

Integration Joint Board Meeting



Thursday, 16 August 2018 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 21 June 2018 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

3.1 Matters Arising

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

4 Wellbeing and Recovery College

Submit report, and receive video presentation, by Kate McCormack, Interim Service Manager, Community Mental Health on the development of a wellbeing and recovery college in North Ayrshire (copy enclosed).

Quality and Performance

5 Director's Report

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

Strategy and Policy

- 6 2018/19 Budget**
Submit report by Caroline Whyte, Chief Finance and Transformation Officer on the updated 2018-19 North Ayrshire Health and Social Care Partnership budget proposals and the transformational change priorities (copy enclosed).
 - 7 Budget Monitoring – Month 3 (June 2018)**
Submit report by Caroline Whyte, Chief Finance and Transformation Officer updating on the projected financial outturn for the financial year as at June 2018 (copy enclosed).
 - 8 Health and Social Care Clinical and Care Governance Group Update**
Submit report by David Thomson, Associate Nurse Director/Lead Nurse on an update and overview of governance activity for the period March – June 2018 (copy enclosed).
 - 9 The Future of the Third Sector Interface**
Submit report by Vicky Yuill, Third Sector Representative on the developments around the future of the Third Sector Interface (copy enclosed).
 - 10 Volunteer Policy**
Submit report by Michelle Sutherland, Strategic Planning and Change Team Lead on the implementation and monitoring of the new Volunteer Policy (copy enclosed).
 - 11 Maximising Attendance**
Submit report by Julie Davis, Principal Manager (NAHSCP) on the current position in relation to absence (copy enclosed).
- Appointments**
- 12 Integration Joint Board (IJB) Appointments**
Submit report by Stephen Brown, Director (NAHSCP) on the appointment of the Section 95 Officer for IJB and the Chair of the Kilwinning Locality Forum (copy enclosed).
- Minutes of Meetings for Discussion**
- 13 Strategic Planning Group Minutes**
Submit the minutes of the Strategic Planning Group meeting held on 20 June 2018 (copy enclosed).
 - 14 Urgent Items**
Any other items which the Chair considers to be urgent.

Integration Joint Board

Sederunt

Voting Members

Bob Martin (Chair) NHS Ayrshire & Arran
Councillor Robert Foster (Vice Chair) North Ayrshire Council

Councillor Timothy Billings North Ayrshire Council
Alistair McKie NHS Ayrshire and Arran
Councillor Christina Larsen North Ayrshire Council
Dr. Martin Cheyne NHS Ayrshire and Arran
Dr. Janet McKay NHS Ayrshire and Arran
Councillor John Sweeney North Ayrshire Council

Professional Advisors

Stephen Brown Director North Ayrshire Health and Social Care
Caroline Whyte Chief Finance and Transformation Officer
Dr. Paul Kerr Clinical Director
David MacRitchie Chief Social Work Officer – North Ayrshire
Dr. Calum Morrison Acute Services Representative
Alistair Reid Lead Allied Health Professional Adviser
David Thomson Associate Nurse Director/IJB Lead Nurse
Dr Louise Wilson GP Representative

Stakeholder Representatives

David Donaghey Staff Representative – NHS Ayrshire and Arran
Louise McDaid Staff Representative – North Ayrshire
Marie McWaters Carers Representative
Graham Searle Carers Representative (Depute for Marie McWaters)
Vacancy (Chair) IJB Kilwinning Locality Forum
Fiona Thomson Service User Representative
Clive Shephard Service User Rep (Depute for Fiona Thomson)
Nigel Wanless Independent Sector Representative
Heather Malloy Independent Sector Rep (Depute for Nigel Wanless)
Vicki Yuill Third Sector Representative



**North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 21 June 2018
at 2.00 p.m., Council Chambers, Cunninghame House, Irvine**

Present

Bob Martin, NHS Ayrshire and Arran (Chair)
Councillor Robert Foster, North Ayrshire Council (Vice Chair)
Councillor Timothy Billings, North Ayrshire Council
Councillor Anthea Dickson, North Ayrshire Council (Substitute for Councillor Larsen)
Dr Janet McKay, NHS Ayrshire and Arran
Alistair McKie, NHS Ayrshire and Arran

Stephen Brown, Director of Health and Social Care Partnership
Laura Friel, Interim Section 95 Officer
Dr Paul Kerr, Clinical Director
David MacRitchie, Chief Social Work Officer
Alistair Reid, Lead Allied Health Professional Adviser
David Thomson, Associate Nurse Director/IJB Lead Nurse
Dr. Louise Wilson, GP Representative
Marie McWaters, Carers Representative
Fiona Thomson, Service User Representative
Nigel Wanless, Independent Sector Representative

In Attendance

North Ayrshire Council

David Rowland, Head of Service (Health and Community Care)
Eleanor Currie, Principal Manager (Finance)
Donna McKee, Head of Service (Children, Families and Justice Services)
Mark Gallagher, Lead Officer, Alcohol & Drugs Partnership
Michelle Sutherland, Strategic Planning Lead
Helen McArthur, Senior Manager, Community Care Services
Karen Andrews, Team Manager (Governance)
Angela Little, Committee Services Officer

NHS Ayrshire and Arran

Joy Tomlison, Consultant in Public Health Medicine
Isabel Marr, Senior Manager, Long Term Conditions
Vicki Campbell, Primary Care Facilitator
Pamela Milliken, Head of Primary Care & Community Out of Hours Response Service

Apologies for Absence

Councillor Christina Larsen, North Ayrshire Council
Councillor John Sweeney, North Ayrshire Council
Dr Martin Cheyne, NHS Ayrshire and Arran
Dr. Calum Morrison, Acute Services Representative
Louise McDaid, Staff Representative (North Ayrshire Council)
Vicki Yuill, Third Sector Representative
David Donaghey, Staff Representative (NHS Ayrshire and Arran)

1. Apologies

Apologies were noted.

2. Declarations of Interest

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

3. Minutes/Action Note

The accuracy of the Minute of the meeting held on 24 May 2018 was confirmed and the Minute signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973, subject to the following amendment:-

Also in Attendance

Councillor Anthea Dickson, North Ayrshire Council (*for the presentation on the Health and Social Care Partnership: Challenge fund Projects only*)

3.1 Matters Arising

Volunteering Strategy - it is anticipated the strategy will be circulated for feedback at the end of June. Ongoing action.

Action - V. Yuill

Public Partnership Forum - A paper will be brought to the IJB on completion of all ongoing work. Ongoing action.

Action - F. Thomson

North Ayrshire Citizen's Advice Service - Some recruitment has been undertaken and further recruitment will take place once funds are released. Ongoing action.

Action - D. Rowland

Adult Support and Protection – No update, however a national report will be published on 3 July 2018 and a report will be brought to the August meeting.

Action – B. Walker

4. Annual Governance Statement 2017/18

Submitted report by Eleanor Currie, Principal Manager (Finance) on the HSCP's Annual Governance Statement for 2017/18 which was attached at Appendix 1 to the report. The Annual Governance Statement, which will be included within the annual accounts, explained how the Partnership complies with the Code of Governance Framework and identified the main components of the Corporate Governance Framework in place, including the systems of internal control.

Nigel Wanless advised that that had been no change to the Third and Independent Sector Representative following the Local Government Election in May 2017 and a correction was therefore required to Appendix 1 (Page 3 – Governance Development)

The Board agreed to approve the Annual Governance Statement as outlined in Appendix 1 to the report, subject to the correction in respect of the Third and Independent Sector Representative.

5. 2017/18 Financial Performance Update as at 31 March 2018

Submitted report by Eleanor Currie, Principal Manager (Finance) which provided an overview of (a) the IJB's unaudited Annual Accounts for the year to 31 March 2018; (b) the IJB's financial performance for the year; and (c) how the 2017/18 out-turn impacts on the IJB's overall financial position. The Annual Accounts were attached at Appendix A to the report. Appendix B provided the detailed year-end financial position and the 2017/18 Savings Tracker was outlined at Appendix C. Appendix D presented the Change Programme Integrated Care Fund area of spend, with details of the budget reconciliation provided at Appendix E.

The Board was advised that Page 17 of the Annual Accounts would be amended to reflect there had been no change to the Third and Independent Sector Representative.

Members were also advised of the appointment of Caroline Whyte to the post of Chief Finance and Transformation Officer for the IJB. Caroline will take up her post on 16 July 2018.

The Board agreed to (a) approve, subject to audit and amendment to Page 17 as outlined above, the IJB's Annual Accounts for 2017/18; and (b) note (i) that Deloitte plan to complete their audit of the Accounts by early September 2018 and present their annual audit report to the IJB on 13 September 2018; (ii) the unaudited position of £2.562m overspent; and (iii) that the cumulative deficit of £5.807m will be carried forward and will require the IJB to agree a recovery plan.

6. Director's Report

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

The report highlighted works underway in the following areas:-

- The annual NHS Scotland Event held on 18 and 19 June 2018;
- That first birthday of Veterans 1st Point;
- Recent appointments to the Partnership to the posts of Senior Manager (Universal Early Years) and Chief Finance and Transformation Officer;
- The "What Matters To You Day?" held on 6 June 2018;
- Progress in terms of the new National Secure Adolescent In-Patient Service
- Additional Support Needs Resource developments;
- Priorities for the Change Programme for 2018/19;
- Carers Week from 11-17 June 2018;
- The opening of a new Parent and Baby Café in Kilwinning on 31 May 2018;
- A recent production by Funky Films on the impact of peer mentoring; and
- The partnership work by NAC libraries, Anam Cara and Garnock Men's Shed.

The IJB noted (a) the ongoing developments within the North Ayrshire Health and Social Care Partnership; and (b) that North Ayrshire HSCP had been well represented and received at the NHS Scotland Event in June 2018.

7. IJB Set Aside Arrangements

Submitted report by Shahid Hanif, Interim Chief Finance and Transformation Officer on progress made to date in implementing the statutory guidance on establishing set aside arrangements with NHS Ayrshire and Arran. The request from the Scottish Government Finance Development Group (FDG) on what progress had been made in implementing the guidance was detailed at Appendix A to the report. Appendix B detailed the collective response from North, South and East IJBs and NHS Ayrshire and Arran on progress to date which was submitted to the Scottish Government on 18 May 2018.

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

- Further information on the national position and on the impact on other elements of Acute Services that may be provided by the Scottish Government following the submission of information from all HSCPs;
- The Strategic Planning Group that meets every 2 months and will include the new Chief Finance and Transformation Officer;
- The Unscheduled Care Group for the Crosshouse site that manages hospital stays in order to minimise these; and
- Use of the Ministerial Steering Group's (MSG) performance indicators and the MSG trajectories by all three Ayrshire Partnerships to reduce the use of unscheduled bed days and make progress on delayed discharges.

The Board agreed to (a) note the response issued to the Scottish Government Finance Development Group outlining progress in implementing statutory guidance on establishing set aside arrangements with NHS Ayrshire and Arran, which was set out in Appendix B to the report; and (b) homologate the submission to the Scottish Government.

8. Preventing Drug Related Deaths: A Framework for Ayrshire and Arran

Submitted report by Joy Tomlinson, Interim Director of Public Health highlighting concern about the number of drug related deaths across Ayrshire and Arran in 2016. The Strategic Framework, attached at Appendix 1, described the principles the Alcohol and Drug Partnership will use to reduce drug related deaths and set out the overarching response of the three Alcohol and Drug Partnerships in Ayrshire. Appendix 2 provided information on the patterns of drug related hospital stays.

Members asked questions and were provided with information on the use of a template for the recording of data in respect of drug related deaths that will assist in ensuring consistency of information and identification of patterns.

The Board agreed to (a) note (i) the increase in drug related deaths across Ayrshire and Arran in 2016 and the underlying reasons contributing to this; and (ii) that the Chairs of the Alcohol and Drug Partnerships have agreed the Strategic Framework which is being presented to North, South and East Integration Joint Boards; (b) endorse the new Strategic Framework: Preventing Drug Related Deaths, which sets out the overarching response of the three Alcohol and Drug Partnerships in Ayrshire; (c) receive further annual updates on progress within the action plans from the Alcohol and Drug Partnership; and (d) commend the work of the Alcohol and Drug Partnership in Ayrshire.

9. Strategic Planning, Commissioning and Delivery of Health and Social Care Services within Ayrshire and Arran

Submitted report by Stephen Brown, Director (NAHSCP) on (a) the 2017 review of arrangements for planning, commissioning and delivery of health and social care services in Ayrshire and Arran; and (b) proposals to (i) address the findings from the Review in respect of lead partnership arrangements; (ii) agree the next steps in respect of Fair Share commissioning; and (iii) future development in respect of "Directions" as the Model provided by the Public Bodies (Joint Working)(Scotland) Act for IJBs to commission services from the Council and NHS Board.

Members asked questions and were provided with information on the devolvement of budget and management of Senior Managers AHP to Partnerships for service delivery within Partnerships, in line with other delegated services.

The Board agreed to (a) note (i) the summary of findings from the first stage of the review of the North Ayrshire Integration Scheme; (ii) that the report will be considered by NHS Ayrshire and Arran Board meeting on 25 June 2018; (iii) that a similar report will be presented to East and South Ayrshire Councils on 28 June 2018; and (iv) that reports were considered and approved by East Ayrshire Integration Joint Board on 13 June 2018; and (b) agree the proposals for (i) the transfer of management arrangements for community AHP services; (ii) the implementation of the model to align financial and usage in Pan Ayrshire Mental Health Services; and (iii) the alignment of the management of the Pan Ayrshire Family Nurse Practitioner Services with lead professional partnership with South Ayrshire HSCP.

10. Arran Services Integrated Hub

Submitted report by Ruth Betley, Senior Manager Arran Services on the development of an Arran Services Integrated Hub as a central requirement in the transformational change of care delivery. The draft accommodation schedule and the Strategic Assessment were detailed at Appendices 1 and 2 to the report respectively. Appendix 3 provided information on Members of the Steering Group and Appendix 4 outlined and illustrated the governance arrangements in place.

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

- The establishment of a Project Steering Group to examine a number of areas, including capital projects for GP practices on Arran and the mainland;
- A commitment by the Scottish Government to the provision of 4G for Arran and the opportunities to use technology where possible that will be taken;
- Usage data over the past year that informed the specification for the capacity of the new hub building;
- Costs of £50,000 that will not be funded by the IJB; and
- Involvement of the Third and Independent sector in the review of Arran services.

The Board agreed (a) to approve the Strategic Assessment for an Arran Integrated Hub as detailed at Appendix 2 to the report; and (b) that a report be provided to IJB on the full Initial Assessment in February 2019.

11. Carer (Scotland) Act 2016 – Eligibility, Assessment and Waiving of Charges

Submitted report by Kimberley Mroz, Team Manager (Self Directed Support/Unpaid Carers) on the proposed eligibility criteria to meet duties under the Carer (Scotland) Act 2016. The North Ayrshire Carer's Eligibility criteria and Support Plan were detailed at Appendices 1 and 2 to the report respectively. Appendix 3 outlined the proposal on Waiving of Charges for all carers.

The Board agreed (a) the North Ayrshire Carer's Eligibility criteria and Support Plan as outlined in Appendices 1 and 2 to the report; and (b) the Waiving of Charges, as detailed in Appendix 3.

12. Mental Welfare Commission for Scotland: Report on the Right to Advocacy

Submitted report by Thelma Bowers, Head of Service, Mental Health, on the proposed local response to the recommendations made within the Mental Welfare Commission for Scotland's report on the right to Advocacy.

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

- A request to South and East HSCPs for their views on the development of strategic advocacy plans on a pan Ayrshire basis;
- Rights for advocacy for carers; and
- Further consultation with people who use, or may require, advocacy to understand the need for advocacy within North Ayrshire.

The Board agreed to (a) note the findings detailed in the report by the Mental Welfare Commission; and (b) approve the proposed actions, including the preparation of a Strategic Advocacy Plan, in collaboration with partner organisations.

Councillor Billings left the meeting at this point.

13. Primary Care Improvement Plan: Implementation of new 2018 General Medical Contract

Submit report by Vicki Campbell, Programme Manager for Primary Care Transformation on (a) the requirements set out in the Memorandum of Understanding for implementing the new General Medical Services (GMS) Contract, set out in Appendix 1 to the report; and (b) the draft Primary Care Improvement Plan (PCIP), outlined at Appendix 2.

Members asked questions and were provided with information on the total allocation and split across the three Ayrshire IJBs of the Primary Care Improvement Fund, allocated on an NHSScotland Allocation Resource Committee (NRAC) basis through Health Boards to IJBs

The Board agreed (a) the requirements and responsibilities set out in the Memorandum of Understanding between the Scottish Government, British Medical Association, Integration Authorities and the NHS Board for implementing the new General Medical Services Contract; and (b) to approve the content, actions and financial spend set out in the Primary Care Implementation Plan for implementing the new GMS contract before 2021.

14. Award of Framework Contracts for the Provision of Care at Home Services

Submitted report by Helen McArthur, Senior Manager, Community Carer Services on the procurement exercise for the Framework Contracts for the Provision of Care at Home Services that awarded contracts to (a) Inverclyde and North Ayrshire Care Services trading as Carewatch; (b) Mears Care; (c) Rainbow Services (UK) Ltd; (d) Ayrshire Quality Care and Support, Community Interest Company (CIC); and (e) First Homecare. The contracts are for a period of 2 years with the option to extend for up to a further two 12 month periods.

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

- Two new Care at Home providers to North Ayrshire who have started recruitment for staff; and
- The value of the framework for a two year period, with the option to extend for up to a further two, 12 month periods.

Noted.

15. Chair of Kilwinning Locality Forum

Submitted report by Stephen Brown, Director (NAHSCP) on (a) a review of the current Locality Partnership Forum (LPF) arrangements, following the resignation of the Chair of the Kilwinning Locality Forum; (b) the new Terms of Reference for LPFs that will be presented to the Strategic Planning Group and LPF Chairs and then to the IJB in the autumn and (c) an invitation to the Kilwinning LPF to nominate a lead member to act as the interim Chair of the LPF and non-voting member of the IJB.

The Board agreed to (a) note the resignation of the current Chair; and (b) invite the Kilwinning LPF to nominate an interim Chair, who will attend future IJB meetings.

The meeting ended at 4.05 p.m.

DRAFT

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 21 June 2018

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Volunteering Strategy	21/6/18	It is anticipated the strategy will be circulated for feedback at the end of June	Ongoing.	V. Yuill
2.	Public Partnership Forum	21/6/18	A paper will be brought to the IJB on completion of all ongoing work	Ongoing.	Officers and F. Thomson
3.	North Ayrshire Citizen's Advice Service	21/6/18	Some recruitment has been undertaken and further recruitment will take place once funds are released.	Ongoing.	D. Rowland
4.	Adult Support and Protection	24/5/18	No update, however a national report will be published on 3 July 2018 and a report will be brought to a future meeting	Ongoing	B. Walker

Integration Joint Board
16 August 2018

Subject:	Wellbeing and recovery college for people with mental health problems in North Ayrshire
Purpose:	To seek IJB approval to further develop a wellbeing and recovery college in North Ayrshire utilising a Public Social Partnership approach to enhance co-production
Recommendation:	That IJB approves the ongoing development of a wellbeing and recovery college in North Ayrshire

Glossary of Terms	
IJB	Integration Joint Board
PSMT	Partnership Senior Management Team
NAHSCP	North Ayrshire Health and Social Care Partnership
PSP	Public Social Partnership
NAWARC	North Ayrshire Wellbeing and Recovery College

1.	INTRODUCTION
1.1	NAHSCP are in the process of piloting a wellbeing and recovery college. The first part of the pilot has engaged 69 adults with mental health problems in a range of recovery focused courses. Funding of £12,725 has been utilised during this early stage, with some aspects of the pilot being provided by local partners without charge as a commitment to the development of the approach.
1.2	Recovery colleges take an educational approach to mental health and are informed by a combination of recovery, adult education and community education principles. Evidence from England and Ireland demonstrates the benefits of recovery colleges in terms of promoting recovery and self-management, reducing stigma in relation to mental health problems and reducing the use of traditional mental health services.
1.3	A scoping exercise into Recovery Colleges was undertaken in North Ayrshire in June 2017. This found that the development of a recovery college would encompass peer support and co-production as well as promoting recovery and providing an alternative to traditional approaches to mental health. Direct access to a recovery college for people with mental health problems also provides a way of reducing the pressure on GP and mental health services that are already under significant strain.

1.4	A Steering Group was established to lead the work of the pilot. This group includes people with lived experience as well as a range of mental health professionals working in the NHS, social work and the voluntary sector and representatives from education. Terms of Reference for the group were agreed and a co-produced plan for taking the pilot forward has been implemented.
1.5	The statutory community mental health service is under review and in the process of integrating its local authority and NHS functions. This review includes the range of commissioned mental health services to ensure a comprehensive 'network' of support for people with mental health problems. The wellbeing and recovery college will be an integral part of this network.
2.	CURRENT POSITION
2.1	<p>The first part of the NAWARC pilot involved running 11 courses across all localities in North Ayrshire. These courses were selected by the steering group (further to consultation with service users) and included:</p> <ul style="list-style-type: none"> • Wellness Recovery Action Planning (WRAP) • Peer to Peer training • Write to Recovery • It's Not What Wrong With Me, It's What Happened To Me That Matters (understanding the impact of Adverse Childhood Experiences) • Crafty Corner • Stress Less! • Living Life to the Full • SafeTALK (suicide prevention) • They Love Me, They Love Me Not (understanding relationships)
2.2	There has been a varied response across the locality areas, with the uptake being particularly high in Irvine (69%) and the Three Towns (12.5%) and low on Arran (0%) in the Garnock Valley (0%). This suggests that further work is required to engage localities and ensure that courses offered are based on locally identified need. It is proposed that a further piece of consultation and research is carried out within each locality area. This will enhance engagement as well as shape the courses offered in the future.
2.3	The wellbeing and recovery college pilot is open to all adults affected by mental health problems who live, work or study in North Ayrshire. Evaluation information has identified that the pilot has been accessed more by some groups within the community than others; this includes a greater number of women (73%) than men (27%) and more adults (81% aged 21-60) than young people (0% aged under 20) or older people (19% aged 61 and over). This shows that further work is required to engage with different groups to ensure the development of the recovery college is appropriate to meet their needs and accessible to everyone affected by mental health problems. The consultation and research identified above will support developments in these areas.

2.4	<p>The NAWARC pilot has included several courses that have been facilitated and/or co-facilitated by peers with lived experience, including Peer to Peer training and Crafty Corner. Other courses have involved input from peers, including Write to Recovery. This is a central part of the educational approach within recovery colleges, recognising the value of lived experience, demonstrating recovery focused practice and providing a pathway for people from the role of service user to student and on to educator. It is proposed that the development of NAWARC includes investment in the training of people with lived experience and staff as trainers or facilitators, offering training for trainers courses in WRAP, Write to Recovery, Peer to Peer training and other relevant courses. In the longer term this will reduce the requirement to bring in external trainers and enhance the involvement of local communities, ensuring long term sustainability.</p>																
2.5	<p>Recovery colleges require an online presence to share information about available courses and increase access to the service as well as support e-learning. A website / portal for NAWARC will be developed, providing a hub that will be updated and maintained by the provider identified further to a tendering process.</p>																
3.	PROPOSALS																
3.1	<p>That IJB approves the ongoing development of a Wellbeing and Recovery College in North Ayrshire through the following:</p> <ul style="list-style-type: none"> • Establishment of a Public Social Partnership to support a co-produced approach to developing and refining the model for a North Ayrshire Wellbeing and Recovery College • Commissioning of research to gather the views of people with mental health problems and mental health carers within each of the localities in North Ayrshire to inform the PSP and ensure the model meets the needs of each locality area • Establishment of a website / portal to increase access to the Wellbeing and Recovery College across all localities in North Ayrshire and support e-learning as part of the recovery process • Ongoing provision of courses within the pilot, overseen by the Steering Group, to ensure continuity of service provision during development of the future model • Investment in the training of service users and staff as trainers/facilitators for future delivery and sustainability of the Wellbeing and Recovery College • Implementation of a test of change further to the findings of the PSP and prior to a tendering process for the longer term provision of a Wellbeing and Recovery College in North Ayrshire 																
3.2	<p>That IJB approves the phased development of a Wellbeing and Recovery College as follows:</p> <table border="1" data-bbox="276 1637 1473 2076"> <thead> <tr> <th data-bbox="276 1637 636 1675">Activity</th> <th data-bbox="636 1637 978 1675">Timescale</th> <th data-bbox="978 1637 1225 1675">Cost 2018/19</th> <th data-bbox="1225 1637 1473 1675">Start Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="276 1675 636 1821">Establish Public Social Partnership</td> <td data-bbox="636 1675 978 1821">PSP to be in operation October 2018 – September 2019</td> <td data-bbox="978 1675 1225 1821">£8,000</td> <td data-bbox="1225 1675 1473 1821">1 October 2018</td> </tr> <tr> <td data-bbox="276 1821 636 1966">Commission research to inform development of recovery college model</td> <td data-bbox="636 1821 978 1966">Research to take place over 5 month period</td> <td data-bbox="978 1821 1225 1966">£18,000 (£3,000 per locality area)</td> <td data-bbox="1225 1821 1473 1966">1 December 2018</td> </tr> <tr> <td data-bbox="276 1966 636 2076">Invest in training for trainers courses to support sustainability</td> <td data-bbox="636 1966 978 2076">October 2018 – August 2019</td> <td data-bbox="978 1966 1225 2076">£20,000</td> <td data-bbox="1225 1966 1473 2076">1 October 2018</td> </tr> </tbody> </table>	Activity	Timescale	Cost 2018/19	Start Date	Establish Public Social Partnership	PSP to be in operation October 2018 – September 2019	£8,000	1 October 2018	Commission research to inform development of recovery college model	Research to take place over 5 month period	£18,000 (£3,000 per locality area)	1 December 2018	Invest in training for trainers courses to support sustainability	October 2018 – August 2019	£20,000	1 October 2018
Activity	Timescale	Cost 2018/19	Start Date														
Establish Public Social Partnership	PSP to be in operation October 2018 – September 2019	£8,000	1 October 2018														
Commission research to inform development of recovery college model	Research to take place over 5 month period	£18,000 (£3,000 per locality area)	1 December 2018														
Invest in training for trainers courses to support sustainability	October 2018 – August 2019	£20,000	1 October 2018														

	of Wellbeing and Recovery College			
	Commission development of e-learning website / portal	Website / portal development to be complete by April 2019	£16,000	1 December 2018
	Continuation of wellbeing and recovery pilot	Pilot to continue during 2018 and winter/spring of 2019	£34,000	1 July 2018
	Information sharing event	Event to be arranged for early spring 2019	£2,000	1 March 2019
	Implement test of change based on findings of PSP	Test of change to take place for a period of one year	2019/20 budget	1 September 2019
	Commission Wellbeing and Recovery College	Commissioning process to be complete by end of test of change	2020/21 budget	1 March 2020

This will be funded by savings from the ending of an existing mental health service and, therefore, does not have financial implications as the above will be met by the existing community mental health budget.

3.3	<u>Anticipated Outcomes</u>
	<p>People affected by mental health problems in North Ayrshire are supported through this service to:</p> <ol style="list-style-type: none"> 1. Experience recovery in terms of improved mental health and wellbeing 2. Access and contribute to a recovery based education programme 3. Be involved with the future development of mental health services

3.4	<u>Measuring Impact</u>
	<p>The wellbeing and recovery college will measure impact in a range of ways, including:</p> <ol style="list-style-type: none"> 1. Increase in number of people accessing the wellbeing and recovery college 2. Increase in number of peers involved in the design and delivery of courses within the wellbeing and recovery college 3. Increase in access to mental health related education programmes 4. Increase in levels of self-reported recovery 5. Reduction in the use of statutory mental health services over time 6. Increase in levels of co-production between mental health services and people who use mental health services
4.	IMPLICATIONS

Financial :	There are no financial implications to the Partnership at this stage as funding for the continuation of the pilot, proposed PSP and associated consultation and research and development of website / portal will be met by the Adult Mental Health budget.
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Human Resources :	There are potential HR implications for the Council as the involvement of peers in the PSP and initial stages of the wellbeing and recovery college require appropriate role profiles and facility for payment of the involvement of people with lived experience. Legal and HR colleagues will be involved in further developments required to support this process.
Legal :	The Procurement will be carried out in line with the Public Contracts (Scotland) Regulations 2015 and North Ayrshire Council's Standing Orders. The Public Social Partnership will be carried out in line with Scottish Government guidance on forming and operating PSPs (2011) and with support from Contracts and Commissioning colleagues.
Equality :	There are positive equality impacts in this proposal as the service is targeted at individuals with mental health problems and will support recovery.
Environmental & Sustainability :	There are no environmental implications in connection with this proposal.
Key Priorities :	Improving mental health and wellbeing Prevention and early intervention
Risk Implications :	The service is a cost effective way of promoting recovery and self-management. It provides an opportunity to reduce pressure on mainstream mental health services and primary care services.
Community Benefits :	There are positive community benefits in this proposal as the service will be co-produced with people affected by mental health problems in North Ayrshire and based on the needs of individual localities.

Direction Required to Council, Health Board or Both <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.	CONSULTATIONS
5.1	Consultation took place with service users carers and staff in 2014 to re-design the existing mental health day provision – the results of this consultation have formed the basis of recent developments in commissioned services in community mental health.
5.2	A scoping exercise into Recovery Colleges took place in June 2017 involving key stakeholders.
5.3	A steering group oversees the Wellbeing and Recovery College pilot and members of the group carried out consultation with their own networks to inform the choice of courses offered within the pilot.
6.	CONCLUSION
6.1	NAHSCP requires to develop and commission mental health services that promote recovery, self-management and peer support to meet the needs of people affected by mental health problems in North Ayrshire.

6.2	<p>It is recommended that IJB:</p> <ol style="list-style-type: none">1) Note the requirement to commission a Wellbeing and Recovery College service;2) Approve the development of this through the following methods:<ul style="list-style-type: none">▪ Establishment of a Public Social Partnership▪ Continuation of Wellbeing and Recovery College pilot▪ Commissioning of locality based research to inform the PSP▪ Development of an e-learning website / portal▪ Investment in training of local trainers to enhance the sustainability of the Wellbeing and Recovery College▪ Implementation of a test of change further to refinement of model by PSP
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**For more information please contact Kate McCormack, Interim Service Manager
Community Mental Health on 01294 476012 or at katemccormack@north-ayrshire.gcsx.gov.uk.**

DIRECTION

From North Ayrshire Integration Joint Board



1.	Reference Number	160818-		
2.	Date Direction Issued by IJB	16 August 2018		
3.	Date Direction takes effect	16 August 2018		
4.	Direction to	North Ayrshire Council		✓
		NHS Ayrshire & Arran		
		Both		
5.	Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)	Yes		
		No		
6.	Functions covered by the direction	Development of a wellbeing and recovery college for people affected by mental health problems as outlined in the report to the Integrated Joint Board.		
7.	Full text of direction	North Ayrshire Council is directed to procure a service to promote recovery and self-management for adults affected by mental health problems. This will be co-produced using a Public Social Partnership to ensure the commissioned service is appropriate to the needs of people with mental health and their carers in each locality area.		
		Activity	Timescale	Start Date
		Establish Public Social Partnership	PSP to be in operation October 2018 – September 2019	1 October 2018
		Commission research to inform development of recovery college model	Research to take place over 5 month period	1 December 2018
	Invest in training for trainers courses to support sustainability of Wellbeing and Recovery College	October 2018 – August 2019	1 October 2018	

		Commission development of e-learning website / portal	Website / portal development to be complete by April 2019	1 December 2018
		Continuation of wellbeing and recovery pilot	Pilot to continue during 2018 and winter/spring of 2019	1 July 2018
		Implement test of change based on findings of PSP	Test of change to take place for a period of one year	1 September 2019
		Commission Wellbeing and Recovery College	Commissioning process to be complete by end of test of change	1 March 2020
8.	Budget allocated by Integration Joint Board to carry out direction	<p><i>The budget available to provide the development of the Wellbeing and Recovery College during 2018/19 is £98K. This will cover the following:</i></p> <p><i>Provision of ongoing pilot activities for 2018/19: £34,000</i> <i>Training for trainers costs: £20,000</i> <i>Operation of Public Social Partnership: £8,000</i> <i>Research; £3,000 in each locality: £18,000</i> <i>Website / portal: £16,000</i> <i>Evaluation/launch event: £2,000</i></p>		
9.	Performance Monitoring Arrangements	<p>Further to commissioning, performance monitoring will take place in line with North Ayrshire Council's Contract Management Framework for Quality Care and Support Services at a Service Level and North Ayrshire Council Care Managers at an Individual Level. The Steering Group for the Wellbeing and Recovery College will monitor performance during the development phase and will report to the Mental Health Change Programme Board.</p>		
10.	Date of Review of Direction (if applicable)	September 2020		

Integration Joint Board
16 August 2018

Subject: **Director's Report**

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


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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
ACE	Adverse Childhood Event
WRAP	Wellness Recovery Action Planning
LAAC	Looked After & Accommodated Children
LAC	Looked After Children
YPST	Young Persons Support Team
PAT	Programme Approach Team

1.	EXECUTIVE SUMMARY
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.
2.	CURRENT POSITION
	National Developments
2.1	<u>New inspection approaches in care settings</u>
	Since 1 April 2018, the Care Inspectorate have been referring to the new health and social care standards in all scrutiny and improvement work. They are now developing new inspection frameworks and models which reflect the ambition of the new standards, and the focus on experiences and outcomes. This will be done incrementally, and with the involvement of people who experience, provide, and commission care and support. This approach should support robust, evidence-based self-evaluation and will work during 2018/19 to build the capacity for this.

	<p>From July 2018, the Care Inspectorate will introduce a new framework for inspections of care homes for older people, and use this framework on all inspections. You can find a copy of this, and more detail about how this will be used, at www.careinspectorate.com/index.php/inspections/new-inspections. The framework is designed for use in self-evaluation, inspection, and improvement support, and draws heavily on the new Health and Social Care Standards.</p>
	<p>It uses a series of key questions and quality indicators to help prompt reflection on the quality of care provided. It provides illustrations of what they believe constitutes 'very good' and 'weak' care and support in relation to each quality indicator, relevant to care homes for older people. The quality framework also provides information about how evidence is gathered on an inspection, and gives links to relevant improvement resources. Care Inspectorate will evaluate quality using the existing six point scale from unsatisfactory to excellent, and will report findings publicly.</p>
2.2	<p><u>National Secure Adolescent Inpatient Service</u></p>
	<p>A new public reference group is being set up for the new National Secure Adolescent Inpatient Service (NSAIS), which will provide a service for all of Scotland's young people who have complex difficulties and need a high level of care. The service will be located at Woodland View. Group members will be asked to share information in their community, help with development process and report to the project board.</p>
	<p>An information event was held on Monday 6 August at Fullarton Connexions, Irvine for everyone who'd like to know more and help the Partnership and NHS Ayrshire & Arran to develop the plans for the first secure inpatient service for young people in Scotland.</p>
	<p>North Ayrshire Developments</p>
2.3	<p><u>North Ayrshire Wellbeing and Recovery College Pilot 2018</u></p>
	<p>This exciting pilot of a recovery college approach has been co-produced by people who use mental health services and mental health workers. A range of engaging courses have been delivered, including:</p> <ul style="list-style-type: none"> • Wellness Recovery Action Planning (WRAP) • It's not what's wrong with me, it's what's happened to me that matters (understanding the impact of adverse childhood experiences) • They Love Me, They Love Me Not (understanding relationships) • Living Life to the Full • Crafty Corner • Stress Less!
	<p>A Wellbeing and Recovery College Pilot sharing experiences event took place on Wednesday 27 June at the Portal and Townhouse, 66 High Street, Irvine. The event included input from people who attended and facilitated courses and gave people the opportunity to :</p> <ul style="list-style-type: none"> • Find out about the wellbeing and recovery college approach • Hear about the differences that taking part can make • Find out about forthcoming courses • Sign up for the wellbeing and recovery college

2.4	<u>North Ayrshire Peer Support Service</u>
	Following feedback from people who use mental health services in North Ayrshire about a need for formal peer support, a new service has been commissioned. We are delighted to announce that Penumbra will be developing this service and recruitment will be underway in the next few weeks.
	As this is a new service in the area, there will be a development phase over the next few months. Further information will be provided when the service is open to referrals.
2.5	<u>New Opportunities for Care Leavers</u>
	Our Throughcare Team, working together with colleagues from Economies and Communities (Redburn Project) and Impact Arts have received funding for 3 years from Life Changes Trust. The group will provide a range of activities for care experienced young people, including photography, music making and furniture/textile upcycling. There will also be a weekly drop-in session to enhance the activities and enable younger people to gain further skills and build on their confidence.
	The hope is that the activities can be extended and offered to all care experienced young people in North Ayrshire, including foster care, kinship, LAAC, LAC and YPST, P.A.T, Rosemount.
2.6	<u>Individual Placement Support (IPS) Employability Service</u>
	IPS is an evidence based approach that promotes recovery and increases access to paid employment for people with mental health problems through collaborative working with local employers and a range of voluntary and statutory agencies.
	North Ayrshire had a successful pilot IPS service for a period of one year and recently announced the continuation of the SAMH service for a further three years.
	The service is based in Three Towns Resource Centre, Saltcoats and is open to anyone who currently works with one of the community mental health teams (Primary Care Mental Health, Community Mental Health, Social Work Mental Health). A referral by one of these teams is required to access IPS.
	The pilot demonstrated excellent results in terms of supporting people to access paid employment, with 20 people accessing a job between June 2017 and 2018.
	This success exceeded the targets and North Ayrshire Health and Social Care Partnership looks forward to the ongoing development of the service and more people with mental health problems being supported in their recovery through access to work.
2.7	<u>Participation and Engagement Strategy</u>
	The HSCP has developed, with partners, a draft Participation and Engagement Strategy. The aim of the strategy is to ensure that people and communities in North Ayrshire are supported to have their say about health and social care issues, and have the opportunity to be involved in local decision making.
	The consultation is open until Friday 17 August – click here at access our draft Participation and Engagement Strategy (<i>Doing what matters, together</i>) for 2018–2021. The questionnaire (to gather feedback on the draft strategy) is available by clicking this

	<p>link. IJB members are encouraged to read the strategy and complete the questions to tell us your views and circulate to your contacts/networks. We will use all of the feedback to inform our final strategy.</p>
2.8	<p><u>Art of the FUTURE</u></p>
	<p>Collaboration between Rosemount Project and National Galleries Scotland continues with Art of the Future.</p> <p>Young people, from the Partnership's Rosemount project, have taken part in an interesting and exciting project to create art from scratch. Twenty-seven groups across Scotland (including Rosemount) received a mail order art toolkit of disparate materials and equipment. They were then encouraged to create an artistic response that revealed their lives and how they see the future.</p> <p>The exhibition, having been displayed at the National Gallery in Edinburgh, is now being brought to North Ayrshire. The exhibition will run at the Harbour Arts Centre from 3rd August to 2nd September 2018.</p> 
3.	<p>PROPOSALS</p>
3.2	<p><u>Anticipated Outcomes</u></p>
	<p>Not applicable.</p>
3.3	<p><u>Measuring Impact</u></p>
	<p>Not applicable</p>
4.	<p>IMPLICATIONS</p>
Financial:	None
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	N/A
Risk Implications:	N/A
Community Benefits:	N/A

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

	4. North Ayrshire Council and NHS Ayrshire & Arran	
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5.	CONSULTATION
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.	CONCLUSION
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, Interim Director/Chief Officer on 01294 317723 or sbrown@north-ayrshire.gcsx.gov.uk

Integration Joint Board
16 August 2018

Subject: **2018-19 BUDGET**

Purpose: To seek approval from the IJB for the updated 2018-19 North Ayrshire Health and Social Care Partnership budget proposals and the transformational change priorities.

Recommendation: The Board approves the proposed budget for 2018-19, for the North Ayrshire Health and Social Care Partnership inclusive of the transformational change priorities and savings.

Glossary of Terms	
CRES	Cash Releasing Efficiency Saving
IJB	Integration Joint Board
NHS AA	NHS Ayrshire and Arran
NAC	North Ayrshire Council
NAHSCP	North Ayrshire Health and Social Care Partnership
PSMT	Partnership Senior Management Team

1.	EXECUTIVE SUMMARY
1.1	This report sets out the updated position for the 2018-19 budget, and is a follow up to the interim budget position noted in April 2018. Outlining all related pressures, savings and the transformational change priorities for the year for the North Ayrshire Health and Social Care Partnership.
1.2	<p>The IJB is funded by North Ayrshire Council and NHS Ayrshire and Arran.</p> <p>NAC approved its budget for 2018-19 on 28 February 2018. The Council approved a net increase in funding for NAHSCP of £3.496m taking the total delegated funding for 2018-19 to £90.495m.</p> <p>The Scottish Government also made provision in the local government settlement for additional funding to support the cost of policy priorities in relation to the Scottish Living Wage (including sleepovers) and implementation of the Carer's Act and also to allow an uplift to the Free Personal Care rate and other general social care pressures. The total funding allocated nationally was £66m and the NAHSCP share of this funding is £1.858m, this has been passed through in it's entirely from NAC to the IJB.</p>
1.3	<p>NHS Ayrshire and Arran set its budget for 2018-19 on 25 June 2018. The Health Board approved a net increase in funding for NAHSCP of £3.136m taking the total contribution for 2018-19 to £138.638m excluding the £28.055m set aside budget.</p> <p>There are a number of outstanding elements to the health funding allocation which will be determined during the financial year, including:</p>

	<ul style="list-style-type: none"> • the impact of the pay award for NHS employees and the associated funding, the current position reflects the previous assumption on the pay award increase; • the North Ayrshire share of the Intermediate Care and Rehab (ICR) investment; • the reallocation of resources for Allied Health Professionals (AHPs), as these will no longer be managed on a lead partnership basis by the South HSCP; • the disaggregation of some mental health wards from the lead partnership arrangement. <p>The Health delegated budget is expected to change significantly through the financial year. The financial implications of the above areas and also the distribution of any in-year funding allocations will be tracked and reported back to the IJB as part of the budget monitoring report.</p>
1.4	The updated budget for the IJB for 2018-19 is £259.046m (inclusive of the estimated Set Aside budget of £28.055m). A summary of the 2018-19 final budget and core funding streams is detailed within Appendix A .
1.5	Following approval of the new Strategic Plan for 2018-2021, the Health and Social Care Director, working with the HSCP Partnership Senior Management Team (PSMT), reviewed the priorities and actions identified in the plan to identify the key transformational change priorities for each service in 2018-19. These are highlighted in Appendix B .
2.	BACKGROUND
2.1	<p>Health and Social Care Partnerships are operating in an increasingly challenging financial environment. The Partnership's budget is delegated by the Council and Health Board, future funding is unlikely to keep pace with increasing demand and the costs associated with delivering health and social care services. The IJB need to be proactive in planning ahead in the medium to longer term to ensure the ongoing financial sustainability of the partnership.</p> <p>The Medium Term Financial Plan (MTFP) approved by the IJB in March 2017, covering the period 2017-18 to 2019-20, is being refreshed and will be presented to the IJB at a future meeting.</p>
2.2	<p>NAHSCP has developed a financial plan for 2018-19 which incorporates the base budget for 2017-18, additional cost and demand pressures for 2018-19 and planned savings to be delivered, some of which are with the use of the Challenge Fund.</p> <p>The IJB require to plan to deliver services from within the overall resource available, while targeting these resources to support the key priorities per the NAHSCP Strategic Plan. While there is no statutory duty for Integration Authorities to approve a balanced budget, clearly it is more likely that a balanced position can be achieved if a plan is in place.</p> <p>The demand driven nature of delivering health and social care services creates further uncertainty during the financial year over the financial commitment and there will inevitably be further pressures which will arise during the year that have to be managed. The financial position will be closely monitored and the IJB kept informed of the implications.</p>

2.3	<p>To support the IJB to operate within its delegated budget in 2018-19, NAHSCP will:-</p> <ul style="list-style-type: none"> • Bring the transformation and change agenda to the forefront; • Look to address current culture, practise and models of care across areas and in ways that focus on a reduction in statutory sector care with primacy being given to self-management, familial support and sign-posting to non-statutory alternatives; • Create a financial framework to allow detailed monitoring of month to month spending allowing early identification of potential overspends and hence allowing early corrective action to be put in place; • Maximise savings achievable from the Challenge Funds; • Roll out the action plan from the budget management audit to ensure operational budget management arrangements are tightened and fit for purpose to improve financial performance.
3.	UPDATED BUDGET POSITION
3.1	<p>The NAHSCP 2018-19 opening budget is £230.991m (excluding Set aside element) and £259.046m (including Set Aside budget).</p> <p>A summary of the 2018-19 final budget and core funding streams are detailed within Appendix A, this is net of pressures and savings which are detailed separately within the service summaries in Appendix B.</p>
3.2	<p>The funding from NAC is £92.353m, including the additional Scottish Government resource for social care pressures. The funding from NHS AA is £166.693m, inclusive of the indicative Set Aside budget. The service schedules in Appendix B include all pressures and savings provided for in the 2018-19 budget.</p>
3.3	<p>Budget pressures are also noted in the service appendices. In total there are £11.766m of pressures across Health and Social Care Services. The pressures were identified in consultation with services, taking account of historic demand and inflationary cost increases. The IJB approved these pressures in April 2018.</p>
	SAVINGS
3.4	<p>Previously approved savings totalling £3.588m are detailed in the service appendices. The Challenge Fund is a key enabler to delivering a significant proportion of the social care savings, with Phase 1 required to deliver £1.119m of net savings during 2018-19, as detailed separately in Appendix C.</p>
3.5	<p>Challenge fund Phase 2 monies of up to £0.600m are available to draw down by NAHSCP on submission of appropriate projects for this to be spent on. These projects will be required to deliver part year savings of £0.250m within the 2018-19 savings target. Work is ongoing to develop a programme of transformation aligned to Phase 2.</p>
3.6	<p>Following confirmation of the delegated funding from NHS AA further savings have been identified and aligned to services, these are noted in Appendix B and are highlighted as new savings. These total £1.407m, £0.340m of which are service savings with the remainder being from prescribing. These savings have been identified by services as being deliverable in 2018-19, the IJB are recommended to approve these savings, noting that if any of the savings are not approved then alternatives will require to be identified.</p>

3.7	The prescribing saving of £1.067m represents the NHS CRES savings target attached to the prescribing budget. The Clinical Directors are continuing to work with the prescribing team to roll out projects relating to pain relief across the GP practices. This is part of a system-wide approach to delivery of prescribing CRES recognising cost drivers within Acute, Primary and Secondary Care, as well as external factors including price increases due to short supply of drugs.																					
3.8	The approval of the new savings will result in the in-year budget gap for 2018-19 being planned to be addressed through savings and effectively a balanced position. However this does not include planning to address the previously carried forward CRES target from 2016-17 and 2017-18.																					
3.9	<p>The CRES savings not achieved in prior years total £2.557m and this has been carried forward into 2018-19. To date the following savings have been identified:</p> <table border="1" data-bbox="280 629 1382 931"> <thead> <tr> <th></th> <th>Permanent or Temporary</th> <th>£ 000's</th> </tr> </thead> <tbody> <tr> <td>CRES Saving brought forward</td> <td></td> <td>2.557</td> </tr> <tr> <td>Arrol Park employee costs</td> <td>T</td> <td>(0.250)</td> </tr> <tr> <td>Payroll turnover target increase</td> <td>T</td> <td>(0.215)</td> </tr> <tr> <td>Addictions</td> <td>P</td> <td>(0.400)</td> </tr> <tr> <td>Children's services employee costs</td> <td>P</td> <td>(0.060)</td> </tr> <tr> <td>Balance still to be identified</td> <td></td> <td>1.632</td> </tr> </tbody> </table> <p>These savings have been developed in partnership with NHS AA. The remaining balance poses a significant financial risk to the HSCP and the Health Board.</p>		Permanent or Temporary	£ 000's	CRES Saving brought forward		2.557	Arrol Park employee costs	T	(0.250)	Payroll turnover target increase	T	(0.215)	Addictions	P	(0.400)	Children's services employee costs	P	(0.060)	Balance still to be identified		1.632
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Addictions	P	(0.400)																				
Children's services employee costs	P	(0.060)																				
Balance still to be identified		1.632																				
3.10	NHS AA have indicated that the balance is being taken forward on a corporate basis but at this stage there are no agreed plans to fully address this. However, the unmet savings target has been delegated to the IJB and forms part of the 2018-19 base budget therefore the responsibility for addressing the shortfall ultimately rests with the IJB. It is imperative that the IJB work with NHS AA to identify appropriate savings as soon as possible. This work is ongoing and the IJB will be kept informed of progress.																					
2018-19 TRANSFORMATIONAL CHANGE PRIORITIES																						
3.11	Following approval of the new Strategic Plan for 2018-2021, the Health and Social Care Director, working with the HSCP PSMT, reviewed the priorities and actions identified in the plan to identify the key transformational change priorities for 2018-19. These are noted in Appendix B for each service.																					
3.12	The transformational change priorities incorporate the strategic change priorities of both NHS Ayrshire and Arran and North Ayrshire Council. As a result the transformational change agenda operates at a range of levels including specific localities and services, Partnership wide, Council, Pan Ayrshire whole system and national level e.g. the Carers Act.																					
3.13	These priorities will be delivered alongside the service changes aligned to the savings programme. Whilst no specific savings have been identified against these priorities at this stage there is an expectation that they will lead to service improvement and potentially financial efficiencies. The transformational change programme and the delivery of the service change will require to be at the forefront																					

	as this will have the greatest impact on the delivery of financial balance and the ongoing sustainability and safety of services.
3.14	The transformation programme will be re-focused to ensure oversight, challenge and monitoring of progress, providing the IJB with an assurance that the programme is effectively contributing towards financial balance.
3.15	<p>The successful delivery of the transformation programme will require a number of things to be in place, including:</p> <ul style="list-style-type: none"> • Governance - to provide strategic direction, support, challenge and oversight; • Monitoring - to ensure consistent and transparent reporting of progress; • Investment - targeted investment plan, aligned to the areas which will deliver the greatest impact and lever the change required; • Project Management Support - the capacity and skills in the organisation to support services to successfully deliver. <p>The current arrangements are being reviewed to ensure that the HSCP can operate effectively in a way to positively support delivery and the IJB will be kept up to date on progress with this work.</p>
4.	<u>Anticipated Outcomes</u>
4.1	<p>There are a number of outcomes anticipated in relation to the 2018-19 budget:-</p> <ul style="list-style-type: none"> • Transformation and Change will figure at the forefront of the IJB and NAHSCP agenda throughout 2018-19 and beyond. • The IJB and NAHSCP are to operate within the 2018-19 final budget and overall financial envelope. • Financial governance will be enhanced across those authorised to approve budgets to ensure robust control of expenditure. • Financial performance monitoring will be enhanced via a detailed financial framework tracker allowing early detection of adverse spend and corrective action being agreed and deployed. • All savings, including the Challenge fund projects need to be delivered in the agreed timescales to achieve appropriate savings for 2018-19 and beyond. • Financial resources shall be effectively targeted to improve the health and care outcomes for the people of North Ayrshire.
5.	<u>Measuring Impact</u>
5.1	<ul style="list-style-type: none"> • The Transformation Board will monitor and challenge progress of delivery of approved service changes on a monthly basis. The IJB will receive updates on progress. • A financial framework tracker will be used to monitor all key budget spend areas on a monthly basis focused on highlighting those areas not performing as required, reasons why and agreeing early corrective action. • Full year financial outturn forecasts will be compiled monthly with variance analysis and relevant explanations. • Detailed monthly financial review sessions will be undertaken with the Director, all Heads of Service and relevant senior managers in NAHSCP to ensure timely action is being taken where needed to stay within budgets.

	<ul style="list-style-type: none"> Regular financial performance reports will be presented to the IJB to ensure it is kept fully informed of the position, focussing those areas where support is required to address financial performance, Monthly monitoring and progress of all savings and Challenge fund projects will be undertaken and reported on alongside budgetary performance, with any projects off track against agreed plans being highlighted at the earliest opportunity to allow appropriate action to be taken.
6.	IMPLICATIONS
Financial:	<p>It is fundamental that the IJB can deliver services from within the 2018-19 delegated budget. Failure to do so would result in an overspend, this poses a financial risk, not only to the HSCP but to the Council and Health Board as funding partners. This would have longer term funding implications for the partnership with the potential for re-payment in future years.</p> <p>It is imperative that service overspends are brought back in line with approved budget levels for 2018-19 and that all transformational change priorities, savings and Challenge fund projects are delivered as planned.</p> <ul style="list-style-type: none"> Appendix A shows the overall IJB Budget and funding streams Appendix B provides a service schedule of transformational change priorities, pressures and savings for 2018-19 Appendix C shows the Challenge fund projects and related savings
Human Resources:	<p>The approved savings result in a net increase in staffing of 16.7 FTE in 2018-19, this is due to investment in Challenge Fund projects which will require to deliver savings.</p> <p>The Council, as employer negotiates with trade union representatives on the overall workforce impact of the Council budget proposals.</p> <p>The impact of the new proposed NHS service savings have still to be quantified. There will be full consultation with the Trade Unions as appropriate.</p>
Legal:	<p>The IJB does not have a statutory obligation to set a balanced budget as set out in Local Government legislation. The Integration Scheme sets out the financial management arrangements for the IJB, including responsibilities of the IJB, NAC and NHS AA.</p>
Equality:	<p>With the exception of prescribing savings Equality Impact Assessments (EIAs) have been carried out for savings for NAC and NHS commissioned services.</p>
Children and Young People	<p>Recognising service pressures allows continued and greater investment in early intervention and prevention in relation to children and young people, hence reducing the future likelihood of the need for accommodating them.</p>

Environmental & Sustainability:	None
Key Priorities:	The focus on the Transformation Programme supports delivery of the HSCP Strategic Plan Priorities.
Risk Implications:	Failure to deliver transformational change and to operate within the delegated budget could result in another year of overspend, which would pose a significant financial risk to the IJB and NAC and NHS AA as funding partners.
Community Benefits:	Addressing the financial challenges through the effective delivery of transformational change should allow key strategic priorities to be met which should maximise benefits for the North Ayrshire community as a whole, but also benefit those areas of the community most in need.

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

7.	CONSULTATION
7.1	This report has been produced in consultation with relevant budget holders, the NAHSC PSMT and the Directors of Finance of NAC and NHS AA.
8.	CONCLUSION
8.1	Recommend the IJB to note the updated financial position for 2018-19 and approve the transformational change priorities and all related savings for North Ayrshire Health and Social Care Partnership. Noting that that further work is required to fully address the budget gap and the IJB will be kept up to date on progress throughout the year.

For more information please contact:

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Or

Eleanor Currie, Principal Manager – Finance on 01294 317814 or eleanorcurrie@north-ayrshire.gcsx.gov.uk

Or

Michelle Sutherland, Strategic Planning Lead on 01294 317751 or msutherland@north-ayrshire.gcsx.gov.uk

**North Ayrshire Health and Social Care Partnership
2018/19 Budget**

Appendix A

	NAC	NHS	IJB COMBINED
	2018/19	2018/19	2018/19
	£000's	£000's	£000's
Expenditure			
Community Care and Health	43,840	20,623	64,463
Mental Health Services	14,147	58,907	73,054
Children and Justice Services	29,896	5,571	35,467
Primary Care inc prescribing	-	49,875	49,875
Management and Support	3,727	1,157	4,884
Change Programme	743	2,505	3,248
Total Health and Social Care Partnership	92,353	138,638	230,991
Plus Set Aside	-	28,055	28,055
GRAND TOTAL	92,353	166,693	259,046

	NAC	NHS	IJB COMBINED
	2018/19	2018/19	2018/19
	£000's	£000's	£000's
Funding			
<i>a) North Ayrshire Council</i>			
: North Ayrshire Council	90,495	-	90,495
: Scottish Govt funding re Living Wage, Carers Act and FPC 2018/19	1,858	-	1,858
<i>b) NHS Ayrshire & Arran:</i>			
: NHS Ayrshire and Arran	-	128,438	128,438
: Scottish Govt funding re Living Wage 2016/17 and 2017/18	-	10,200	10,200
: Set Aside	-	28,055	28,055
Total	92,353	166,693	259,046

This assumes that the repayments on the carried forward deficit are not commenced until 2019/20.

Breakdown of the NAHSCP share of the £66m Scottish Government Funding

	NAHSCP Share of £66m
Scottish Government Additional Funding	1.858
<u>Funding components</u>	
Carers Act 2016	0.532
Living Wage - adult social care	0.840
Living Wage - sleepovers	0.280
Free Personal Care uplift	0.056
Non-specific Barnett consequential	0.151
TOTAL	1.858

SERVICE TRANSFORMATIONAL CHANGE PRIORITIES, PRESSURES AND SAVINGS

HEALTH AND COMMUNITY CARE SERVICES:**Transformational Change Priorities:**

- Intermediate Care & Rehabilitation Model (Pan Ayrshire) – a key element of the new models of care for older people and adults with complex needs approach, building capacity across community based intermediate care services.
- End of Life/Palliative Care (Pan Ayrshire) – the development of a suitable business case to improve end of life in a community setting by September 2018.
- Unscheduled Care Plan & MSG Indicators – work to introduce a frailty pathway with Combined Assessment Unit at University Hospital Crosshouse and the Home First Hospital Based Social Work Team.
- Review of Elderly Mental Health service to assess the balance between community service and bed provision.
- Implementation of the Primary Care Improvement Plan, including the roll out of multidisciplinary teams around GP Practices building on the Kilwinning early adopter site, a review of primary care premises plans and a review of prescribing.
- Implementation of the island review of services on Arran and Cumbrae.

Cost and Demand Pressures:

Sub Division	Description	2018-19 £000's
Community Care	Demographic and Demand Pressure - care at home	659
Locality Services	National Care Home Contract Inflationary increase	490
Island Services	Arran - Patient Transfer	84
Locality Services	Care Packages - Adults	57

1,290

Savings:

Sub Division	Description	RAG Status	2018-19 £000's
Locality Services	Reduction in Care Home Placements - proposal to reduce 25 placements.	Red	391
Challenge Fund	Physical Disabilities – Review Caseload	Amber	200
Challenge Fund	Care at Home Reablement and Assessment	Green	181
Community Care	Withdrawal of funding to Crossroads, Largs	Green	14
Community Care	Reduction in Care at Home	Red	200
Community Care	Harbour Centre Day Service, Alzheimers - closure of weekend service	Green	8
Integrated Island Services	Reduction in staff from the Arran social work team	Amber	13
Island Services (NEW)	Arran	Green	30
Community Care Service (NEW)	Delayed Discharge Funding	Green	53
Locality Services (NEW)	District Nursing Supplies	Green	7

1,097

MENTAL HEALTH SERVICES:

Transformational Change Priorities:

- National Secure Adolescent In-patient Service to be delivered on the Woodland View site on behalf of NHS Scotland to support all Health Boards.
- Tarryholme site including delivery of the Warrix Avenue development, decommissioning of two day services and the Pan Ayrshire Lochranza work.
- Learning Disability Commissioning Strategy to be implemented including the completion of the sleepover review and review of care packages. This will also include the scoping of an integrated community Learning disabilities service at the end of year one.
- Roll out of Scottish Patient Safety Programme Phase 3 across wards on the Woodland View site.
- Implementation of an integrated community mental health team.

Cost and Demand Pressures:

Sub Division	Description	2018-19 £000's
Learning Disability	2017/18 Demand Pressure - LD Care Packages	500
Community MH	Demographic and Demand Pressure - Mental Health - specific cases	349
Learning Disability	Demographic and Demand Pressure - Learning Disability - transition cases	480
Addictions	Staffing Pressure - Continuation of jointly funded post with Ayrshire College (Alcohol & Drug Liaison Officer)	22
		<u>1,351</u>

Savings:

Sub Division	Description	RAG Status	2018-19 £000's
Challenge Fund	Learning Disability Strategy	Green	226
Community Mental Health	Redesign and recommission a mental health support service at a reduced cost.	Amber	30
Learning Disability	Reduction in Caley Court Learning Disability Team.	Amber	48
Learning Disability	Reduction in staff at Hazeldene Day service	Amber	35
Learning Disability (NEW)	Review of Psychology Services - Phase 2	Green	47
Lead Partnership (NEW)	Prescribing - Secondary	Amber	7
Lead Partnership (NEW)	UNPACS	Amber	23
Lead Partnership (NEW)	Psychiatry	Amber	55
Community Mental Health (NEW)	CMH - staff, supplies and admin	Green	13

484

CHILDREN AND JUSTICE SERVICES:

Transformational Change Priorities:

- Children's Services Challenge Fund – Evaluation of the prevention work at Elmbank Primary and Greenwood Academy, assessing the impact that this approach has on the current children team structures in areas teams.
- Development of the Locality based approach, with HSCP children and families teams being based in schools, currently being tested with Education Services.
- The development of the new children's respite and residential facilities located on the new Additional Support Needs School site.

Cost and Demand Pressures:

Sub Division	Description	2018-19 £000's
Looked After Children	2017/18 Demand Pressure - Fostering	566
Looked After Children	2017/18 Demand Pressure - Residential Schools	1,823
Looked After Children	Demographic and Demand Pressure - Children - fostering, adoption & kinship	352
Lead Partnership	Care Packages - Children	33

2,774

Savings:

Sub Division	Description	RAG Status	2018-19 £000's
Challenge Fund	Universal Early Years	Green	47
Challenge Fund	School Based Approach to Reducing Looked After and Accommodated Children	Green	106
Challenge Fund	Reduction in Residential School placements	Green	340
Challenge Fund	Expansion of Multi Agency Assessment and Screening Hub	Green	26
Children's Services	Reduction in Staffing	Amber	25
Intervention Services	Reallocation of Partnership Forum budget with associated savings	Green	40
Intervention Services	To discontinue the mentoring project for young people	Green	25
Policy and Practice	To reduce the Learning and Development team	Amber	75
Early Years (NEW)	Universal Early Years	Green	20

704

SYSTEM WIDE AND ACROSS SERVICES

Transformational Change Priorities:

- Engagement with communities on the new Strategic Plan and the review of Locality Planning forums.
- Implementation of Carer's Act
- Care Inspection of Adult Services including commissioning and engagement – date of inspection visit to be confirmed.
- Business Support Review of all administration and business functions, including the complaints process.
- Policy into Practice (including Self Directed Support and the charging policy reviews) to develop a robust asset based prevention and early intervention approach across all service areas.

Cost and Demand Pressures:

Sub Division	Description	2018-19 £000's
Payments to Agencies	Contract Inflation Outwith the Living Wage and NCHC increase	319
Direct Payments	Impact of auto enrolment pension increases for personal assistants employed via Direct Payments	45
Employee Costs	Pay Award – Social Care	1,172
Employee Costs	Auto enrolment for Council staff	118
Employee Costs	Pay Award – Health	1,496
		<u>3,150</u>

Savings:

Sub Division	Description	RAG Status	2018-19 £000's
Income	Additional projected income	Green	155
Change Programme	Integrated Care Fund - reduction in spend and discontinued projects	Green	460
Transport	Staff Mileage - 10% reduction across the partnership	Green	40
Challenge Fund	Bring forward phase 2 Challenge Fund savings from 2019/20 to 2018/19	Green	250
Challenge Fund	Pilot Sickness Absence	Amber	75
Employee Costs	Operational savings generated by the business support review.	Amber	150
Cross Service	Cap respite across all services to 35 days	Green	200
Cross Service	Review all support secondments/posts which could be provided by parent organisations to the HSCP.	Amber	50
Planning & Performance	Planning and Performance Team - reduction in staffing	Green	37
Change Team	Change Team Restructure	Green	216
Transport (NEW)	Transport Costs	Green	5
Supplies (NEW)	Supplies and Services	Green	80

1,718

PRESCRIBING

Cost and Demand Pressures:

Sub Division	Description	2018-19 £000's
Prescribing (NEW)	Prescribing Uplift	3,201
		<u>3,201</u>

Savings:

Sub Division	Description	RAG Status	2018-19 £000's
Prescribing (NEW)	Prescribing CRES	Green	1,067
			<u>1,067</u>

Phase 1 - funding awarded

Reference Number	Summary Description of Proposal	2018/19 Investment			Savings Phase 1 2018-19	Net 2018-19 Savings
		Challenge Fund	Funded from Savings	Total		
CF6	Review Physical Disabilities Caseload - review every package of care currently offered	26,686	-	26,686	200,000	200,000
CF7	Investment in Universal Early Years	105,333	52,667	158,000	100,000	47,333
CF8	School-based Approach to Reducing Looked After (LAC)/Looked After and Accommodated Numbers(LAAC)	60,671	94,234	154,904	200,000	105,766
CF9	Reduction in Needs for Residential School placements enhancing our community supports with a new team.	125,994	195,692	321,686	536,000	340,308
CF10	Equipment and Adaptations	-	-	-		-
CF 11	Pilot Step Up/Step Down Beds in Care Home Setting	-	-	-		-
CF 12	Develop Reablement and Assessment Capacity within Care at Home	142,114	47,371	189,486	228,000	180,629
CF13	Pilot Sickness Absence Taskforce within the HSCP	125,000	25,000	150,000	100,000	75,000
CF16	Pilot a New Approach to Sleepover Provision within Learning Disabilities	22,500	-	22,500	-	-
CF17	Expansion of the Multi Agency Assessment and Screening Hub (MAASH)	34,178	11,393	45,571	37,000	25,607
CF18	Leadership Secondment to Implement Learning Disability Strategy and new Pan Ayrshire approach	30,000	30,000	60,000	256,000	226,000
		672,476	456,356	1,128,833	1,657,000	1,200,644
	Comm Care & Health	168,800	47,371	216,172	428,000	380,629
	Children	326,176	353,985	680,161	873,000	519,015
	Mental Health	52,500	30,000	82,500	256,000	226,000
	Other	125,000	25,000	150,000	100,000	75,000
		672,476	456,356	1,128,833	1,657,000	1,200,644

DIRECTION

From North Ayrshire Integration Joint Board

1.	Reference Number	16082018-06	
2.	Date Direction Issued by IJB	16 August 2018	
3.	Date Direction takes effect	16 August 2018	
4.	Direction to	North Ayrshire Council	
		NHS Ayrshire & Arran	
		Both	√
5.	Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)	Yes	
		No	√
6.	Functions covered by the direction	All services as set out in the Integration Scheme	
7.	Full text of direction	North Ayrshire Council and NHS Ayrshire and Arran are to progress the transformational change priorities and savings approved by the IJB, as noted in Appendix B of the report. NHS Ayrshire and Arran to continue to work with the HSCP to identify further savings to address the remaining previous year's CRES target of £1.632m.	
8.	Budget allocated by Integration Joint Board to carry out direction	Partnership budget for 2018-19 is £259.046m, which consists of £166.693m NHS and £92.353m Council. £4.929m savings plans approved (including challenge fund). Remaining budget gap of £1.632m of NHS CRES savings from previous years.	
9.	Performance Monitoring Arrangements	Performance will be monitored through routine budget monitoring process.	
10.	Date of Review of Direction (if applicable)	May 2019	

**Integration Joint Board
16 August 2018**

Subject: Budget Monitoring – Month 3 (June 2018)

Purpose: To provide an update on the projected financial outturn for the financial year as at June 2018.

Recommendation: It is recommended that the IJB:

- (a) Notes the projected year-end overspend of £1.4m;
- (b) Notes the action being proposed to mitigate the overspend;
- (c) Notes the savings gap in relation to Health budgets and plans to further develop proposals; and
- (d) Notes the financial position will continue to be closely monitored with a further update to the IJB in September, if the partnership are still projecting a year-end overspend a financial recovery plan will be presented to the IJB for approval.

Glossary of Terms	
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
ARG	Allocation of Resources Group
CRES	Cash Releasing Efficiency Savings

1.	EXECUTIVE SUMMARY
1.1	This report is the first budget monitoring report for 2018-19 for the North Ayrshire Health and Social Care Partnership which reflects the position as at 30 June 2018. The report provides an overview of the financial position 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.
1.2	The projected outturn is a year-end overspend of £1.400m for 2018-19, taking account of the mitigating actions outlined in the report. It is early in the financial year therefore 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. The position should be noted by the IJB at this time, if there is no improvement to the position a financial recovery plan will be developed and presented to the IJB for approval, as required by the Integration Scheme.

1.3	<p>The main areas of pressure continue to be care homes, looked after children, Learning Disability care packages, elderly and adult in-patients within the lead partnership and the unallocated NHS CRES savings.</p> <p>This position assumes that the proposals outlined in the separate report in relation to the 2018-19 budget are agreed by the IJB and that therefore the remaining balance of unallocated CRES for 2018-19 is £1.632m (reduced from opening balance of £2.557m). The current projected financial position assumes that this target will not be met in 2018-19. Work is ongoing with NHS AA to identify appropriate savings against this target, the Health Board indicated that this will be taken forward on a corporate basis, however the budget has been delegated to the IJB. It is imperative that the HSCP agree an approach to managing this remaining savings target to ensure any plans can be implemented as soon as possible.</p>
1.4	<p>It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on this basis. Financial balance has not been delivered in previous years and in the new financial year there is a projected overspend position. More needs to be done to ensure the financial sustainability of the partnership and to deliver financial balance for the current year. The service transformation programme and the delivery of the those service changes will require to be at the forefront as this will have the greatest impact on the delivery of financial balance and the ongoing sustainability and safety of services</p> <p>The current arrangements are being reviewed to ensure that the HSCP can operate effectively in a way to positively support delivery and the IJB will be kept up to date on progress with this work.</p>
2.	BACKGROUND
2.1	<p>The IJB agreed an interim budget on 19 April 2018 pending confirmation of the final budget allocation from NHS AA. The NHS budget was subsequently agreed on 25 June 2018, a follow up report to the budget plan for 2018-19 is also presented to the IJB.</p> <p>The report follows on from the approval of the budget to monitoring the delivery against those plans. 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 actions required to work towards financial balance.</p>
3.	FINANCIAL PERFORMANCE
3.1	<p>Against the full-year budget of £230.949m there is a projected overspend of £1.400m (0.6%).</p> <p>The sections that follow sections outline the significant variances in service expenditure compared to the approved budgets. Appendix A provides the financial overview of the partnership position.</p>

3.2	Health and Community Care Services
	<p>Against the full-year budget of £65.060m there is a projected overspend of £0.245m (0.4%). The main reasons for the projected overspend are:</p> <p>a) Locality Services – projected overspend of £1.237m which consists of:</p> <p>Care home placements including respite placements – projected to overspend by £1.596m based on 865 placements (592 Nursing and 273 Residential). This includes the non-achievement of the £0.391m agreed saving. Work is ongoing to minimise future impact via a combination of increased Intermediate Care and Rehab, use of the Health and Therapy Team, reablement within care at home and the Home First initiative.</p> <p>Independent Living Services are projected to underspend by £0.076m but within this position there are underspends in residential packages and direct payments and an overspend in community packages. This projection assumes that £0.200m of Challenge Fund savings will be achieved.</p> <p>Packages of care are projected to overspend by £0.191m due to the high use of supplementary staffing.</p> <p>District nursing is projecting to underspend by £0.112m due to vacancies.</p> <p>b) Community Care Service Delivery – projected underspend of £0.989m which consists of:</p> <p>Care at home (purchased and in house) projected underspend of £1.004m based on the current level of staffing and purchased services. This projection assumes that £0.228m of Challenge Fund savings will be made.</p> <p>Supplies, transport and admin are projected to overspend by £0.172m due to increased spend on mileage, phones, ferry charges, telecare and CM2000 costs.</p> <p>c) Rehab and Reablement – projected underspend of £0.140m mainly due to vacancy savings.</p> <p>d) Long Term Conditions – projected overspend of £0.174m which is mainly due to an overspend in employee costs of £0.345m in Ward 1 to ensure staffing levels are at a safe level. Discussions with NHS AA are ongoing in relation to this, costs for bank and agency staffing will be minimised by using the displaced nurses from the Crosshouse bed reconfiguration. This is partially offset by a projected underspend of £0.100m in relation to carers funding and £0.060m in relation to vacancy savings.</p>
3.3	Mental Health Services
	<p>Against the full-year budget of £72.004m there is a projected overspend of £0.494m (0.7%). The main reasons for the projected overspend are:</p> <p>a) Learning Disabilities – projected overspend £0.701m which is mainly due to care packages based on the current number of placements plus an</p>

assessment of potential new packages. The projection assumes that the Challenge Fund project savings of £0.256m will be achieved.

The current packages continue to be reviewed and progress is monitored through the bi-weekly ARG funding panel chaired by the head of service. Care package requests/reductions are made against a risk criteria to ensure all risks are mitigated and vulnerable people can access services in accordance with statutory requirements – the application of a ‘discharge’ for an ‘admission’ is not always possible given the high cost of packages currently attributed to young people in transition. Potentially the projected overspend will reduce by undertaking the following actions:

- Extension of CM2000 to adult services which will enable payment to care providers based on actual service delivered.
- Review of all 2:1 supports.
- Developing alternative approaches to personal assistant provision to accompany service users to social events
- Developing alternative approaches to transport for service users to social events.
- Review of all cases aged 65+ to ensure the appropriate care is provided.
- Changes to the ARG paperwork to include a section on alternative community based services. E.g. use of Carena / Community Link Workers.
- Development sessions with the LD team around ‘thinking differently’ to encourage different service provision moving forward.

There are currently no budget savings planned for sleepover savings during 2018-19 as this will be reliant on the development of a responder business case. If this work can be progressed and implemented during 2018-19 this would also contribute to an improvement to the position.

b) **Community Mental Health** – is projected to underspend by £0.267m mainly due to projected vacancy savings.

c) **Lead Partnership** – projected overspend of £0.148m which consists of:

i. Adult inpatients – projected overspend of £0.317m which is mainly due to the delay in generating income from other areas in respect of forensic beds.

The other area contributing to the overspend is the Lochranza ward on the Ailsa site which is projected to overspend by £0.148m due to additional staffing to support a person on 1:1 support. Discussions are ongoing with the South partnership in relation to the transfer of the ward following the discharge of the North patients into the community during 2018-19.

ii. UNPACS – is projected to underspend by £0.230m on the assumption that there will be two new care packages in year and the charge for the three year service level agreement for Rowanbank. The underspend is partially attributable to the availability and use of beds in ward 6 which have prevented more costly external placements.

iii. Elderly Inpatients – is projected overspend by £0.213m, accounting for an anticipated reduction in the use of supplementary staffing.

	<p>iv. Learning Disabilities – is projected to underspend by £0.231m due to a delay in the transfer of an UnPACs patient.</p> <p>v. Additional vacancy related projected underspends:</p> <ul style="list-style-type: none"> • Psychology - £0.380m • CAMHS - £0.194m <p>vi. Psychiatry – is projected to overspend by £0.237m primarily due to locum costs and an unfunded EMH liaison post. There is an increased use of locum staff in the absence of being able to recruit permanent posts.</p> <p>Of the NAHSCP unmet NHS CRES target from previous years totalling £2.557m a significant proportion is aligned to Lead Partnership Mental Health Services, as this accounts for the majority (69.5%) of the health controllable delegated budget. There is currently a balance of £1.632m of the total CRES target which remains to be identified and of this £0.986m is aligned to Mental Health services and therefore these unallocated savings have been accounted for within the lead partnership position.</p>
3.4	<p>Children’s Services and Criminal Justice</p>
	<p>Against the full-year budget of £35.108m there is a projected underspend of £0.103m (0.3%). The main reasons for the projected underspend are:</p> <p>a) Looked After and Accommodated Children – projected overspend of £0.178m.</p> <p><i>Residential Schools and Community Placements</i> – projected overspend of £0.288m. The projection is based on the current number of placements and estimated discharge dates for each placement based on targeting the support from the Challenge Fund investment. There is a risk that the overspend will increase if the discharge dates are delayed.</p> <p><i>Looked After Children Placements</i> – projected underspend of £0.150m due to the current demand for fostering, adoption and kinship payments.</p> <p>b) Intervention Services – projected underspend of £0.145m mainly due to vacancy savings.</p> <p>c) Early Years – are projected to underspend by £0.128m mainly due to the level of vacancies with health visiting and the assumed level of recruitment.</p>
3.5	<p>Primary Care - Prescribing</p> <p>Against a full year budget of £49.875m primary care prescribing and general medical services are projected to be on-line. The GP prescribing uplift is an interim figure based on NRAC and will change once the detailed practice level budgets have been calculated.</p> <p>The Clinical Directors of the partnerships are continuing to work with the prescribing team to roll out projects relating to pain relief across the GP practices. This is part of a system-wide approach to delivery of prescribing CRES recognising cost drivers within Acute, Primary and Secondary Care, as well as external factors including price increases due to short supply of drugs.</p>

3.6	<p>Management and Support Costs</p> <p>Against the full-year budget of £6.958m there is a projected overspend of £0.689m. The balance of unallocated CRES savings that are not aligned to Mental Health have been allocated to management and support costs pending allocation, this balance totals £0.646m and accounts for the projected overspend as an assumption is currently made that no savings will be identified to offset this balance. Work is ongoing with NHS AA to identify potential areas to allocate the savings.</p> <p>There is also an overspend in relation to employee costs as it is assumed the savings of £0.144m relating to the business support review, seconded posts and the planning and performance team will not be achieved. Medical fees in relation to occupational health referrals are also projected to overspend by £0.053m.</p>
3.7	<p>Change Programme</p> <p>The Integrated Care Fund (ICF) projects were reviewed at the end of 2017 and the recommendations were made to the IJB to either approve the projects on a continuing basis or a fixed term basis. Where it was a continuing basis the ICF funding was mainstreamed into the relevant service area. The remainder of the budget (predominantly the Change Team) is projected to overspend by £0.075m due to redeployed staff.</p>
3.8	<p>Lead Partnerships</p>
	<p><i>North Ayrshire HSCP</i></p> <p>Services managed under Lead Partnership arrangements by North Ayrshire Health and Social Care Partnership are projected to be £0.107m overspent which includes an allocation of the unachieved CRES target carried forward.</p>
	<p><i>South Ayrshire HSCP and East Ayrshire HSCP</i></p> <p>South and East HSCP do not report until period 4 of the financial year. An update will be provided to the IJB in September.</p>
	<p>Further work is required 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>
3.9	<p>Set Aside</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.</p> <p>The 2018-19 set aside budget for North HSCP is £28.055m, based on expenditure in 2017-18. The acute directorate, which includes the areas covered by the set aside budget, is overspent by £3.7m after 3 months.</p> <p>129 additional and unfunded beds were open at the 31st March 2018. This had reduced to 59 by the 30th June 2018. It is planned to close the remaining beds by September 2018 which will reduce the rate of overspend.</p>

During 2017-18 the North Partnerships use of the set aside resources was £28.055m against the NRAC 'fair share' of £26.563m which is £1.492m above the 'fair share'. There is an expectation that the North Partnership will move towards its 'fair share'. Further work is required to ensure that the Set Aside budget is operating in line with Scottish Government expectations and is operating in the way required to ensure the IJB can have the desired impact on the whole pathway of care.

3.10 Savings Update

- a) The 2018-19 budget included £4.003m of savings plus £2.557m of carried forward NHS CRES savings.

BRAG Status	Position when budget approved	Position at period 3
Red	3.148	2.732
Amber	0.519	0.750
Green	2.893	1.060
Blue	0.000	2.018
TOTAL	6.560	6.560

- b) The projections in the report assume that the following savings will not be delivered as planned and this is reflected in the overall projected outturn position.
- i. Reduction in care home places £0.391m
 - ii. Business Support Review, seconded posts and planning and development team £0.144m
 - iii. Capping of respite £0.200m
 - iv. Psychiatry £0.055m
 - v. NHS CRES savings carried forward £1.692m
- TOTAL £2.482m**

If progress is made to deliver the savings this would improve the overall outturn position.

The projections at this stage also assume that the phase 2 Challenge Fund savings of £0.250m will be delivered but as there are no firm plans for investment and delivery this is highlighted as red risk.

Work is ongoing to ensure that plans are in place to progress the red savings and an update will be provided at period 4.

The projected position at June 2018 assumes that all remaining savings on the plan will be delivered. The progress with savings requires to be closely monitored to ensure the impact on the financial position can be assessed and corrective action taken where necessary. Appendix B provides full detail on the savings.

3.11 Partnership Wide Actions

A number of immediate actions/priorities are being taken forward to manage the financial position, including:

- developing plans for savings from the Challenge Fund for phase 2;

	<ul style="list-style-type: none"> the medium term financial strategy will be refreshed and presented to the IJB; the action plan from the budget management audit is being rolled out to ensure operational budget management arrangements are tightened to improve financial performance; scrutiny and assurance over the projected outturn position for 2018-19, ensuring the reliability of financial projections and that all management action is identified and implemented to improve the position where possible; preparation of a financial recovery plan for approval by the IJB (where required), as outlined in the Integration Scheme; review and refresh of the governance arrangements for the transformation change programme, including the Change Programme Steering Group membership, role and remit; prioritise and align programme management support from the change team on areas with the greatest financial impact / benefit; develop effective reporting of progress with service change programmes, with clear timescales and targets.
4.	<u>Anticipated Outcomes</u>
4.1	<p>Continuing to closely monitor the financial position will allow the IJB to take correction action where required to ensure the partnership can deliver services in 2018-19 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 progress with plans and any actions that can be taken to bring the change programme into line.</p>
5.	<u>Measuring Impact</u>
5.1	Updates to the financial position will be reported to the IJB throughout 2018-19.
6.	IMPLICATIONS

Financial :	<p>The financial implications are as outlined in the report.</p> <p>Against the full-year budget of £230.949m there is a projected overspend of £1.400m (0.6%).</p> <p>The report outlines the action being taken to date to reduce the projected overspend. A further update will be provided in September.</p>
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	None

Risk Implications :	The Impact of Budgetary Pressures on Service Users and associated control measures are recognised in the Strategic Risk Register.
Community Benefits :	None

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

7.	CONSULTATION
7.1	This report has been produced in consultation with relevant budget holders, the Partnership Senior Management Team and the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.
8.	CONCLUSION
8.1	<p>It is recommended that the IJB:</p> <ul style="list-style-type: none"> a) Notes the projected year-end overspend of £1.4m; b) Notes the action being proposed to mitigate the overspend; c) Notes the savings gap in relation to Health budgets and plans to further develop proposals; and d) Notes the financial position will continue to be closely monitored with a further update to the IJB in September, if the partnership are still projecting a year-end overspend a financial recovery plan will be presented to the IJB for approval.

For more information please contact:

Caroline Whyte, Chief Finance & Transformation Officer on 01294 324954 or carolinewhyte@north-ayrshire.gcsx.gov.uk

Or

Eleanor Currie, Principal Manager – Finance on 01294 317814 or eleanorcurrie@north-ayrshire.gcsx.gov.uk

2018/19 Budget Monitoring Report – Objective Summary as at 30 June 2018

Appendix A

Partnership Budget - Objective Summary	2018/19 Budget								
	Council			Health			TOTAL		
	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	53,657	53,654	(3)	11,403	11,651	248	65,060	65,305	245
: Locality Services	24,736	25,885	1,149	4,065	4,153	88	28,801	30,038	1,237
: Community Care Service Delivery	25,730	24,741	(989)	0	0	0	25,730	24,741	(989)
: Rehabilitation and Reablement	1,150	1,104	(46)	1,399	1,305	(94)	2,549	2,409	(140)
: Long Term Conditions	1,736	1,625	(111)	4,226	4,511	285	5,962	6,136	174
: Integrated Island Services	305	299	(6)	1,713	1,682	(31)	2,018	1,981	(37)
MENTAL HEALTH SERVICES	23,141	23,914	773	48,863	48,584	(279)	72,004	72,498	494
: Learning Disabilities	17,792	18,612	820	464	345	(119)	18,256	18,957	701
: Community Mental Health	4,064	4,052	(12)	1,879	1,624	(255)	5,943	5,676	(267)
: Addictions	1,285	1,250	(35)	1,195	1,142	(53)	2,480	2,392	(88)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	45,325	45,473	148	45,325	45,473	148
CHILDREN'S AND JUSTICE SERVICES	31,631	31,631	50	3,477	3,324	(153)	35,108	34,955	(103)
: Intervention Services	3,738	3,582	(156)	294	305	11	4,032	3,887	(145)
: Looked After & Accomodated Children	15,964	16,092	178	0	0	0	15,964	16,092	178
: Fieldwork	4,566	4,590	24	0	0	0	4,566	4,590	24
: CCSF	319	301	(18)	0	0	0	319	301	(18)
: Justice Services	2,898	2,898	0	0	0	0	2,898	2,898	0
: Early Years	321	316	(5)	2,760	2,637	(123)	3,081	2,953	(128)
: Policy & Practice	3,825	3,852	27	0	0	0	3,825	3,852	27
: Lead Partnership NHS Children's Services Area Wide	0	0	0	423	382	(41)	423	382	(41)
PRIMARY CARE	0	0	0	49,875	49,875	0	49,875	49,875	0
MANAGEMENT AND SUPPORT COSTS	5,400	5,580	180	1,558	2,067	509	6,958	7,647	689
CHANGE PROGRAMME	654	635	(19)	1,290	1,384	94	1,944	2,019	75
TOTAL	114,483	115,414	981	116,466	116,885	419	230,949	232,299	1,400

**North Ayrshire Health and Social Care Partnership
2018/19 Savings**

Appendix B

Council Commissioned Services

Service	Description	RAG Status at budget setting	Updated Rag Status	Gross Saving 2018/19 £000's	Net Saving 2018/19 £000's	Net Saving Projected to be Achieved at Period 3 £000's	Projected Shortfall
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - Investment in Universal Early Years	Green	Amber	100	47	47	-
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - School-based Approach to Reducing Looked After (LAC)/Looked After and Accommodated Numbers(LAAC)	Green	Green	200	106	106	-
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - Reduction in Needs for Residential School placements enhancing our community supports with a new team.	Green	Green	536	340	340	-
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - Expansion of the Multi Agency Assessment and Screening Hub (MAASH)	Green	Amber	37	26	26	-
Children & Criminal Justice	Reallocation of Partnership Forum budget with associated savings	Green	Green	40	40	40	-
Children & Criminal Justice	To reduce the Learning and Development team	Amber	Blue	75	75	75	-
Children & Criminal Justice	Reduction in Staffing	Green	Blue	25	25	25	-
Children & Criminal Justice	To discontinue the mentoring project for young people	Green	Green	25	25	25	-
Community Care & Health	Community Care & Health Challenge Fund Projects - Physical Disabilities	Green	Amber	200	200	200	-
Community Care & Health	Community Care & Health Challenge Fund Projects - Reablement	Green	Green	228	181	181	-
Community Care & Health	Reduction in staff from the Arran social work team	Amber	Blue	13	13	13	-
Community Care & Health	Withdrawal of funding to Crossroads, Largs	Green	Blue	14	14	14	-
Community Care & Health	Additional projected income	Green	Green	155	155	155	-
Community Care & Health	Harbour Centre Day Service, Alzheimers - closure of weekend service	Green	Green	8	8	8	-
Community Care & Health	Reduction in Care Home Placements - proposal to reduce 25 placements.	Red	Red	391	391	-	391
Community Care & Health	Reduction in Care at Home	Red	Blue	200	200	200	-
Mental Health	Mental Health - Challenge Fund Projects	Green	Amber	226	226	226	-
Mental Health	Redesign and recommission a mental health support service at a reduced cost.	Amber	Blue	30	30	30	-
Mental Health	Reduction in Caley Court Learning Disability Team.	Amber	Green	48	48	48	-

Service	Description	RAG Status at budget setting	Updated Rag Status	Gross Saving 2018/19 £000's	Net Saving 2018/19 £000's	Net Saving Projected to be Achieved at Period 3	Projected Shortfall
Mental Health	Reduction in staff at Hazeldene Day service	Amber	Green	35	35	35	-
Management & Support	Review all support secondments/posts which could be provided by parent organisations to the HSCP.	Amber	Red	50	50	-	50
Management & Support	Operational savings generated by the business support review.	Amber	Amber	150	150	93	57
Management & Support	Planning and Performance Team - reduction in staffing	Green	Red	37	37	-	37
Cross Service	Pilot Sickness Absence Taskforce within the HSCP	Green	Amber	100	75	75	-
Cross Service	Staff Mileage - 10% reduction across the partnership	Green	Amber	40	40	40	-
Cross Service	Bring forward phase 2 Challenge Fund savings from 2019/20 to 2018/19	Green	Red	250	250	250	-
Cross Service	Cap respite across all services to 35 days	Green	Red	200	200	-	200
Change and Improvement	Change Team Restructure	Green	Blue	108	108	108	-
Change and Improvement	Integrated Care Fund - reduction in spend and discontinued projects	Green	Blue	218	218	218	-
TOTAL				3,739	3,313	2,578	735

NHS Commissioned Services

Appendix B

Service	Description	RAG Status at budget setting	Updated Rag Status	Gross Saving 2018/19 £000's	Net Saving 2018/19 £000's	Net Saving Projected to be Achieved at Period 3 £000's	Projected Shortfall
Change and Improvement	Integrated Care Fund - reduction in spend and discontinued projects	Green	Blue	242	242	242	-
Planning and Performance	Change Team Restructure	Green	Blue	108	108	108	-
Mental Health	Review of Psychology Services - Phase 2	Green	Blue	47	47	47	-
Mental Health	Prescribing - Secondary 1%	Amber	Amber	7	7	7	-
Mental Health	Add UNPACS 1%	Amber	Amber	23	23	23	-
Mental Health	Psychiatry 1%	Amber	Red	55	55	-	55
Mental Health	Addictions 1%	Amber	Amber	13	13	13	-
Community Care & Health	Arran	Amber	Blue	20	20	20	-
Community Care & Health	Delayed Discharge Funding	Green	Blue	53	53	53	-
Community Care & Health	District Nursing Supplies	Green	Green	7	7	7	-
Community Care & Health	Reduction in staffing - Arran	Green	Green	30	30	30	-
Cross Service	Supplies	Green	Green	80	80	80	-
Cross Service	Transport	Green	Green	5	5	5	-
Cross Service	Savings carried forward from 2017/18	Red	Red	2,557	2,557	865	1,692
TOTAL				3,247	3,247	1,500	1,747
GRAND TOTAL				6,986	6,560	4,078	2,482

2018/19 Budget Reconciliation

Appendix C

COUNCIL	Period	Permanent or Temporary	£
Initial Approved Budget	2		92,353
Resource Transfer	2	P	22,219
ICF Procurement Posts - Transfer to Procurement	2	T	(89)
Period 3 reported budget			114,483

HEALTH	Period		£
Initial Approved Budget (including estimated pay award funding)	2		138,638
Resource Transfer	2	P	(22,219)
GIRFEC – Health Visitors	3	P	47
Period 3 reported budget			116,466

GRAND TOTAL			230,949
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Integration Joint Board
16 August 2018

Subject: **Health and Social Care Clinical and Care Governance Group Update (covering period March – June 2018)**

Purpose: To provide an update to the IJB in relation to activity and assurance of activity reviewed via the North Ayrshire Health and Social Care Partnership's Clinical and Care Governance Group (CCGG).

Recommendation: The IJB is asked to note the report.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CCGG	Clinical Care Governance Group
CPC	Child Protection Committee
MAPPA	Multi-Agency Public Protection Arrangements
SNH	Senior Nurse Group
AERG	Adverse Events Review Group
SAER	Significant Adverse Event Review

1.	EXECUTIVE SUMMARY
1.1	<p>Working within the approved Health and Social Care Clinical and Care Governance Framework , we continue to provide robust arrangements for governance of Partnership Services in order to deliver statutory, policy and professional requirements; and also the achievement of Partnership quality ambitions.</p> <p>This paper provides an update and overview of governance activity for the period March 2018-June 2018 for consideration by the IJB. The paper also reflects specific issues that have been tabled via the CCGG, provides information regarding levels of activity in relation to incident reporting and includes the first service spotlight report from Mental Health Services as intimated in the previous position paper presented to IJB in March 2018.</p>
2.	BACKGROUND
2.1	As previously acknowledged by the IJB, the Partnership has developed Clinical and Care Governance arrangements in line with the commitments and requirements contained in the Integration Scheme.

3.

PROPOSALS

We advised in our previous paper that a new structure and focus to Clinical and Care Governance would be tested and developed. We have now taken action on this and have conducted a series of tests in adopting the new structure and focussed framework.

A new proposed agenda has been developed to include the following:

1. Public Protection Update:

- Adult Support and Protection
- Child Protection
- MAPPA

2. Adverse Events (including themes identified from local, Directorate and Serious adverse events review (SAER).

3. Complaints/Member Enquiries, Compliance & Compliments

- Learning Notes
- Practice Bulletin

4. Inspection Reports/Action Plans/SPSO

5. Workforce

- Policy
- Training & Development
(include MAST & identified training)

- Planning/safe staffing

6. Consultations and safety action notices; local and national

7. Guideline/Policy Register (to ensure none are out of date)

8. Risk Register

9. Minutes

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

10. Professional Updates

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

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

It is acknowledged that to date we are not yet receiving all minutes from the identified Governance Groups. The delay is due to ongoing discussion as to what is meaningful and proportionate for the intended purpose of reporting to the CCGG. It is the consensus of the Group in keeping with the NAHSCP IJB Governance structures that Chairs of the individual Groups will provide a summary to the CCGG on a 2 monthly basis to provide overarching assurance and offer the opportunity for escalation when appropriate to the CCGG.

	<p>As previously identified, it is recognised that the environment of health and social care continues to evolve with integration often at the heart of developments. With this there has been many changing roles, both newly developed and transitional and with this new personnel. In addition, the focus of commitment and energy has been on providing high quality, safe and effective services in a period of increasing demand on capacity against the backdrop of financial pressures. It is more crucial than ever that we confirm our commitment to governance, review our current activity and performance and ensure there is a meaningful culture of governance through our organisations.</p> <p>To support this we are scheduling a refresh of governance awareness and training for all levels of staff within the partnership focussing on common understanding, process and outcomes/impact. The CCGG also propose to host two learning events for key stakeholders mid-2018 to ensure governance has the profile required to contribute to safety and public assurance. This work has commenced with Child and Family Services having participated in the first learning session in May 2018.</p>
<p>3.2</p>	<p>Overview of activity and update</p>
<p>3.2.1</p>	<p>Public Protection</p>
	<p><u>Adult Support and Protection</u> Brenda Walker, Senior Officer Adult Support and Protection, provided verbal feedback from the Joint Adult Support and Protection Inspection conducted earlier this year, the first of its kind in Scotland. Overarching comment is that the inspectors found ASP to be well promoted with evidence of strong leadership, good processes in place and good governance structures. Documentation was positively remarked on and that training activity was evident and complimented acknowledging the partnership working across Local Authority, Police, Health and key stakeholders. The full report will be tabled at CCGG when available.</p>
	<p><u>Child Protection</u> As a result of recent events a newly formed Young Person’s Suicide Prevention Group, a short life working group which reports into the CPC. Membership includes Lead Professionals including Director, Council staff, NHS, A&A staff, Partnership staff, Police Scotland, Public Health etc. has been created. The Group has established a Strategic Oversight and Operational subgroup to ensure activity to improve response, share learning and consider how we better contribute to prevention.</p> <p>This structured group will look at establishing specific multi-agency governance arrangements for partnership working, focus on reducing the number of suicides of young people within North Ayrshire and monitoring risk factors including instances of suicide and attempted suicide.</p> <p>A detailed discussion took place regarding potential concerns/trends and how effective response mechanisms for emerging risk factors can be developed. The group agreed that by introducing health surveillance, this will play an important key in early response and intervention.</p> <p>David Thomson, Associate Nursing Director/Lead Nurse will take lead in establishing the mechanism, data set requirements and development of process as directed by the Young Person’s Suicide Prevention Strategic Group. Work has</p>

	<p>commenced in identifying potential indicators taken from the findings of a literature search in relation to multiple sequential suicides involving information from Education, Police and Health environments.</p> <p>Proposed information sets have been sent to the appropriate organisations for review and meetings with the appropriate system handlers have been arranged to discuss the mechanism and practicalities of reporting to a single site that will enable correlated analysis of information and monitoring of potential trends and early indicators that would require early intervention or activity.</p>
	<p><u>MAPPA</u> David Thomson now has responsibility for MAPPA as NHS Board Lead on behalf of Hazel Borland, Nurse Director. Confidentiality of MAPPA clients is paramount; some breaches have been reported through the Strategic Oversight Group (SOG) which has been addressed via the relevant organisations and with the individuals involved. A steering group representing NHS Ayrshire and Arran and all three HSCPs will be established by July 2018 with multi-disciplinary team and agency involvement. An issue with the quality of minute taking has been raised and this will be addressed via the MAPPA office.</p>
<p>3.2.2</p>	<p>Adverse Events</p>
	<p>The Adverse Event Review Group – Pan Ayrshire, has been well established for several years and provides governance in relation to incidents where harm or potential harm has occurred considering if services has contributed to the event in any way and to identify if any learning can be taken from any given scenario. A deficit in reporting was recognised from a wider North Ayrshire Partnership perspective with areas such as District Nursing, Community Hospitals and Social Care lacking the platform for regular reporting and review. To address this we have now established a North Ayrshire AERG for incident review following the model of the Mental Health AERG.</p>
	<p><u>AERG activity</u></p> <p>SBARs received Jan-June – 119 for Mental Health – 21 North Partnership AERG Datix incidents recorded – 1073 from all three partnerships – 120 NASHCP</p> <p>Area of concern raised - 15 Medications errors within MH – 8 from wider NASHCP 5 Adverse event reviews commissioned 1 clinical record review commissioned</p> <p>Drug Deaths reported- 37(all 3 Partnerships) SAER - 10 Commissioned</p> <p>Completed SAER and learning points highlighted:</p> <p>SAER 00021 DT provided feedback on a Significant Adverse Event Review (SAER) concluded recently for which he was the lead reviewer.</p> <p>The key findings were noted and the following learning points highlighted;</p> <ul style="list-style-type: none"> • Consideration of Adult Support & Protection (ASP) referrals should be recorded within clinical records and appropriate documentation sets.

	<ul style="list-style-type: none"> • Minor issues around documentation were identified for example, details of relatives not being fully completed, these issues having now been addressed via reflective practice and learning discussions. • A random audit of patient records was carried out (no. 30) to evaluate ASP referral and considerations. Discussion ensued around ensuring staff are able to evidence the decision making around such considerations, raising concerns and making referrals to ASP unit.
	<u>Diabetic Care</u>
	An SBAR was tabled describing a recent issue around diabetic care between acute and community nursing taken through the North AERG, Detailed background and situation discussed at CCGG. It is noted that following the incident the Procurator Fiscal provided recommendations which resulted in an action plan being established. Appropriate learning and improved practice has been supported through a series of improvement activities and learning approaches.
3.2.3	Complaints/Member Enquiries, Compliance & Compliments
	<p>A discussion and opinion was sought from the group on how this information should be presented going forward. Group agreed that a summary detailing the number of complaints, numbers open or closed, and numbers taken to ombudsman etc would be sufficient.</p> <p>Thelma Bowers, Mental Health Senior Manager, is currently working with the NHS complaints team to try and streamline processes etc. A report is currently being devised for PSMT covering this issue and will be tabled via CCGG in due course.</p>
3.2.4	Consultations / Safety Action Notices
	<p><u>Draft Strategic Plan 2018-21</u> noted. Consultation closed at midnight on Friday 16th February 2018.</p> <p><u>Safe & Effective Staffing in Health & Social Care Discussion Paper</u> 'Discussion document to support further engagement on Safe and Effective Staffing in Health and Social Care' was available for comment in February 2018. Comments are feedback was provided and formulated a Pan Ayrshire response submitted by General Manager Liz Moore, NHS Ayrshire and Arran.</p> <p><u>Safety Action Notices</u> Assurance is required by this group that these have been actioned timeously. The Partnership currently have historic notices outstanding regarding assurance of dissemination and action. The CCGG are pursuing assurance that appropriate actions from all services are up to date.</p> <p><u>General Data Protection Regulation (GDPR)</u> Mark Fleming, eHealth Nurse Consultant and Neil McLaughlin, Team Manager Carefirst, to be invited to come along and discuss the new Data Protection Act at our next meeting. Discussion and agreement to be sought if Mark and Neil should be regular members of the group.</p>
3.2.5	Inspection Reports / Action Plans / SPSO / MWC

	<p><u>MWC Visits to Woodland View 2018</u> William Lauder, General Manager ACH, submitted an update paper on unannounced visits to Wards 9, 10 and 11 at Woodland View as well as an announced visit to Ward 8 Woodland View. The contents of William's update were noted. Very positive feedback was received for both visits with record keeping and care plans being referred to as gold standard. The commission also noted the excellent care environment provided by Woodland View and commented on the informed, compassionate and person centred care being provided by staff.</p> <p><u>MWC Investigation into the Care and Treatment of QR</u> Dr John Taylor provided a briefing paper to the Healthcare Governance Committee regarding recommendations made with a MWC report. It was noted that the recommendations and our proposed actions have been logged with the Healthcare Governance Committee and the action plan will be reviewed by this group in 6 months.</p> <p>Discussion to take place at PSMT for services to agree the administration of action plans.</p>
3.2.6	Polices/Guidelines Register
	<p>It was recognised that a lot of policies/guidelines are out of sync/date which are highlighted when incidents occur. The CCGG now require updates from the Clinical Documentation Steering Group (Mental Health Services and nursing/clinical) when developments and reviews take place.</p> <p>Mareena McLaughlin (Child Protection) to be asked to attend a future meeting and present on the child protection policy in context of current legislation.</p>
3.2.7	Risk Register(s) / DATIX Activity
	<p><u>Risk Management Snapshot Q3</u> Snapshot paper was tabled and comments invited. Group agreed the information contained within the report was useful for noting. Information on any specific Risk Management Activity can be requested from the Risk Management Team - Katie.Bryant@aapct.scot.nhs.uk Risk Manager.</p> <p>It is recognised that Health and Social Care have different reporting systems. There has been discussion on how we develop a more concise, ideally single mechanism for reporting and review. There has been exploratory discussion looking at the potential for all partners to use Datix however at the recent Health, Safety & Wellbeing Assurance Group and there was not much appetite for social services staff to join Datix. There are also elements of accountability that will need to be considered with regards to ultimate responsibilities lying with the Chief Executives. Hugh Currie and Julie Davis to be invited to attend a future meeting to discuss ways forward.</p> <p><u>HEPMA on Ailsa Site</u> It is noted that despite funding a 100% roll out of HEPMA this has not been fully implemented and the wards that remain on the Ailsa site have not been included. A report to the April meeting highlighted recent medication errors including issues with</p>

	HEPMA. As a consequence, concerted improvement work is being undertaken with support by Lead Pharmacist.
3.2.8	Workforce
	<p><u>Training & Development</u> Workforce management discussed at length in which it was recognised that other disciplines do not have the 22.5% overhead, calculated additional staffing to establishment to counter act planned leave, sickness/absence, study leave etc, It was agreed that this would be further discussed at the Pan Ayrshire Workforce Group.</p> <p><u>Planning / Safe Staffing</u></p> <ul style="list-style-type: none"> • William Lauder, Senior Manager Inpatient (Mental Health) and Forensic Services is looking at training for staff in regards to physical intervention as uptake is not even across wards. • The workforce tool is being run through Elderly Mental Health Inpatient Services. Outcomes were discussed at the Workforce Group 9th February 2018. The tool has not yet been run for community or other disciplines. An update should be sought from Craig Stewart, Associate Nurse Director East H&SCP, regarding the District Nursing report. <p>It is acknowledged that not all areas of nursing and AHP teams have established workload and workforce tools. Also concern raised that there is a lack of a workforce tool for Social Workers and that skill mix requires to be reviewed.</p> <p><u>Workforce Tool</u> The group discussed the application and accuracy of a School Nursing Workload and Workforce Tool. Agreed that something has to be done in taking this forward. Acknowledged this is a national issue and will be fed back via the Senior Executive Directors Group (SEND).</p>
3.2.9	Professional Updates
	<p><u>Clinical Director</u> A brief update on the GP contract was provided noting this will be a pan Ayrshire approach. A GP Programme Board has been created which is chaired by Eddie Fraser, Director of East Ayrshire Health and Social Care Partnership.</p> <p><u>Lead Nurse</u> The next phase of the Mental Health Services Strategy is currently being pulled together with dates for six public consultations. Information has been collated from the last round of consultations and extracted into the five themes in line with the National Strategy themes.</p> <p>Senior Nurses have been asked to look at supervision and care planning and work is now under way to establish improved practice and structures.</p> <p><u>Lead AHP</u> Community Occupational Therapy Waiting Times</p> <ul style="list-style-type: none"> • An SBAR was tabled detailing the risks identified during an ongoing waiting times review. The contents of the SBAR were noted and it was agreed that an updated report should be brought back to the April meeting to show

	<p>improvement, if improvement not evident then this group will support this issue being added to the risk register.</p> <p>It is noted that this group should support the screening of the waiting list and also take this forward when redesigning services.</p> <p>North Ayrshire Allied Health Professions Highlight Report for January 2018 was tabled and the contents noted.</p>
3.2.10	Terms of Reference
	Updated Terms of Reference (ToR) were submitted to the group for approval. Comments/amendments were sought and the ToR has now been ratified.
3.2.11	HAI Report ACH
	<p>The HAI report detailing the unannounced inspection within Ayrshire Central Hospital on 14 – 15 February 2018 was submitted. Overall, very positive feedback was received with highly complementary feedback on the cleanliness of Ward 1 and the Environment within Wards 1 and 2.</p> <p>The group referred to the requirements and recommendations included within the report and an action plan established as of April 2018 on the back of the requirements and recommendations received from Health Care Improvement. Completed action was tabled and supported by CCGG.</p>
3.2.12	Pharmacy Errors
	Due to the numerous pharmacy errors, the ARG asked Pete Gilfedder (Senior Nurse) to collate inpatient pharmacy related incidents which have contributed to medication errors for the last year. Improvement work is now underway.
3.2.13	Crisis Response Team
	<p>DR provided an update on the Proposed Community based Adult Health Crisis Response Team. The purpose of this new team would be to offer targeted assessment, intervention and support in community settings and provide safe, viable alternatives to emergency admissions to acute hospitals.</p> <p>A meeting was held on 4th April 2018 to discuss how this model will be developed. The proposed group have agreed to reconvene in four weeks to look at a range of data profiles and review an analysis. From the meeting in early May, the group will review this analysis and have a better understanding on the future of the model. A further meeting will be held in June 2018 to tease out findings and allow the group to develop a proposal paper on the future model and the occurring costs.</p>
3.2.14	GP Provision in Primary Care
	Dr Paul Kerr highlighted to the group that there are current risks within areas of the North Ayrshire Primary Care Infrastructure. Dr Kerr will provide feedback to the next CCGG meeting reflecting any remedial action taken and any issues regarding forward contingencies required.

3.2.15	Duty of Candour
	<p>Group discussion re importance of evidencing Duty of Candour. All agreed that we need to continue raising awareness and completing training course.</p> <p>Acknowledged that Andrew Moore, Assistant Director of Nursing will attend the Health and Community Care's Extended Managers meeting and the SNG to discuss Duty of Candour.</p> <p>Agreed it would be beneficial to for Andrew to attend a future Clinical Care Governance Meeting and Extended PSMT.</p>
3.3	<u>Anticipated Outcomes</u>
	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
3.4	<u>Measuring Impact</u>
	Impacts are reflected in the individual outcomes of improvement work and sustained high quality of service delivery and patient experience.
4.	IMPLICATIONS

Financial:	No
Human Resources:	No
Legal:	Yes
Equality:	Activity is in line with equality requirements and good practice.
Children and Young People	Positive impacts of work being conducted noted
Environmental & Sustainability:	N/A
Key Priorities:	In keeping with all aspects of the wider delivery plan.
Risk Implications:	Governance contributes to risk management and risk mitigation activities.
Community Benefits:	N/A

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

5.	CONSULTATION
5.1	Not applicable
6.	CONCLUSION
6.1	IJB is asked to consider and note the progress outlined in this, the second full update to the Board

For more information please contact David Thomson, Associate Nurse Director / Lead Nurse on 01294 317806 or email david.thomson3@apct.scot.nhs.uk [Click here to enter text.](#)[Click here to enter text.](#)

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Appendix 1

Spotlight Report – Partnership Performance Governance

Spotlight Report: Mental Health, Learning Disabilities & Addiction services

Meeting: 9th May 2018

Learning Disability Services

Health inequalities: A wide range of activity is underway across Learning Disability Services. As part of the exploration of roles and responsibilities within the North integrated Learning Disability Team, Health Improvement colleagues will be working with team members to pilot a new locally developed resource, enabling teams to assess the support they deliver in relation to the health inequalities agenda. The session will take place on the 23rd of May, and it is hoped that it will generate insights and actions for the team, as well as allowing them to feedback to health improvement about their experience of working with the tool.

The experience of people with a learning disability within acute settings: Discussion at the Learning Disability Clinical and Care Governance Group has repeatedly highlighted the need for further action in relation to the experience of people with a learning disability within acute settings. While significant good practice exists (facilitated in many instances by the Learning Disability Acute/Primary Care Liaison Nurses), scope for development remains. In order to progress this, the Governance group is seeking support for the re-establishment of the Vulnerable Patients Group. Historically, this was a group which addressed hospital experiences for a range of vulnerable groups, including people with a learning disability and dementia. The Learning Disability Governance group has contacted a range of services (including CAMHS, Addictions, the Dementia Nurse Consultant, and the Complex Needs Nurse Co-ordinator) outlining the argument for re-establishing the group, with responses to date all being supportive.

The Learning Disability Clinical and Care Governance Group is also currently taking the opportunity to explore its existing role and structure. The opinions of existing members are being sought via an online survey, exploring issues such as the scope for reviewing membership, the extent to which the group properly reflects an integrated service landscape, and the practicalities of being involved with it. Results of the survey will be used to inform the group's nature and activity as relevant, going forward

Respite services: The review of respite provision is complete. During the process we held information events for carers and service user to engage with them regarding the changes, 1 service user and 32 carers attended. 2 key things changed as a result of this process. **1.** The maximum number of nights was reduced from 56, to 42. This change brought North Ayrshire into line with general provision across Scotland. It was also intended to create opportunities for more people to benefit from respite access. **2.** A new process of assessment was put in place. This was done to make sure that people's needs (those of the person receiving respite, and those caring for them) were fairly considered in the same way. We built this assessment around an established tool, used in Carmarthenshire. The feedback from the carers asked that the service communicate with them regarding changes and developments; a newsletter has been sent out to all families detailing the change process and the outcome.

Keep safe initiative: We have started planning for the Partnership to implement the 'Keep Safe' initiative. The Keep Safe initiative works with a network of businesses such as partnership buildings, shops, libraries and cafes who have agreed to make their premises a 'Keep Safe' place for people to go if they feel frightened, distressed or are the victim of crime when out in the community. The plan is to work in partnership with 'I Am Me' a Scottish charity and Police Scotland to train partnership staff who will then train the staff working in the identified establishments.

Quality Network for Inpatient Learning Disability Services Standards: Arrol Park Assessment and Treatment (A&T) unit have benchmarked against the Quality Network for Inpatient Learning Disability Services Standards. The standards cover six domains: Admission and assessment, Care planning and treatment, Safety, discharge, capacity and consent, Patient and carer experience, Environment and facilities and Leadership, workforce and governance.

The standards engage staff and service users in a comprehensive process of review, through which good practice and high quality care are recognised. The action plan has priorities identified and these are an agenda item at the A&T operational group.

Overnight support review: Rolling programme of Canary installations and reviews has commenced (11 per 4 weekly period) and is scheduled to continue till July 2018. 28 s/u's have been reviewed to date (Canary + meeting). 3 service users commenced phased reduction of sleepover (one per week) on 05/04/18. Responder service now in place creating saving of £130.71 per night.

Psychology Services

Janet Davies as the new Pan Ayrshire professional lead for Psychology services was appointed in January 2018 and is leading the implementation plan against the recommendations of the service review undertaken in 2016/17. A recruitment programme for the appointment of an Adult service and Children's services leads is currently underway which will be instrumental to the further development of Psychology services, delivery of national targets and improving access to Psychological services. The service continues to work towards achieving improved access to services and reduction in waiting times with significant work still to do to achieve improved outcomes over the next year. (See waiting times report appendix 1).

Addiction Services:

Health checks/ward 5: The importance of ensuring that physical health checks are undertaken at our Addictions Multi-Disciplinary Team clinics in ward 5 Woodland View has meant that timeous support has been put in place for a number of clients. In the last 3 months, 5 individuals have been assessed and then supported to attend A&E and the Combined Assessment Unit due to potentially life threatening conditions including sepsis, blood clots which could have led to death had they not been identified at the MDT clinics.

Psychology developments: Laura Mitchell, Principal Clinical Psychologist, has joined our Addiction Services. Laura will be invaluable in supporting staff in the delivery of psychological interventions whilst also carrying a caseload supporting a small number of service users with complex needs.

Performance: The service is continuing to demonstrate high levels of performance and is meeting all national and local standards and targets e.g. access to treatment waiting time targets, delivery of Alcohol Brief Interventions, and roll out of Naloxone delivery. The

service continued to perform well despite a sustained period of adverse weather conditions during which a comprehensive service was provided.

New ways of working/integration: The integrated service has continued to develop joined up, agile and streamlined ways of working to improve service delivery and access to services. This continues to be challenging in relation to the need to utilise two client electronic records (CareFirst and CarePartner). Some NAC employed staff have been able to access CareFirst whilst away from their team base and NAC premises via their mobile phone linked to the laptop (staff have been extremely positive regarding this development in spending more face to face time with clients, seeing more clients, reduction of travel etc). NHS employed staff have not been permitted to undertake this pilot illustrating the ongoing differences to staff within the Partnership depending on which host organisation they are employed by.

Lack of uncertainty about funding has created difficulties for staff and clients about longer term support and care planning needs – due to Alcohol and Drug Partnerships (ADPs) either providing no clarity of funding from 1st April 2018 or only committing 6 month funding. It is difficult to plan longer term recovery support, when the staff member does not know if they will have an extension to their contract from 1st April or longer than 6 months

Community Mental Health Services

Service improvements & Developments:

Wellbeing and Recovery College pilot started in March. There are 12 courses being held across each of the localities between March and June. These cover a range of subjects, including Living Life to the Full, Wellness Recovery Action Planning, Write to Recovery, Peer to Peer training and Stress Less! Some of the courses are already over-subscribed and attendance levels have been high for the courses that have started. Further courses are planned for autumn 2018.

Student wellbeing liaison: Maureen watt, Minister for Mental Health visited the Ayrshire College. Paul Hough [(Student Wellbeing Liaison Officer) (Ayrshire College)] did exceptionally well in conveying his role and all of the fantastic work he has done. The Minister advised that Ayrshire is her "go to place" when looking for best practice in the field of mental health services and how Ayrshire lead the way in so many areas across Scotland.

The Crisis team/police triage pathway funded by SG Mental Health innovation funding has been extended until the end of June 2018. A business case has been developed and shared with the Strategic Planning Operation Group (SPOG) to enable identification of permanent funding for this development which has improved access to mental health services.

Primary Care Mental Health: A significant amount of work has been undertaken in Primary Care Mental Health to address waiting times within existing capacity. Implementation of a waiting list initiative has successfully reduced waiting times and most interventions are now meeting the referral to treatment targets. Group Therapy is now embedded and early indications show that this is having a positive impact on service delivery.

MHO service: There continues to be challenges in capacity of the MHO service. While a full time MHO has been recruited to build capacity, this has been offset by MHOs leaving the service or being absent. Challenges with staffing are exacerbated by a steady increase in the number of AWI applications. The service continues to train as many new MHOs as possible as a longer term strategy to enable the local authority to meet statutory responsibilities.

Waiting times continue to be an issue in both Social Work aspect of the service and within some interventions within PCMHT. We continue to monitor these areas and strive to look at ways to reduce the waiting times.

Woodland View/In-patient services

Workforce development: The inpatient service was consistently operating pre-launch of Woodland View in excess of 33.5WTE nursing staff identified to be required by the national nursing work force tool and as per the actual additional staff used within the period pre-2016. NHS Ayrshire and Arran benchmarked below the Scottish average in terms of inpatient beds and staffing, suggesting that opportunities for further efficiency may be limited. Since the move to Woodland View a deficit of 16.46 WTE was identified as anticipated by a business case developed in 2015/16 identifying a remaining workforce shortfall to meet service activity. NB this included the additional requirement for Ward 5 detoxification function.

A business case was submitted in January 2017 to the NHS Scrutiny Panel describing ongoing service pressures at Woodland View and associated services within mental health that required recurring investment to maximise the benefit of this new facility – the requested additional investment was for

Liaison/Mental Health Advanced Nurse Practitioners	£407,132
Adult Acute Inpatient and Ward 5 Addiction Services	£523,912
Low Secure Consultant sessions and admin support (includes £266,000 historic shortfall)	£362,400
Total	£1,293,444

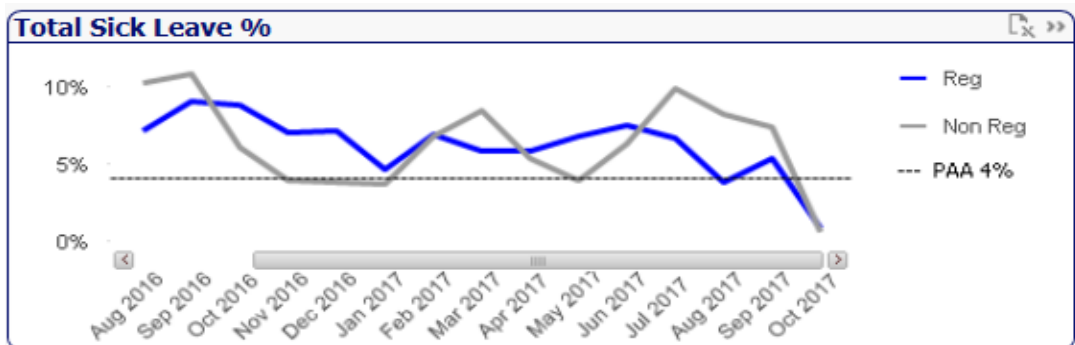
After updated submission to the NHS Scrutiny Panel in February 2017, £800,000 new additional funding was agreed to meet the described service need.

Benefits which have been demonstrated since this funding gap has been met are as follows:

Benefits

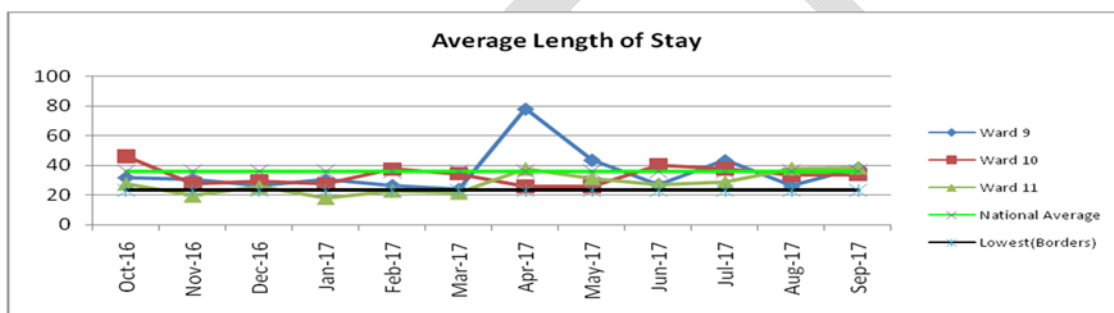
- Reduced stress across workforce in having required resource to meet demand.
Improved staff morale as services financed appropriately

Sickness absence rate



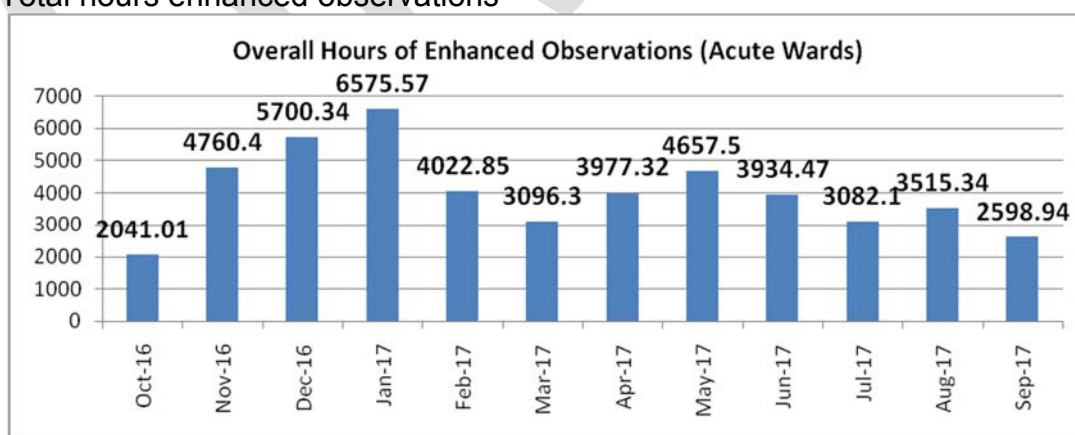
The chart above shows sickness absence rates for Wards 8, 9, 10, 11 Woodland View, improvement in sickness absence, particularly amongst unregistered staff since the additional staff took up post in June 2017

- Reduce the average length of stay and increased ability to provide a safe environment without resorting to enhanced observations



The chart above shows sustained average length of stay below national average, increasingly moving towards being amongst lowest in Scotland

Total hours enhanced observations



Total hours enhanced observations across Ward 8, 9, 10, 11 are shown in the chart above, sustained reduction can be seen – notably there has been two individuals with physical conditions who for the last few months have required 1:1 support accounting for approximately 1,440 hours per month, both of whom are awaiting community placement.

In addition this additional staffing resource has allowed for capacity within the team in Ward 10 to be a pilot site for the SPSP improving Observations programme to test new ways of working to inform practice across the country.

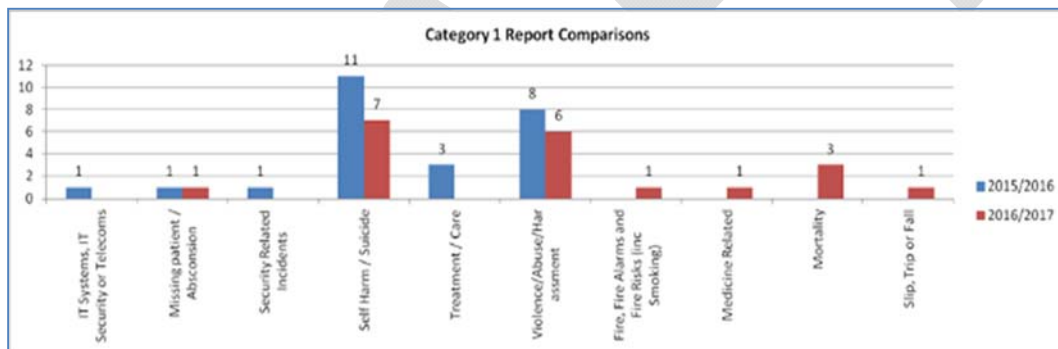
Release time to care by freeing up senior nursing staff to be engaged in direct patient care tasks and be clinical leaders rather than merely securing sufficient staffing numbers to meet demand.

It is difficult to quantify the benefit this has had but as can be seen from the charts already provided, there are more staff at work (reduced sickness absence & increased numbers of staff) and less enhanced observations. This, in addition to new Employee Online bank system, has reduced time spent in ensuring adequate staffing levels.

- Reduced likelihood of adverse incident due to increased number of competent staff, familiar with area.

The graph below shows comparison for category 1 incidents (severe consequence) from the DATIX reporting system from 2015/16 compared to 2016/17.

Reduced likelihood of adverse incident



Of

particular note is the reduction in self harm/suicide incidents and violence abuse incidents since services have moved to Woodland View.

Scottish Patient Safety Programme

The SPSP-MH has been well established in NHS Ayrshire & Arran for many years with a range of successful projects running in acute In-patient wards. The SPSP-MH Improvement Advisor vacancy has now been filled following a 6 month vacancy. Gordon Hay started in post on 9/4/18 and is currently completing a period of induction. Gordon comes with a broad range of clinical, professional development and educational experience having worked extensively with NHS A&A Mental Health Services and NHS Education for Scotland. With the renewed resource of a dedicated SPSP-MH Improvement Advisor incorporating Improving Observation Practice Lead responsibilities the visibility, profile of SPSP-MH will be revitalised and expanded. In consultation with AND and QI Lead the SPSP-MH IA will produce a paper describing planned developments, programme roll out, target impacts and outcomes by the end of May.

SPSP-MH Steering Group

The SPSP-MH steering group was re-established on 18/4/18 chaired by Associate Nurse Director David Thomson with representation from Senior Nurses, Operational Management, Medical Director and the QI Team including SPSP-MH IA. The Group will meet quarterly and provide strategic oversight and governance to the SPSP-MH

programme across NHS Ayrshire & Arran. Key priorities in the forthcoming year will include revitalising the SPSP-MH locally, identifying future opportunities for improvement work, the cascading of good practice from pilot wards to other areas and Phase 3 roll out to Community, CAMHS and EMH and other clinical areas.

MWC visits: There have been a number of announced and unannounced Mental Welfare Commission review visits across inpatient services. There has been very positive feedback across all. The physical environment at Woodland View has particularly been recognised in terms of its design and positive impact for patient care. (See appendix 2 for full report).

Woodland View welcomed Dr Philippa Whitford MP in November 2017, who was very complimentary of the facilities and welcomed the investment in our local area. Promoting attendance remains a focus for activity and to this end a pan Ayrshire and cross service summit was held in September 2017 to discuss common issues and generated a number of potential solutions/improvements. Within inpatient services there has been a general improvement in sickness absence rates.

National Secure Adolescent Inpatient Service (NSAIS): Significant development work continued with regards to the planning of the new National Secure Adolescent Inpatient Service (NSAIS) with senior managers and clinicians being involved in design workshops and visiting other existing provisions locally and in England to help inform the service design.

Community Rehabilitation: Work continues to the new Warrix Avenue facility as part of the Tarryholme Drive development, which will function as a step down model from inpatient rehabilitation services.

Forensic services: Low secure: Ward 6 has been recognised nationally as an area of progressive and innovative practice in their approach to low secure services through their clinical care model and use of zonal observations that balances the need for security and safety with least restrictive practices in avoiding the use of enhanced observations.

Appendix 1



March Position -
Access to Psychologic

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Integration Joint Board
16 August 2018

Subject: **Future of the Third Sector Interface**

Purpose: To advise members of the North Ayrshire Integrated Joint Board (IJB) of developments from the Scottish Government around the future of the Third Sector Interface.

Recommendation: That members of the IJB note developments.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
TSI	Third Sector Interface
ACVS	Arran Community & Voluntary Service
TACT	The Ayrshire Community Trust
VAS	Voluntary Action Scotland

1.	EXECUTIVE SUMMARY
1.1	This report is to inform members of the Integrated Joint Board of developments around the future of the Third Sector Interface (TSI) and current discussions with the Scottish Government.
2.	BACKGROUND
2.1	In December 2017 all 32 TSIs from across Scotland met with the third sector unit from the Scottish Government to receive an update on the future direction of the TSIs. This followed an extensive evaluation carried out in 2016, since then the scale and pace of change has continued. The review gave an insight into the breadth of services and issues TSIs face but did not reflect clearly what the new role will be in the context of emerging challenges and pressures.
2.2	The response reflected a closer more direct working relationship will be developed between the Scottish government and the TSIs. The Scottish Government made the decision to cease funding in September 2018 for Voluntary Action Scotland (VAS), who currently support the network. The funding resource will be retained to fund a future intermediary in another form, as yet not decided.
2.3	Scottish Government wish to strengthen the role of the TSIs as a force for change, to support a flourishing third sector, and to play a vital role in progressing National Outcomes for people and communities across Scotland. Evaluation Support Scotland have been selected to support the TSI's develop a framework for future outcomes. A working group of 8 TSI Chief Officers has been formed to produce a suitable draft by September 2018. These new National Outcomes should set out what is expected of TSIs in return for funding.

2.4	The document will be shared at an event with the 32 TSI s in September and finalised by January 2019. No measurement reporting will be addressed until the framework is in place.
3.	PROPOSALS
3.1	It is requested that the IJB note the developments.
3.2	<u>Anticipated Outcomes</u>
	That the IJB are made aware of future changes around the role of the third sector interface and how they will be supported.
3.3	<u>Measuring Impact</u>
	No measurement reporting will take place until the framework is in place.
4.	IMPLICATIONS

Financial:	None
Human Resources:	None
Legal:	None.
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	
Risk Implications:	Funding beyond September '18 currently agreement in principle
Community Benefits:	None

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

5.	CONCLUSION
5.1	That IJB note the developments in relation to TSIs.

For more information please contact Vicki Yuill on 01770 600611 or vicki.yuill@arrancvs.org.uk

Integration Joint Board
16 August 2018

Subject: **Volunteer Policy**

Purpose: The IJB is asked to approve the volunteer policy which recognises the valuable role that volunteers play in supporting HSCP services. This new policy will undergo an initial testing using two volunteers supporting the Alcohol and Drug Partnership. The implementation and monitoring of the policy will be undertaken by the Lived Experience Group.

Recommendation: The IJB to approve the implementation of the Volunteer Policy.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	EXECUTIVE SUMMARY
1.1	North Ayrshire Health & Social Care Partnership (NAHSCP) is committed to being both an exemplar organisation and working in partnership with communities to fulfil its responsibility to improve health and wellbeing, promoting social inclusion and equality of opportunity to reduce inequalities. This commitment also extends to how we work with and include volunteers.
1.2	Within North Ayrshire Health & Social Care Partnership, volunteers have always played an integral part in performing wide- ranging activities. In recent years there has been increased recognition of the importance of effectively managing volunteers to ensure both the volunteer and their beneficiaries get the most from their respective volunteering roles.
1.3	The IJB are asked to approve this Volunteer Policy and to support the costs of involving volunteers, for example, travel expenses and training where appropriate.
2.	BACKGROUND
2.1	Although NHS Ayrshire and Arran has a robust volunteering policy in place there is no overarching policy for North Ayrshire Council. The last Social Work volunteer policy was produced in 2002 and was found to be obsolete.
2.2	The Strategic Planning Lead worked with the Lived Experience Group to develop this new policy, in line with the current NHS policy for volunteers, and the supporting operating procedure for teams. Several volunteers have been identified to support the work of the Alcohol and Drug Partnership and this new policy will undergo an initial testing to ensure it can be implemented and monitored effectively.

3.	PROPOSALS
3.1	<p>The HSCP Partnership Senior Management Team reviewed the Volunteer Policy attached at Appendix 1 on the 12 June 2018 and was fully supportive of its approach.</p> <p>NAHSCP has a commitment to an on-going process of monitoring of this policy in consultation with the Lived Experience Group and the NAHSCP Partnership Senior Management Team as the need arises.</p> <p>A review of this policy will be undertaken by the Lived Experience group every three years, as part of the Strategic Plan process or earlier if need arises.</p>
3.2	<u>Anticipated Outcomes</u>
	The Policy enables delivery of the priorities of the Strategic Plan, by supporting engagement and participation which enables the transformational change agenda.
3.3	<u>Measuring Impact</u>
	This policy will be monitored by the Lived Experience group who will assess implementation and the success of the volunteering strategy.
4.	IMPLICATIONS

Financial:	There are on-going revenue implications from paying volunteer expenses. PSMT is supportive that these monies can be found from within existing budget allocations. The Lived Experience Group will monitor the financial implications of this new policy.
Human Resources:	Staff will be required to implement this new policy.
Legal:	None
Equality:	The policy includes a complete Equalities Impact Assessment
Children and Young People	Impacts captured in the Equalities Impact Assessment
Environmental & Sustainability:	None
Key Priorities:	Meets the strategic priorities in the North Ayrshire Strategic Plan.
Risk Implications:	None
Community Benefits:	None

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

5.	CONSULTATION
5.1	This policy was developed in consultation with the Lived Experience Group which has representatives from the Third sector and a wide range of service areas.

5.2	The Policy has been shared with the North Ayrshire Head of Service for Engaging Communities and Human Resources to support the standardisation of approaches across partner agencies.
6.	CONCLUSION
6.1	The IJB is asked to approve the volunteer policy which recognises the valuable role that volunteers undertake in supporting HSCP services and the implementation of the Strategic Plan priorities.

For more information please contact Michelle Sutherland, Strategic Planning and Change Team Lead on 01418894730 or msutherland@north-ayrshire.gcsx.gov.uk

Integration Joint Board
16 August 2018

Subject: **Maximising Attendance –
Breaking the Absence Spiral**

Purpose: To update the Integration Joint Board (IJB) on the current position relating to absence and propose a comprehensive, supportive and positive way forward to reduce staff absence.

Recommendation: The IJB endorses the implementation of a positive and proactive approach to support staff and provide an incentive to encourage 100% attendance.

Glossary of Terms	
IJB	Integration Joint Board
HSCP	Health and Social Care Partnership
NHSA&A	NHS Ayrshire & Arran
NAC	North Ayrshire Council
CIPD	Chartered Institute of Personnel and Development

1.	EXECUTIVE SUMMARY
1.1	<p>North Ayrshire Health and Social Care Partnership is experiencing an accelerating downward spiral of staff absence. Both partners, NHS Ayrshire and Arran and North Ayrshire Council are facing a significant problem. For NAC employees working for HSCP in the final quarter of the 2017/2018 financial year, the cost of sickness absence was £688,966, this was a £124,644 increase on the same quarter in the previous year. For NHS employees working for HSCP in the final quarter of 2017/18 financial year, the cost of sickness absence was £749,216, this was a decrease of £10,671 on the same quarter in the previous year.</p> <p>Attached as Appendix 1 – performance detail Quarter 4 2017/18</p>
1.2	<p>There is clearly a direct cost to absence. But there are also indirect effects. It will impact morale with staff having to cover for absent colleagues and increasing their workload. This may lead to a greater number of mistakes and errors of judgement. Lower productivity and an impact of quality of service may also be an indirect result from delays and inconsistency of provision. Furthermore, this can feed the absence spiral as other members of the team feel greater pressure.</p>
1.3	<p>HSCP is facing a major challenge. An accelerating downward spiral of staff absence has to be checked and reversed. A continuation of current trends will result in the cost of sickness absence for HSCP, across both partners, in the region of £5million for this financial year. Decisive action needs to be taken without delay but within a holistic approach. There is clearly an opportunity to intervene and secure a return on investment that will assist a transformation in staff absence.</p>
2.	BACKGROUND

2.1	A recent UK study undertaken by the CIPD shows that the average level of staff absence is 6.6 days per employee per year. Absence is highest in the public sector with 8.5 days compared with 5.6 days in private sector services. It was noted that average absence levels have increased slightly compared with last year, although longer-term data indicates a weak downward trend.
2.2	The current position for HSCP is significantly worse than the national averages with statistics showing staff absence running at almost double the national average for the public sector. Furthermore, rather than seeing a downward trend long-term, all evidence shows that this issue is growing in scale.
2.3	Alongside the issue of staff absence, the CIPD also noted an increase in unhealthy patterns of behaviour where 86% of organisations have observed 'presenteeism' (people attending work when they are ill and/or requiring to undertake additional workload due to colleagues absence). Furthermore, over two-thirds of organisations have noticed 'leaveism' (people working when they should be on leave).
2.4	Minor illness remains by far the most common cause of short-term absence. Acute medical conditions, mental ill health, stress and musculoskeletal injuries are most commonly responsible for long-term absence, as in previous years, although this year mental health and related illnesses has become the top cause of long and short-term absence.
3.	FRAMEWORK
3.1	Tackling staff absence cannot be successful using a single intervention. It must be part of a holistic approach designed to support and encourage staff wellbeing. HSCP uses a range of methods to manage attendance. Methods to monitor and review absence are already utilised. In addition it is proposed that a more comprehensive, proactive and supportive approach is introduced that focusses on staff health and wellbeing.
3.2	For the most effective way to manage attendance, the best starting point is the monitoring and review of absences and the effective use of Fit Notes and the Return to Work Interview.
3.3	Line Managers – This is a key role in managing attendance both in terms of prevention and effectively supporting staff that are absent. All managers need to be trained and developed to be able to support the health and wellbeing of their staff and teams. CIPD research shows that more than half of employers nationally are training their line managers to help them identify and manage stress in their teams.
3.4	Awareness, Training and Support – Practical support for not only managers but for staff is essential to increase awareness of key issues and opportunities and providing advice and access to support on how to cope with stress, mental health issues and other matters relating to wellbeing. Greater awareness and understanding combined with practical support can have a significant impact on attendance levels.
3.5	Flexible working - Flexible working policies which either allow staff to work from home or shift their working hours around can help staff achieve a better work/life balance and is a proven method to assist improving attendance. HSCP has the policies in place to enable a positive approach but a review of implementation should identify how to make this most effective.
3.6	Promoting healthy lifestyles – Encouraging staff to adopt a healthier lifestyle can reap

	rewards in terms of improving attendance rates. To this end the Partnership is undertaking a number of initiatives to assist staff; some examples detailed below:
	“Healthy You” Events are being held in locality settings during the months August to November. These events will showcase our Partnership’s health and wellbeing services along with other local providers and allow staff to undertake taster sessions and gain information on eg. Reflexology; Diabetes Management; Dental and Oral Health; Quit Your Way Smoking Cessation; Mini-health Checks; Addiction Services etc.
	Flu Vaccination – programme is administered each year in conjunction with our Occupational Health and Nursing colleagues. Take-up in general is quite low therefore this year we intend to undertake a campaign to encourage staff on the benefits of this immunisation programme.
	WRAP – Wellness Recovering Action Plan is a self-designed prevention and wellness process which is suitable for anyone with an interest in managing their own mental health and wellbeing and can support recovery from physical or mental health problems and create more balance in life. Further sessions for staff interested in this plan will be forthcoming.
	Mindfulness - sessions continue to be offered to staff within the Partnership via our Livewell/Health Promotion Teams.
	CALM & Moving & Handling – training programmes continue and have recently been enhanced to include work based observations and practice sessions in order to support the needs of staff in the aim of reducing MSK issues.
	Physiotherapy and Counselling – Partnership has funded additional physiotherapy and counselling time via Challenge Fund. Sessions are being fully utilised and staff feedback extremely positive.
	Staff Assistance Programmes – Support can help improve attendance by offering assistance to staff to help them cope with issues in either their work or personal lives. Support can include mentoring, peer support and counselling services which cover a range of issues including stress management, mental health particularly depression, work relationships, personal and family relationships and financial concerns.
4.	PROPOSAL
4.1	The introduction of an Attendance Reward
	Many organisations now offer staff incentives to encourage higher attendance levels and discourage unnecessary absence. For example, these can take the form of cash rewards or allowing an extra day’s holiday for anyone with 100% attendance or allowing staff to leave early on the last Friday of the month if they haven’t had a day off.
4.2	Compliance with the obligations of the Equality Act 2010 are paramount and not negotiable. The introduction of attendance incentives will need to ensure that there is absolutely no discrimination particularly against those taking time off sick because of a disability or pregnancy related illness.

4.3	The practice of offering attendance incentives is not anything new as some industries have paid them for many years. Furthermore, the Institute of Employment Studies, who provide an independent, impartial and international view on this topic, recognise attendance incentives as mainstream and good employment practice.
4.4	Wigan Council have introduced an attendance reward that enable staff who are not absent from work due to sickness to be entered into a prize draw to win a monetary reward of up to £1,000. All staff who are not absent each year are rewarded with an additional day's annual leave. This recent development has already resulted in six figure costs savings.
4.5	The Royal Mail introduced a high profile scheme to reduce staff sickness by rewarding good attendance with prizes of cars and holiday vouchers. Staff with good attendance records were entered into a draw, with prizes including 37 new cars and £2,000 worth of holiday vouchers. Royal Mail has stated that daily attendance levels have risen 11% or by 1,000 employees a day, since it was launched.
4.6	It is proposed that HSCP introduce a pilot initiative over the next 12 month period to hold a quarterly Attendance Reward. All staff that are not absent from work due to sickness for that quarter will be entered into a draw to win £1,000. Detailed findings from this initiative will be shared with the IJB and colleagues in NHS Ayrshire & Arran and North Ayrshire Council.
5	IMPLICATIONS
Financial :	There is an additional £1,000 financial commitment per quarter as a result of this proposal, to be funded from Challenge Fund attached to improving sickness absence. However, it is anticipated that this financial incentive combined with a holistic approach to staff wellbeing will reduce staff absence by 10-25% resulting in a reduction of cost of £500,000 to £1.25million.
Human Resources :	There are no additional commitments as a result of this proposal.
Legal :	There are no direct legal implications as a result of this proposal. Attendance rewards will be implemented to ensure complete compliance with the Equality Act 2010.
Equality :	Equality of opportunity will be practised and all obligations under the Equality Act 2010 will be met.
Environmental & Sustainability :	There are no negative environmental implications as a result of this proposal.
Key Priorities :	The implementation of the proposal has the potential to contribute significantly to all strategic priorities of the Strategic Plan Furthermore, the implementation of the proposal will contribute to the achievement of the North Ayrshire Single Outcome Agreement and NHS Ayrshire & Arran Local Delivery Plan.
Risk Implications :	<ul style="list-style-type: none"> • Financial minimal due to potential return on investment • Legal minimised due to utilising existing compliant model and expert advice prior to implementation • Reputational risk will be managed by strong justification and communication • Lack of holistic approach will result in short-term improvement but followed by a realignment to existing trends
Community Benefits :	N/A

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

6.	CONSULTATION
6.1	Research, consultation and engagement has involved the Partnership Senior Management Team, external organisations including a Best Practice visit to Wigan Council by Senior Representatives and extensive input to the development of this proposal by a Chartered Member, for over 25 years, of the Chartered Institute of Personnel and Development.
7.	CONCLUSIONS
7.1	HSCP needs to develop a solid, evidence-based understanding of the causes of absence and unhealthy practices such as 'presenteeism' and 'leaveism' and other factors that could adversely affect staff wellbeing. Unless wellbeing activity addresses the underlying issues affecting staff behaviour and is holistic, efforts to support staff and improve health and wellbeing could be short lived.
7.2	The aim should be to consider the health and wellbeing of staff and take a holistic approach. HSCP has a responsibility to support staff and make them aware and confident of the services available to them and how to access them.
7.3	There is a clear case for taking immediate action and highlight the importance of a holistic and integrated approach to staff wellbeing. HSCP is ideally placed to drive forward the well-being agenda through increasing organisational awareness of the value of a healthy workforce and by developing a fully integrated approach to a healthy workplace, underpinned by strong support from leaders and managers.
7.4	The introduction of an Attendance Reward within the context of a holistic approach to Maximising Attendance can have a significant and long lasting impact. It is clear that the implementation of this proposal can have a positive impact on the wellbeing of staff and for a minimal investment have a significant and immediate impact on the current spiralling costs of absence.

For more information please contact Julie Davis, Principal Manager, Business Administration, North Ayrshire Health & Social Care Partnership on (01294) 317766.

Health & Social Care Partnership

Maximising Attendance Performance Quarter 4 2017/18



Health & Social Care Partnership have not achieved their quarterly targets

£1,438,182

Cost of sickness absence for Quarter 4 in Health & Social Care Partnership

NAC Contracted Staff

461.79 Sick FTE

5,770 Days taken in Period



207 Absence Referrals

20 Ill health retirement & capability dismissals

Top 5 Reasons

NAC Category	NHS Category
Musculo/Skeletal	Mental Health
Stress/Anxiety	MSK
Viral	Gastro
Surgical Procedure	Injury/Fracture
Gastro Intestinal	GI & Gyn

NHS Contracted Staff

1,063 Sick FTE

39,875 Hours lost in Period

Integration Joint Board
16th August 2018

Subject: **Integration Joint Board (IJB) Appointments**

Purpose: To ask IJB members to agree to the appointment of :-

1. Section 95 Officer and;
2. Chair of Kilwinning Locality Forum.

Recommendation: That IJB members agree the appointment of Section 95 Officer and the Chair of the Kilwinning Locality Forum.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
CFTO	Chief Finance & Transformation Officer
LPF	Locality Partnership Forum

1.	EXECUTIVE SUMMARY
1.1	Following the appointment of Caroline Whyte as Chief Finance and Transformation Officer on 16 th July 2018, the IJB are asked to approve her appointment as Section 95 Officer for the Integration Joint Board.
1.2	This appointment will supersede the interim Section 95 appointment held by Laura Friel agreed at the IJB meeting on 24 th May 2018.
1.3	IJB are also asked to endorse the appointment of Sam Falconer as Chair of the Kilwinning Locality Partnership Forum.
2.	BACKGROUND
2.1	On 24 th May 2018 the IJB endorsed the appointment of an interim Section 95 Officer, pending the appointment of the Chief Finance and Transformation Officer (CFTO) for the Health & Social Care Partnership. This arrangement was put in place to ensure the IJB Annual Accounts were signed-off and submitted for audit purposes.
2.2	On 16 th July 2018, Caroline Whyte commenced as the CFTO for the partnership. This post is responsible for the management of finance and transformation for the Health & Social Care Partnership and to act as Chief Finance Officer of the Integration Joint Board (IJB) in terms of Section 95 of the Local Government (Scotland) Act 1973.
2.3	On 21 st June 2018, the IJB agreed the interim proposal to ask the Kilwinning Locality Partnership Forum (LPF) to nominate a new Chair following the resignation of their current chair, Robert Steel. The IJB agreed that the Chair of the LPF will attend

	future IJB meetings as a non-voting member. This is an interim position which will be reviewed in Autumn 2018 on completion of the LPF Review.
2.4	The Kilwinning Locality Partnership Forum have now appointed Mr Sam Falconer as Chair.
3.	PROPOSALS
3.1	It is proposed that IJB endorse the appointment of Caroline Whyte as Section 95 Officer for the IJB and endorse the appointment of Sam Falconer as Chair of the Kilwinning Locality Partnership Forum.
3.2	<u>Anticipated Outcomes</u>
	In terms of good governance it is important that the IJB appoints a Chief Finance Officer under Section 95 of the Local Government (Scotland) Act 1973. The appointment of the Chair of the Kilwinning Locality Partnership will ensure the continued mechanisms are in place for the local community to have a voice at the IJB.
3.3	<u>Measuring Impact</u>
	The Section 95 Officer/CFTO will provide regular updates to the IJB on the financial performance of the HSCP. The priorities identified by Locality Planning Forums are included within the Strategic Plan and their delivery will be measured through performance monitoring.
4.	IMPLICATIONS

Financial:	The IJB requires to ensure arrangements are in place for the proper administration of the financial affairs of the HSCP.
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	Proper financial support for the IJB underlies all of its strategic priorities.
Risk Implications:	None
Community Benefits:	None

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

5.	CONSULTATION
5.1	There has been consultation with officers in the Council's Finance, Insurance and Human Resource teams and with the Chief Executives of the Council and NHSAA.
6.	CONCLUSION
6.1	The IJB is asked to agree to the recommendations within the report on these two new appointments

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

Minutes of North Ayrshire Strategic Planning Group Meeting
Held on Wednesday 20th June 2018, 10.00am
Greenwood Conference Centre, Dreghorn

Present:

Councillor Robert Foster, Chair
Michelle Sutherland, Strategic Planning & Transformational Change Lead, NAHSCP
Eleanor Currie, Finance, HSCP
Simon Morrow, Dental Representative
David Bonellie, Optical Representative
Annie Robertson, HSCP
David MacRitchie, Senior Manager/Chief Social Work Officer NAHSCP
Mark Gallagher, Alcohol & Drugs Partnership, NAHSCP
Andrew Keir, Team Manager
Fiona Comrie, KA Leisure
David Rowland, Head of Service, Health & Community Care, NAHSCP
Clive Shephard, NA Federation of Community Associations
Marion Gilchrist, Interim Manager/Senior Nurse LD Services
Fiona Thompson, Service user rep
Christine Speedwell, Carers Rep
Heather Molloy, Independent Sector Representative
Brenda Knox, Health Improvement Lead, NHS A&A
John Taylor, Associate Medical Director
Gavin Paterson, Engagement Officer, NAHSCP
Scott Bryan, Team Manager – Planning, NAHSCP
Dr Paul Kerr, Clinical Director, NAHSCP
Elaine Young, Assistant Director of Public Health, NHS
Dr Janet McKay, Garnock Valley Locality Lead
Eleanor McCallum, Partnership Engagement Officer, NAHSCP
Susan Wilson, Public Health
Derek Blues, Scottish Health Council
Jacqui Greenlees
Christine Bleakley

Apologies Received:

Thelma Bowers, Head of Service, Mental Health, NAHSCP
Donna McKee, Head of Service, Children & Families & Justice Services, NAHSCP
David Donaghey, Staff Rep
Isabel Marr, Senior Manager, Long Term Conditions
Alistair Reid, AHP Lead
Laura Barrie, KA Leisure
Louise McDaid, Staff Representative
David Thomson, Associate Nurse Director/Lead Nurse, NAHSCP
Ruth Betley, Senior Manager, Arran Services, NAHSCP



1.	WELCOME & APOLOGIES	
1.1	Councillor Robert Foster welcomed all to the meeting. Apologies were noted and accepted.	
2.	MINUTES/ACTION NOTE OF PREVIOUS MEETING (27.02.18)	
2.1	Minutes of previous meeting dated 25 th April 2018 were agreed as accurate with no amendments required.	
3.	MATTERS ARISING	
3.1	Michelle Sutherland spoke in regards to the SPG terms of reference which has now been drafted by Scott Bryan. Michelle advised the group the membership of the group will also be reviewed in the forthcoming weeks. Michelle and Scott to sit down and revise the Terms of Reference and have this tabled at next month's SPG meeting. Fiona Thomson advised that she attends the SPG as a service user rep not a carer's rep.	
Focus on: Primary Care		
4.	New GP contract (Presentation)	
4.1	Dr Paul Kerr gave an informative presentation in regards to the new GP contract. Dr Kerr informed the group the purpose of the new GP contract is to provide better and new ways of delivering our healthcare services. New Contract Key Themes: <ul style="list-style-type: none"> • High quality care • Manage patient access • New ways of working • Healthcare teams • Improve experience healthcare professionals New Contract Aims <ul style="list-style-type: none"> • Improve patient experience • Manageable workload • Multi-disciplinary team working • Improve HCP experience • Increase recruitment and retention • Sustainable funding Dr Kerr informed the group of the upcoming Primary Care Improvement Plan. Dr Kerr advised that this will be PAN-Ayrshire and delivery date will be end of June 2018. Key priorities of the improvement plan are as follows: <ul style="list-style-type: none"> • Pharmacotherapy • Vaccination transformation program • Community treatment and care • Urgent care 	



	<ul style="list-style-type: none"> • Community link workers • Additional professionals <p>Patient Benefits:</p> <ul style="list-style-type: none"> • Increased access to healthcare • Improved GP access • Increased range of services 	
<p>4.2</p>	<p>Multi-Disciplinary Teams for adults (Presentation)</p>	
	<p>David Rowland gave an in-depth presentation in regards to Multi-Disciplinary teams for Older people and those with complex needs.</p> <p>David spoke of the need to make the public aware of how the models of care is changing and how we convey to the public the work we are about to commence around enhancing our models of care. We need to reassure the public on what we are establishing here in a community setting.</p> <p>David highlighted the key principles of an MDT :</p> <ul style="list-style-type: none"> • Person-centred, holistic assessment, treatment and care • Practitioners understand respective skills, expertise, roles and responsibilities • ‘Wrap-Around’ individual to ensure most appropriate practitioner responds at the right time • Enhanced information sharing to deal with cause not symptoms and get the right response first time • Consistency of communication, building the trust and confidence necessary to support self-management <p>Desired outcomes of an MDT:</p> <ul style="list-style-type: none"> • Earlier identification and assessment of needs • Effective intervention and support without delay • Removal of unnecessary ‘hand-offs’ • More care closer to home • Individuals’ independence maximised • Effective sign-posting to community support • Getting the right response first time <p>Measurable benefits of an MDT:</p> <ul style="list-style-type: none"> • Better and quicker solutions for the person • Reduced Hospital admissions • Reduced demand for specialist services • Reduced caseloads for General Practice • Reduced failed discharges from Hospital • Reduced reactive interventions 	<p>97</p>



	<p>Mark Gallagher raised the issue of people liberated from prison having no GP registration. Mark also stated that there's only certain GP's that provide receipt of a substitute medication prescription. How do we support those who have more complex needs? Longer term addiction issues? Paul Kerr advised that conversations are required to get this bottomed out. Identify the individuals and bottom out the liberation issues with GP registration.</p> <p>Simon Morrow spoke in regards to recruitment in Ayrshire advising we need to Ayrshire as a great place to live, work and come. Encourage people to come, work and live In Ayrshire. We need to be much more proactive around recruitment.</p>	
Focus on: Partnership Budget		
5.	Partnership Update- Eleanor Currie (Presentation)	
5.1	<p>Eleanor Currie provided the group with a brief presentation in regards to the 2018/2019 budget overview. Eleanor</p> <p>Eleanor gave a brief insight on the following slides:</p> <p>The Story So Far:</p> <ul style="list-style-type: none"> • Partnership overspent by: <ul style="list-style-type: none"> • 2015/16 – £2.1m funded by NAC • 2016/17 – £3.2m unfunded and carried forward • 2017/18 – £2.6m unfunded and carried forward. This was after £1.4m from the Challenge Fund and £1.1m from the NHS to cover the prescribing overspend. • 2018/19 – starting the year with a £5.8m deficit carried forward which requires to be repaid <p>Main areas of pressure 2017/18</p> <ul style="list-style-type: none"> • Looked After and Accommodated Children- £2.95m overspend • Learning Disability Care Packages- £0.85m overspend • NHS Savings to be identified- £1.1m • Employee costs account for 40% of the gross budget • The next largest share of the budget at 36% is payment to agencies which is payment for direct care services e.g. care homes, care at home, residential placements, day care, respite, etc. • Prescribing accounts for 12% of the gross budget <p>The story moving forward – 2018/19 budget:</p> <ul style="list-style-type: none"> • The IJB approved an interim 2018/19 budget on 19th April. • This includes pressures of £8.481m and savings of £3.934m resulting in a net increase in budget of £4.547m • Majority of budget is spent on direct care so limited savings can be offered without impacting on direct care provision. • Early intervention and prevention – need to actively manage future demand • Current services cannot continue to be offered in the future. 	



- TRANSFORMATION IS KEY - need to change how we deliver services
- Final 2018/19 budget to be approved by July 2018 (NHS dependant)
- 2018/19 budget summary
- Pressures awarded 2018/19
- 2018/19 savings- Council Services
- 2018/19 savings- NHS services

Challenge Fund:

- £4m one off investment by the Council
- Transform services
- Drive improvement and efficiency
- Promote early intervention
- Successful projects could be self-sustaining
- £1.4m used to reduce the overspend to minimise the impact on service delivery in 2017/18

2018/19 Priorities:

- Transformation and change will figure at the forefront of the IJB and NAHSCP agenda in 2018–19 and beyond
- Financial performance monitoring will be enhanced via a detailed financial framework allowing early detection and corrective action of adverse spend
- All savings, including the Challenge fund projects will be delivered per the agreed timetable to realise appropriate savings for 2018–19 and beyond
- Refresh of the Medium Term Financial Plan (MTFP) in 2018–19
- Phase 2 of the Challenge Fund will be implemented
- The scale and pace of change requires to be accelerated. We will need to ensure plans are staged to ensure sustainability and deliverability.

In Summary:

- Historically overspending
- Main pressure areas are addressed in the 18/19 budget
- Need to deliver the savings including the Challenge Fund Projects
- Need to keep spend within budget
- Improved Financial Governance and Control

Fiona Thomson questioned the reasoning around such a high spend on prescriptions. Dr Janet McKay advised overall the reason for overspend is the price of drugs, when short on supply they increase the price. Pharmacy budget is very difficult to predict.



	<p>Councillor Foster informed the group that the Challenge fund project has created posts for staff to work in Elderbank and Greenwood. Since the staff have been in here since last September there has not been one child accommodated since.</p>	
<p>5.2</p>	<p>Michelle Sutherland highlighted to the group that HSCP have confirmed the appointed of the Chief Finance and Transformation Officer Caroline Whyte who will support the partnership with financial plans in the future.</p>	
<p>Focus on: Localities</p>		
<p>6.</p>	<p>Drug related deaths framework (presentation)</p>	
<p>6.1</p>	<p>Mark Gallagher provided a presentation around drug related deaths framework.</p> <p>Mark informed the group his team have been tasked to develop a local plan to consider how we can reduce the number of drug deaths occurring within the area.</p> <p>The local framework has four key areas-</p> <ul style="list-style-type: none"> • People in contact with services • Those not in contact with services • Reducing risk • Working with families and communities <p>Hopefully share the annual report with the group in a couple of weeks.</p> <p>A concerning finding from the framework indicates the adverse effect long term substance abuse has on the physical health of people. In many cases it appears that people’s bodies simply give up. There is also strong evidence of a negative impact on mental health.</p> <p>It was highlighted that a wide ranging approach would be needed to help reduce the rate of drug related deaths, such as:</p> <ul style="list-style-type: none"> • Improving medical support to those with addictions • Working closely with DWP to reduce the unemployment • Support people’s wider needs (family/environment) <p><i>How do we engage with the family and significant others around these?</i></p> <p>We also need to make steps to challenging stigma and promoting recovery.</p> <p>Moving forward a working group should be brought together. This group will consider near misses as well as the deaths. It is hoped the group can identify opportunities for earlier intervention. There is clearly a need and a gap that we need to improve as well as building on what is working well.</p> <p>Mark advised that the ADP are really keen for buy in from the top level.</p>	



	<p>Questions/Comments:</p> <p>David MacRitchie: There needs to be clear link to the MDTs so they receive the support they need.</p> <p>Paul Kerr: As a society, we need to know how to recognise and positively support those affected by addictions.</p> <p>MG- We have groups of people that do not want to speak up due to fears of numerous factors. There are parts of the community we are not engaging with. We need to see a change in culture, attitude and work value.</p> <p>John Taylor: It's a UK wide problem. Is there a good understanding as to why this is happening?</p> <p>Mark Gallagher- We don't have a good understanding around the complexities on how these cases took place. We hope the working group can help to understand how we can effectively address the issue.</p>	
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Focus on: Locality Planning Forums

7. Participation and engagement strategy.

7.1	<p>Locality Planning Forum Review</p> <p>Michelle provided an overview of the review of LPFs. This will be discussed in greater detail at the next meeting.</p> <p>Scott to send out slides from today.</p> <p>Some key points are:</p> <ul style="list-style-type: none"> • We need to better join up the link locality level discussions and inputting into the strategic planning process. • Membership and roles of members needs to be clarified • Look at the structure of meetings, ensuring some level of consistency across the six LPFs • Test the engagement with community in Kilwinning. <p>Questions/Comments</p> <p>Elaine Young: CPPs have a conference that is held every year for Locality Partnerships. There is an opportunity for LPFs to be included.</p> <p>Janet McKay: Highlighted the need to Link with the CPP, especially to tackle the wider issues that have been identified. Weaving our priorities in through the CPP so they're working on it as well. Children and Young people is all in different plans. Make sure it's reflected and not just an add on the CPP plan.</p>	
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	<p>Elaine Young- added benefit is around the community investment fund.</p> <p>Fiona Thomson- Three groups Irvine have they have crossing things. 3 separate sub groups or bring these together?</p>	
8.	Agenda Items for Next Meeting – 15th August 2018	
8.1	<ul style="list-style-type: none"> • Review of LPF • Participation & Engagement 	
9.	AOCB	
9.1	There was no other business to be discussed, therefore the meeting was brought to a close.	
10.	Future 2018 Meeting Dates	
10.1	<ul style="list-style-type: none"> • Wednesday, 20th June 2018, at 10:00am, , Greenwood Conference Centre • Wednesday, 15th August 2018, at 10:00am, Greenwood Conference Centre • Wednesday, 10th October 2018, at 10:00am, Fullarton Connexions • Wednesday, 05th December 2018, at 10:00am, Fullarton Connexions 	

DRAFT