	8	7
Permanence orders approved	27	7	11	16	14	7
Permanence orders granted	12	14	6	9	12	9



## Emergency placements

	2015-16	2016-17	2017-18	2018-19
Child Protection Orders	13	12	15	25 (17 family groups)
S143 of the Childrens Hearing (Scotland) Act 2011	21	24	-	-

## Secure placements

	2015-16	2016-17	2017-18	2018-19
Number of secure placements	3	1	0	1

## Justice Services

	2016-17	2017-18	2018-19
Number of reports submitted to the courts (CJSW reports, Section 203, Short Notice CJSW & Supplementary CJSW)	844	826	754
Number of home leave and background reports submitted	118 (64 leave reports, 54 background reports)	102 (44 leave reports, 58 background reports)	114 (49 leave reports 65 background reports)
Unpaid Work Orders	579	480	403

	2014/15	2015/16	2016/17	2017/18	2018/19
Level 1 Mappa	130	142	155	153	181
Level 2 Mappa	10	14	4	7	2
Level 3 Mappa	1	1	1	2	1

**Integration Joint Board**  
**24 October 2019**

<b>Subject:</b>	<b>Co-creating Libraries for Health and Wellbeing -</b> building the role of libraries into the emerging locality multi-disciplinary partnership teams
<b>Purpose:</b>	Seek IJB approval and support for the implementation of an expansion of the librarian role into the emerging locality multi-disciplinary teams. This project will be developed until June 2020 with plans to scale-up nationally by December 2020.
<b>Recommendation:</b>	IJB approves a) the implementation of expansion of the librarian role into the emerging locality multi-disciplinary team project until December 2020 b) That the model focusses on mental health supports for young people and social isolation for adults as its inequalities areas and c) the work develops plans for sustainability across all localities thereafter.

<b>Glossary of Terms</b>	
Citizen	Public
HSCP	Health and Social Care Partnership
PLIF	Public Library Improvement Fund
SLIC	Scottish Library and Information Council
The ALLIANCE	Health & Social Care Alliance

<b>1.</b>	<p><b>EXECUTIVE SUMMARY</b></p> <p>This proposal responds to the Christie Review call for collaboration and citizen (public) leadership across public services. It brings together the public, libraries, NHS and school libraries, health and social care professionals, and third sector as equal partners in a new service model to embed self-management and shared decision-making in health and care.</p> <p>North Ayrshire HSCP is one of three national test sites, being facilitated by the Health &amp; Social Care Alliance [The ALLIANCE] and Health Scotland, which is a third sector national organisation. Please see attached a logic model which provides more information on the project outcomes and ambitions [Appendix 1: Citizen-Led Logic Model].</p>
<b>1.1</b>	<p>North Ayrshire Libraries had previously been part of the Working Group of Public Libraries Improvement Fund (PLIF) funded project led by The ALLIANCE to strengthen the role of public libraries in promoting self-management. This resulted in the publication of the 'Libraries Supporting your Self-Management Journey' toolkit.</p> <p>North Ayrshire Libraries wanted to build on this work to be one of the early-adopters of this model and their application to Scottish Government was supported by the HSCP.</p>
<b>1.2</b>	<p>The work is planned to take place over the next 18 months and will enable the creation and sustainable delivery of this new model by:</p> <ul style="list-style-type: none"> <li>Jointly designing and delivering a peer-learning based learning and development programme which maximises synergies across the</li> </ul>

	<p>complementary capabilities of librarians, the public, third sector and health and care professionals.</p> <ul style="list-style-type: none"> <li>• Engaging national and local leaders across sectors in supporting development and roll-out of the new model.</li> <li>• Creating a network of practice with membership from all partners involved in delivering the new service.</li> </ul>
1.3	A Steering Group will bring together colleagues from: libraries, HSCP and the Third Sector and will identify members of the public, including young people, to be involved.
1.4	The Project will be managed jointly by The Alliance and NHS Health Scotland with local steering groups in South Lanarkshire and Midlothian, as well as North Ayrshire. The service model agreed by the early-adopters will be scaled up to include all public library services and the HSCP from six months leading to the end of the project funding in December 2020.
<b>2.</b>	<b>BACKGROUND</b>
2.1	<p>This proposal responds to the Christie Review call for collaboration and public leadership across public services. It brings together the public, libraries, NHS and school libraries, health and social care professionals, and third sector as equal partners in a new service model to embed self-management and shared decision-making in health and care.</p> <p>The project will build on the state of readiness and momentum established over the past 12 months through:</p> <ul style="list-style-type: none"> <li>• Championship for library services from national leaders in healthcare policy – including the Minister for Public Health, Deputy Chief Medical Officer, and lead for self-management. They have highlighted the potential of libraries in the Chief Medical Officer’s Report and the Health Literacy Action Plan,</li> <li>• A cross-sectoral conference in January 2018, sponsored jointly by SLIC and the Scottish Government Health Directorate. This identified the priorities for this project - joint strategy across library, health, and third sectors, collaboration between healthcare staff and librarians, and skills in self-management and shared decision-making.</li> <li>• A PLIF-funded project led by The ALLIANCE to strengthen the role of public libraries in promoting self-management.</li> <li>• Profiling the role of library and information services across sectors during the annual Self-Management Week campaign led by The ALLIANCE</li> </ul>
2.2	<p>This public-led approach will contribute to the transformational imperatives in the <i>Health and Social Care Delivery Plan</i>, Realistic Medicine, Public Health Reform, and priorities for Public Health Scotland. These strategies recognise the imperative for new healthcare models to support Scotland’s ageing population, widening inequalities, lifestyle changes, and public expectations.</p> <p>Our project supports:</p> <ul style="list-style-type: none"> <li>• Self-management and public empowerment, avoiding unnecessary medicalisation of healthcare.</li> <li>• Shifting the balance of healthcare to community settings, through collaboration with third sector and community organisations.</li> <li>• Shared decision-making and co-production of health and care between publics and professionals.</li> <li>• Addressing inequalities through support and enablement for vulnerable groups.</li> <li>• Preventing illness and improving health.</li> </ul>

2.3	<p><b>Phase 1: Early Adopters</b>  <b>Design and evaluate model in three Integrated Joint Boards.</b></p> <ul style="list-style-type: none"> <li>• Create a guiding coalition of high-influence leaders from healthcare, library sector, third sector and public participation in each IJB.</li> <li>• Facilitate these leaders, publics, librarians and healthcare professionals, to define a shared service vision.</li> <li>• Co-design a new service model which maximizes synergies across partners' contributions to self-management, shared decision-making and health literacy.</li> <li>• Provide learning and development opportunities to enable partners to deliver the new model.</li> <li>• Test the model in three settings in each HSCP. Refine and adapt model.</li> <li>• Engage new partners in tailoring the model to support young public with mental health needs and one other hard to reach group. Test this model in pilot settings</li> </ul>
3.	<p><b>PROPOSALS</b></p>
3.1	<p><b>Aims</b></p> <ol style="list-style-type: none"> <li>1. Co-create a collaborative, public-led service model which brings together public, third sector, public library and NHS library staff with health and care professionals to build public's capabilities in self-management, health literacy and shared decision-making. Test this model in early adopters and scale up to national delivery.</li> <li>2. Tailor this model to support two vulnerable and hard to reach groups: <ul style="list-style-type: none"> <li>• Young public with mild to moderate mental ill health, including a focus on school settings.</li> <li>• Social isolation</li> </ul> </li> </ol>
3.2	<p><b>Methods:</b></p> <p>The project will interweave three methods, all underpinned by co-production to engage all partners:</p> <ol style="list-style-type: none"> <li>1. Service transformation and change management, based on the Kotter model.</li> <li>2. An iterative improvement approach to testing the new model and scaling it up nationally.</li> <li>3. A programme of joint learning and development opportunities.</li> </ol> <p>The learning and development approach will be finalized through engagement with the partners in the new service model. Given the focus of this project on co-production and service redesign, it is expected that educational methods will include peer learning, social learning as a community of practice, and work-based learning, with personal and group reflection after testing out the new service model.</p>
3.3	<p><b>Key areas of focus</b> for the new collaborative model will include:</p> <ul style="list-style-type: none"> <li>• Shifting the balance of power by building skills and confidence in partnership working and shared decision-making between healthcare professional and public.</li> <li>• Maximising the benefits of digital tools as enablers of self-management and shared decisions. This will include quality assured mobile apps, tele healthcare solutions, NHS inform and other Internet sources. This reflects the goals of the Digital Health and Care Strategy, which recognizes that healthcare transformation is deeply dependent on digital transformation.</li> </ul>

	<ul style="list-style-type: none"> <li>• Use of libraries as places that offer support equally to public from all backgrounds, foster wellbeing in the broad sense, and tackle isolation by connecting public with their communities.</li> </ul>
3.4	<b><u>Anticipated Outcomes</u></b>
	<p>The <b>overall outcome</b> will be improved health and wellbeing for individuals and communities, in terms of what matters most to them.</p> <p><b>Contributory outcomes</b> will be:</p> <ul style="list-style-type: none"> <li>• New skills, knowledge, relationships and ways of working across health and care professionals, librarians, third sector and publics, based on partnership, mutual respect and a shared commitment to self-management.</li> <li>• Integration of librarians as partners in healthcare teams, and recognition of the unique contribution of their specialist capabilities in supporting self-management, shared decision-making and health literacy.</li> <li>• Empowerment of publics and communities to take more control over choices about their health and wellbeing</li> <li>• Appreciation among senior healthcare leaders of the value of the library service contribution to health and wellbeing; commitment to continued involvement of librarians as partners in service transformation.</li> <li>• Definition of new collaborative service model that combines the complementary skills of librarians, healthcare professionals, third sector and publics in supporting self-management, shared decision-making and health literacy.</li> <li>• Within IJBs, teams of librarians (public, school and NHS libraries), publics and healthcare professionals skilled and confident in new ways of working to deliver the new service model.</li> <li>• A service transformation framework to guide local implementation and evaluation of the new model.</li> <li>• A portfolio of learning and development opportunities and guidance on how to deliver these opportunities.</li> <li>• A network of practice with representation from all partners involved in the teams delivering the new service model.</li> <li>• Report on implementation and evaluation of the new service model across a range of IJBs and health care contexts, including a focus on support for school children with mental health needs and for at least one other hard to reach group.</li> </ul>
3.4	<b><u>Measuring Impact</u></b>
	<p>The local Steering Group will be responsible for measuring impact: Please see Appendix 2: Milestones for additional detail.</p>

	Outcome	Measured by
	<ul style="list-style-type: none"> <li>Improved health and wellbeing for public and communities.</li> <li>Empowerment of publics to make choices about their health and wellbeing.</li> </ul>	Interview and focus group follow up with service users involved in testing the new service model.
	<ul style="list-style-type: none"> <li>New skills, knowledge, attitudes and ways of working among partners.</li> <li>Integration of librarians as partners in healthcare teams, with other team members recognising their unique contribution.</li> </ul>	Numbers of participants from each sector and number of IJBs engaged in co-design and delivery of new service model. Pre- and post-project questionnaires and interviews for partners in service design and delivery.
	<ul style="list-style-type: none"> <li>Appreciation among senior healthcare leaders of the value of the library service contribution</li> </ul>	Interviews with senior leaders following testing and dissemination of new service model.
Reference to milestones		
<b>4.</b>	<b>IMPLICATIONS</b>	

<b>Financial:</b>	The project is financed by PLIF on behalf of Scottish Government.
<b>Human Resources:</b>	There are no staffing implications
<b>Legal:</b>	N/A.
<b>Equality:</b>	In focussing the work on two areas of inequality the work meeting the ambitions of the HSCP Strategic Plan.
<b>Children and Young People</b>	The focus of the model on young people's mental health is a positive development. The steering group also identified social isolation as a key priority.
<b>Environmental &amp; Sustainability:</b>	The development of the model will ensure that libraries are embedded in to the multidisciplinary team pathways in locality to improve local care.
<b>Key Priorities:</b>	This work meets the ambitions of the HSCP Strategic Plan and the Council Plan for library services.
<b>Risk Implications:</b>	Key partners unable to engage.
<b>Community Benefits:</b>	Only applies to reports dealing with the outcome of tendering or procurement exercises. N/A

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

<b>5.</b>	<b>CONSULTATION AND NEXT STEPS</b>
5.1	A Joint National Steering Group will be set up with two representatives from each library service/HSCP area and this will meet quarterly between January 2019 and December 2020 with the Project Managers and other library/health representatives.

5.2	<p>A North Ayrshire steering group has now been established and is co-chaired by the HSCP Strategic Planning Leads and the Library and Information Service Manager. This group has presentative from Third Sector, NHS libraries, community library, CAMHs services, HSCP Health and Community Care and Community Link Workers. The group has expanded to include a group of 8 young people from Kilwinning Academy to assist with the initial design and testing of a young person's mental health approach building on the Wellbeing model roll out.</p>
5.3	<p>To launch the young person's mental health theme, members of the Project Steering Group met some of the new sixth year pupils at Kilwinning to develop the 'Fun Day', aimed to target P6-S1 pupils and their families to enjoy a range of activities and to gather some feedback on the following questions:</p> <ul style="list-style-type: none"> <li>• What help, or support do you need to keep you well?</li> <li>• What's the best way for you to access this help or support?</li> <li>• What are you already doing to help keep you well?</li> <li>• What do you think is missing and how could your library and other organisations help?</li> </ul> <p>The young people involved have now joined the steering group and are keen to explore intergenerational work with the adult 'social isolation' work as this develops.</p> <p><b>Activities</b></p> <p>On the day there were around 468 visiting the library and of these, approximately 160 adults and 200 children came specifically for the event. They included all age groups from 9 weeks to 101 years, including six childminders with pre-5 and primary age children; generations of families as well as some young people within a group. The event was 'opened' by the local gala queen – Segdoune Queen and her royal party and two local newspapers photographed the event at different times during the day.</p> <p>There were several activities ran by Kilwinning library staff, Lifelong Learning team and Countryside Rangers, all offering different health benefits:</p> <ul style="list-style-type: none"> <li>• DigiDabble – a chance to play with digital games and robotics</li> <li>• Silent Disco – music chosen by young people</li> <li>• Den building with the Countryside Rangers</li> <li>• Treasure Hunt outside, spelling out the word 'Happy'</li> <li>• Great Mosaic project – colouring 3D printed tiles as part of the Makerspace project</li> <li>• Flight Simulator with STEM Ambassadors</li> <li>• Film show, with pizza and popcorn</li> </ul> <p>Specialists were commissioned to offer additional input, and these were well-received:</p> <ul style="list-style-type: none"> <li>• Laughter workshops with Joyworks, with 34 adults and children over 2 sessions</li> <li>• Mindfulness sessions, with 32 adults and children over 2 sessions</li> </ul> <p>Partners also came along to support with information and advice:</p> <ul style="list-style-type: none"> <li>• Health Information Resources (HIRS) offering general and mental health information for young people</li> <li>• Health Checks with KA: Leisure</li> <li>• CEiS Ayrshire offering employability advice</li> <li>• CAHMS offering mental health information for young people</li> <li>• Public Involvement Network sharing information on how to shape health services</li> </ul> <p><b>Evaluation</b></p>

	<p>Visitors were asked to rate their experience at the event: 94% were very satisfied, 6 satisfied.</p> <p>The young people identified the value of intergenerational work and the need to join up young people's mental health and wellbeing approaches with the adult social isolation approach to ensure this is seamless.</p>
5.4	To assist in building the social isolation pathway in to the MDT approach using libraries, some of the Locality Planning Forums are planning to hold public events in late Autumn, and options will be discussed with the public.
<b>6.</b>	<b>CONCLUSION</b>
6.1	IJB approves by commencement of the implementation of expansion of the librarian role into the emerging locality multi-disciplinary teams project until June 2020 with plans to scale-up nationally by December 2020.

For more information please contact Michelle Sutherland on 01294317751 or [msutherland@north-ayrshire.gov.uk](mailto:msutherland@north-ayrshire.gov.uk)

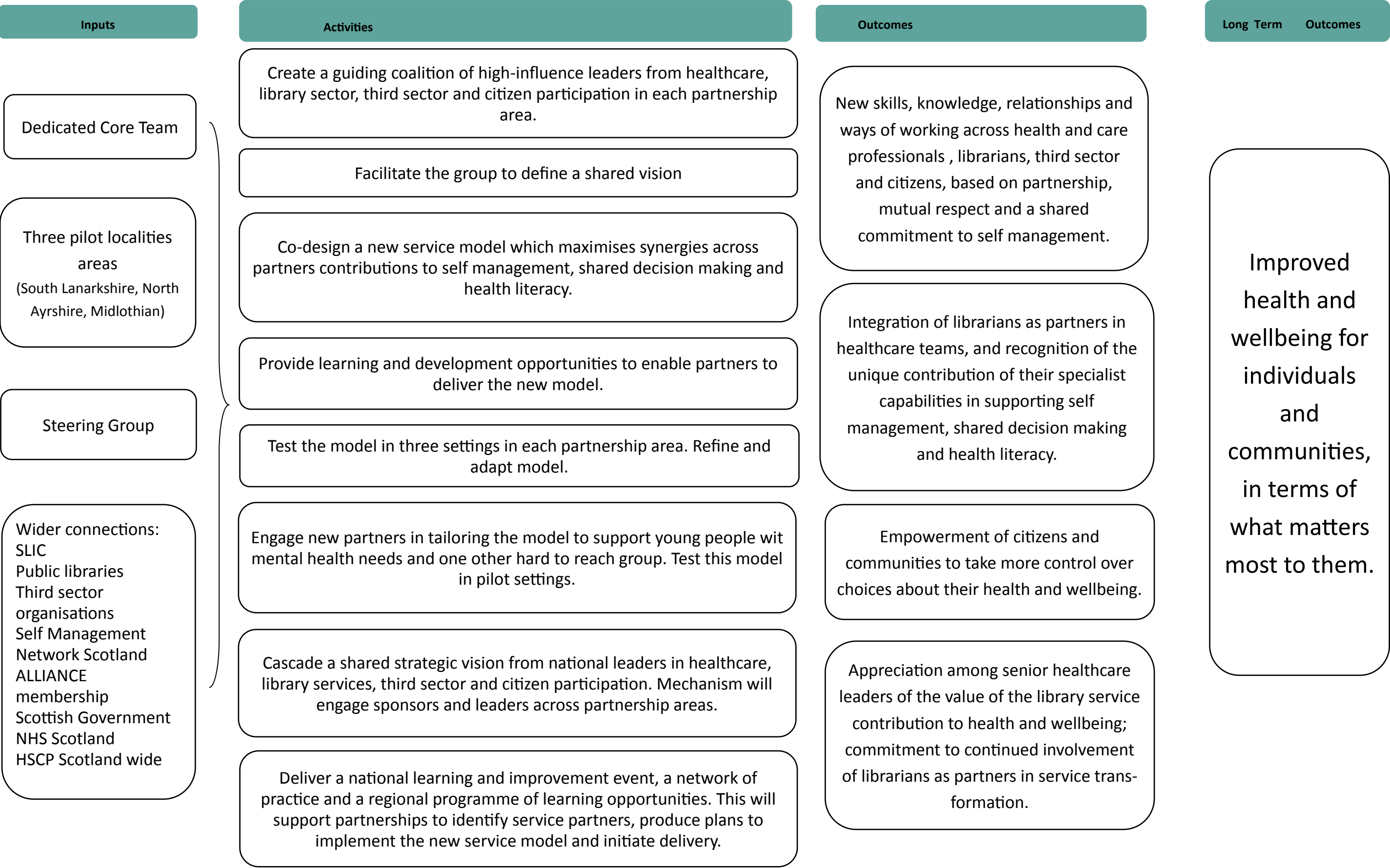
Or

Alison McAllister Library and Information Service Manager - Communities on 01294 219203 or [amcallister@north-ayrshire.gov.uk](mailto:amcallister@north-ayrshire.gov.uk)



PLIF Round 2—Building the librarian role into the multi-professional healthcare team

**Situation/Aim:**  
Create a new service model connecting librarians, citizens, healthcare professionals and third sector dynamic teams,, to support self management, shared decision making and health literacy. This service model will include a focus on enablement through digital tools. It will offer support across a range of health care needs, including a special focus on vulnerable groups at risk of exclusion. Tailored support for young people with mental health needs has been identified as a key focus building on the commitment by Scottish Government to prevent and mitigate the impact of adverse childhood experiences. Participating integrated joint boards will select one other inequalities group.



## Appendix 2

### Milestones

Milestone	Output	Date
Appointment of part-time project managers	Project managers in post	Prior to start of project:
<b>Phase 1: Early adopters</b>		
Identification of: <ul style="list-style-type: none"> <li>• Project sponsors</li> <li>• Guiding coalition members – high influence leaders in library sector, health, third sector, school, citizen participation</li> <li>• Delivery partners from all sectors</li> </ul>	Sponsors and delivery partners from all sectors identified.	End of month 2
Delivery of 4 co-design workshops	Service vision Initial definition of service model Learning and development framework	End of month 6
Delivery of learning opportunities	Partners confident and competent to deliver new service model. Portfolio of re-usable learning opportunities	End of month 8
Testing of service model in 3 contexts in each IJB (health promotion, long term condition/s and complex needs)	Evaluation reports Refinement of service model.	End of month 11
Learning and development workshops for partners supporting hard to reach groups – including school librarians, mental health and other stakeholders -to adapt service model.	Tailored service models to support homeless people and school pupils with mental health needs. Tailored learning resources and guidance on delivering learning opportunities.	End of month 13
Test tailored models for supporting young people with mental health needs and other hard to reach contexts.	Evaluation reports Refinement of tailored service models.	End of month 16
<b>Phase 2: National scale-up</b>		
Plan communication campaign to disseminate service model and benefits. Issue communication to IJB Chief Officers from Deputy Chief Medical Officer and SLIC CEOs.	Communication plan and materials – outline of service and its benefits. Executive-level sponsors in IJB s. Documented service transformation framework	End of month 18

<p>Hold national Learning and Improvement Event</p> <p>Establish network of practice</p>	<p>Engagement of transformation leads in IJBs.</p> <p>Plans in those IJBs to implement new service framework and learning opportunities.</p> <p>Creation of virtual learning and improvement network of practice with designated leader and steering group, to support spread and ongoing shared learning across sectors.</p>	<p>End of month 20</p>
<p>Support service transformation leads in IJBs to identify partners in new service models.</p> <p>Facilitate 6 regional learning and development opportunities for partners</p>	<p>Partners in new service models engaged and with enhanced capabilities to deliver new service models.</p> <p>Consolidation of service transformation leads' plans to test and roll-out new service model.</p>	<p>End of month 23</p>
<p>Produce final project report</p>	<p>Final report</p>	<p>End of month 24</p>

## Integration Joint Board

21 November 2019

**Subject:** **Health and Social Care Clinical and Care Governance Group Update**

**Purpose:** To provide an update to the IJB in relation to governance and assurance of activity reviewed via the North Ayrshire Health and Social Care Partnerships' Clinical and Care Governance Group

**Recommendation:** The IJB are asked to note the report

### Glossary of Terms

AERG	Adverse Events Review Group
BBV	Blood-Borne Virus
CAMHS	Child and Adolescent Mental Health Services
CCGG	Clinical Care Governance Group
DN	District Nurse
HB	Health Board
HSCP	Health and Social Care Partnership
IEP	Injecting Equipment Provision
LD	Learning Disability
MAPP	Multi-Agency Public Protection Arrangements
MHO	Mental Health Officer
NACPC	North Ayrshire Child Protection Committee
PSMT	Partnership Senior Management Team
SAN	Safety Action Notice

### 1. EXECUTIVE SUMMARY

1.1 The Health and Social Care Partnership continue to provide robust arrangements for the governance of partnership services and wider relevant provision in order to deliver statutory, policy and professional requirements and also the achievement of partnership quality ambitions.

1.2 This paper provides an update and overview of governance activity for the period February 2019 – August 2019 inclusive for consideration by the IJB. The paper also reflects specific issues that have been requested for presentation by the Clinical Care Governance Group (CCGG) to ensure appropriate challenge is made and assurance provided.

### 2. BACKGROUND

2.1 As identified within previous papers presented to the IJB, the Partnership has developed clinical and care governance arrangements in line with the commitments and requirements contained in the Integration Scheme. It is acknowledged that an ongoing review of process and reporting is in place to ensure we apply the principles of continuous improvement.

<b>3.</b>	<b>OVERVIEW OF ACTIVITY AND UPDATE</b>
3.1	<p>The structures and expectations of the CCGG are now well established with group membership now including additional representation from the following:</p> <p>Principal Manager- Finance, NA Health &amp; Social Care Partnership (HSCP)  Interim Director of Pharmacy, NHS  Dietetic Lead Integrated Services, NHS  Risk Manager, Risk Management, NHS  Senior Facilitator, Governance, NHS  Assistant Director, Quality Improvement</p> <p>This additional membership reflects suggested inclusions from IJB members. It provides additional expertise and better ensures both pan Ayrshire implications are considered and that Governance activity better aligns to that of other HSCP and National Health Service (NHS) frameworks.</p>
3.2	<b><u>Learning Disabilities Service</u></b>
	<p>With the planned move of Learning Disabilities Services to the Trindlemoss and Warrix Avenue development, where there will be six patients residing with identified complex needs, it is essential to ascertain what provision for GP arrangements are in place. Such arrangements require to be confirmed and ratified. Any such arrangements will be discussed and agreed via the Partnership Senior Management Team (PSMT) in conjunction with the relevant GPs and agreed via the GP Subgroup. Clinical Director Dr Paul Kerr will liaise with the subgroup in seeking agreement on these arrangements.</p> <p>In a previous paper to the IJB, challenges were highlighted in recruiting to Learning Disability (LD) nursing posts. In order to promote services and the organisation as an employer of choice, attendance at a staff recruitment job fair for students at University West Scotland representing both Mental Health and LD services, was productive in identifying potential new staff. Any new recruitment will be considered in the context of the current vacancies within Mental Health and LD Services. It is acknowledged that there are current vacancies being held due to the predicted migration of staff to Woodland View/Trindlemoss. The attendance at the recruitment event was supported by the Partnership Senior Management Team, which has been acknowledged as a positive and pro-active approach to address staffing issues. Issues regarding challenges with recruitment and retention are being addressed via the Pan Ayrshire Workforce Group and the Professional Leadership Group.</p>
3.3	<b><u>Public Protection</u></b>
3.3.1	<b><u>Adult Support and Protection</u></b>
	<p>Dr John Taylor, Associate Medical Director, recently updated the CCGG on the 'Future Direction of Mental Health and Incapacity Legislation'. It is proposed, from Scottish Government, to review Adults With Incapacity, Mental Health Act and Adult Support &amp; Protection legislation. The CCGG also acknowledged work commencing to review Forensic Mental Health Services for Scotland.</p> <p>Ann McArthur, Adult Support and Protection Advisor for Acute Services presented revised Adults with Incapacity paperwork.</p>

	<p>The paper has been approved by NHS Healthcare Governance Committee and is ready to be disseminated organisational wide.</p> <p>The CCGG acknowledge that the revised paperwork is in response to recommendations as part of the recent Older People In Hospital (OPA) inspections of Crosshouse and Ayr Hospitals. CCGG expressed concerns that there had been a lack of carers' involvement in the development of the new documentation set and emphasised the importance of such contribution in any further developments.</p> <p>The CCGG approved the new documentation set and advocates this should be rolled out across North Ayrshire.</p>
3.3.2	<p><u>Child Protection</u></p>
	<p>North Ayrshire Child Protection Committee's (NACPC) Business Plan lays out the intentions of the Child Protection service for 2019/2020. The key areas of focus are:</p> <ul style="list-style-type: none"> <li>• Well-being and Vulnerability</li> <li>• Engagement and Empowerment</li> <li>• Learning and Development</li> <li>• Risk Assessment and Analysis</li> <li>• Working Together</li> <li>• Supervision Practices</li> </ul> <p>A measurement and Reporting Plan will be developed via the NACPC and will be discussed at the CPC Development Day on 8<sup>th</sup> November 2019.</p> <p>The Child Protection in the Family Workshops for all workers within Adult Services (being facilitated by the Child Protection Committee and HSCP Learning and Development Team) are being undertaken. The main objective of the workshop is for adult services to use the National Risk Framework and establish a shared language in relation to child protection and wellbeing for all services. The workshops are supported by team managers from adult and children services.</p> <p>It is acknowledged that the Child Protection Guideline for Mental Health is due for review. The output of this review will be brought back to the group for approval and the training plan will also be created around this.</p>
3.3.3	<p><u>Multi Agency Public Protection Arrangements (MAPPA)</u></p>
	<p>There is an ongoing review of MAPPA from South West Region, a partnership between Ayrshire &amp; Arran with Dumfries &amp; Galloway. The review recommended that an additional 0.5WTE coordinator be created to sit within the Dumfries and Galloway area. The post holder will cross cover with the Ayrshire office and provide additional local support where required, as well as ensuring Dumfries and Galloway have an efficient support in place.</p> <p>Good feedback was received with regards to the placing of appropriate health alerts on to multiple systems across health and social care environments. This approach is now being discussed as a national exemplar at the national MAPPA Health Group.</p> <p>The MAPPA steering group has now been formed with all HSCP represented.</p>

3.4	<b><u>Adverse Events</u></b>
	<p>Emerging themes from the Adverse Event Review Group (AERG) including Significant Adverse Event Reviews are as follows:</p> <ul style="list-style-type: none"> <li>• Increased drug related errors on clinical sites</li> <li>• Drug related deaths</li> <li>• Learning Summaries and Safety Action Notices</li> </ul> <p>The CCGG has noted an increase in the number of drug related errors on clinical sites. The CCGG is assured, however, that reviews are currently being undertaken by Senior Nurse and Nurse Managers in relation to identifying root cause of errors, relevant actions to be taken to improve clinical practice and systemic arrangements to mitigate against further errors. Outcomes from the fore mentioned processes will be presented to the MH AERG and North AERG for approval and that CCGG will ask for an update report in January 2020 to ensure sustained improvement has been maintained.</p> <p>The CCGG recently requested an update on actions being taken to mitigate against drug related deaths in North Ayrshire following a published report highlighting the statistics reflecting drug related deaths in 2018. The number of deaths reported was 1,187, an increase of 253 from 2017. Local context is that 85 deaths were reported in Ayrshire within this period 38 of which from the North Ayrshire Partnership area.</p> <p>The CCGG acknowledges that currently all drug related deaths are reported through MH AERG which facilitates a critical review of each incident. Considerations include causal factors, review of support mechanisms and analysis of any potential mitigation from service that may have contributed to the outcome. It is acknowledged through such analysis that drug related deaths are often indicative of multiple factors affecting the most vulnerable in society. Key areas of contributory factors include:</p> <ul style="list-style-type: none"> <li>• Aging demographic of those who use illicit substances which often contributes to increased risk of core morbidities.</li> <li>• An increased number of people who now take more than one substance, referred to as poly-drug use</li> <li>• Identification that opiate such as heroin and methadone are increasingly implicated in the vast majority of deaths</li> <li>• There is an increase in use of Benzodiazepines such as ‘street diazepam’</li> </ul> <p>The CCGG acknowledge there is now a framework in place which identifies areas of improvement to prevent drug related deaths. In addition, North Ayrshire has in place a Substance Related Death Prevention Group which brings together a range of both local and national services. The key focus of the group is on those vulnerable to overdose and involved in high risk drug taking. Specific actions taken on priority areas are:</p> <ul style="list-style-type: none"> <li>• Caring for people in contact with services</li> <li>• Reaching those not in contact with services</li> <li>• Reducing risk</li> <li>• Working with family and communities</li> </ul>

The CCGG acknowledge the widening use and supply of Naloxone (medication to reverse the immediate effects of Opioids). There have been 220 Naloxone kits distributed in the previous 12 months within North Ayrshire.

#### Opiate Replacement Therapy

We have been fortunate in North Ayrshire that our Health Board (HB) and Alcohol and Drug Partnership have provided substantial additional funding to fully fund a safe, tiered, recovery focussed ORT and support service. In addition, the integration of addiction health and social care services into a singular North Ayrshire Drug and Alcohol Recovery Service has seen improvements in communication, outcomes and recovery based interventions for individuals with drug and alcohol use.

#### Injecting Equipment Provision (IEP), Needle Exchange and Harm Reduction

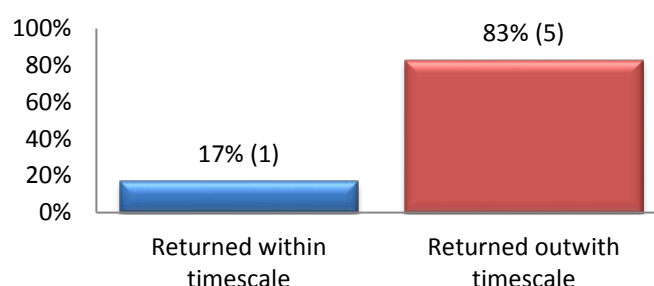
The Scottish Government provide each HB with Outcome Framework bundle funding. The Public Health Department then allocate this funding to meet specific Blood-Borne Virus (BBV) and sexual health outcomes.

Part of this funding pays for all our community IEP, BBV testing and support (clean needles, syringes, foil, water for injection, Hep C tests etc).

The CCGG have expressed concern in response to a funding notification letter dated 26 June 2019 that all HB funding has been reduced by 5% this year. The CCGG will monitor any potential detrimental effect to service delivery in particular areas such as IEP delivery and BBV related supports which affects the availability of clean needles, syringes and contributes to risk of BBV transmission which can have a direct link to increased drug related deaths.

#### Health and Safety

It is identified that there is poor compliance with the completion and sign-off of Safety Action Notices (SANs) being processed within 14 days of receives as per Scottish Government timescales an example of which is shown in table 1 below.



The CCGG recognise the need for significant and urgent improvement in relation to this as the SANs provide important direction on issues such as clinical change, risk identified in relation to clinical apparatus and significant drug administration changes.

In order to improve compliance and support safe working practice the CCGG have given direction that improved process will be installed with immediate effect (as of May 2019) to include:

- All SANs and Learning Summaries will go direct to responsible managers



	<ul style="list-style-type: none"> <li>• A new process is installed that requires the Associate Nurse Director to review all SAN's and Learning Summaries and identify appropriate routes of dissemination</li> <li>• All receiving managers are now required to respond by way of confirmation that the SANs and/or Learning Summary has been read and actioned within their area of responsibility</li> <li>• A policy revision will be undertaken supported by the Risk Management Committee to ensure that learning summaries are managed and applied with a more local focus.</li> </ul> <p>Risk Management confirmed CCGG improvement work is underway to ensure better processes that Safety Action notices are being appropriately responded to within specific timescales.</p>
3.5	<b><u>Professional Updates</u></b>
	The lead professionals provide regular updates to the Clinical and Care Governance Group. During the period February 2019 to August 2019 they reported on the undernoted areas.
3.5.1	<b><u>Mental Health Head of Service (Thelma Bowers)</u></b>
	<p>Challenges persist with the Mental Health Officer (MHO) on call rota, it is acknowledged there remain challenges in ensuring there is adequate MHO cover for out-of-hours services. The Partnership is negotiating enhanced terms with the intention of securing appropriate MHO volume to fully cover all roster duties.</p> <p>In relation to Child and Adolescent Mental Health Services (CAMHS) workforce, we have a number of vacancies not filled at present; this is largely due to a lack of CAMHS nurses being available nationally. It is acknowledged that the Partnership continues to assertively drive a pro-active recruitment programme with limited success, however workforce planning and pro-active activity will continue. The CCGG acknowledge the importance of this activity in relation to current CAMHS Services and the new National Secure Adolescent Inpatient Service for Scotland.</p>
3.5.2	<b><u>Clinical Director (Paul Kerr)</u></b>
	<p>The GP contracts are progressing well although there is a limit to money and resources available. Links with clusters and GP practices are taking place to ensure an even spread across North Ayrshire.</p> <p>The CCGG are advised that improvements are note regarding the practice arrangements in relation to Three Towns Medical Practice and West Kilbride Practice. Both practices will now be run by a consortium known as the Ayrshire Medical Group. Subjectively in meeting the surgery staff it was commented that there is a more positive feeling within the practice which is an improving position that may help with retention and recruitment.</p>
3.5.3	<b><u>Lead Nurse (David Thomson)</u></b>
	It is reported in relation to nursing workforce capacity that nursing workload and workforce tools have been run throughout our District Nurse (DN) services.

	<p>The tools outcomes led to a recommendation of a required uplift in the region of 22WTE across Ayrshire but as yet no increase in staff has been agreed. It is acknowledged that DN structures have improved from Senior clinician perspective; now having 3 x Band 7 Team Leads across all mainland teams. This has improved clinical leadership and access to more immediate supervision with a correlation of improving sickness and absence.</p> <p>Improvement work is underway with Senior Nurse supporting Community Mental Health Teams to improve case management, care planning and further develop supervision structures.</p> <p>It has been identified that Mental health Risk Assessments undertaken by clinicians and the skills in which to do so require to be reviewed and updated on a continuous basis. In response it is confirmed that training has now commenced.</p> <p>In order to help address nursing overspend, we have now run a series of Master Classes to assist local management of staff including financial understanding of local environment, application of supports and policy re fitness to work, Boxi reporting and roster management.</p> <p>Young person suicide prevention strategic oversight group continues to provide direction in contributing to the reduction of younger persons suicides. Work is ongoing via the operational group to refine the emergency response plans in relation to young person's suicide and the ongoing establishment of the health surveillance approach. Further work is now being undertaken to seek assurance that appropriate processes are being followed when a young person attends Emergency Department of either of the acute sites. Progress update will be provided by December 2019.</p>
3.5.4	<p><u>Interim Head of Service, Children, Families and Justice Services</u> <u>(David MacRitchie)</u></p>
	<p>There is now a new Children and Families Head of Service appointed. Alison Sutherland commenced post on 2nd September 2019. David MacRitchie is now responsible for Public Protection Services as well as Justice Services and continues his role as Chief Social Work Officer.</p> <p>The work of the transformation programme in moving into localities continues with the Kilwinning Locality Team having moved into Kilwinning Academy early September. Local engagement events have been very successful and the next locality to be progressed will be within the Three Towns.</p>
	<p>The Dartington Research Unit will be carrying out research to re-run the child count survey, with some amendments, which will be used to shape the new Children's Services plan.</p>
3.5.5	<p><u>Lead AHP (Alistair Reid)</u></p>
	<p>Several topics have been highlighted to the Clinical and Care Governance Group during the period February to August 2019.</p> <p>The AHP Highlight Report was tabled with the group, post devolution of AHP services to each health and social care partnership area.</p>

	<p>The report shared detail of the scope and activity of allied health professions in North Ayrshire, highlighted how this activity supports North Ayrshire HSCP's strategic ambitions and set out the priorities for AHP activity for 2019.</p> <p>The AHP workforce capacity remains a challenge in several areas, with risk assessments being tabled to highlight issue in specific areas, alongside the steps being taken to manage such risks. Risk assessments relating to speech and language therapy provision for children and young people in North Ayrshire, and AHP input to the Douglas Grant Rehabilitation ward have both been escalated to the Clinical and Care Governance Group and placed on the risk register.</p> <p>The group have further been kept briefed on:</p> <ul style="list-style-type: none"> <li>• Pan Ayrshire work to support robust supervision arrangements for AHPs, in support of Scotland's' national position statement on supervision for allied health professionals</li> <li>• The participation of the physiotherapy service in the Health and Safety Executive stress survey work.</li> <li>• Progress made around improving waiting times for community care occupational therapy</li> <li>• The Podiatry service redesign</li> <li>• Progress made around implementation of the new model for enhanced intermediate care and rehabilitation</li> <li>• The range of AHP quality improvement work showcased at the NHS Scotland conference</li> <li>• The appointment of Emma Stirling as AHP Associate Director for NHS Ayrshire and Arran</li> </ul>
3.6	<p><b><u>Anticipated Outcomes</u></b></p>
	<p>It is anticipated that by continuing the development and improving reporting through CCGG will enhance quality of service provision and continue to mitigate against risk. Further meeting dates are planned for 2019/20.</p> <p>Wednesday 20th November 2019  Wednesday 18th December 2019  Wednesday 29<sup>th</sup> January 2020  Wednesday 26<sup>th</sup> February 2020  Wednesday 25<sup>th</sup> March 2020  Wednesday 22<sup>nd</sup> April 2020  Wednesday 27<sup>th</sup> May 2020  Wednesday 24<sup>th</sup> June 2020  Wednesday 29<sup>th</sup> July 2020  Wednesday 26<sup>th</sup> August 2020  Wednesday 30<sup>th</sup> September 2020  Wednesday 28<sup>th</sup> October 2020  Wednesday 25<sup>th</sup> November 2020  Wednesday 23<sup>rd</sup> December 2020</p>
3.7	<p><b><u>Measuring Impact</u></b></p>
	<p>It is anticipated that by continuing the development and improving reporting through CCGG will enhance quality of service provision and continue to mitigate against</p>

	risk		
<b>4.</b>	<b>IMPLICATIONS</b>		
<b>Financial:</b>	No		
<b>Human Resources:</b>	No		
<b>Legal:</b>	Yes		
<b>Equality:</b>	Activity is in line with equality requirements and good practice		
<b>Children and Young People</b>	Positive impacts of work being conducted noted.		
<b>Environmental &amp; Sustainability:</b>	Not Applicable		
<b>Key Priorities:</b>	In keeping with all aspects of the wider delivery plan.		
<b>Risk Implications:</b>	Governance contributes to risk management and risk mitigation activities.		
<b>Community Benefits:</b>	Not Applicable		
<b>Direction Required to Council, Health Board or Both</b>	Direction to :-		
	1. No Direction Required		X
	2. North Ayrshire Council		
	3. NHS Ayrshire & Arran		
	4. North Ayrshire Council and NHS Ayrshire & Arran		
<b>5.</b>	<b>CONCLUSION</b>		
5.1	The IJB is asked to consider and note the progress contained within this report.		

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**Integration Joint Board**  
**21 November 2019**

**Subject:** **Budget Monitoring – Month 6 (September 2019)**

**Purpose:** To provide an update on financial performance to September 2019, including the projected outturn for the 2019-20 financial year.

**Recommendation:** It is recommended that the IJB:

- a) Note the projected year-end overspend of £2.969m;
- b) Note the changes in funding as detailed in section 2.11 and Appendix E; and
- c) Note the potential impact of the Lead Partnerships.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
CAMHS	Child & Adolescent Mental Health Services
BRAG	Blue, Red, Amber, Green
UNPACS	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
CRES	Cash Releasing Efficiency Savings
NES	NHS Education Scotland – education and training body
NRAC	NHS Resource Allocation Committee

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	The report provides an overview of the financial position for the partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments, these have been prepared in conjunction with relevant budget holders and services. It should be noted that although this report refers to the position at the September period end that further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn is a year-end overspend of £2.969m for 2019-20 which is an adverse movement of £0.661m from the previous reporting period. There is scope for this position to fluctuate due to in-year cost and demand pressures and assumptions in relation to funding and the achievement of savings. A financial recovery plan was approved by the IJB in September to work towards delivering financial balance. Progress against the plan will be closely monitored as the IJB may be required to approve additional actions later in the financial year if the planned impact is not realised.

1.3	There has been as adverse movement in the position which mainly relates to a review of the assumptions for care at home, an increase in fostering, children's residential placements, care home respite and South Lead Partnership services. The main areas of pressure continue to be learning disability care packages, care homes, care at home, looked after children, and adult in-patients within the lead partnership. Alongside the specific actions outlined in the financial recovery plan services will continue to deploy tight financial management controls to support bringing expenditure back into line with budget.
1.4	It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on this basis as financial balance needs to be achieved. North Ayrshire Council continue to hold £1.486m on behalf of the IJB to allow the repayment of the outstanding debt of £5.139m to the Council over the next 3-4 years. This resource is not currently included in the projected outturn position, any overspend position at the year-end would impact on the ability of the IJB to make the planned debt repayment.
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	<p>The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery and action required to work towards financial balance.</p> <p>The funding in relation to Frank's Law (free personal care for under 65's) and the Carers Act had previously been held outwith services, during this period the budget has been allocated to the relevant service areas. This impacts on the projection for each service area but not the overall financial position as the funding was already factored into the projected outturn.</p>
	<b>FINANCIAL PERFORMANCE</b>
2.2	<p>Against the full-year budget of £242.394m there is a projected overspend of £2.969m (1.2%). An integrated view of the financial position should be taken; however, it is useful to note that this overall position consists of a projected overspend of £3.069m in social care services offset by a projected underspend of £0.100m in health services.</p> <p>The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year.</p> <p>Appendix A provides the financial overview of the partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets with detailed analysis provided in Appendix B.</p>
2.3	<b>Community Care and Health Services</b>
	<p>Against the full-year budget of £67.878m there is a projected overspend of £1.275m (1.9%) which is a favourable movement of £0.213m due to the allocation of Frank's Law and Carers funding. The main reasons for the projected overspend are:</p> <p>a) Care home placements including respite placements – projected to overspend by £0.090m (£0.077m favourable movement). Permanent placements will continue to be managed to bring the budget back into line. The projection can</p>

vary due to factors other than the number of placements e.g. the impact of interim funded places and outstanding requests for funding, this will require to be monitored closely. The overspend in permanent placements is partly offset by a projected over-recovery of Charging Order income of £0.200m which is based on income received to date and improved processes to track the charging orders.

- b) Independent Living Services are projected to overspend by £0.230m which is due to an overspend on physical disability care packages within the community and residential packages. There will be further work undertaken with the implementation of the Adult Community Support framework which will present additional opportunities for reviews and payment only for the actual hours of care delivered. The favourable movement of £0.038m is due to the allocation of funding from Frank's Law.
- c) Packages of care are projected to underspend by £0.090m which is a favourable movement of £0.006m. This is due to delays in new packages offsetting the use of supplementary staffing for existing packages, this has improved from the 2018-19 position.
- d) Care at home is projected to overspend by £0.893m which is an adverse movement of £0.298m. The movement is due to updating the assumptions re how much of a reduction can be achieved through reviews by the year-end, with a realistic estimate that hours can be reduced by 50 per week. This reduction will allow for capacity to be freed up in the internal service to facilitate hospital discharge and manage waiting lists and a reduction in cost from commissioned services. The overspend for in-house services relates to providing additional hours to cover a service that a provider handed back and the in-house service had to increase capacity to ensure the safety of vulnerable service users within the community of the North Coast locality and also the need to facilitate patient discharges from Crosshouse Hospital. The projection assumes that the number of hours currently being invoiced will reduce further following an internal review of the hours provided and an ongoing contractual issue with a commissioned provider. In addition previously unfunded costs relating the Care at Home service are now reported within the overall position for CAH to be managed within that delegated budget. The service currently has, between hospitals and community a managed waiting list of individuals waiting on a care at home package or an increase in their existing care package.
- e) Long Term Conditions (Ward 1), projected overspend of £0.274m (adverse movement of £0.004m) which is mainly due to an overspend in employee costs to ensure staffing levels are at a safe level. This is a recurring pressure for which funding requires to be identified. This will be reviewed during 2019-20 along with other wards. Ward 2 is projected to be £0.020m underspent (adverse movement of £0.006m) but this is subject to continuing to receive £0.504m of funding from East HSCP for their patients, East have indicated their intention to reduce the number of commissioned beds, this is not anticipated to be implemented during 2019-20.
- f) Community Care employee costs are projected to overspend by £0.193m (favourable movement of £0.115m) due to supernumerary / unfunded posts and the non achievement of payroll turnover. Some of these posts have been

	<p>allocated to care at home and others have still to be allocated to the appropriate service to manage the costs within the delegated budget.</p> <p>g) Locality services employee costs are projected to overspend by £0.161m (favourable movement of £0.015m) due to a projected shortfall in payroll turnover targets.</p> <p>h) Carers Act Funding is projected to underspend by £0.268m based on the currently committed spend. This could fluctuate depending on the volume of carers' support plans undertaken and the level of demand/services identified from these plans. This underspend will be used in the first instance to fund the projected overspend on care home respite placements.</p> <p>i) Intermediate Care (excluding Models of Care) is projected underspend by £0.089m due to vacancies.</p> <p>j) Intermediate Care and Rehab Models of Care is projected to overspend by £0.247m (favourable movement of £0.013m) which represents the full year funding impact of the model. The projected overspend is based on the posts which are currently filled, with an assumption that any vacancies would be held until a longer term decision on funding investment is taken.</p> <p>k) Aids and adaptations – are projected to underspend by £0.200m per the approved recovery plan.</p>
2.4	<p><b>Mental Health Services</b></p>
	<p>Against the full-year budget of £75.958m there is a projected overspend of £0.860m (1.1%) which is a favourable movement of £0.415m due to the allocation of Frank's Law and Carers funding. The main reasons for the projected overspend are:</p> <ul style="list-style-type: none"> <li>• Learning Disabilities – projected overspend of £0.977m (favourable movement of £0.387m), of which £0.531m is in relation to community care packages, £0.272m for direct payments and £0.361m for residential placements. The projection assumes that savings of £0.368m will be made before the year end, that the level of invoice variations will be higher than previously assumed and some slippage with planned new packages. These overspends are partially offset by vacant posts.</li> <li>• Community Mental Health – is projected to underspend by £0.043m (favourable movement of £0.012m) mainly due to vacancy savings (after allocating £0.090m of payroll turnover) and an overall underspend in care packages.</li> <li>• Addictions – is projected to be underspent by £0.110m (favourable movement of £0.015m) due to vacant posts.</li> <li>• Lead Partnership for Mental Health – overall projected overspend of £0.036m (favourable movement of £0.001m) which consists of:</li> </ul>



*Overspends:*

- Adult inpatients £0.600m (adverse movement of £0.020m) - mainly due to the delay in closing the Lochranza ward on the Ailsa site. The ability to close Lochranza is dependent on discharging at least two patients from South Ayrshire. South HSCP have been advised that the Lochranza ward will close, the projection also assumes subsequent redeployment costs.
- Psychiatry £0.025m (favourable movement of £0.020m) – overspend primarily due to agency costs. Agency staff are used in the absence of being able to recruit permanent posts.
- UNPACS £0.282m (£0.040m adverse movement) – based on current placements which increased by one and an increased charge from the state hospital for the period April to August 2019.
- Elderly inpatients £0.100m - due to holding vacancies in relation to reconfiguring the wards. This resulted in using supplementary staff in the interim.

*Underspends:*

- CAMHS £0.270m (no movement) – due to vacancies and delays with recruitment. This is after applying £0.150m of payroll turnover.
- Psychology £0.200m (£0.040m favourable) – due to vacancies. This is after applying £0.150m of payroll turnover.
- Adult Community Mental Health £0.098m (£0.029m favourable movement) - due to vacancies.
- MH Pharmacy £0.160m (£0.006m favourable movement) – due to continued lower substitute prescribing costs.
- MH Admin £0.139m (favourable movement of £0.014m) - due to vacancies.

2.5

**Children & Justice Services**

Against the full-year budget of £35.744m there is a projected overspend of £1.415m (4%) which is an adverse movement of £0.346m. The main reasons for the projected overspend are:

- a) Residential Schools and Community Placements – projected overspend of £1.386m (adverse movement of £0.124m). The projection is based on the current number of placements and estimated discharge dates for each placement. There are 20 placements and 2 secure placements. The reported projection assumes 2 discharges by December with the remaining 18 assumed to be still in a placement at the year end. There is no provision for any increase in placements. The adverse movement relates to a child being placed in a secure placement, one child in remand and another with an extended discharge date due to a decision made by the Children's Panel. Whilst there has been

some progress in reducing the overall number of external placements the financial benefit of this has been offset by unplanned secure and remand placements as well as decisions made by the Children's Panel.

- b) Looked After Children Placements – projected overspend of £0.083m (adverse movement of £0.201m) due to the current demand for fostering, adoption and kinship placements. There were an additional 9 in house foster placements and 2 external placements in the last month. The external placements were made as there were no internal foster carers available. Unless additional internal foster carers are recruited there will be a continued need to use external foster placements.
- c) Early Years – projected to underspend by £0.048m (favourable movement of £0.030m) mainly due to the level of vacancies in health visiting. This is after allocating £0.200m of payroll turnover and accounting for £0.175m of potential additional costs for the regrading of the HV posts.
- d) Children with Disabilities Residential Placements – projected underspend of £0.093m (adverse movement of £0.084m) as one placement is no longer funded on a shared basis with education. This budget requires to be maintained at a level to fund the investment in the new ASN residential facility.

## 2.6 Management and Support Costs

Against the full-year budget of £8.776m there is a projected underspend of £0.635m (7.2%) which is an adverse movement of £0.861m. The adverse movement is due to reallocating the funding for Frank's Law to the relevant service areas. The remaining underspend relates to the potential delay in commitment for pressure funding set aside in the 2019-20 budget, the most significant element of this is linked to the delay in opening of the Trindlemoss development. The requirement for this funding will need to be closely monitored and may require to be delegated to services as and when required.

## 2.7 Primary Care and Prescribing

Prescribing is the responsibility for the Health Board to fund and under the terms of the Integration Scheme the Health Board continues to underwrite the prescribing position across the three Ayrshire IJBs. At month 6 prescribing is projected to be £1.383m overspent (adverse movement of £0.276m). This is not included in the projected outturn due to the NHS underwriting the overspend.

## 2.8 Savings Progress

- a) The approved 2019-20 budget included £6.134m of savings.

RAG Status	Position at Budget Approval £m	Position at Period 6 £m
Red	-	0.215
Amber / Red	-	1.738
Amber	2.980	0.874
Green	3.154	3.307
<b>TOTAL</b>	<b>6.134</b>	<b>6.134</b>

	<p>b) The projected year-end outturn position assumes:</p> <ul style="list-style-type: none"> <li>i) £0.215m of the Red savings in relation to reducing LD sleepovers will not be delivered as planned and this is reflected in the overall projected outturn position; and</li> <li>ii) The £0.328m risk of savings relating to Trindlemoss is partially reflected (£0.178m) in the projected overspend position as there is ongoing work to establish the deliverability of the saving given that the savings were based on the service being operational from September.</li> </ul> <p>If progress is made to deliver the savings this would improve the overall outturn position (LD sleepovers) or prevent the overspend increasing further (Trindlemoss).</p> <p>Some savings have been reclassified as Amber / Red as the budget has been removed from the service area but these areas are overspending.</p> <p>The projected financial position assumes that all remaining savings on the plan will be delivered. Progress with savings delivery requires to be closely monitored to ensure the impact on the financial position can be assessed and corrective action taken where necessary. It is essential that if a saving cannot be achieved by the year end that there are plans in place to achieve it moving into 2020-21.</p> <p>Appendix C provides an overview of the savings plan, this highlights that at this stage a total of £2.461m of savings have been delivered successfully.</p> <p>The Transformation Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solution focussed approach to bringing programmes back on track.</p>
2.9	<p><b>Financial Recovery Plan</b></p> <p>The Integration Scheme requires the implementation of a recovery plan if an overspend position is being projected, to take action to bring overall service delivery back into line with the available resource. The previously approved financial recovery plan is included in Appendix D.</p> <p>This includes specific targeted actions with a focus on addressing the pressure areas, the actions will not only improve the projected overspend this year but will also address recurring overspends in service areas moving into future years. The plan requires the IJB support as whilst many of the actions are operational management decisions there may be some resistance from service users and communities to any changes to care packages and services.</p> <p>The plan will be monitored closely and is underpinned by more detailed plans with clear actions for high risk service areas. One of the most significant risk areas is Learning Disabilities, a more detailed plan with all actions including tracking progress with reviews is co-ordinated between the service and finance and transformation team. Weekly cross-service progress meetings are being held to track progress and to ensure progress at pace.</p> <p>The overall recovery plan will be an iterative document to remain under review. Progress with the plan will be monitored against to ensure it has the required impact</p>

and this will feature in future reporting to the IJB. The plan was agreed in September therefore at this stage the full impact is not known.

Given the potential impact so far it is proposed that the further actions below are undertaken:

- 1) **Care at Home** – review feedback from the Thinking Differently Doing Better sessions to identify the main ‘themes’ that can be taken forward to maximise capacity, including visits, assessment and review process, electronic communication with staff.
- 2) **Learning Disability** – continue the focussed work with weekly progress updates. Hold a development session with the learning disability team to ensure that progress made to date is embedded moving forward. Progress the responder service on a geographical cluster basis with Trindlemoss being the piloted area.
- 3) **In house fostering** – grow the number of in-house foster carers through a recruitment campaign (advertising, radio and social media campaign). Review the terms and conditions for foster carers.
- 4) **Children’s Residential Placements** – work with housing colleagues to develop alternatives for older children in care to ensure local capacity can be used to reduce the numbers of external placements.

There is a risk that if the planned impact is not achieved that further actions will require to be added to the plan and these may include actions that would impact on the quality and performance of front-line services. The plan also highlights areas where a future policy decision may be required by the IJB to support delivery, where required this will be brought back to the IJB.

## 2.10 **Financial Risks**

The 2019-20 budget setting paper noted unfunded pressures which could present a risk to the projected outturn position. This included:

- a) Paid as if at work is a pressure relating to health employed staff and the payment of a holiday pay element for regular additional payments, e.g. overtime. The cost across the Health Board is estimated to be £1.4m but is unclear at this stage what the cost will be for each service, for North Ayrshire this is estimated to be around £0.2m. When the cost pressure value is known the partnership will look to services to fund from within existing resources where possible.
- b) There is a potential pressure in relation to GP practices in difficulty. This is a dynamic pressure which we will look to manage in-year. If this cannot be achieved, then the default position would be to fund the North fair share of this (circa £0.2m) from any underspend in the Primary Care Improvement Fund (PCIF).

In addition to these pressures there is a potential reduction to the funding available for Ward 2 in Woodland View as East HSCP are reviewing the number of beds they want to commission from the ward. It is unlikely that this will be implemented during 2019-20 due to the limited notice given re the intent to reduce.

	The IJB may be asked to take further decisions during 2019-20 in relation to managing the above pressures.
2.11	<p><b>Budget Changes</b></p> <p>The Integration Scheme states that <i>“either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis....without the express consent of the Integration Joint Board”</i>.</p> <p>Appendix E highlights the movement in the overall budget position for the partnership following the initial approved budget.</p> <p><b>Reduction Requiring Approval:</b></p> <p>There are no specific reductions that the IJB are required to approve.</p> <p><b>Future Planned Changes:</b></p> <p>Further areas which are outstanding and will be included in future reports include:</p> <ol style="list-style-type: none"> <li>1) Transfer of hub funding to the Communities Directorate (approx. £57k)</li> <li>2) The transfer of the Douglas Grant and Redburn rehab wards from acute services to the North HSCP. The operational management of these wards has already transferred to the partnership, but the due diligence undertaken on the budget has highlighted a funding shortfall. It has been agreed with NHS Ayrshire &amp; Arran that the financial responsibility will not transfer until balance is found. In the meantime, we are managing services and working to reduce the projected overspend prior to any transfer.</li> </ol>
2.12	<p><b>Lead Partnerships</b></p> <p><b>North Ayrshire HSCP</b> Services managed under Lead Partnership arrangements by North Ayrshire Health and Social Care Partnership are projected to be £0.035m (£0.036m MH over and £0.001m Children under) overspent. Full detail on the underspend is given in section 2.4 above.</p> <p><b>South Ayrshire HSCP</b> Services hosted and/or led by the South Partnership are forecast to be £0.225 million overspent. The Community Equipment Store was funded with an additional £0.280m as part of the budget for this year, however it continues to be a source of pressure and represents the majority of the overspend. It should be noted that expenditure is volatile depending on the timing of purchases. This issue is being discussed by SPOG.</p> <p><b>East Ayrshire HSCP</b> Services managed under Lead Partnership arrangements by East Ayrshire Health and Social Care Partnership are projected to marginally overspend by £0.288m in total. The overall Primary Care Lead Partnership projected overspend is £0.266m and this projected variance mainly relates to additional payments within Primary Medical Services to GP practices currently experiencing difficulty (mainly practices that the NHS Board is administering due to previous GPs handing back contracts). The GP practices in difficulty issue is extremely fluid however negotiations are progressing</p>

	<p>with practices with a view to them returning to independent contractor status. Additional Ayrshire Urgent Care Services costs resulting from increased rates being paid to attract GPs over certain periods can prove challenging to fill without financial incentives. These additional costs are partially offset by savings in Dental services. This reflects the month 4 position for East as the updated information for month 6 was not available to incorporate into the report.</p>
	<p>Further work is being taken forward to develop a framework to report the financial position and impact of risk sharing arrangements across the 3 partnerships in relation to hosted or lead service arrangements. This is to ensure the IJB are fully sighted on the impact for the North Ayrshire partnership. The IJB will be kept informed of progress with this work which is being progressed by the Ayrshire Partnership Finance Leads.</p> <p>At month 6 the impact of the Lead Partnerships has been calculated based on the average NRAC share which is the method that was used in previous years and has been agreed by the Ayrshire Finance Leads. The NRAC shares are: North 36.6%, South 30.5% and East 32.9%</p>
2.14	<p><b>Set Aside</b></p> <p>The Integration Scheme makes provision for the Set Aside Budget to be managed in-year by the Health Board with any recurring over or under spend being considered as part of the annual budget setting process. The 2019-20 set aside budget for North HSCP is £30.094m, based on expenditure in 2018-19. The acute directorate, which includes the areas covered by the set aside budget, is overspent by £6.4m after 6 months.</p> <p>58 additional and unfunded beds were open at the 31st March 2019. Crosshouse and Ayr hospitals have experienced a high level of demand and delayed discharges, resulting in increased operational pressures and additional expenditure.</p> <p>During 2018-19 the North Partnerships use of the set aside resources was £30.094m against the NRAC 'fair share' of £28.697m which is £1.127m above the 'fair share'. There is an expectation that the North Partnership will move towards its 'fair share'. The Models of Care programmes including the Intermediate Care and Rehab investment and the Palliative End of Life proposals being developed represent agreed or potential investment in community services with a view to reducing acute beds. This is in effect a mechanism to reduce the set aside resources. Currently however the funding for the ICR model is not able to be released from the acute set-aside budget due to service pressures and the overall overspend in acute services.</p>
3.	<p><b>PROPOSALS</b></p>
3.1	<p><b><u>Anticipated Outcomes</u></b></p>
	<p>Continuing to implement and monitor the financial recovery plan will allow the IJB to take the action where required to ensure the partnership can deliver services in 2019-20 from within the available resource, thereby limiting the financial risk the funding partners, i.e. NAC and NHS AA.</p> <p>The transformational change programme will have the greatest impact on the financial sustainability of the partnership, the IJB require to have a clear understanding of</p>

	progress with plans and any actions that can be taken to bring the change programme into line.
3.2	<b><u>Measuring Impact</u></b>
	Updates to the financial position will be reported to the IJB throughout 2019-20.
4.	<b>IMPLICATIONS</b>
<b>Financial:</b>	<p>The financial implications are as outlined in the report.</p> <p>Against the full-year budget of £242.394m there is a projected overspend of £2.969m (1.2%). The report outlines the action being taken and proposed action to reduce the projected overspend.</p> <p>There are a number of assumptions underpinning the projections which could change as we progress through the year. We will continue to work with services to ensure the most accurate and reliable position is reported.</p> <p>The financial recovery plan details planned actions to reduce the projected overspend, this plan will require to be closely monitored and reviewed to determine if further actions may be required to bridge the gap.</p> <p>The main areas of financial risk which may impact on this position are highlighted in the report.</p> <p>North Ayrshire Council hold £1.486m on behalf of the IJB to allow the repayment of the outstanding debt of £5.139m to the Council over future years. This resource is not currently included in the projected outturn position, any remaining overspend position at the year-end would impact on the ability of the IJB to make the planned debt repayment.</p>
<b>Human Resources:</b>	None
<b>Legal:</b>	None
<b>Equality:</b>	None
<b>Children and Young People</b>	None
<b>Environmental &amp; Sustainability:</b>	None
<b>Key Priorities:</b>	None
<b>Risk Implications:</b>	Within the projected outturn there are various over and underspends including the non-achievement of savings which need to be addressed. If the financial recovery plan does not deliver the required improvements to the financial position, there is a risk that further actions will require to be identified and service quality and performance may be compromised to achieve financial balance.

<b>Community Benefits:</b>	None
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<b>Direction Required to Council, Health Board or Both</b>	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	√

<b>4.</b>	<b>CONSULTATION</b>
4.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The report is shared with the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.</p>
<b>5.</b>	<b>CONCLUSION</b>
	<p>It is recommended that the IJB:</p> <p>a) Note the projected year-end overspend of £2.969m;</p> <p>b) Note the changes in funding as detailed in section 2.11 and Appendix E; and</p> <p>c) Note the potential impact of the Lead Partnerships.</p>

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North Ayrshire Health & Social Care Partnership  
Objective Summary Report as at 30th September

Appendix A

Partnership Budget - Objective Summary	2019/20 Budget									Over/ (Under) Spend Variance at Period 5 £'000	Movement in projected budget variance from Period £'000
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
COMMUNITY CARE AND HEALTH	54,873	55,931	1,058	13,005	13,222	217	67,878	69,153	1,275	1,488	(213)
: Locality Services	25,271	25,507	236	4,517	4,421	(96)	29,788	29,928	140	721	(581)
: Community Care Service Delivery	26,035	27,391	1,356	0	0	0	26,035	27,391	1,356	1,169	187
: Rehabilitation and Reablement	1,765	1,531	(234)	1,925	2,034	109	3,690	3,565	(125)	(54)	(71)
: Long Term Conditions	1,443	1,168	(275)	4,574	4,788	214	6,017	5,956	(61)	(318)	257
: Integrated Island Services	359	334	(25)	1,989	1,979	(10)	2,348	2,313	(35)	(30)	(5)
MENTAL HEALTH SERVICES	24,109	25,248	1,139	51,849	51,570	(279)	75,958	76,818	860	1,275	(415)
: Learning Disabilities	18,240	19,325	1,085	511	403	(108)	18,751	19,728	977	1,364	(387)
: Community Mental Health	4,504	4,558	54	1,611	1,514	(97)	6,115	6,072	(43)	(31)	(12)
: Addictions	1,365	1,365	0	1,345	1,235	(110)	2,710	2,600	(110)	(95)	(15)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	48,382	48,418	36	48,382	48,418	36	37	(1)
CHILDREN & JUSTICE SERVICES	32,134	33,519	1,385	3,610	3,640	30	35,744	37,159	1,415	1,069	346
: Intervention Services	3,859	3,862	3	325	368	43	4,184	4,230	46	137	(91)
: Looked After & Accomodated Children	16,325	17,603	1,278	0	0	0	16,325	17,603	1,278	1,016	262
: Fieldwork	4,713	4,833	120	0	0	0	4,713	4,833	120	52	68
: CCSF	309	289	(20)	0	0	0	309	289	(20)	(45)	25
: Criminal Justice	2,627	2,627	0	0	0	0	2,627	2,627	0	0	0
: Early Years	394	358	(36)	2,868	2,856	(12)	3,262	3,214	(48)	(18)	(30)
: Policy & Practice	3,907	3,947	40	0	0	0	3,907	3,947	40	(87)	127
: Lead Partnership NHS Children's Services Area Wide	0	0	0	417	416	(1)	417	416	(1)	14	(15)
PRIMARY CARE	0	0	0	47,170	47,170	0	47,170	47,170	0	0	0
ALLIED HEALTH PROFESSIONALS				5,131	5,071	(60)	5,131	5,071	(60)	(50)	(10)
MANAGEMENT AND SUPPORT COSTS	6,899	6,436	(463)	1,877	1,705	(172)	8,776	8,141	(635)	(1,496)	861
CHANGE PROGRAMME	655	605	(50)	1,082	1,082	0	1,737	1,687	(50)	(50)	0
TOTAL	118,670	121,739	3,069	123,724	123,460	(264)	242,394	245,199	2,805	2,236	569
Return Hosted Over/Underspends East	0	0	0		0	(12)			(12)	(17)	5
Return Hosted Over/Underspends South	0	0	0		0	(11)			(11)	(16)	5
Receive Hosted Over/Underspends South	0	0	0		0	82			82	0	82
Receive Hosted Over/Underspends East	0	0	0		0	105			105	105	0
REVISED PROJECTED OUTTURN	118,670	121,739	3,069	123,724	123,460	(100)	242,394	245,199	2,969	2,308	661

# 2019-20 Budget Monitoring Report – Detailed Variance Analysis per service

## Appendix B

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
<b>COMMUNITY CARE AND HEALTH</b>	<b>67,878</b>	<b>69,153</b>	<b>1,275</b>	
Locality Services	29,788	29,928	140	<p><b>Older People permanent care homes</b> - projected overspend of £0.290m based on 815 placements. Respite care is projected to be online.</p> <p><b>Income from Charging Orders</b> - projected over recovery of £0.200m'</p> <p><b>Independent Living Services :</b></p> <ul style="list-style-type: none"> <li>* Direct Payment packages- projected overspend of £0.086m on 62 packages and a net decrease of 1 packages expected during the year..</li> <li>* Residential Packages - projected overspend of £0.014m based on 35 packages.</li> <li>* Community Packages (physical disability) - projected overspend of £0.130m based on 50 packages</li> </ul> <p><b>NHS Packages of Care</b> - projected underspend of £0.090m due to use of supplementary staffing offset by slippage in other packages.</p>
Community Care Service Delivery	26,035	27,391	1,356	<p><b>Care at home</b></p> <ul style="list-style-type: none"> <li>- in house service - projected overspend of £0.271m based on the current level of contracted costs remaining until the year end. Care at home staff have been incurring additional hours as there are moratoria on four of the purchased care providers.</li> <li>- Purchased Care at home - projected overspend of £0.672m. This is after reducing the budget by £0.500m to reflect the agreed 19-20 saving.</li> </ul> <p><b>Direct Payments</b> - projected underspend of £0.050m based on 29 packages continuing until the year end.</p> <p><b>Transport costs</b> - projected overspend of £0.072m due to increase in staff mileage within care at home.</p> <p><b>Admin costs</b> - projected overspend of £0.103m mainly due to mobile phone equipment.</p> <p><b>Supplies and Services</b> - projected overspend of £0.125m in relation to uniforms and other supplies.</p> <p><b>Voluntary Organisations</b> - projected overspend £0.088m mainly in relation to the Alzheimer service.</p> <p><b>Income</b> - projected over recovery £0.053m mainly in relation to CM2000 non compliance charges.</p>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Rehabilitation and Reablement	3,690	3,565	(125)	<b>Employee costs</b> - projected underspend £0.154m due to vacancies. <b>Intermediate Care and Rehab Models of Care</b> - projected to overspend by £0.247m which is the full year funding impact. <b>Aids and Adaptations</b> - projected underspend of £0.200m per the approved recovery plan
Long Term Conditions	6,017	5,956	(61)	<b>Ward 1</b> - projected overspend of £0.274m due to the use of supplementary staffing. <b>Ward 2</b> - projected underspend of £0.020m assuming £0.504m of funding transfers from East HSCP in relation to Kirklandside patients. <b>Elderly CMHT</b> - underspend of £0.055m due to vacancies. <b>Carers Act Funding</b> - projected underspend of £0.268m based on the committed spend. This could fluctuate depending on the volume of carers' assessments undertaken and the level of demand/services identified from these assessments. This underspend will be used in the first instance to cover the projected overspend on care home respite placements.
Integrated Island Services	2,348	2,313	(35)	<b>Outwith the threshold for reporting</b>
<b>MENTAL HEALTH SERVICES</b>	<b>75,958</b>	<b>76,818</b>	<b>860</b>	
Learning Disabilities	18,751	19,728	977	<b>Residential Packages</b> - projected overspend of £0.361m based on 41 current packages. <b>Community Packages (inc direct payments)</b> - projected overspend of £1.287 based on 294 current packages less 5% invoice variances. The projection assumes savings of £0.490m will be achieved and that any new packages or increases to current packages will be cost neutral. The direct payments projection is based on 41 current packages with a net increase of 2 to the year end less £0.102m recovery of unspent balances. <b>Employee costs</b> - projected underspend £0.084m mainly due to vacant posts
Community Mental Health	6,115	6,072	(43)	<b>Outwith the threshold for reporting</b>
Addictions	2,710	2,600	(110)	<b>Employee costs</b> - projected underspend £0.110m due to vacant posts <b>ADP</b> - projected online position as any underspend will be carried forward into 2020/21.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Lead Partnership (MHS)	48,382	48,418	36	<p><b>Adult Community</b> - projected underspend of £0.098m due to vacancies.</p> <p><b>Adult Inpatients</b>- projected overspend of £0.600m due to a delay in closing the Lochranza wards. Assumes a 5th bed is sold from October.</p> <p><b>UNPACs</b> - projected overspend of £0.282m which includes the charges from the state hospital (April - August 2019).</p> <p><b>LDS</b> - assumed online pending completion of the relocation of services to Woodland View.</p> <p><b>Elderly Inpatients</b> - projected overspend of £0.100m due to use of supplementary staffing. This could fluctuate pending the finalisation of the elderly mental health bed redesign.</p> <p><b>Addictions</b> - projected underspend of £0.025m due to vacancies.</p> <p><b>CAMHS</b> - projected underspend of £0.270m due to vacancies.</p> <p><b>MH Admin</b> - projected underspend of £0.139 due to vacancies..</p> <p><b>Psychiatry</b> - projected overspend of £0.025m due to agency costs.</p> <p><b>MH Pharmacy</b> - projected underspend of £0.160 mainly within substitute prescribing.</p> <p><b>Psychology</b>- projected underspend of £0.200 due to vacancies.</p> <p><b>Action 15</b> - assumed online position</p>
<b>CHIDREN'S AND JUSTICE SERVICES</b>	<b>35,744</b>	<b>37,159</b>	<b>1,415</b>	
Intervention Services	4,184	4,230	46	<b>Outwith the threshold for reporting</b>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Looked After & Accom Children	16,325	17,603	1,278	<p><b><u>Looked After Children placements - projected overspend of £0.083m based on the following:-</u></b></p> <p><b>Kinship</b> - projected overspend of £0.041m. Budget for 339 placements, currently 331 placement but projecting 338 placements by the year end.</p> <p><b>Adoption</b> - projected overspend of £0.015m. Budget for 74 placements, currently 74 placements.</p> <p><b>Fostering</b> - projected overspend of £0.153m. Budget for 120 placements, currently 134 placements</p> <p><b>Fostering Xtra</b> - projected underspend of £0.104m. Budget for 32 placements, currently 25 placements but projecting 24 placements by the year end.</p> <p><b>Private fostering</b> - projected overspend of £0.033m. Budget for 11 placements, currently 12 placements.</p> <p><b>IMPACCT carers</b> - projected underspend of £0.016m. Budget for 4 placements, currently 2 placements.</p> <p><b>Residential School placements including community packages</b> - projected overspend of £1.386m. The projection is based on the current number of placements and estimated discharge dates for each placement based on the support from the mainstreamed Challenge Fund project. There are currently 23 placements. The projection assumes 3 discharges in December with the remaining 20 assumed to be still in a placement at the year end. There is no provision for any increase in placements.</p>
Fieldwork	4,713	4,833	120	<p><b>Employee costs</b> - projected overspend of £0.106m in relation to non achieved payroll turnover. Various minor overspends on transport and the out of hours service.</p>
CCSF	309	289	(20)	<b>Outwith the threshold for reporting</b>
Criminal Justice	2,627	2,627	0	<b>Outwith the threshold for reporting</b>
Early Years	3,262	3,214	(48)	<b>Outwith the threshold for reporting</b>
Policy & Practice	3,907	3,947	40	<b>Outwith the threshold for reporting</b>
Lead Partnership (CS)	417	416	(1)	<b>Outwith the threshold for reporting</b>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
PRIMARY CARE	47,170	47,170	0	Outwith the threshold for reporting
ALLIED HEALTH PROFESSIONALS	5,131	5,071	(60)	Employee costs - projected underspend £0.060m due to vacancies.
MANAGEMENT AND SUPPORT	8,776	8,141	(635)	Projected underspend - this underspend relates to pressure funding awarded as part of the 2019-20 and the pressures have not yet arisen. This funding will be closely monitored and delegated to services as and when required.
CHANGE PROGRAMME & CHALLENGE FUND	1,737	1,737	(50)	Outwith the threshold for reporting
TOTAL	242,394	245,249	2,805	

*Threshold for reporting is + or - £50,000*

## 2019-20 Savings Tracker

## Appendix C

Description	Responsible Senior Management Lead	Deliverability Status at budget setting	Approved Saving 2019/20 £	Deliverability Status Month 6	Net Saving Achieved at Period 6 £
<b>Health and Community Care</b>					
Roll out of multidisciplinary teams - Community Care and Health	Helen McArthur	Amber	55,000	Amber / Red	0
Day Centres - Older People	Helen McArthur	Green	38,232	Green	38,232
Deliver the Strategic Plan objectives for Older People's Residential Services	Helen McArthur	Green	130,350	Amber	0
Care at Home - Reablement Investment	Helen McArthur	Amber	500,000	Amber / Red	0
Assessment and Self Directed Support	Isabel Marr	Green	150,000	Amber / Red	0
Packages of Care	Isabel Marr	Amber	150,000	Green	150,000
<b>Mental Health and Learning Disabilities</b>					
Integration of the Learning Disability team	Jan Thomson	Amber	56,000	Green	56,000
Mental Health - Tarryholme / Trindlemoss (Council element)	Jan Thomson	Amber	328,000	Amber	150,000
Trindlemoss (full year impact is £0.370m)* NHS element	Jan Thomson	Amber	250,000	Green	0
LD - Reduction to Sleepover Provision	Jan Thomson	Amber	215,000	Red	25,000
Reprovide Fergushill/Hazeldene at Trindlemoss & redesign commissioned services	Jan Thomson	Green	111,000	Green	0
Adult Community Support - Commissioning of Services	Jan Thomson /Julie Barrett	Green	388,000	Amber / Red	1,500
UnPACs - 7% reduction*	John Taylor	Green	200,000	Amber / Red	0
Substitute Prescribing - 5% reduction*	John Taylor	Green	135,000	Green	135,000
Review of Elderly Mental Health Inpatients*	William Lauder	Green	727,000	Green	0
See a 5th bed at Woodland View - MH inpatients*	William Lauder	Amber	90,000	Amber / Red	0

<b>Children, Families and Justice Services</b>					
Fostering - reduce external placements.	Mae Henderson	Green	127,408	Green	127,408
Children's residential placements (CF)	Mae Henderson	Amber	355,000	Amber / Red	0
<b>Partnership Wide</b>					
Charging Policy	Lisa Duncan	Green	200,000	Green	200,000
Reduce business admin services	Julie Davis	Green	50,000	Green	50,000
ICF Project - Partnership Enablers	Michelle Sutherland	Amber	27,000	Green	27,000
ICF Project - Buckreddan care home	Michelle Sutherland	Amber	16,000	Amber	8,000
Uncommitted ICF Funding	Michelle Sutherland	Green	80,000	Green	80,000
Living Wage	n/a	Green	187,000	Green	187,000
Resource Transfer to South Lanarkshire	n/a	Green	40,000	Green	40,000
19/20 impact of 18/19 part year savings	Stephen Brown	Green	113,000	Green	113,000
Respite	n/a	Green	200,000	Green	200,000
Payroll Turnover Target	Stephen Brown	Amber	500,000	Amber	208,333
Lean Efficiency Programme	Stephen Brown	Green	50,000	Amber	0
Payroll Turnover Target - Mental Health *	Thelma Bowers	Amber	300,000	Green	300,000
Payroll Turnover Target - Other Services	Thelma Bowers	Amber	365,000	Green	365,000
			<b>6,133,990</b>		<b>2,461,473</b>



Ref	Service Area	Action	Service Impact	IJB Support	Included in P6 Position £000's	Planned Impact £ 000's	Responsible Officer
<b>Health and Community Care:</b>							
1	Care at Home	<b>Reduction in Care at Home Provision:</b> - reduce weekly hours of purchased provision by between 50 and 100 hours per week, by closing cases for clients admitted to hospital. - review care packages with any reduction in hours closed to offset the overspend. - continue to review the actions of Independent Providers in the use of CM2000 for maximum efficiency - further roll out and embedding of reablement approach in CAH service to allow packages to be reduced	May lead to delays in care at home packages being delivered and may impact on hospital discharges and increase delayed discharges. May have impact on waiting list. Risk of this will be mitigated by ensuring resources are used efficiently, with a risk based approach to allocating resources.			200	Helen McArthur
2	Care Homes - Respite Placements	<b>Health and Community Care Service to enforce a policy and criteria in relation to emergency respite in commissioned care home settings:</b> - significant increase in emergency respite where in many cases residents are placed in long term care, action taken to fund long term placements in September - change of practice for social workers in relation to use of respite - provide clarity to commissioned care home providers that respite beds will be used for short term care to ensure expectations of service, care home and service user are aligned	Action has been taken to address current placements to ensure the service delivered is equitable, that the HSCP are appropriately financially assessing residents and that the commissioned care homes are funded for long term care placements. The appropriate use of emergency respite placements will be reinforced to the social work team. The longer term commissioning and use of respite provision for older people is being considered as part of the Care Home Strategy.	√	√	-	Helen McArthur
3	Equipment & Adaptations	<b>Temporary reduction (2019-20 only) in the equipment and adaptations budget.</b> - mirrors the reduction made in 2018/19 to assist with overall financial position, would not be sustainable on a recurring basis as provision of equipment fundamental to keeping people safe at home - priority for equipment provision will be: 1. support for end of life care 2. complete adaptations started or committed to in writing prior to tightened control of expenditure 3. maintain equipment and adaptations in situ and on which service users depend 4. provide essential equipment to support avoidance of hospital admission	Potential delays to equipment and adaptations for service users, this will be kept under review together with any waiting lists and impact on delivery of community based services, including monitoring the costs of any delays in supporting individuals to be supported in the community.		√	200	Helen McArthur

Ref	Service Area	Action	Service Impact	IJB Support	Included in P6 Position £000's	Planned Impact £ 000's	Responsible Officer
<b>Mental Health and Learning Disabilities:</b>							
4	Learning Disabilities	<b>Prioritised Review of Adult Community Packages:</b> <ul style="list-style-type: none"> <li>- targeted reviews to be carried out immediately, reviews co-ordinated on a prioritised list with a focus on individuals moving service provider following the outcome of the tender exercise and with high cost packages being prioritised</li> <li>- will be supported with significant additional LD social work capacity with additional professional lead, additional social workers and the employment of agency staff to accelerate planned reviews</li> <li>- reviews will ensure the split of personal and non-personal care is appropriate and equitable (to ensure equity of provision and charging)</li> <li>- direct payments to be reviewed to progress claw-back of underspends</li> <li>- incorporates looking at clients where the service provided has been less than than commissioned to formalise re-alignment of care packages based on need.</li> </ul>	Service users will be reviewed by a dedicated review team, the outcome should ensure that all reviews are up to date and appropriate and equitable levels of care are being provided. This process may cause some anxiety for service users as there is an expectation that significant reductions can be made to care packages. No reduction will be made to care packages unless deemed to be safe and appropriate by the service, however there may be some resistance to change from service users, their families and advocates.	√		750	Thelma Bowers
5	Learning Disabilities	<b>Trindlemoss development finalise the financial impact of the new service (LD day service, complex care unit and supported accommodation):</b> <ul style="list-style-type: none"> <li>- for 2019/20 require to plan to mitigate delay in savings being achieved</li> <li>- opportunities to further reduce cost of amalgamating day services</li> <li>- identifying supports required for service users in supported accommodation</li> <li>- policy in relation to eligibility and prioritisation for supported accommodation, model of care blueprint for other supported accommodation coming online</li> </ul>	The opening of the new service at Trindlemoss (originally planned August 2019) has been delayed due to delays in the building works, this has impacted on the timescales for service users and patients transferring. The service will require to be configured around the affordability of the care and support, taking into account the positive environment and the opportunities the shared accommodation space offers in terms of reducing existing high cost care packages.	√		tbc	Thelma Bowers
6	Learning Disabilities	<b>Sleepovers - develop policy in relation to 24 hour care for Adults in the Community:</b> <ul style="list-style-type: none"> <li>- policy decision to not provide one to one 24 hour sleepover service where there are: <ul style="list-style-type: none"> <li>* supported accommodation alternatives available;</li> <li>* opportunities for service users to share a service (will be identified by geographically mapping services); or</li> <li>* where technology supports can be provided supported by a responder service.</li> </ul> </li> <li>- Recovery plan action and financial impact is based on a plan to deliver a responder service from the Trindlemoss supported accommodation to support removal of sleepovers in the area</li> </ul>	This will result in the removal of one to one 24 hour support from service users, an enhanced overnight service will be provided from Trindlemoss to support capacity for response. Individual service user safety will be a priority and the one to one support will only be removed where safe to do so.	√		128	Thelma Bowers
7	Learning Disabilities	<b>Transition Cases (Adults aged 65+):</b> <ul style="list-style-type: none"> <li>- reviews undertaken jointly with LD and Older People's service which will deliver some savings, some work outstanding in relation to these reviews where changes to care packages have been identified</li> <li>- further action to scrutinise outcome of reviews and equity of service provision across client groups, particularly for high cost care packages which are not equitable with community care provided in Older People's services</li> <li>- requires a clear policy decision in relation to transitions of care and funding for community based supports</li> </ul> <p><i>Note that there have been several reviews undertaken which indicate that savings will be made. These savings can be limited in some of the more complex care packages as care is required on a 24/7 basis.</i></p>	Service users are being reviewed with a view to reducing the cost of packages as the clients transition to the Older People's service. Some reviews for high cost community packages have identified individuals suitable for the criteria of long term care but resistance from service users to change from current care and support. If care packages cannot be reduced the IJB will be asked to agree a policy decision on the level of care provided in such cases.			134	

Ref	Service Area	Action	Service Impact	IJB Support	Included in P6 Position £000's	Planned Impact £ 000's	Responsible Officer
8	Adult Community Packages	<b>Adult Resource Group no overall increase in care package provision:</b> <ul style="list-style-type: none"> <li>- ARG in place for Mental Health and Learning Disability care packages for approval, ARG will no longer be permitted to approve any increase to existing or new care packages unless there has been a reduction in service elsewhere</li> <li>- will require social workers to proactively review caseload and use finite resource available to support whole client group</li> <li>- arrangements will remain in place until the service brings the overall expenditure on community care packages back into line</li> </ul>	Service users assessed as requiring a service will have to wait until resource has been identified to fund the care package, this is equitable with waiting lists for other services where resources are limited. This may result in delays in supports being provided but will also ensure that the service is managing, directing and prioritising resources effectively.	√			Thelma Bowers
9	All	<b>Self Directed Support:</b> <ul style="list-style-type: none"> <li>- exploring how to embed this alongside the asset based approach promoted through the HSCP <i>Thinking Different, Doing Better</i> experience into services to change how we deliver services and balance service user and community expectations</li> <li>- undertaking self-evaluation for North Ayrshire against good practice, this will include stakeholder engagement to develop future approach</li> </ul>	Positive impact to embed Self Directed Support, with a view to being realistic in managing expectations of services and service users. Address a perceived inequity in how services are delivered and how embedded SDS is across social care services.	√		-	Stephen Brown
<b>Children and Families:</b>							
10	Looked After and Accomodated Children	<b>Children's External Residential Placements bring forward planned discharge dates:</b> <ul style="list-style-type: none"> <li>- overspend due to delays in bringing children back from expensive external residential placements due to timescales slipping, recovery action based on pulling forward all estimated timescales by one month and moving to planned level of 14 placements by March 2020</li> <li>- scrutiny of detailed plans for individual children, to be reviewed alongside the internal children's houses to free up capacity to bring children back to NA sooner</li> <li>- close working with Education services as shared ambition and requirements to provide educational supports within NA</li> <li>- formalise and reinforce governance arrangements for approval of new external children's placements</li> </ul>	Transformation plan to support more looked after children in North Ayrshire is focussed on delivering more positive outcomes for Children. Accelerating plans to move children to different care settings is challenging for the service as these are sensitive complex cases.			200	Alison Sutherland

Ref	Service Area	Action	Service Impact	IJB Support	Included in P6 Position £000's	Planned Impact £ 000's	Responsible Officer
<b>Other:</b>							
11	All	<b>Recruitment freeze non-front line posts:</b> - hold recruitment to all vacant non-front line care posts, eg support services, admin support - partnership vacancy scrutiny group remains in place and will ensure posts are not approved for recruitment until the new financial year	Minimal impact on front line services but depending on where vacancies arise during the rest of the year could have an impact on the capcity of support services, in particular to respond to service requests. The HSCP vacancy scrutiny group will ensure consideration is given to the impact on services when recruitment is delayed for individual posts.			200	Caroline Whyte
12	All	<b>Moratorium non-essential expenditure:</b> - communication issued to all budget holders (social care and health) with an instruction to delay or cease any areas of discretionary spend (areas including supplies and services, training, third party payments etc) - finance teams will liaise with budget holders as part of regular engagement and budgets will be removed non-recurringly to allow target reduction to be met	Minimal impact on front line services but is a short term one-off approach to reducing expenditure.			184	Caroline Whyte
13	All	<b>Systems improvements re care packages:</b> - Extension of CM2000 to adult services which will enable payment to care providers based on actual service delivered, being rolled out to some providers in advance of new tender - finance working with services to review areas where service delivered differs from that commissioned to improve systems and basis of financial projections, this work also supports ongoing reviews - action plan in relation to improving projections and actions identified from recent internal audit report re Community Based Care, including streamlining systems and processes to remove duplication, scope for error and reliability of information	Significant work required to review systems across social care services where different approaches are used for different service areas, some areas involve duplication of information and systems. Work will result in more assurance re the information reported, including financial projections and will also ensure the partnership has assurance that we only pay for the direct care delivered.		v	-	Thelma Bowers/  Helen McArthur/ Caroline Whyte

**TOTAL**

**1,996**

Less achieved to date (Aids and Adaptations)

- 200

**1,796**

## 2019-20 Budget Reconciliation

## Appendix E

<b>COUNCIL</b>	<b>Period</b>	<b>Permanent or Temporary</b>	<b>£</b>
Initial Approved Budget			95,067
Resource Transfer	3	P	22,993
ICF Procurement Posts - Transfer to Procurement	3	T	(85)
FPC under 65's Scottish Government Funding	3	P	702
Transfer to IT WAN circuit Kilwinning Academy	4	P	(3)
Waste Collection Budget	4	P	27
CLD Officer from ADP Budget to E & C	4	T	(31)
<b>Period 6 reported budget</b>			<b>118,670</b>

<b>HEALTH</b>	<b>Period</b>	<b>Permanent or Temporary</b>	<b>£</b>
Initial Approved Budget (based on month 9 of 2018-19)			145,425
Adjustments to reflect month 10 -12 of 2018-19 including non-recurring amounts			(1,845)
<b>Opening baseline budget for 19-20</b>			<b>143,580</b>
Resource Transfer	3	P	(22,993)
Superannuation Uplift	3	P	2,994
Voluntary Redundancy Scheme	3	P	271
Post from acute - PA to Clinical Nurse Manager, Long Term conditions	3	P	15
Post from acute - Clinical Nurse Manager, Long Term Conditions	3	P	34
Functional Electrical Stimulation Equipment from acute			10
Pharmacy Fees	3	P	19
HPV Boys Implementation	3	P	18
Action 15 (anticipated increase)	3	P	930
Post from Acute -Specialist Pharmacist in Substance Misuse	3	T	12
Old age liaison psychiatrist from acute	3	P	108
Patient Transport Service	3	P	49
Infant feeding nurse	3	T	41
Assoc Medical Director responsibility payment to Medical Director	3	T	(24)
Associate Medical Director sessions to the Medical Director	3	T	(71)
Contribution to the Technology Enabled Care (TEC) project	3	T	(50)
Superannuation Uplift Overclaimed	4	P	(270)
Action 15 overclaimed	4	T	(485)
Prescribing Reduction	5	P	(550)
Medical Training Grade Increase	5	P	51
Admin Transfer from South HSCP	6	P	19
NMAHP Clinical Lead	6	T	16
<b>Period 6 reported budget</b>			<b>123,724</b>
<b>GRAND TOTAL</b>			<b>242,394</b>

## DIRECTION

From North Ayrshire Integration Joint Board

1.	Reference Number	21112019-XX	
2.	Date Direction Issued by IJB	21 <sup>st</sup> November 2019	
3.	Date Direction takes effect	22 <sup>nd</sup> November 2019	
4.	Direction to	North Ayrshire Council	
		NHS Ayrshire & Arran	
		Both	X
5.	Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)	Yes	X 24102019-13
		No	
6.	Functions covered by the direction	All NAHSCP delegated functions	
7.	Full text of direction	NHS Ayrshire & Arran are directed to: <ul style="list-style-type: none"> <li>Action the budget changes outlined in para 2.11 and Appendix E.</li> <li>Deliver the Financial Recovery Plan detailed in Appendix D</li> </ul>	
8.	Budget allocated by Integration Joint Board to carry out direction	North Ayrshire Council    £118.670m NHS Ayrshire & Arran    £123.724m TOTAL    £242.394m	
9.	Performance Monitoring Arrangements	Regular financial updates will be reported to the IJB during 2019-20, the financial recovery plan will be monitored to ensure this aligns with delivering financial balance.	
10.	Date of Review of Direction (if applicable)	n/a	

Paper 2

**Minutes of North Ayrshire Strategic Planning Group Meeting**

**Held on Wednesday 2<sup>nd</sup> October 2019, 10:00am**

**Fullarton Community Hub, Irvine, KA12 8DF**

**Present:**

Bob Martin (Chair)  
Councillor Anthea Dickson (Vice Chair)  
Norma Bell, Manager, Planning & Performance, Mental Health, NAHSCP  
Caroline Cameron, Chief Finance and Transformation Officer, NAHSCP  
Alison Sutherland, Head of Service, Children and Families & Justice Services, NAHSCP  
Michelle Sutherland, Strategic Planning & Transformational Change Lead, NAHSCP  
Fiona Comrie, KA Leisure  
Vicki Yuill, Arran CVS & Arran Locality Lead  
Elaine Young, Public Health Representative  
Dalene Sinclair, Senior Manager, Universal Early Years, NAHSCP  
Lorna McGoran, Primary Care Development Manager  
Betty Saunders, Procurement Manager, NAHSCP  
Louise McDaid, Staff Representative  
Andrew Keir, Three Towns Locality Representative, NAHSCP  
Val Allen, Independent Sector Lead  
Lynne McNiven, Public Health  
Russell Scott on behalf of Elaine McClure, Portfolio Programme Manager, NHS A&A  
Clive Shephard, Confederation of North Ayrshire Community Associations  
Theresa Potter, Engagement Officer, NAHSCP  
Louise Gibson, Dietetic lead, Integrated Services, NHS A&A  
Karen Turner, Senior Manager, Locality Services/Long Term Conditions, NAHSCP  
Scott Bryan, Strategic Planning, Policy and Inequalities Officer, NAHSCP  
Louise Harvie, Governance Assistant (Minutes) NAHSCP

**In Attendance:**

Neil McLaughlin, Team Manager, Planning & Performance, NAHSCP  
Eleanor Currie, Principal Manager, Finance, NAHSCP  
Alison McAllister, Library and Information Service Manager  
Amy Nixon (Student)

**Apologies Received:**

Simon Morrow (Dentist)  
Sam Falconer, Community Pharmacist NHS A&A, Kilwinning Locality Planning Lead  
David Thomson, Associate Nurse Director/Lead Nurse, NAHSCP  
David MacRitchie, Chief Social Work Officer & Senior Manager, Justice Services, NAHSCP  
Dr Janet McKay, Garnock Valley Locality Planning Lead  
Sharon Bleakley, Scottish Health Council  
Dr Paul Kerr, Clinical Director, NAHSCP  
Jacqueline Cameron, Senior Manager, Housing Strategy  
Brenda Knox, Health Improvement Lead, NHS A&A  
Ruth Betley, Senior Manager, Island Services, NAHSCP  
Alistair Reid, Allied Health Professions Lead, NAHSCP  
Christine Speedwell, Care Centre Manager





<b>1.</b>	<b>WELCOME &amp; APOLOGIES</b>	
1.1	Bob Martin welcomed all to the Strategic Planning Group and thanked all for attending. Apologies were noted and accepted.	
<b>2.</b>	<b>MINUTES/ACTION NOTE OF PREVIOUS MEETING (21<sup>st</sup> August 2019)</b>	
2.1	Minutes of the previous meeting dated 21 <sup>st</sup> August 2019 were approved as accurate with no amendments required.	
<b>3.</b>	<b>MATTERS ARISING</b>	
3.1	All matters arising actioned.	
<b>4.</b>	<b>Integration Joint Board (IJB) - Feedback</b>	
4.1	Agreed that relevant items from IJB meetings would be shared with group on future basis. No pertinent business discussed on this occasion.	
4.2	Bob highlighted that IJB meetings are now being webcasted and can be viewed on the Council website.	
<b>Focus on: HSCP Performance and Transformation</b>		
<b>5.</b>	<b>Annual Performance Report - 2019</b>	
5.1	Neil McLaughlin, Team Manager, Planning and Performance provided an overview of the Published Annual Performance Report 2018-19.	
5.2	<p>The presentation covered the following areas:</p> <ul style="list-style-type: none"> <li>○ Requirements and Structure</li> <li>○ Highlights: <ul style="list-style-type: none"> <li>- Finance</li> <li>- National Outcomes</li> <li>- Children &amp; Justice Outcomes</li> <li>- Care Inspectorate Inspections</li> <li>- Lead Partnership</li> </ul> </li> <li>○ Areas for Improvement <ul style="list-style-type: none"> <li>- Performance Under Integration</li> <li>- Measures to be monitored throughout 2019-20</li> </ul> </li> </ul>	
5.3	<p>A group discussion took place following the presentation:</p> <ul style="list-style-type: none"> <li>• Concern was raised in relation to delays in the delivery of Care at Home packages for service users.</li> <li>• It was raised that the group should reflect at future meetings how we can ensure more effective engagement with our staff members and local communities to help improve our performance.</li> </ul>	
<b>5.4</b>	<b>Transformation and Finance</b>	
5.5	<p>Eleanor Currie, Principal Manager, Finance provided an update on the 2019/20 Budget and Transformation. This involved an overview on:</p> <ul style="list-style-type: none"> <li>• Budgetary position</li> <li>• Outline Recovery Plan</li> <li>• Transformation Programme</li> <li>• Medium Term Financial Plan</li> </ul>	
5.6	<p>The presentation covered the following areas:</p> <ul style="list-style-type: none"> <li>○ Budget Gap including NAC, NHS and total savings required</li> <li>○ Key area savings</li> <li>○ 19/20 budgetary position including projected overspends and development of Recovery Plan</li> <li>○ Detailed Recovery Plan</li> <li>○ Budget risks</li> <li>○ Next Steps</li> <li>○ Medium Term Financial Plan</li> </ul>	





5.7	Michelle Sutherland, Strategic Planning & Transformational Change Lead, provided input with regards to Transformation. Michelle's update covered the main areas and projects of the following services: <ul style="list-style-type: none"> <li>Health and Community Care</li> <li>Primary Care</li> <li>Mental Health</li> <li>Learning Disabilities</li> </ul> Children and Families	
5.8	A group discussion took place with the following points highlighted:  <u>Trindlemoss and Warrix Avenue</u> Norma Bell provided an update on progression of projects. Acknowledged that Warrix Avenue has been operational since August 2019, however delays identified with Trindlemoss facility. Detailed discussion on reasoning for delays and impact on projected financial services. Norma is hopeful delivery of services will commence January 2020.	
5.9	<u>MDT</u> Elaine Young referred to work ongoing in Garnock Valley area relating to wider MDT teams. Elaine suggested this work is linked in with the wider community planning partnership work. Elaine highlighted the importance of working with partners, and how the priorities held by Locality Partnerships (such as transport and the economy) can be complementary to the work of the partnership. Elaine also advised of a forthcoming Locality Partnership, Stakeholder Session and suggested partnership representation at this event would be important.	
5.10	<u>Sickness Absence</u> Louise McDaid raised concerns regarding the contradictory message displayed regarding monitoring impact of staff sickness and applying a recruitment freeze. Louise highlighted the need for a clear message in relation to the HSCP workforce.	
5.11	<u>Alcohol and Drugs Participatory Budget</u> Louise McDaid emphasised the need for targeting and monitoring gambling addiction in addition to alcohol and drugs. Councillor Anthea Dickson agreed, acknowledging the importance of this. Caroline Cameron advised she would report this back to the ADP Budget Meeting, however noted that the upcoming ADP Participatory Budget Event is a targeted approach for reducing drug deaths only.	C Cameron
5.12	Betty Saunders added that Gamblers Anonymous are scheduled to attend and provide input at an upcoming Provider's Forum on Friday 25 <sup>th</sup> October 2019. Betty will provide Louise McDaid with details of this meeting in hope that she can attend. Betty will also liaise with Scott Bryan with contact details for Gamblers Anonymous for Scott to extend an invitation to them to attend a future Strategic Planning Group.	B Saunders/ S Bryan
<b>Focus on: Public Health</b>		
6.	<b>Malnutrition Strategy</b>	
6.1	Louise Gibson, Dietetic Service Manager, provided a presentation on prevention, early detection and early intervention of underweight.	
6.2	The presentation covered the following areas: <ul style="list-style-type: none"> <li>Public Health Priorities</li> <li>Ayrshire Healthy Weight Strategy</li> <li>Underweight Action Plan</li> <li>Community Impact</li> </ul>	



	<ul style="list-style-type: none"> <li>○ Terminology</li> <li>○ Causes</li> <li>○ Scale of the Problem</li> <li>○ Scale of Risk within North Ayrshire</li> <li>○ Why is this important?</li> <li>○ Signs to look out for ...</li> <li>○ What do we want to achieve?</li> <li>○ What actions should we take?</li> </ul>	
6.3	<p>Louise concluded her presentation by proposing the following question to the group:</p> <p><b>“How do we take this forward in North Ayrshire?”</b></p> <p>A lively group discussion took place with the following feedback received:</p> <ul style="list-style-type: none"> <li>○ Acknowledged poor attendance at previous engagement event – group agreed importance of building/increasing awareness at community groups</li> <li>○ Elaine Young suggested the Fire and Rescue Service as a key resource in signposting</li> <li>○ Recognised importance of increasing social isolation and loneliness due to the links associated with malnutrition i.e. utilising groups such as; Singing fish supper on a Friday, Canny cookers etc.</li> </ul>	
<b>Focus on: North Ayrshire Libraries</b>		
<b>7.</b>	<b>Co-Creating Libraries for Health &amp; Wellbeing</b>	
7.1	Alison McAllister, Library Manager attended the Strategic Planning Group to provide a presentation on the work involved in the co-creation of libraries for health & wellbeing. Alison highlighted that North Ayrshire are one of three areas piloting this model.	
7.2	<p>The presentation covered the following areas:</p> <ul style="list-style-type: none"> <li>○ How did we start? <ul style="list-style-type: none"> <li>- Identifying partners and key stakeholders</li> <li>- Recognising good work already taking place within local communities, including: <ul style="list-style-type: none"> <li>Kilwinning Wellness Model</li> <li>Carers Support Model</li> <li>Learning Disability Support</li> </ul> </li> <li>- ‘Fun Day’ co-produced with young people and key partners</li> </ul> </li> <li>○ Feedback</li> <li>○ Proposed Next Steps</li> </ul>	
7.3	<p>Following the presentation, a group discussion took place with the following points highlighted:</p> <ul style="list-style-type: none"> <li>• Clear that model is at infancy stage</li> <li>• Possibilities of rolling out model to wider localities.</li> <li>• Work required to tie model in with multi-disciplinary teams and third sector roles</li> <li>• Acknowledged the need and benefits attached to increasing ‘youth voice’.</li> <li>• Engagement will conclude on 30<sup>th</sup> September 2019 and will be shared with Elected Members in November 2019</li> </ul>	



Focus on: Locality Updates		
8.	<b>Update from LPF Leads</b>	
8.1	<p><b>Arran</b></p> <p>Vicki Yuill provided an update on the Arran Locality Planning Forum. The first newly merged Locality Partnership and HSCP Locality Forum took place on Thursday 26<sup>th</sup> September 2019. Further conversations required regarding the possibility of hosting these meetings in the evening. Discussion with all partners will take place to establish most effective time of day for attendees to attend.</p>	
8.2	<p>Vicki delivered an update on this meeting:</p> <ul style="list-style-type: none"> <li>• Dr Greg Hamil, GP, was in attendance to provide a progress report on the new Arran Integration Hub</li> <li>• Audrey Sutton attended to provide an update on the National Islands plan, followed by discussions re community engagement</li> <li>• NA Joint Cabinet are visiting Arran High School on 7<sup>th</sup> November 2019, where engagement with young people will be factored in</li> <li>• New community representative application has been received and approved by attendees</li> <li>• Future chit-chat sessions have been scheduled to take place on Arran. These sessions will focus on: <ul style="list-style-type: none"> <li>- The Island priorities – whether there is need for change/consideration of new priorities</li> <li>- Raise awareness of working groups</li> <li>- Membership possibilities</li> </ul> </li> <li>• Suggested that partners engage in chit-chat sessions and where possible, extend invitation to patient and service user group to assist in facilitation</li> <li>• Discussions around youth participatory budget and social enterprise</li> </ul>	
8.3	<p>Following Dr Greg Hamil's input at the Arran LPF, Vicki suggested that both Greg and Ruth Betley, Island Services Manager, be invited to attend a future SPG meeting to discuss the new Arran Hub. The Initial Agreement is currently going through all appropriate governance routes, which includes approval from SPG members. Scott Bryan to extend an invitation to Greg and Ruth to attend a future meeting.</p>	S Bryan
8.4	<p><b>Garnock Valley</b></p> <p>Janet McKay was unable to attend the meeting, therefore no detailed update available. In Janet's absence, Michelle reported that the next Garnock Valley LPF is scheduled for Wednesday 9<sup>th</sup> October 2019. This meeting will focus on MDT approval, locality priorities, future engagement event and review of membership. Update required at next meeting.</p>	J McKay
8.5	<p><b>Kilwinning</b></p> <p>Sam Falconer was unable to attend the meeting, therefore no detailed update available. Update required at next meeting.</p>	S Falconer
8.6	<p><b>Irvine</b></p> <p>No replacement for Barbara Conner as Irvine Locality Chair has yet been identified. Further update pending.</p>	Chair
8.7	<p>Norma Bell provided a brief update on current work ongoing in Irvine. A Mental Health Engagement event has been organised for Thursday 10<sup>th</sup> October 2019 within The Portal Leisure Centre, Irvine. Several stalls will be hosted to highlight the role of the Irvine LPF, look at current priorities and possible future suggestions. This event will be supported by Community Link Workers and Theresa Potter, Engagement Officer.</p>	



8.8	<b><u>North Coast</u></b> Louise McDaid provided an update on the North Coast Locality Planning Forum. A Mental Health sub-group has been established with support from Corrie Shephard, Joanna Muir, Louise Riddex and Theresa Potter. A Youth Participatory Budget application has been submitted to issue a leaflet/card to all secondary pupils and possibly P6/7 pupils. Louise is hopeful funding will be received and encouraged SPG members to support this.	
8.9	Louise advised she is attending a Mental Health engagement event tonight (02 Oct 2019) where she will be meeting with 20 Mental Health ambassadors (pupils from Largs Academy), 111 parent/carers and 14 local organisations. A presentation will be delivered on the North Coast locality priorities.	
8.10	On the 10 <sup>th</sup> October (World Mental Health day) the forum is organising to work with 25 mental health ambassadors to co-design/co-produce the Mental Health leaflet (mentioned above 8.8)	
8.11	Louise praised the Kilwinning Model and is keen to see it adapted appropriately for implementation in the North Coast.	
8.12	<b><u>Three Towns</u></b> Andrew Keir provided an update on the Three Towns Locality. Andrew summarised that visits have taken place with Auchenhavie Academy and the parent council. Discussions included financial inclusion and cost of the school day, alongside mental health and relationships with social media. Feedback received has been extremely positive. Similar visits are in the process of being arranged with St Matthews Academy and Ardrossan Academy. Following visits to all Secondary Schools, information will be collated and shared within the Community with productive ideas going forward.	
8.13	Andrew acknowledged the ongoing absence of a GP representative within Three Towns Forum. Michelle Sutherland highlighted the challenges around the Three Towns area and the instabilities around larger practices. Michelle to discuss this with Dr Paul Kerr. Noted that within SPG Terms of Reference, possibility of Practice Manager etc attending if unable to secure GP attendance. Further update required.	M Sutherland
9.	<b><u>AOCB</u></b>	
9.1	<b><u>Future Agenda Items</u></b> Any agenda items to be forwarded to Scott Bryan or Louise Harvie for inclusion within future agenda.  Suggested items received to date: <ul style="list-style-type: none"> <li>• Input from Gamblers Anonymous</li> <li>• Update on What Matters to You (2019)</li> <li>• New Strategic Plan Development – 2020/2021</li> <li>• Arran Integration Hub</li> </ul>	R Betley/ G Hamil
9.2	There was no other business to be discussed, therefore the meeting was closed.	
10.	<b><u>Next Meeting</u></b>	
10.1	The next meeting will take place on Wednesday 13 <sup>th</sup> November at 10.00am to 12.00pm within Andy Murray Room, Greenwood Conference Centre, Dregghorn, Irvine.	