

## **Integration Joint Board Meeting**



**Thursday, 11 October 2018 at 10:00**

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

- 1 Apologies**  
Invite intimation of apologies for absence.
- 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 13 September 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.

### **Presentations**

- 4 Presentation: Children's Services Update**  
Receive presentation from David MacRitchie, Chief Social Work Officer.

### **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).
- 6 Annual Performance Report**  
Submit report by Caroline Whyte, Chief Finance and Transformation Officer and Neil McLaughlin, Manager Performance and Information Systems on the Annual Performance Report 2017-2018 (copy enclosed).

## **Strategy and Policy**

- 7 Budget Monitoring – Month 5 (August 2018)**  
Submit report by Caroline Whyte, Chief Finance and Transformation Officer providing an update on the projected financial outturn for the financial year as at August 2018 (copy enclosed).
- 8 Community Link Workers Programme Update**  
Submit report by Michele Sutherland, Strategic Planning and Transformational Change Lead on the progress of the Community Link Worker Programme (copy enclosed).
- 9 Adult Support and Protection – Thematic Inspection Improvement Work Plan Update**  
Submit report by Brenda Walker, Senior Officer – ASP on improvements being taken forward following findings of the first Joint Thematic Inspection of Adult Support and Protection (copy enclosed).
- 10 Trindlemoss and Warrix Avenue (formerly known as the Tarryholme Drive Project)**  
Submit report by Norma Bell, Independent Living Manager, and receive presentation, on the current status of the Tarryholme Drive Project (copy enclosed).
- 11 Meeting Dates for 2019**  
Submit report by Diane McCaw, Committee Services Officer on the draft timetable for meetings of the IJB and IJB PAC for 2019 (copy enclosed).
- 12 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
John Rainey	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)
Sam Falconer	(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 13 September 2018  
at 10.00 a.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  
Alistair McKie, NHS Ayrshire and Arran  
Councillor Christine Larsen, North Ayrshire Council  
John Rainey, NHS Ayrshire and Arran  
Councillor John Sweeney, North Ayrshire Council

Stephen Brown, Director of Health and Social Care Partnership  
Caroline Whyte, Chief Finance and Transformation Officer  
Dr Calum Morrison, Acute Services Representative  
Alistair Reid, Lead Allied Health Professional Adviser

David Donaghey, Staff Representative (NHS Ayrshire and Arran)  
Louise McDaid, Staff Representative (North Ayrshire Council)  
Marie McWaters, Carers Representative  
Graham Searle, Carers Representative (Depute for Marie McWaters)  
Nigel Wanless, Independent Sector Representative  
Vicki Yuill, Third Sector Representative

**Also In Present**

Councillor Anthea Dickson, North Ayrshire Council

**In Attendance**

Pat Kenny, Deloitte  
Eleanor Currie, Principal Manager (Finance)  
Donna McKee, Head of Service (Children, Families and Justice Services)  
Thelma Bowers, Head of Service (Mental Health)  
Michelle Sutherland, Strategic Planning Lead  
Susan Holland, NHS Ayrshire and Arran  
Janet Davies, Professional Lead of Psychological Services  
Karen Andrews, Team Manager (Governance)  
Angela Little, Committee Services Officer

**Apologies for Absence**

Dr Paul Kerr, Clinical Director  
Fiona Thomson, Service User Representative  
Sam Falconer, Chair Kilwinning Locality Forum

## **Chair's Remarks**

The Chair welcomed John Rainey who has replaced Martin Cheyne as NHS Ayrshire and Arran representative.

The Board thanked Martin Cheyne for his involvement in the work of the IJB.

### **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, John Rainey declared a non-pecuniary interest in Agenda Item 12 – Strategic Planning Group and Vicki Yuill declared an interest in Agenda Item 5 (3.8) Integrated Care Fund - Appendix D.

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

The accuracy of the Minute of the meeting held on 16 August 2018 was confirmed and the Minute signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

#### **3.1 Matters Arising**

**Volunteering Strategy** - Engagement timeline has been created involving focus groups and H&SC representatives. A Focus Group will be held on 17 September 2018 and a further one will be arranged for those who are unable to attend. Evaluation will be carried out then feedback collated in October. Ongoing Action.

Action - V. Yuill

**Adult Support and Protection** – National report has been published. Report to IJB on key findings and improvements to adult protection services across North Ayrshire to the meeting in October.

Action – B. Walker/S. Brown

The Board was advised that the Care Inspectorate will be in attendance at the IJB meeting in October.

### **4. 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:-

- future national events examining clinical and care governance arrangements;
- an event on palliative and end of life care;
- a public consultation on the development of a mental health strategy for Ayrshire and Arran;

- the development of suicide prevention and crisis intervention training;
- inspection of adult health and social care services in North Ayrshire;
- the visit of the Scottish Government Cabinet to Arran on Monday 27 August 2018;
- streamlining of processes to ensure compliance with General Data Protection Regulations; and
- the award of the Telecare contract to Hanover Scotland.

The IJB noted the ongoing developments within the North Ayrshire Health and Social Care Partnership.

## **5. Budget Monitoring – Month 4 (July 2018)**

Submitted report by the Chief Finance and Transformation Officer on the projected financial outturn for the financial year 2018/19 as at 30 June 2018, including detailed variances from each service. Appendices to the report detailed the budget monitoring and savings position and mitigating actions.

Appendix A to the report provided the financial overview of the partnership position. Detailed analysis was provided in Appendix B. Full details of savings was provided at Appendix C. Appendix D outlined the Integrated Care Funding allocation and Appendix E outlined the delivery of the recovery plan and Appendix F detailed the 2018/19 Budget Reconciliation.

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

- staffing requirements that were not known at the start of Ward 1 and an overspend in these costs;
- savings of £2.928 at Period 4 that include £1.7m of NHS CRES savings not identified and others not delivered;
- ongoing discussions with Care Homes on the commissioning of services, requirements for respite care and the strategic direction for care at home;
- the Financial Recovery Plan that includes the use of Carers Act funding that is not ring fenced;
- the review of ICF projects that have been mainstreamed via the Performance and Audit Committee and Strategic Planning Group;
- work that will be undertaken to produce a financial model and assess the potential roll out of the Buckreddan GP sessions;
- the examination of alternative community approaches to achieve the proposed actions relating to the dedicated disability review team and sleepovers;
- more work that is required to integrate adult services at primary level;
- an estate plan that will contribute to the CRES savings; and
- the provision of monthly reports to Board members on ICF.

The Board agreed to (a) note (i) the projected year-end overspend of £1.770m; (ii) the remaining unidentified savings balance; (iii) that the financial position will continue to be closely monitored with a further update to the IJB in October; and (b) approve (i) the mainstreaming of services funded from the Integrated Care Fund; and (ii) the financial recovery plan.

## **6. Audited Annual Accounts**

Submitted report by the Chief Finance and Transformation Officer on Deloitte's final report to the Members of the Board and the Controller of Audit on the 2017/18 audit. The Audited Annual Accounts for 2017/18 were attached at Appendix 1 to the report. Appendix 2 included the ISA260 letter from Deloitte LLP and the letter of representation to be signed by the Chief Finance Officer. A summary of the findings of the audit were attached at Appendix 3 to the report.

A verbal update was provided by the external auditor, Pat Kenny, Deloitte.

The IJB's accounts for the year to 31 March 2018 were submitted to Deloitte LPP in accordance with the agreed timetable. Deloitte have given an unqualified opinion that the 2017/18 financial statements give a true and fair view of the financial position and expenditure and income of the IJB for the year, concluding that the accounts have been properly prepared in accordance with relevant legislation, applicable accounting standards and other reporting requirements. No monetary adjustments have been identified and the IJB's position remains as reported to the IJB on 21 June 2018.

The Board agreed to (a) note that Deloitte LLP have completed their audit of the annual accounts for 2017/18 and have issued an unqualified independent auditor's report; and (b) approve the Audit Annual Accounts to be signed for issue.

## **7. Participation and Engagement Strategy**

Submitted report by Michelle Sutherland, Strategic Planning and Transformational Change Lead, on the process of participation and engagement with stakeholders which has informed the draft NAHSCP Participation and Engagement Strategy. The full Strategy document was attached at Appendix 1 to the report. Appendices 2 and 3 detailed the Strategic Plan Engagement Comparison between 2015 and 2018 and the Membership of the Engagement Development Group respectively. Appendix 4 detailed the feedback from a number of engagement events that had taken place.

The Board agreed to approve the Participation and Engagement Strategy.

## **8. Pan-Ayrshire Enhanced Model for Intermediate Care and Rehabilitation**

Submitted report by Alistair Reid, Lead Allied Health Professional providing an overview of the working being undertaken to meet the Pan-Ayrshire Enhanced Model for Intermediate Care and Rehabilitation as part of New Models of Care for Older People and People with Complex Care Needs. A full copy of the Implementation Plan was provided at Appendix 1 to the report.

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

- recruitment that is underway and matched those in the deployment process at the first phase; and
- disparity between NHS and NAC contracts and further engagement with staff.

Noted.



## **9. Ayrshire and Arran Proposal for Action 15 of the National Mental Health Strategy**

Submitted report by Thelma Bowers, Head of Mental Health, on the high level Action 15 Plan to develop and build capacity of the mental health workforce in key settings in alignment with national commitments for the delivery of the mental health strategy. Appendix 1 to the report outlined the Scottish Government's funding allocations for all Boards. Appendix 2 to the report provided the high level proposal submitted to the Scottish Government by the deadline of 31 July 2018.

The Board agreed to homologate the draft plan and proposal submitted to the Scottish Government.

## **10. Progress Update on the Implementation of the Review of Psychological Services**

Submitted report by Janet Davies, Professional Lead for Psychology Services updating on the progress of the implementation of the Review of Pan-Ayrshire Psychological Services. Information on workforce development and training funding available from NHS Education for Scotland (NES) to increase the capacity within the mental health workforce to deliver evidence-based interventions was appended to the report.

The Board agreed to approve the recommended work plan.

## **11. Mental Health Commission Themed Visits to Community Hospitals Recommendations - Community Hospitals**

Submitted report by Susan Holland, NHS Ayrshire and Arran which provided feedback from the Mental Welfare Commission (MWC) on their announced inspection visits to people with dementia in community hospitals and highlighted areas of good practice and recommendations for areas of improvement.

The Board agreed to note the content of the report and the supporting action plan which has been developed in response to the recommendations of the report.

## **12. Strategic Planning Group Terms of Reference**

Submitted report by Michelle Sutherland, Partnership Facilitator which detailed the revised Terms of Reference for the Strategic Planning Group (SPG), attached at Appendix 1 to the report. The report sought nominations from the voting membership of the IJB for the role of Vice Chair to the SPG.

Members discussed the value of including within the Terms of Reference a reporting mechanism to the IJB Performance and Audit Committee.

The Board agreed to (a) approve the updated Terms of Reference for implementation, with the inclusion of a requirement to report to the IJB Performance and Audit Committee; and (c) nominate John Rainey to the role of Vice Chair of the SPG.

### **13. Locality Planning Forum - Review**

Submitted report by Michelle Sutherland, Partnership Facilitator on the outcome of the Locality Planning Forum (LPF) review with key stakeholders. Revised Terms of Reference were attached at Appendix 1 to the report. Appendix 2 provided information on an engagement pilot project to improve links with communities and develop future engagement activities of LPFs.

The Terms of Reference may require updating following the completion of the Scottish Government's review of progress of integration which is expected in December 2018. The Terms of Reference will be reviewed at both the 18 month period and 3 year planning cycle.

Members asked questions and were provided with further information in relation to the work of Education, the Third Sector and community development with youth groups who do not have links to council services.

The Board agreed to (a) note the outcome of the Review; and (b) approve (i) the new Terms of Reference; and (ii) implementation of the Locality Planning Forum engagement pilot to develop community involvement at locality level.

### **14. Urgent Items**

The Chair agreed that the following item be considered in private as a matter of urgency.

#### **14.1 Care Provision**

The Board was provided with information in respect of care provision in North Ayrshire.

Noted.

The Meeting ended at 12 noon.

## North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 16 August 2018

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Volunteering Strategy	13/9/18	Engagement timeline has been created involving focus groups and H&SC representatives. A Focus Group will be held on 17 September 2018 and a further one will be arranged for those who are unable to attend. Evaluation will be carried out then feedback collated in October.	Ongoing.	V. Yuill
2.	Adult Support and Protection	13/9/18	National report has been published. Report to IJB on key findings and improvements to adult protection services across North Ayrshire to the meeting in October.	Ongoing	B. Walker/ S. Brown



**Integration Joint Board**  
**11th October 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.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
ANP	Advance Nurse Practitioner
TEC	Technology Enabled Care
SCRA	Scottish Children's Reporters Administration
L&D	Learning and Development

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.
<b>2.</b>	<b>CURRENT POSITION</b>
	<b>National Developments</b>
2.1	<u>Chief Officer Network – Kings Fund</u>
	In 2017 the Chief Officer Network commissioned the King's Fund to work with them to clarify and communicate the Chief Officers intentions for integration in Scotland. The Kings Fund launched their report <a href="#"><u>"Leading Across Health &amp; Social Care in Scotland – Learning from Chief Officers' experiences, planning next steps"</u></a> in June 2018.
	This report sets out how the chief officers of the integration authorities have developed their role in the Scottish health and social care system – a narrative of their approach, achievements and direction of travel. It draws on research and analysis by The King's Fund on integrating health and social care and system leadership, as well as policy guidance from the Scottish Government.
	The report goes on to suggest how chief officers can develop their role and the integration agenda both locally and nationally and discusses areas of strategic importance for the shared future ambition for the network of chief officers. The report concludes by making recommendations to strengthen and further embed their roles.

	<b>Ayrshire Developments</b>
2.2	<u>Intermediate Care and Community Rehabilitation Services across Ayrshire</u>
	Services are working together to transform and streamline community based pathways to allow people to stay at home (or homely setting), and to stay as healthy and independent as possible. <b>Enhance Intermediate Care</b> supports people to remain at home, prevents unnecessary hospital admission, or helps people recover from a stay in hospital. <b>Rehabilitation</b> enables people to live independently in their own home/homely setting.
	From 19 <sup>th</sup> November 2018 intermediate care and rehabilitation multidisciplinary teams will operate across East, North and South Ayrshire, 7 days per week (9am to 5pm) for people aged 16 and over, and will include the undernoted services :-
	<ul style="list-style-type: none"> <li>• Advance Nurse Practitioners (ANPs);</li> <li>• Dietitians;</li> <li>• GPs;</li> <li>• Homecare;</li> <li>• Occupational Therapists;</li> <li>• Pharmacists;</li> <li>• Physiotherapists;</li> <li>• Podiatrists;</li> <li>• Speech and Language Therapists;</li> <li>• Support from Technology Enabled Care (TEC).</li> </ul>
	There will be one single point of contact in each locality.
	<b>North Ayrshire Developments</b>
2.3	<u>Multi-Agency Collaboration – Improving Relationships</u>
	A tripartite training event took place at Greenwood Teacher Centre with NAHSCP and the Scottish Reporters Children's Administration (SCRA), on Thursday 6 September to promote understanding of the respective roles each agency, and understand partnership working.
	Drew Maxwell (Team Manager, Children and Families) along with Helen Etchells (Locality Manager at the Scottish Children's Reporter's Administration), Erica Edwards (Area Convenor), Margaret Johnstone (Lead Panel Representative) and Charles Fisher (Panel Representative of Children's Hearing Scotland, Ayrshire Area Support Team) joined over 20 staff from our Children and Families Teams and Children's Panel members too. This generated a lively discussion on non-disclosure of information in written reports and excusals for children in attending all or part of a Children's Hearing. Everyone felt the event was a great success and it is hoped to repeat this annually.

2.4	<u>Corporate Parenting Approach means Equal Access</u>	
	<p>The photo (right) shows delighted young people, who we look after in Canmore, in receipt of their new KA Leisure cards.</p> <p>Our residential care team and corporate parenting team worked with KA Leisure to enable the looked after children and young people to pay the same price as a young person who is accompanied by an adult.</p>	
2.5	<u>Throughcare Team – Celebrating Success</u>	
	<p>The Throughcare Team received excellent inspection grades from the Care Inspectorate. All aspects of the services they deliver, supporting care experienced young people into adulthood, have again been graded as <b>Very Good</b> and Excellent. The whole team contribute to these grades and, more importantly, ensure our care-experienced young people get the best start in their adult lives.</p>	
2.6	<u>Throughcare - Young People moving on .....</u>	
	<p>Rhiannon Paterson who works with our Throughcare team, received an award from Greenwood Academy for commitment shown through attendance and volunteering resulting in a pathway into teaching along with certificates for English, Music and Games Development. Rhiannon commences her Masters in Education with a Teaching Qualification at the University of Glasgow this week.</p>	
2.7		<p>Congratulations to Keiron Cywinski and Luke Procter, who recently completed their 12-week Prince's Trust team challenge programme at Ayrshire College. Both young people, who have been supported by the Partnership's Throughcare Team, have now started college courses in motor mechanics and IT.</p>
2.8	<p>Throughcare have assisted <b>27</b> young people into college this year and there will be <b>6</b> young people attending University. This is an unprecedented amount of young people going on to further and higher education.</p>	

2.9	<u>Carer Support for Employees</u>
	<p>The Carer Team hosted drop-in sessions for any employee who provides an unpaid caring role outwith their employment looking after a family member or friend who needs support due to illness, disability, mental health, addiction issues or just need extra help as they grow older? This is part of North Ayrshire Council's 'Carer Positive Employer' journey. The sessions were held on 27 September, 4 October, with further sessions planned for 24 October and 1 November.</p>
	 <p><i>Carers (who are also NAHSCP employees) in receipt of Carer Positive Employer Level 1 certificate</i></p>
2.10	<u>Well done to Arran CVS</u>
	<p>As advised at the last IJB, Arran CVS became the first employer on Arran to be recognised as a Carer Positive Employer. This award acknowledges that Arran CVS is a supportive, welcoming employer who demonstrates a working environment where carers are valued and supported.</p>
2.11	<u>Working with Diversity in North Ayrshire</u>
	<p>On Monday 17<sup>th</sup> September 2018 the Learning and Development team hosted an event on "Working with Diversity in North Ayrshire". The event was attended by over 60 members of staff with the aim to :-</p>
	<ul style="list-style-type: none"> <li>• Promote reflection and debate on the nature of diverse and oppressed communities within North Ayrshire and the HSCP's role in working with these groups;</li> </ul>
	<ul style="list-style-type: none"> <li>• Promote awareness and access to Learning and Development across the HSCP;</li> </ul>
	<ul style="list-style-type: none"> <li>• To encourage practitioner involvement in the L&amp;D Reference Group.</li> </ul>
	<p>Six workshops were held throughout the day to increase the knowledge of HSCP practitioners around some of the protected characteristics within the Equalities Act 2010. The workshop topics were :-</p>
	<ul style="list-style-type: none"> <li>• Asylum Seekers;</li> <li>• Transgender Awareness;</li> <li>• Growing Up Gay;</li> <li>• Working with Travellers;</li> <li>• Religious Diversity &amp; Anti Discriminatory Practice;</li> <li>• British Sign Language Awareness</li> </ul>
	<p>Feedback from the event was very positive including comments about the workshops being "very informative", "interesting", "worthwhile" and "inspiring".</p>



3.2	<b><u>Anticipated Outcomes</u></b>
	Not applicable.
3.3	<b><u>Measuring Impact</u></b>
	Not applicable
4.	<b>IMPLICATIONS</b>

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

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

4.	<b>CONSULTATION</b>
4.1	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of consultation.
5.	<b>CONCLUSION</b>
5.1	Members of IJB are asked to note the ongoing developments within the North Ayrshire Health and Social Care Partnership.

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



**Integration Joint Board**  
**11 October 2018**

**Subject:** **Annual Performance Report**

**Purpose:** To approve the North Ayrshire Health and Social Care Partnership (NAHSCP) Annual Performance Report 2017-2018

**Recommendation:** Integration Joint Board (IJB) to retrospectively approve the draft NAHSCP Annual Performance Report 2017-18 which was published online on 31st July 2018.

**Glossary of Terms**

NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	Section 42 of the Public Bodies (Joint Working)(Scotland) Act 2014 requires partnerships to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible. NAHSCP's third annual performance report was published online on the Scottish Government deadline of 31 <sup>st</sup> July 2018.
1.2	<i>Guidance for Health and Social Care Integration Partnership Performance Reports</i> (published by the Scottish Government, March 2016) was followed to ensure the content of our performance report met the requirements set out in the guidance.
<b>2.</b>	<b>BACKGROUND</b>
2.1	This is the NAHSCP's third annual performance report and is part of a suite of partnership public-facing documents. These documents can be found on the NAHSCP website <a href="http://www.nahscp.org">www.nahscp.org</a>
<b>3.</b>	<b>PROPOSALS</b>
3.1	The IJB are asked to retrospectively approve the NAHSCP Annual Performance Report 2017-18.
3.2	<b><u>Anticipated Outcomes</u></b>
	Informing the people of North Ayrshire and wider stakeholders about health and social care integration, specifically : <ul style="list-style-type: none"> <li>• Outcomes for local people;</li> <li>• Locality health and social care needs;</li> <li>• Service provision (including lead partnership responsibilities and commissioned services);</li> </ul>

	<ul style="list-style-type: none"> <li>• Transformational Change;</li> <li>• Budget and financial information.</li> </ul>
3.3	<b><u>Measuring Impact</u></b>
	With the publication of the Annual Performance Report 2017-18 the partnership will have met its obligations under the Public Bodies (Joint Working)(Scotland) Act 2014.
4.	<b>IMPLICATIONS</b>

<b>Financial:</b>	There are no additional financial implications
<b>Human Resources:</b>	There are no implications for staff
<b>Legal:</b>	There are no legal issues.
<b>Equality:</b>	No issues
<b>Children and Young People</b>	No issues
<b>Environmental &amp; Sustainability:</b>	No issues
<b>Key Priorities:</b>	This would ensure we fulfil our obligations in the Integration Scheme.
<b>Risk Implications:</b>	None identified.
<b>Community Benefits:</b>	Community is aware and informed about community-based health and social care services, plans and outcomes.

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

5.	<b>CONSULTATION</b>
5.1	Staff and partnership stakeholders were all consulted on the Annual Performance Report.
6.	<b>CONCLUSION</b>
6.1	IJB are asked to consider and retrospectively approve the NAHSCP Annual Performance published on 31 <sup>st</sup> July 2018.

**For more information please contact :-**

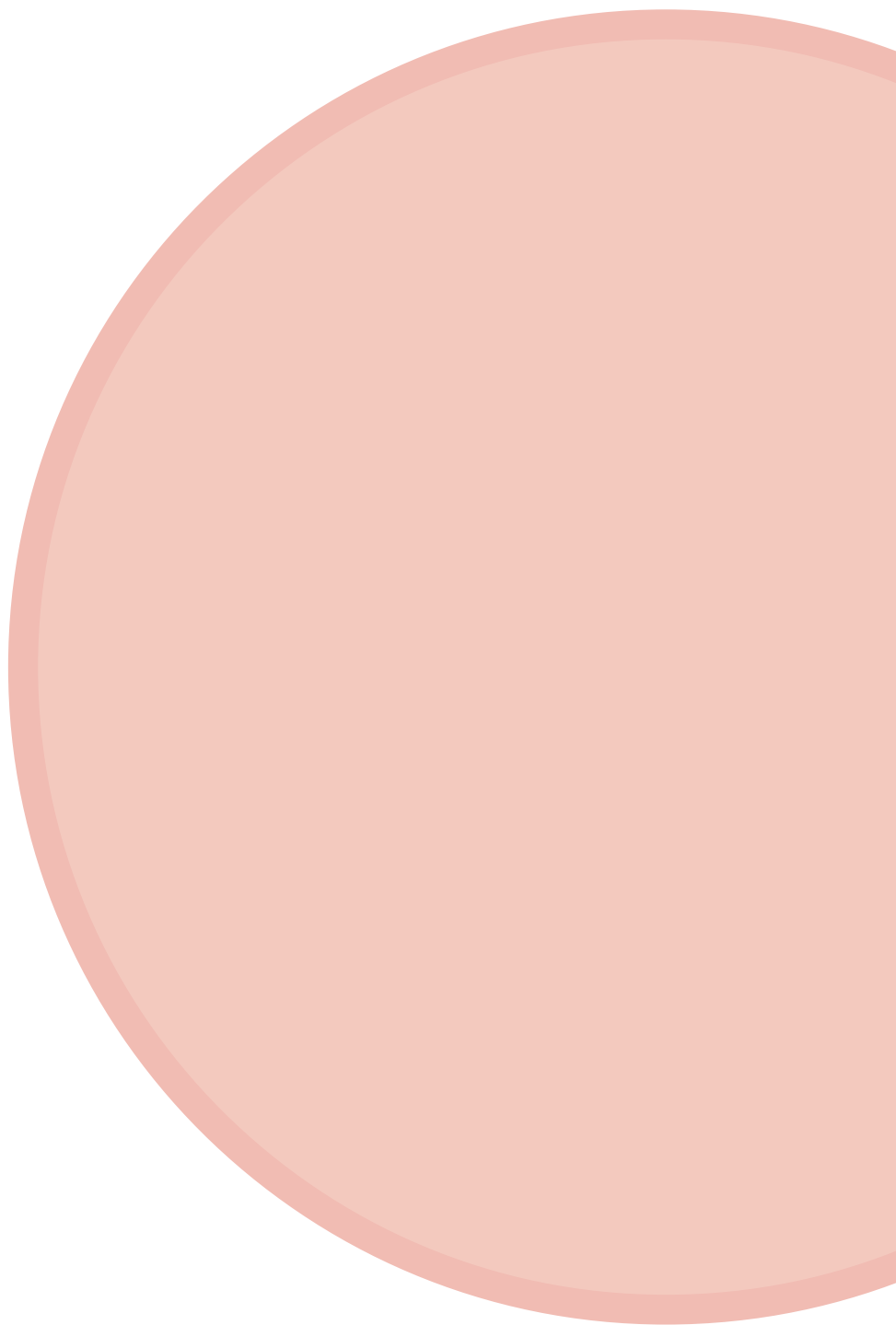
**Caroline Whyte, Chief Finance & Transformation Officer on 01294 324954 or [carolinewhyte@north-ayrshire.gcsx.gov.uk](mailto:carolinewhyte@north-ayrshire.gcsx.gov.uk)**

**Or**

**Neil McLaughlin, Manager Performance & Information Systems on 01294 317744 [ornmclaughlin@north-ayrshire.gcsx.gov.uk](mailto:ornmclaughlin@north-ayrshire.gcsx.gov.uk)**

# Annual Performance Report 2017–18





## Reflections from Stephen Brown

It is difficult to believe that this report is the third annual performance report to be published by North Ayrshire Health and Social Care Partnership. Contained within this document are some significant highlights from 2017–18. These highlights include continued progress with many of our registered services receiving further improved grades via the Care Inspectorate. Perhaps the most significant of these has been our directly provided Care at Home and Community Alert services, both now graded as 'Very Good' across all quality themes. These are the highest ever grades attained by the service and this is particularly pleasing given the growth of the Care at Home and Community Alert workforce and the significant role these services play, and will continue to play, in ensuring we support people to live as independently as possible for as long as possible. Our justice service and welfare rights advice team, Money Matters, continue to be exemplars in the support they give to vulnerable people.

We also continue to see forward progress in many areas of service delivery, including domestic abuse, referral to treatment times and recovery for people who access our drug and alcohol services.

We know, however, that the delivery of health and social care services in North Ayrshire continues to face significant demand pressures particularly in areas such as mental health, learning disability and children's services. Whilst we are working hard with our Community Planning Partners to address inequalities, the links between poverty and deprivation and poorer health outcomes remains one of our greatest challenges.

Our greatest challenge is, however, managing the current levels of demand for health and social care services within our allocated budget. We have a significant change and transformation agenda underway and we remain optimistic that this can not only help us manage our finite resources more effectively but also (and most importantly) continue to improve health and wellbeing outcomes for people who use our services, carers and communities.

I want to thank all of our partners and all of the staff working within North Ayrshire Health and Social Care Partnership for their continued hard work and dedication to improving the lives of people living in North Ayrshire. We have achieved much in our first three years but have much still to do.



**Stephen Brown**

Director, North Ayrshire Health and Social Care Partnership





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# Vision, values and priorities

**North Ayrshire Health and Social Care Partnership** (NAHSCP/the Partnership) is working to progress the **vision** that:

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

Our Partnership includes health and social care services within **Health and Community Care Services, Mental Health and Learning Disability Services** and **Children, Families and Justice Services**.

In this, our third annual performance report, we look back on the progress we have made, share some of our successes and reflect on some areas that have proved challenging.

To enable the Partnership to fulfil our vision, and after asking people who use our services, North Ayrshire residents and staff, we will continue to focus on these five **priorities**:

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

People who use our services and North Ayrshire residents will experience our Partnership **values** in the way our staff and volunteers engage with you and how we behave. We will:

- Put you at the centre
- Treat you with respect
- Demonstrate efficiency
- Care
- Be inclusive
- Embody honesty
- Encourage innovation

# Structure of this report

We have measured our performance in relation to:

- Scottish Government National Health and Wellbeing Outcomes (see pages 8–21)
- Children’s and Justice Services Outcomes (see page 22–29)
- Local measures (see page 56)

Our Partnership has lead partnership responsibilities for Mental Health and Learning Disability Services as well as Child Health Services, (including immunisation and infant feeding). We have included some of the highlights and challenges of leading services across Ayrshire’s three health and social care partnerships (see pages 38–46).

We will show that all of our services (those provided by our Partnership staff and those provided by other organisations on our behalf) are providing high quality care and support to the people of North Ayrshire (see pages 47–49).

Finally, 2017–18 has been another financially challenging year. We have detailed our financial position (see pages 50–55). and shown how we have continued to provide best value for North Ayrshire health and social care services.

# 1. Performance in relation to National Health and Wellbeing Outcomes

As we completed our third year, the Partnership continued to focus our efforts on providing services that improve the lives of all the people living in North Ayrshire.

Our five strategic priorities link directly to the nine national Health and Wellbeing Outcomes – these outcomes provide a roadmap for us and we can demonstrate progress against each.

# Outcome 1:

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

1.1 **Community Link Workers**, formerly Community Connectors, are available for consultation in 19 GP practices. Plans are in place to extend the service across all GP practices in North Ayrshire.

Community Link Workers provide a social prescribing service to local people, referring them to alternative opportunities within their own communities that can help address symptoms of illness. While attending GP practices, people can now access additional local information, including [www.carena.org.uk](http://www.carena.org.uk), via touch-screen kiosks installed in 17 GP practices and Bridgegate House.

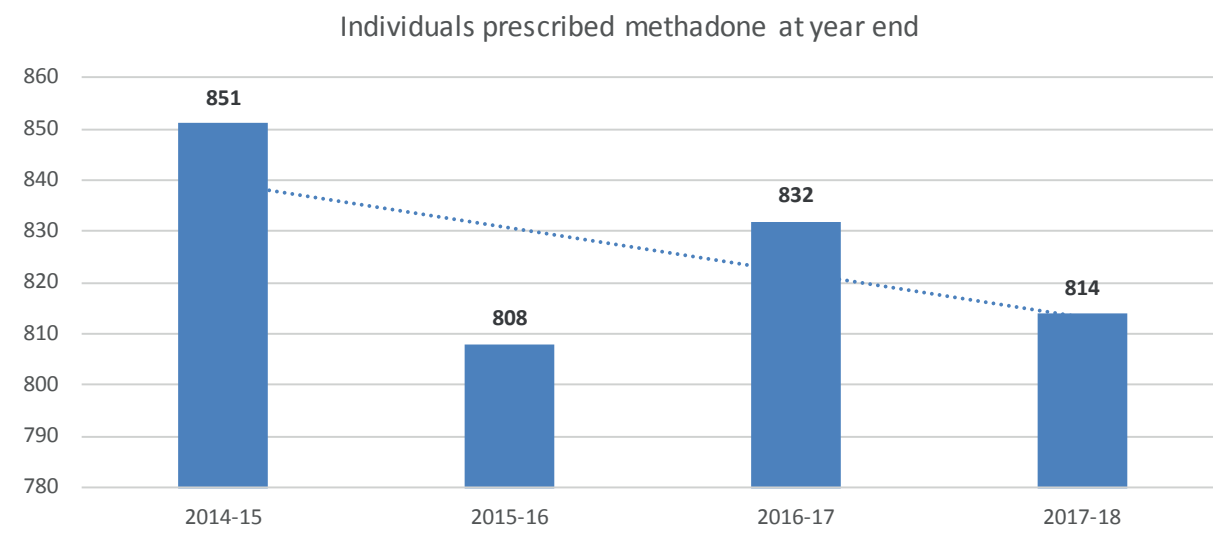
During 2017–18, 1,586 people were referred to Community Link Workers. Of the 3,090 recorded contacts, 84% were successful and resulted in people attending an appointment. Community Link Workers are also trained to signpost people to one of six cancer support services. A total of 62 links were established from 1 October 2017, and one worker will provide this service in three GP practices until the end of September 2018.

1.2 Our first integrated team, **North Ayrshire Drug and Alcohol Recovery Service (NADARS)**, has continued to demonstrate high levels of performance. NADARS is meeting all national and local standards and targets, such as, access to treatment waiting times, provision of alcohol brief interventions (ABIs), and the roll out of Naloxone supplies.

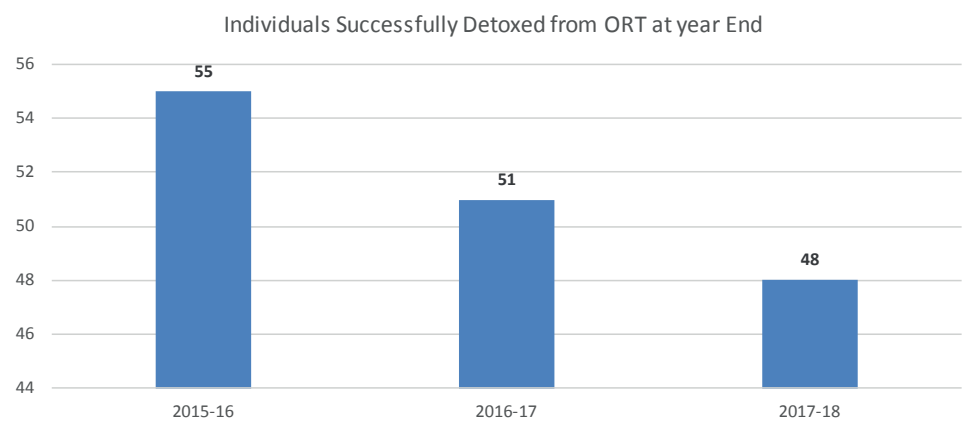
People being supported by NADARS, during 2017–18, evidenced:

- 82% reduction in alcohol intake
- 67% reduction in non-prescribed drug use
- 61% improvement in physical health
- 60% improvement in physiological health

The positive impact being made can be seen with the downward trend at year end of individuals being prescribed methadone (see graph below) as well as a 14% reduction in the total quantity of methadone being prescribed.



There is also a downward trend in individuals successfully being detoxed from opiate replacement therapies (ORT). NADARS is continuing to identify new ways of working to provide more agile and streamlined service



delivery and further improve performance. A positive example of this work is in the delivery of alcohol brief interventions (ABI):

Scottish Government in priority settings target for Ayrshire and Arran – priority settings	3,419
Delivered by across all ABI settings	3,827
Scottish Government in priority settings target for Ayrshire and Arran – wider settings	856
Delivered by across all ABI settings	3,823

- 1.3 Our Integrated Care funded programme, **Healthy Active Rehabilitation Programme (HARP)**, continues to provide health and wellbeing programmes for people with multiple conditions. Falling or being at risk of falling is identified as a key reason for participants to be referred to HARP. Participants must be identified as having coronary heart disease, history of stroke, COPD, cancer or have had a fall or be at risk of falling. People attending HARP classes benefit from, weight reduction, blood pressure reduction and increase in their general physical activity.

Mr K was recently discharged from NADARS, due to significant recovery progress.

Mr K had previously attended A&E numerous times, with a number of hospital admissions, including at our new addiction facility in Ward 5, Woodland View. Following discharge from Ward 5, Mr K's personal recovery journey has included applying for a place on a peer worker course and volunteering in Glasgow. Mr K talks positively about the benefit of services in helping him to access a wide range of physical and mental health support.

## Case study



**The services and support Mr K received has helped to reduce inappropriate out of hours emergency contact as well as discontinuing antipsychotics and improving his overall recovery capital.**

## Outcome 2:

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

- 2.1 With 2,021 people being provided with **Care at Home** service and 4,500 people receiving a **Community Alert** service, we have worked hard at continuing to provide a high quality service.

Our annual inspection, by Care Inspectorate, graded our care and support as '*very good*'. This is an extremely positive outcome, especially when demand for Care at Home services has increased by 18% from 2016–17.



- 2.2 Our **Care at Home Reablement** service provided people with intensive support from occupational therapists and reablement care at home assistants for up to 12 weeks. This intensive support helps people to regain their skills and independence after an illness or a spell in hospital. Reablement is not suitable for everyone but for those who receive this service, 50% either needed no further care support or had a greatly reduced care package (an improvement from 45.5% from 2016–17).

In 2017–18, 84% of people who received the reablement service rated it as '*excellent*' or '*very good*'.

- 2.3 **Ward 1 and Ward 2, Woodland View** were subject to unannounced HAI (Healthcare Associated Infection) inspections and were complemented on the knowledge of staff and quality of the environment.

## Outcome 3:

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

- 3.1 **Café Solace**, a community café run by volunteers as part of their recovery journey from drug and alcohol misuse, increased attendances to 6,826 during 2017–18, up from 4,745 in the previous year. This increase allowed even more people to make connections in their local communities.



- 3.2 Our **Dirrans Centre**, supporting those who have long-term health conditions, was inspected during 2017–18. The centre was awarded 'excellent' grades across the graded quality themes of, Care and Support, Environment, Staffing and Management/Leadership.

### Case study

Mr T was 44 years old when he suffered a CVA (cerebrovascular accident) in December 2017. He had received rehabilitation at Douglas Grant Rehab and was referred to the Dirrans Centre by occupational therapy. He has right sided hemiparesis (weakness in one side of the body), has difficulty with walking and has cognitive difficulties.

Mr T was in employment in the banking sector prior to his CVA and was keen to return to some form of employment in the future.

At the Dirrans Centre, Mr T identified long term and short term goals including, improving his health and wellbeing, improving his mobility, developing coping strategies to deal with stress and improve his confidence.

He started to participate in the literacy support group to assist with writing with his left hand as well as formulating numbers and initiating words. He is receiving one to one support to improve his walking ability, with the longer term aim of joining the walking group and the walking football group. He is also receiving support with independent travel.

In the wellbeing group, Mr T is learning coping techniques to deal with stress and gets advice about living a healthier lifestyle.

Mr T's situation is an example of good joint working and the benefits of slower rehabilitation.

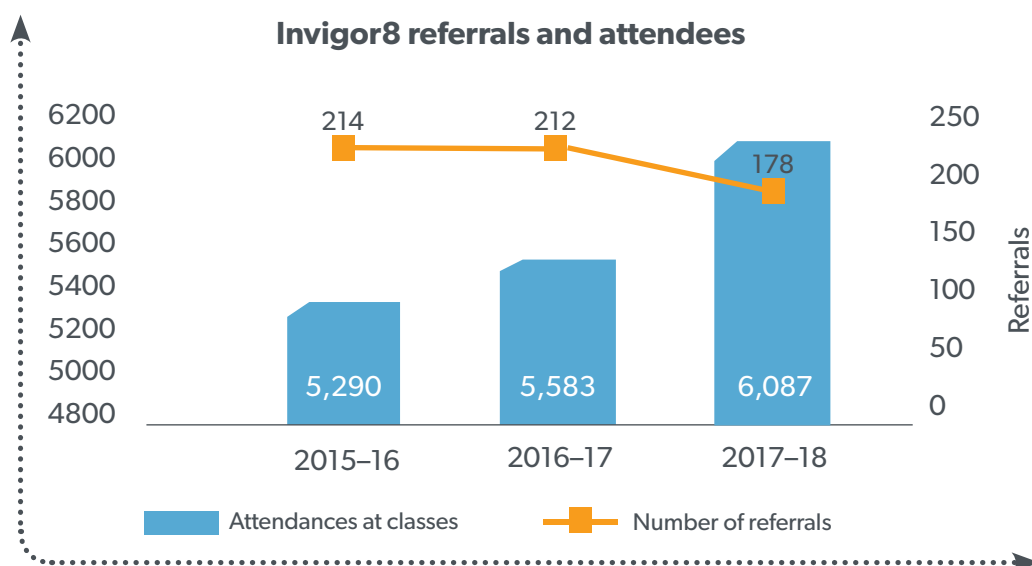




## Outcome 4:

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

- 4.1 KA Leisure continues to provide the **Invigor8 Falls Prevention Programme**. During 2017–18, 178 people were referred, this is a slight reduction from the previous year (212 people), however, the number of attendances at classes increased to 6,087.



KA Leisure provided eight specific postural stability Invigor8 (PSI) falls prevention classes per week across North Ayrshire, including strength and balance circuit-based classes and chair based exercise classes. The classes take place within the Portal, Irvine and Auchenharvie Leisure Centre, Stevenston.

- 4.2 During 2017–18, capital funding was agreed for the creation of an **additional support needs eight-bedded respite unit and eight-bedded residential unit** for children. These will sit alongside the additional support needs school on the site of Auchenharvie Academy, Stevenson.
- 4.3 We piloted a new initiative for people affected by mental health problems. **North Ayrshire Wellbeing and Recovery College** offers participatory courses that focus on wellbeing and recovery. These courses are open to anyone over 16 years, who lives or works within North Ayrshire. Initially, two courses are offered within each locality. These courses include:
- Living Life to the Full – 8-week course based on cognitive behavioural therapy
  - Crafty Corner – peer-delivered series of six craft workshops
  - It's not what's wrong with me it's what happened to me that matters – trauma informed practice and the science of adverse childhood experiences (ACEs)
  - Stress less! – 4-week course providing tools and exercises to manage stressful circumstances

- Write to Recovery – 4-week course that focusses on self-management for people experiencing emotional difficulties or mental ill-health
- WRAP (Wellness Recovery Action Plan) – 2-day course to support prevention and wellness process that anyone can use to get well and stay well

4.4 We successfully introduced a **befriending service** on Arran (during 2016) to support self-identified socially isolated people within the Arran community.

Building on this work, Arran Community and Voluntary Service (ACVS) secured a small amount of social isolation funding to run two projects.

- Brodick Early Years Centre, worked together with Brodick sheltered housing and Stronach Day Care, allowing four year olds to engage in activities and interact with the older residents and people who use our services. This had a positive impact for the older people, who engaged in the activities and looked forward to the sessions.
- Young people from Arran High School went along to the local sheltered housing in Lamlash. This project was a co-produced by S6 pupils and older residents. ACVS worked with the Partnership to deliver dementia awareness training to the young people and befrienders, with the use of an ageing suit. This gave the young people a significantly improved understanding of the challenges older people face and the realities of ageing.

Both projects have been well received and the intention is to keep both projects running.



## Outcome 5:

### Health and social care services contribute to reducing health inequalities.

5.1 In 2017–18, our **Money Matters** team advised and supported the most vulnerable people in our communities to access more of the benefits they are entitled to. The value of this financial support is once again in excess of £8 million, as it was in 2016–17. Following the promise in our 2015–18 strategic plan that we would work to help people deal with their financial difficulties, we have managed to support people to the value of over £24.5 million (2015–18).



5.2 The Partnership continues to be a key partner in developing and delivering North Ayrshire's **Inequalities Strategy, 'Fair for All'**. We continue as members on the Fair for All Steering Group. In the past year, North Ayrshire Community Planning Partners, including the Partnership, have been developing a robust inequalities measuring tool to identify local areas that are greatly impacted by poverty, deprivation and inequality that could benefit from reallocated investment.

The Partnership is also supporting the 'Fairer Food' agenda. The aim is to improve access to food for families and to reduce the high levels of food insecurity in North Ayrshire. While work in this area is at an early stage, a local food forum has been created – involving local food related businesses; farmers, charities, restaurants – to help identify key priorities for action at the community level. Further, a North Ayrshire food map is under development to help identify areas of high food insecurity and food 'deserts'.

5.3 Our **Sensory Impairment** team experienced a reduction in referrals during 2017–18, receiving 416 referrals compared to 522 in the previous year. The team continues to provide essential assistive supports to residents of North Ayrshire.

## Outcome 6:

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

- 6.1 The uptake of our **Carer Appreciation Card** has resulted in 381 carers registered for a card. There are now 43 local businesses offering discounts and concessions to local carers who present a Carers Appreciation Card.
- 6.2 In preparation for the new Carers (Scotland) Act 2016, we have been working with young carers to develop and pilot a **Young Carers Statement**.



We also listened to feedback from adult carers and invited them to design a **Carers Assessment Tool**. This has been piloted and is now being rolled out to all North Ayrshire carers (from April 2018). North Ayrshire Health and Social Care Partnership will have the only Carers Assessment Tool in Scotland that has been designed by carers for carers.

## Outcome 7:

People who use health and social care services are safe from harm.

7.1 In 2017–18, the number of **domestic abuse incidents** has reduced after many years of continued increase. The Partnership, working within our Multi Agency Domestic Abuse Response Team (MADART), a significant element of our Multi Agency Assessment Screening Hub (MAASH), that consists of the combined support of Police Scotland, Housing, social workers and third sector organisations Women's Aid and Assist, has helped to better support victims of domestic abuse.

**39%**  
reduction in  
domestic  
abuse  
incidents

7.2 In comparison with last year, the number of individuals referred to **MADART**, who are under 16 years, has decreased by 29% during 2017–18. The number of victim referrals reduced by 39%. Additionally, the number of re-referrals has also reduced by 58% during the year.

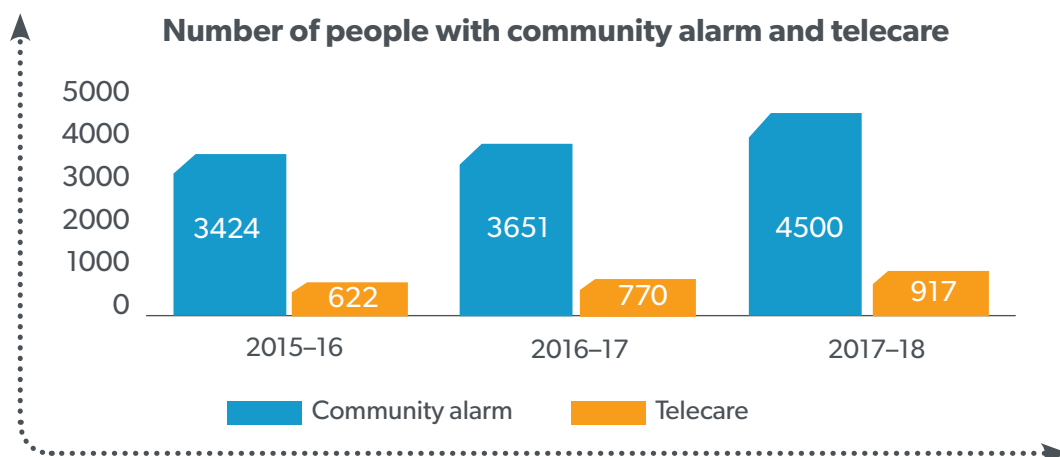
7.3 In 2017–18, the Partnership was subject to a joint inspection of **Adult Support and Protection** services. The Partnership received positive scoring for :

- Outcomes for adults at risk of harm – Good
- Key processes for adult support and protection – Very good
- Leadership for adult support and protection – Very good

During 2017–18, there was a slight reduction in the number of adults at risk of harm referrals to 516 (663 during 2016–17). We held 27 adult support and protection case conferences, putting in place and updating robust and creative, multi-agency protection plans to ensure all adults who require support and protection, have appropriate plans in place.

7.4 In 2017–18, we continued to expand our **Community Alarm** service. Community alarm and telecare equipment enables people to connect, via their telephone, to an emergency call centre. When the call centre is alerted, help can be sent out quickly to ensure people are safe and well.

More people have the equipment and this is making them feel safer and helping them to stay in their own homes for longer.



## Outcome 8:

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

- 8.1 Our second **Partnership Staff Awards** commended the collaborative efforts of our third sector, independent sector, North Ayrshire Council and NHS Ayrshire & Arran staff, including volunteers, all part of North Ayrshire Health and Social Care Partnership.



A judging panel of peers, including previous winners, had the difficult yet rewarding job of reading around 70 inspiring nominations to identify individual and team winners. Around 80 people attended *Breakfast for Champions* awards event to hear about, and celebrate, our everyday heroes, partnership champions, volunteers, innovative teams and trail blazers.

- 8.2 Once again **Partnership staff sickness absence** continues to be a cause for concern. Our three highest causes of absence remain as musculoskeletal issues, stress/anxiety and surgery. We continue to offer supports as early as possible and work with people to find solutions to help them get back to fitness and work as quickly as possible. We will continue to investigate new and innovative means to reduce staff sickness.



# Outcome 9:

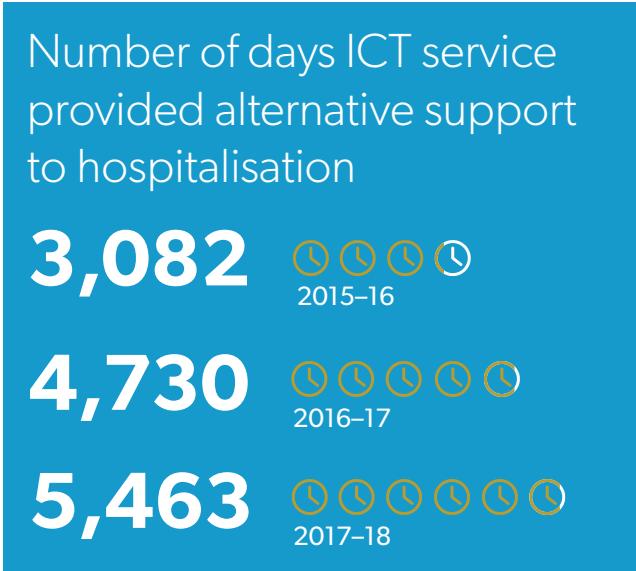
Resources are used effectively and efficiently in the provision of health and social care services.

9.1 We have seen a reduction in **care at home hours lost** during 2017–18, in comparison to the previous year. We have continued to work with our colleagues in acute hospitals to try to reduce the number of cancelled discharges. Together, we still have a great deal of work to do, however, the hours lost due to discharges being cancelled was almost 1,000 hours less than the previous year.

**6,305hrs** lost due to hospital discharges being cancelled

9.2 Our **Intermediate Care** team (ICT) supports people to regain their independence by supporting them when they are either discharged from hospital, or in their own homes, to prevent admission to hospital. This early intervention and prevention approach provided 5,463 days of ICT service (during 2017–18) as an alternative to hospitalisation, a further improvement from 2016–17.

Additionally, at the end of March 2018, the team surpassed the target of 90% of newly referred people seen within 1 day of receiving the referral, by achieving 95.6%.



# National Health and Wellbeing Indicators

Scottish Government identified 23 indicators (4 remain in development) that were felt to evidence the nine National Health and Wellbeing Outcomes. Nine indicators come from the biennial Health and Care Experience Survey (*see below*) and the additional 14 indicators (*see page 21*), which evidence the operation of the Partnership, come from NHS Information Services Division (ISD).

The data reported below is based on the information circulated in June 2018.

Health and Social Care Experience Indicators	North Ayrshire 2013–14	North Ayrshire 2014–15	North Ayrshire 2015–16	North Ayrshire 2016–17	North Ayrshire 2017–18	Scottish average	Rank against family group*
Adults able to look after their health very well or quite well	93%		93%		91%	93%	4
Adults supported at home who agreed that they are supported to live as independently as possible	80%		82%		84%	81%	1
Adults supported at home who agreed that they had a say in how their help, care, or support was provided	80%		77%		70%	76%	7
Adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	79%		78%		74%	74%	5
Adults receiving any care or support who rated it as excellent or good	79%		79%		78%	80%	7
People with positive experience of the care provided by their GP practice	85%		84%		80%	83%	6
Adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	80%		82%		82%	80%	2
Carers who feel supported to continue in their caring role	39%		43%		39%	37%	4
Adults supported at home who agreed they felt safe	79%		79%		80%	83%	6

\*To support service improvement, Scottish Government has identified local authority / partnership benchmarking families. These family groups are made up of eight local authorities that share similar social, demographic and economic characteristics. We can compare our performance information with other similar areas to enable learning. Rankings are on a scale of 1–8, where 1= best performing, 8=worst performing

North Ayrshire is partnered in its family group with:

- Dundee
- Glasgow
- North Lanarkshire
- Western Isles
- East Ayrshire
- Inverclyde
- West Dunbartonshire



Indicators based on administrative data	North Ayrshire 2013–14	North Ayrshire 2014–15	North Ayrshire 2015–16	North Ayrshire 2016–17	North Ayrshire 2017–18	Scottish average	Rank against family group*
Premature mortality rate (under 75s age-standardised death rates for all causes per 100,000 population)	448	459	484	490		440	2
Rate of Emergency Hospital Admissions for adults (per 100,000 population)	15,089	15,851	15,866	16,249	16,481	11,959	8
Rate of emergency bed days for adults	139,451	141,260	141,398	139,750	149,902	115,518	8
Readmissions to hospital within 28 days of discharge	100	105	107	105	106	97	6
Proportion of last 6 months of life spent at home or in community setting	87%	87%	88%	87%	87%	88%	7
Falls rate per 1,000 population aged 65+	24	21	23	20	24	22	5
Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections	73.3%	73%	79%	81%	87%	85%	5
Percentage of adults with intensive needs receiving care at home. (all levels of CAH)	64%	67%	67%	49%		61%	5
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1000 population)	576	663	443	624	1,033	772	7
Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency	26%	26%	26%	26%	29%	23%	8

As well as the National Health and Wellbeing Indicators, we regularly report on local indicators to help us to evidence the nine National Health and Wellbeing Outcomes and also our strategic priorities. The list of indicators can be found in Appendix 1 (see page 56).

From January 2017, the Ministerial Strategy Group for Health and Community Care (MSG) advised that in order to measure the impact of integration they would be monitoring a suite of indicators. The full list of indicators can be found in Appendix 2 (see page 57).

## 2. Performance in relation to the three Children's Outcomes and three Justice Service Outcomes

# Children's Outcome 1:

Our children have the best start in life and are ready to succeed.

- 1.1 Our **health visitors** carry out reviews at of all children in North Ayrshire at 27–30 months, to make sure they are healthy and thriving. From the most recently published data, we achieved 96.6% of all children having their review carried out when it should be, this is an increase of 1.9% from the previously published data. This is a positive achievement for the Partnership and was once again ranked highest in Scotland.

**96.6%**  
of children  
successfully  
reviewed at  
27–30 months

- 1.2 **Breastfeeding** uptake in North Ayrshire is amongst the lowest in Scotland, however, we are progressing in the right direction. This has been demonstrated during 2017–18, with NHS ISD published figures of 16.8% of all mums recorded as breastfeeding at 6–8 weeks, up from 15.8% in 2016.

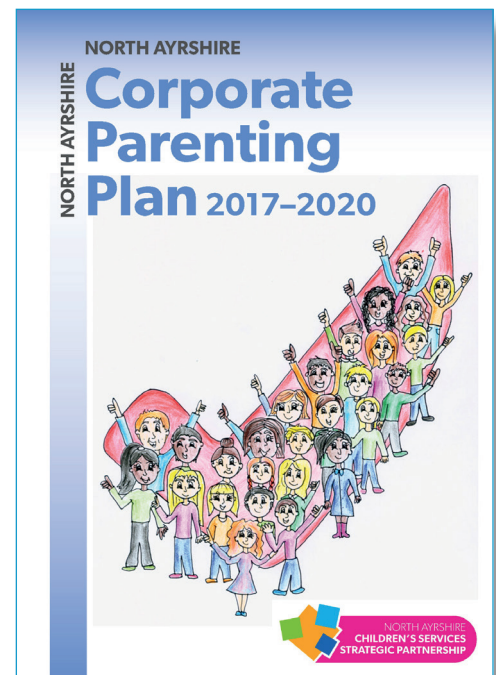


Following a recent assessment, we have been reaccredited as 'Baby Friendly' by UNICEF UK. This award recognises that we are providing high quality breastfeeding support to mothers and babies. We were commended for promoting close and loving relationships between babies and their parents. The assessment recognised that 97% of mothers were 'very happy' with the service and 100% reported that health visitors and family nurses were 'kind and considerate'.

- 1.3 In 2016, the Children's Services Plan, *Getting it right for you*, recognised that **looked after children and young people** need extra support because to their circumstances.

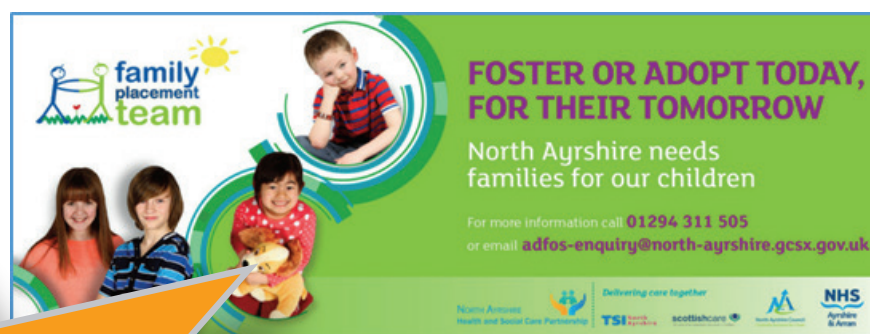
In 2017, more promises have been made in the *Corporate Parenting Plan*, to provide children and young people with the right help at the right time. This will help to ensure that looked after children and young people:

- Receive the right support when they need it
- Have their interests promoted
- Are provided with opportunities to take part in activities designed to promote their wellbeing
- Receive support to access these opportunities
- Receive help to make use of the services and support available to them



- 1.4 Included in our review of **residential accommodation** for looked after and accommodated children, we are focussing on engagement and participation of the children and young people to ensure that they are fully involved and their voices are heard. This work is being carried out in conjunction with the Corporate Parenting Officer and seeks to build young people's confidence and enable them to feel able to participate and contribute and meet their desired outcomes.
- 1.5 We are implementing evidence based models of care to **standardise care practice** across all residential children's houses. One model of care being introduced is the 'Nurture Approach'. This approach is being utilised in all schools across North Ayrshire and is being rolled out within our foster care service: using the same model ensures a unified approach.
- 1.6 **Foster carers** care for children and young people who cannot stay in their family home because it is not safe or they are not thriving. Children and young people can stay with foster carers for a short time or for years, depending on circumstances.

By the end of 2017–18, we had increased our number of foster carers to 103. We welcome new foster carers who can provide a homely, safe place for young people in North Ayrshire.



**103**  
foster carers in  
North Ayrshire

## Children's Outcome 2:

Our young people are successful learners, confident individuals, effective contributors and responsible citizens.

- 2.1 **Throughcare / Aftercare** services support young people who were looked after or accommodated by North Ayrshire Council, in areas of employment, training opportunities, work experience opportunities and education, to enable them to achieve what they want to in life.

We have a dedicated employability co-ordinator who supports young people with opportunities through activity agreements and with external employers offering modern apprenticeships and mainstream employment. Last year, seven care experienced young people were offered modern apprenticeships within North Ayrshire Council.

- 2.2 'Art of the FUTURE', is an art installation project that engages young people to create art from scratch, including young people from the Partnership's **Rosemount project**.

National Galleries of Scotland engaged with 27 groups across Scotland (including Rosemount) and posted each group a mail order art toolkit of disparate materials and equipment. The young people were then encouraged to create an artistic response that revealed their lives and how they see the future. 'Art of the FUTURE' was exhibited at the Scottish National Gallery, Edinburgh from 10 February–29 April 2018.

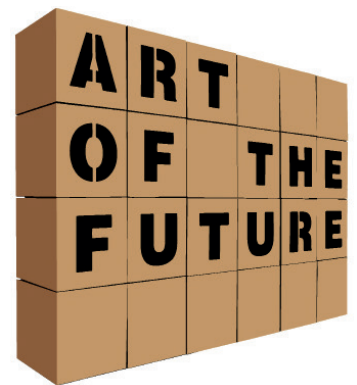
The exhibition will open at the Harbour Arts Centre, Irvine from 3 August –2 September 2018.

The Rosemount team supports young people who are furthest away from employment or further education and, through creative programmes, gives them hope and a purpose that enables the development of skills and confidence to progress towards a positive destination.

- 2.3 Our **Young Person Support** Team (YPST) continues to deliver a range of opportunities to develop young people who are at risk and socially isolated, including Duke of Edinburgh's Award programme. At this year's awards ceremony, six young people received awards; four received bronze awards and two received silver awards. Two more young people are working towards their gold awards. A bronze award recipients also received the Alex Pettigrew Outstanding Achievement Award.

- 2.4 **The CHARLIE programme** (within YPST), continues to achieve local and national recognition for their work with children (aged 8–12 years) affected by parental substance misuse. This unique project works with them to reflect on their life experiences and on how to manage their emotions, share their experiences and cope better with their family situations.

The annual CHARLIE show presents children's experiences and is a celebration of the CHARLIE programme. Stakeholders and parents attended 'Silent Voices' at the Harbour Arts Centre, Irvine to gain an insight into how 15 youngsters had benefitted and are now able to emotionally regulate more appropriately and manage stress more effectively.



## Children's Outcome 3:

We have improved the life chances for children, young people and families at risk.

- 3.1 **Family nurses** continue to work with young mums (19 and under) and their families from early pregnancy until their children are two years old, building on the strengths of their families.

Family Nurse Partnership began, in Ayrshire and Arran, in 2013. From 2013 to the end of 2017–18, we enrolled 145 young mums in North Ayrshire. To date, 115 (79.7%) of the first cohort have graduated and moved on from family nurse support.

- 3.2 Young people who have been looked after and reach a certain age are offered the supports of **Throughcare / Aftercare** services. This team offers both practical and emotional supports enabling those young people to live independently.

### Case study

M, a young person who was in residential accommodation, was referred to the challenge team and throughcare / aftercare services at a time when contact with his family was disjointed and fragmented. M told the workers that he was keen to move back home.

Partnership workers, in both teams, worked to support the young person to ensure that his needs in the family home were met. This included financial support with travel and subsistence when M was residing for extended periods in the parental home.

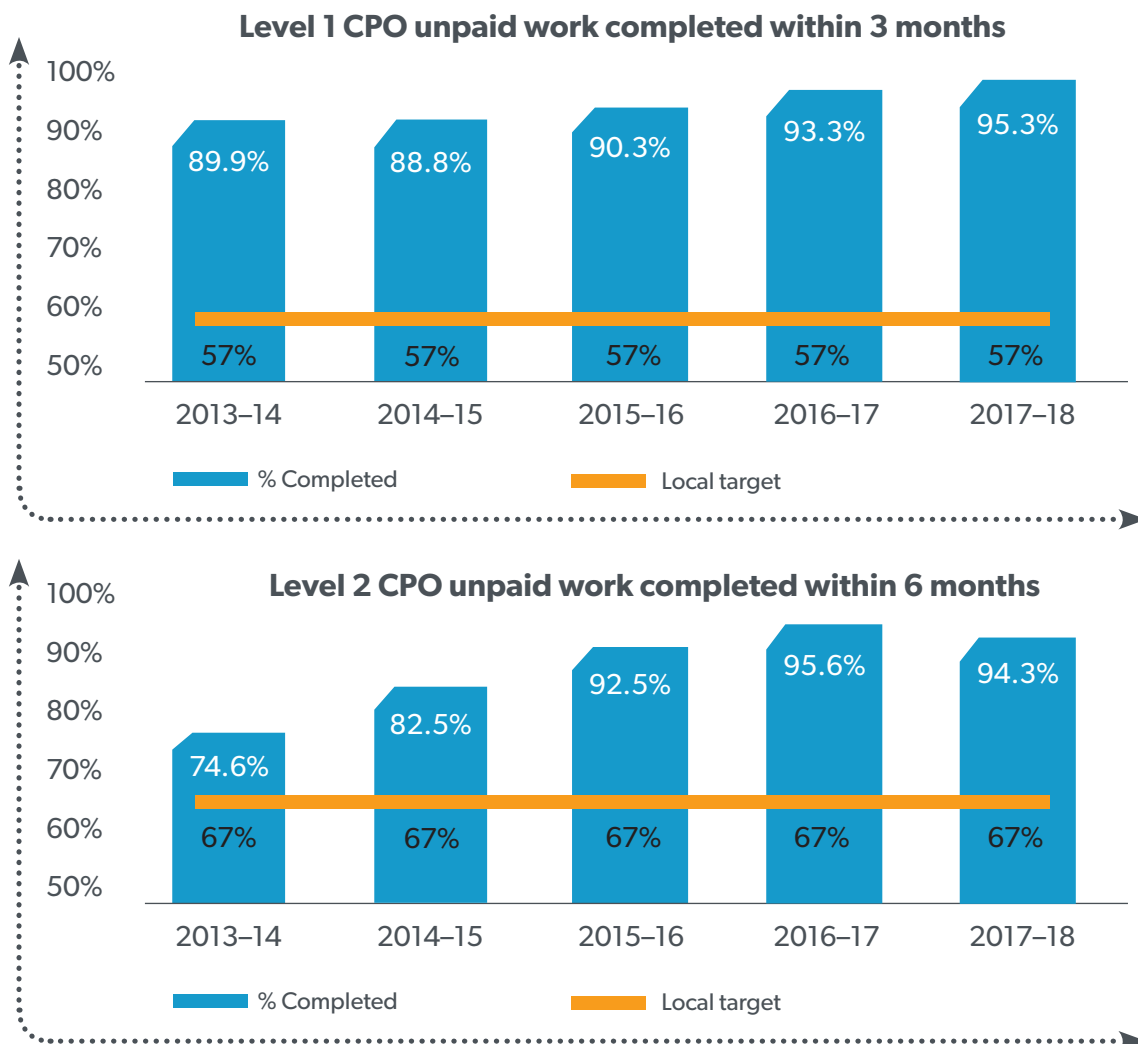


**The challenge team worker engaged with M, including relationship building, support with family issues and working with other services to ensure the smoothest transition possible to enable him to achieve positive outcomes.**

# Justice Service Outcome 1:

## Community safety and public protection.

- 1.1 Our Justice Service continues to have a positive impact on the local community through the **Community Payback Order** (CPO) unpaid work scheme. For the fifth year we have continuously achieved beyond our set targets with CPO level 1 and level 2, with North Ayrshire having 82 CPOs per 10,000 in Scotland.



- 1.2 People completing unpaid work are paying their debt to society by completing a wide variety of tasks that are needed in our local communities. We currently have almost 250 people of all ages and abilities completing unpaid work by doing gardening for the vulnerable and the elderly, house painting and heavy lifting when people are moving house.

The biggest role for the people on unpaid work is supporting North Ayrshire Foodbank. They pick-up the donations from supermarkets and Council buildings and take them to the foodbank centre in Ardrossan. They then carry out deliveries of the allocated food across North Ayrshire.

The sale days held at Smithstone House in Kilwinning are successful with the sale of hanging baskets, garden accessories and furniture. This resulted in a donations of £500 each to Warrior Mums, Kilwinning and Alzheimer's Scotland.

## Justice Service Outcome 2: The reduction of re-offending.

In our Strategic Plan we gave a commitment that our Justice and Youth Justice Services would work closer together to reduce reoffending. Our prevention and early intervention approach is seeing continued positive results being achieved by our continued improvement in our community payback service. Both level 1 and level 2 Community Payback Orders performed well above our regional targets.



## Justice Service Outcome 3:

### Social inclusion to support desistance from offending.

The **Caledonian System** works with men convicted of domestic abuse. The programme, of at least two years, helps them move away from abusive behaviour.

The **Caledonian Women's Service** offers emotional and practical support to women, advice on safety planning, risk assessment and advocacy. Working in partnership with the women, we aim to reduce their vulnerability and work with other services, including; education, housing, Police Scotland and the voluntary sector, so that women and their families are better supported.

In 2017–18, the team worked with 62 women across Ayrshire and Arran, offering a variety of services and support, from safety planning sessions only, to longer term interventions and support. The team currently have ongoing work with 34 women from North Ayrshire.

#### Voices

[Your worker] went way above and beyond the call of duty. She showed compassion, kindness and practical help that she wasn't required to do. She did it of her own volition. She helped me transition from hospital into my first ever flat and not only helped me herself but put me in contact with others who could help me progress in my life.

[Your worker] made (and continues to make) a huge difference in my life. When I first met her I was at a very low ebb in my life. I was residing in Woodland View due to various suicidal and psychiatric issues. I had been abandoned by literally everyone in my life. I was faced with the prospect of dealing with this world alone, which was scary. But she was always there to lend support which meant a lot.

[Your worker's] only mandate was to ensure I met with her once a week for the term of my CPO. That was literally all she had to do. But she did more, way more, she provided me with both practical and emotional support. She didn't have to do these things but she did out of the goodness of her heart and kindness for others.

The ultimate difference, to be honest, I'm not sure if I would be here if it wasn't for [your worker's] help. I certainly wouldn't have my own flat and be moving forward with my life. She was the one constant rock of support I had during a very trying time in my life.

# 3. Reporting on localities

North Ayrshire is home to over 136,000 people, all living in its many towns, villages and islands. These places are home to many different communities, each with their own characteristics and needs.

We recognise that a one-size-fits-all approach to service delivery is not appropriate. A blanket service may be of great benefit to one community and of little value to another. That is why we are now designing local services based on local need, identifying the health and social care priorities in communities and developing services that help people access the right treatment at the right time.

The six localities are:

- Arran
- Garnock Valley (including Beith, Dalry and Kilbirnie)
- Irvine
- Kilwinning
- North Coast (including Cumbrae, Fairlie, Largs, Skelmorlie and West Kilbride)
- Three Towns (including Ardrossan, Saltcoats and Stevenston)

We have established six locality planning forums (LPFs), whose role is to provide locality based strategic direction to our operational leads. As part of this role, LPFs make best use of local knowledge and information to identify key priorities and needs in their respective localities.

Over the past year, LPFs have made strong contributions to improving health and social care services to people in North Ayrshire. This has included facilitating new developments in localities to support local people, based on identified need, such as:

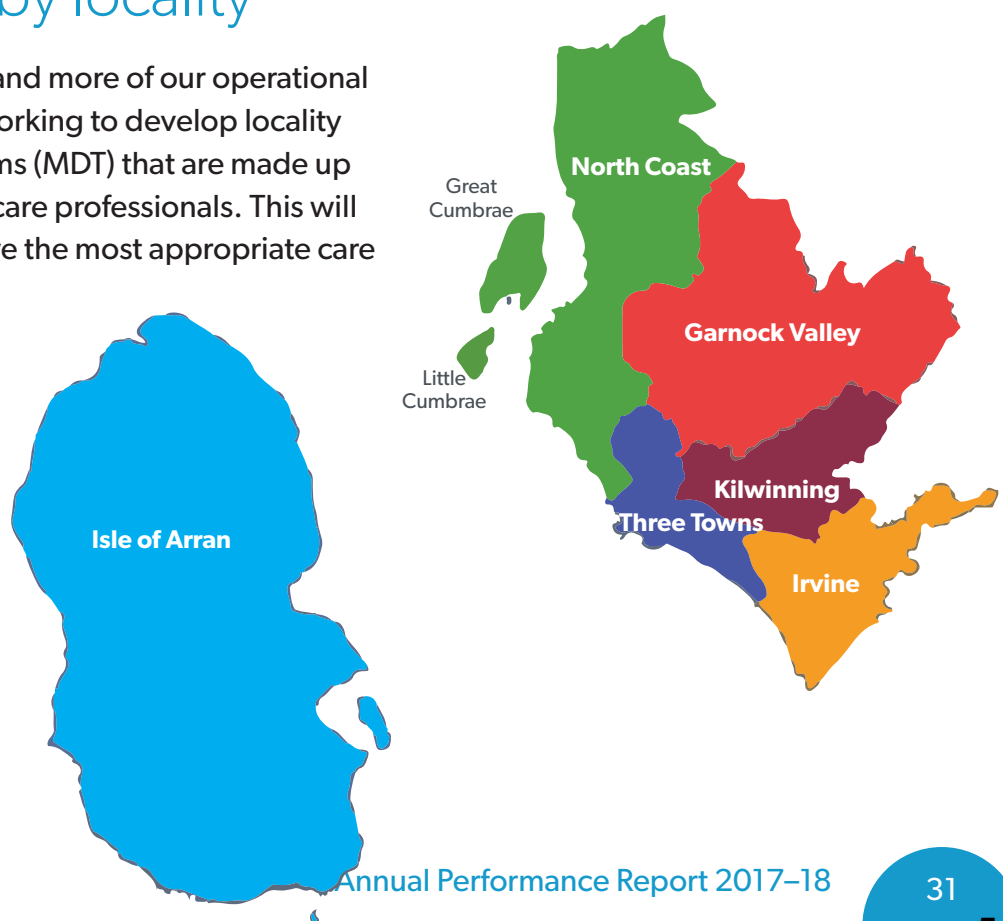
- Promotion of financial inclusion services in the North Coast
- Establishing Café Solace in the Garnock Valley
- Enhancing the befriender service on Arran to help address social isolation
- Providing regular GP presence in Buckreddan Care Home

Localities have also contributed to the development of our new strategic plan for 2018–21, *Let's deliver care together*, as well as working closely with Community Planning Partnership's (CPP) Locality Partnerships to provide a joined up approach to difficult-to-resolve issues in North Ayrshire.

## Achievements by locality

We continue to direct more and more of our operational focus on localities. We are working to develop locality based multi-disciplinary teams (MDT) that are made up of a range health and social care professionals. This will help to ensure people receive the most appropriate care as soon as possible.

Our community link workers continue to operate on a locality basis, working from local GP practices and supporting local people to access community based services to help improve long term health and wellbeing.



# Arran

## *Some key developments*

On the Island of Arran a great deal of work has been completed in bringing services together to ensure a more cohesive health and care service for people living on the island.

In the past year a **single management structure** has been established. This has created a single Arran Partnership team that is communicating well and working to better meet the health and social care needs of the people of Arran. This work has been supported by the Collaborative Leadership in Practice Programme over the past two years. Provided by NES (National Education Scotland) and RCGP (Royal College of General Physicians), the programme brings health and social care teams together to identify ways in which frontline teams can join up services.

Next steps include:

- Creating a clear **single point of contact** for the service that will ensure simpler access to services for local people
- Completing a **strategic assessment for an integrated Arran hub** to enable services to be located in one place.

# Garnock Valley

## *Some key developments*

Over the past year, Garnock Valley Locality Planning Forum (LPF) has enhanced its working relationship with the CPP Garnock Valley Locality Partnership (LP). A result of this closer working is that the LP has adopted the LPFs identified priorities to; reduce social isolation, address low level mental health concerns – particularly for young people, address impact of musculoskeletal issues, and financial inclusion. Sharing these priorities will mean working closer together to improve the lives of people in the Garnock Valley.

In March 2018, supported by the LPF, the Garnock Valley Locality Partnership hosted a **participatory budgeting (PB)** event in Dalry Primary School. At this event local people and community groups were invited to bid for funds up to £1,500 to support projects that would have significant local benefit. All applications had to demonstrate that it would help achieve one of the following:

- Encourage people to be healthy and active
- Bring people together in the community
- Support positive mental health and wellbeing

Over 350 people from the Garnock Valley attended on the day and voted for their favourite projects. There was a great buzz in the venue with people learning about the large range of work being carried out in their local area by volunteers, groups, and individuals. Overall 19 groups were successful in their bids for funding, with many being awarded the full amount of £1,500.

# Irvine

## *Some key developments*

The Challenge Fund initiative enabled the Partnership to think more creatively about ways to enhance services for **children and young people looked after**, or at risk of becoming so. As part of this initiative we have created a team of professionals to deliver focussed support to children and young people who attend Elderbank Primary School and Greenwood Academy, and their families.

Using a multi-disciplinary team approach, the team can draw on a range of specialist knowledge and expertise. This ensures the right support can be provided more quickly, at the right time and in the right place. For young people, this could mean support from mentors to address issues of low confidence and encourage them onto positive outcomes, both educationally and socially. For families, this could mean support with developing routines, implementing parenting structures and advice on housekeeping skills. It is anticipated that this approach will ensure:

- Fewer children will progress through the care system
- Greater educational outcomes for young people, including improved positive destinations
- Improved levels of confidence and resilience for our young people
- More empowered and resilient families

# Kilwinning

## *Some key developments*

As part of Kilwinning's approach to provide better and more responsive **mental health support to children and young people**, a locality wellness model has been set up in the Kilwinning campus. This joint initiative between Child and Adolescent Mental Health Services (CAMHS) and North Ayrshire Education Services will develop a whole system approach of mental health support within Kilwinning.

By the end of 2020, a fully integrated model will ensure children and young people are better supported to develop capacity, confidence and resilience in schools, local communities and built on the key principles of GIRFEC, placing the child, young person and family at the centre of care.

As a result of this work we expect that:

- Every young person with a mental health concern is supported in an environment that is suitable to their needs
- Young people with more complex mental health concerns will be able to access specialist support faster
- Staff will have the knowledge and confidence to support young people and signpost them to appropriate specialist services when required

We hope that every child and young person in Kilwinning will be supported to flourish emotionally.

# North Coast

## *Some key developments*

In the past year a **memory café** has been run, once a month, in Brooksby Medical Centre, Largs. Memory cafés are a great way for people with dementia and their families to meet and interact with others going through a similar experience. They can help maintain or improve the wellbeing of those living with dementia through valued social interaction and can help combat the risk of social isolation.

Initially started by two nursing assistants, the café is run by the Community Mental Health Team. Each month around 30 people attend, including those with dementia and close family members. At each café, community psychiatric nurses (CPNs) take the opportunity to engage with people in a more informal setting. This helps build stronger relationships between people living with dementia, their families and those who provide care. The café is supported by a number of local businesses – they provide free catering and refreshments – and is a great example of business supporting local communities.

To help provide **drug and alcohol recovery** support to people in the more rural areas in North Ayrshire, the Partnership has developed drop-in sessions in local communities. North Ayrshire Alcohol and Drug Recovery Service (NADARS) anonymous drop-in sessions are provided on Cumbrae (and other North Ayrshire localities). This service allows people to access advice and guidance on any drug or alcohol concerns they may have. It provides local people the opportunity to discuss concerns anonymously and receive useful advice and signposting to further supports.

# Three Towns

## *Some key developments*

We are piloting a new opportunity for people affected by **mental health problems to participate in a range of courses that focus on wellbeing and recovery**. The recovery college is part of an educational approach to mental health whereby participants become students and work collaboratively to learn self-management techniques. There is a strong emphasis on peer support.

The courses have been running in venues across North Ayrshire, with the aim of making the pilot accessible within each locality area. In the Three Towns, local people have benefitted from 'Crafty Corner'. This resource includes six sessions (lasting two hours each), each session is delivered by a peer mentor and focusses on a different craft, requiring different skill set, at each session.

South Beach Medical Practice has been a pilot site for a new model to support people with **musculoskeletal (MSK) complaints**. In many cases, people with an MSK concern can effectively self-manage their symptoms through appropriate physical exercise. In these cases, people are more effectively supported by a physiotherapist (as opposed to a GP). In South Beach, a model has been introduced that makes a physiotherapist the first point of contact for people turning up with an MSK complaint, meaning people are given the most appropriate support at the earliest stage.

This pilot is also being run in Largs with the plans to roll out this approach across North Ayrshire GP practices when the pilot is complete.

# 4. Change programme

North Ayrshire took an innovative approach to its first strategic plan by creating a dedicated change team to support Partnership teams to identify, enable and deliver system wide change to local services and improve outcomes for the people of North Ayrshire.

Since 2015, the change team and transformational change programme has enabled 36 projects across the Partnership. This work has (to date) generated an additional £3.378 million investment, saved an estimated £1.192 million and generated costs avoidance (of an estimated £1.299 million) via work to better manage demand.

## Some of our achievements in 2017–18:

### Communities

- Engaging with 2,500 local people through participation in the international 'What Matters to You?' day on 6 June 2017
- Expanding Café Solace into the Garnock Valley
- Rolling out additional Community Link Workers to 19 GP practices across North Ayrshire



### Health and Community Care Services

- Developing an integrated service model on the island of Arran, including GP, social work and care at home.
- Developing a pan-Ayrshire business case for intermediate care and rehabilitation supporting local people to stay at home, or homely environment, for as long as they choose
- Reviewing our process for adaptations – ensuring simpler, faster and more effective service, including partnership working with housing colleagues
- Engaging with residents and staff on Cumbrae, to review health and social care services on the island – first step to developing a fit-for-purpose on island hub
- Piloting a new way of providing intermediate care beds for people who are medically fit to leave hospital and would benefit from additional support before returning home

### INTERMEDIATE CARE REHABILITATION



### Children, Families and Justice Services

- Enhancing our Universal Early Years Team to include, social work, health visiting, speech & language therapy, Money Matters, mental health nursing, assistant nurse practitioners and family nurturers
- Creating a dedicated challenge team to consider creative ways to enhance the services we provide to young people who are looked after and accommodated, or at risk of being so
- Reviewing services for children who are accommodated outwith North Ayrshire, changing the model of care to enable those children to move back in area, to a safe and stable environment
- Expanding our MAASH service at Kilmarnock Police Station to include an additional social worker to support police with adult concerns referrals



# Mental Health and Learning Disability Services

- Establishing North Ayrshire Wellbeing and Recovery College for people affected by mental health problems to participate in a range of supportive courses
- Woodland View becoming an award winning (EHD 2017 awards, Mental Health Design winner) facility providing older people's rehabilitation as well as dementia, mental health and addiction services for people across Ayrshire and Arran
- Implementing computerised cognitive behavioural therapy (cCBT)
- Developing a business case for supporting secure adolescent inpatient services
- Beginning a complex process of redesigning overnight supports to people with a learning disability, including successful delivery of a pilot in partnership with a local provider
- Delivering on a redesign of respite provision in learning disability services
- Continuing to engage with staff and services on transition of learning disability day services to a new site at Tarryholme Drive, Irvine

## Our change programme

**36 projects generated**

**£3.378 million investment, generated £1.299 million cost avoidance, saved £1.192 million**



# 5. Reporting on lead partnership responsibility

Each Ayrshire health and social care partnership has lead responsibility for specific services across Ayrshire.

## **North Ayrshire Health and Social Care Partnership**

has lead responsibility for:

- **Mental health services** (including psychology, CAMHs, learning disability assessment and treatment)
- **Child health services** (including child immunisation and infant feeding).

## **East Ayrshire Health and Social Care Partnership**

has lead responsibility for primary care and out of hours community response.

## **South Ayrshire Health and Social Care Partnership**

has lead responsibility for allied health professions (AHPs), continence, technology enabled care (TEC) and falls prevention.

Details of North Ayrshire's performance in these services are available from:

### **East Ayrshire Health and Social Care Partnership**

([www.east-ayrshire.gov.uk/CouncilAndGovernment/About-the-Council/Information-and-statistics/CouncilPerformanceIndicators/Annualperformancereport.aspx](http://www.east-ayrshire.gov.uk/CouncilAndGovernment/About-the-Council/Information-and-statistics/CouncilPerformanceIndicators/Annualperformancereport.aspx))

### **South Ayrshire Health and Social Care Partnership**

([www.south-ayrshire.gov.uk/health-social-care-partnership/partnershipperformance.aspx](http://www.south-ayrshire.gov.uk/health-social-care-partnership/partnershipperformance.aspx))

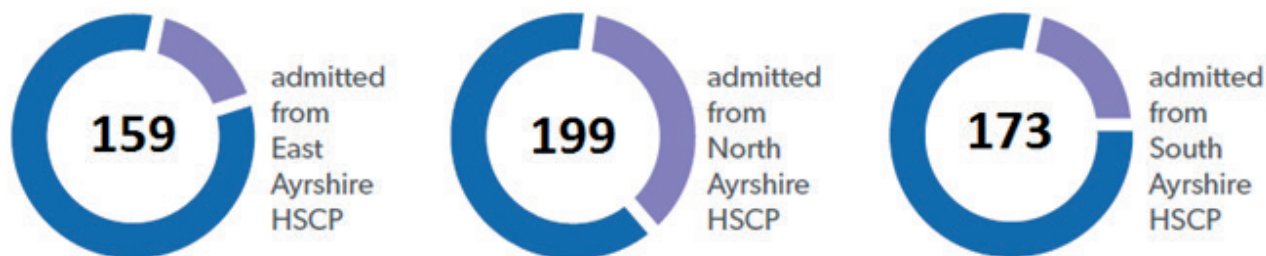
# Mental health services



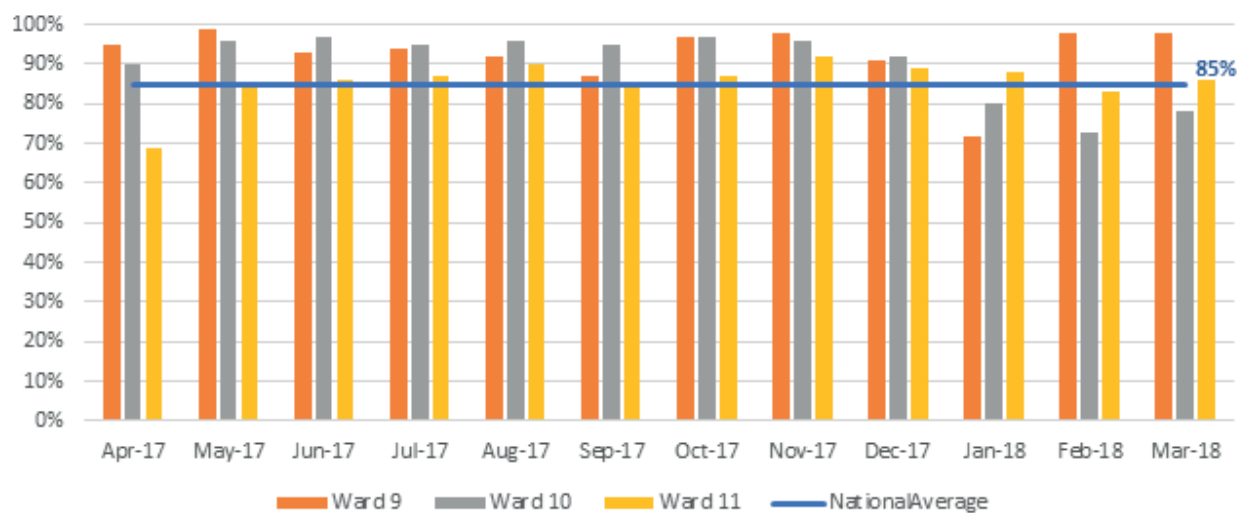
We want to see a nation where mental healthcare is person-centred and recognises the life-changing benefits of fast, effective treatment

– Mental Health Strategy, 2017–2027

- Since opening in May 2016, **Woodland View** has been recognised as an award winning community facility, in terms of design and positive impact on patient care. The Mental Welfare Commission provided positive feedback from their announced and unannounced visits. **Ward 6** (low secure) has been recognised nationally as an area of progressive and innovative practice. **Acute inpatient activity** saw 531 admissions to acute wards (159 from East Ayrshire, 199 from North Ayrshire, 173 from South Ayrshire). This is a further reduction from the previous year of 605 admissions.



Admissions to acute **Wards 9, 10 and 11** are for people who requiring specialist supports. Our performance is monitored against the national average, which is seen as the optimum level of performance. For 2017–18, this was 80% bed occupancy.



During 2017, additional funding was secured to appoint additional positions of liaison/mental health advanced nurse practitioners, a consultant for low secure and adult acute inpatient and ward 5 services. These appointments have resulted in the provision of urgent 24/7 psychiatric assessment, 365 days per year. A new simplified referral process is effective in avoiding unnecessary admissions to the psychiatric inpatient setting.

- Our **student mental health and wellbeing liaison officer** practices in all Ayrshire colleges. 140 mental health workshops have been held with over 1,500 students in attendance. The workshops have been supplemented with the development of an online resource, a mental health hub, which has had over 1,600 views since launch in September 2017. Early indications are positive with a improvement in the early withdrawal rates: In the first year of this role, 2017–18, the early withdrawal rate due to mental health issues has dropped over 4%.

## Mental health workshops evaluation:

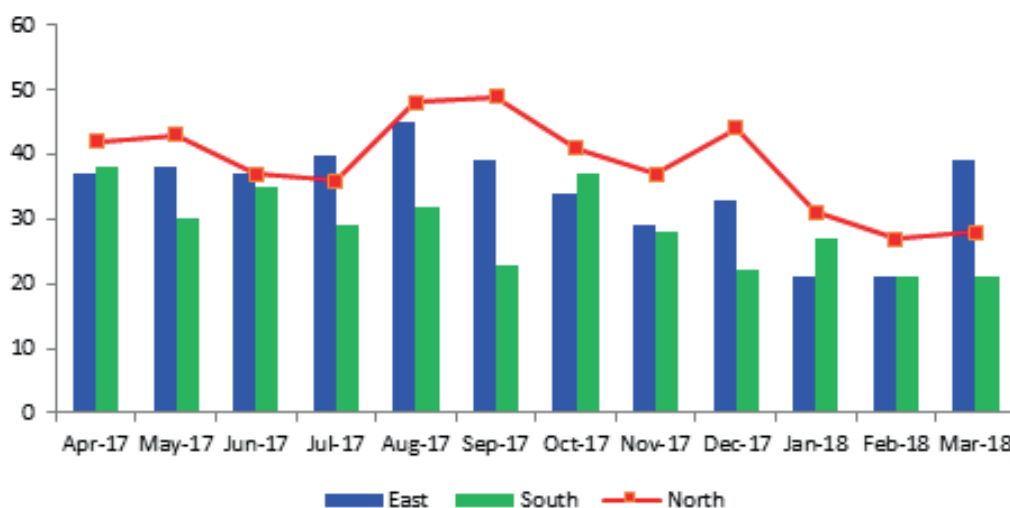
914 evaluations

781 students responded positively

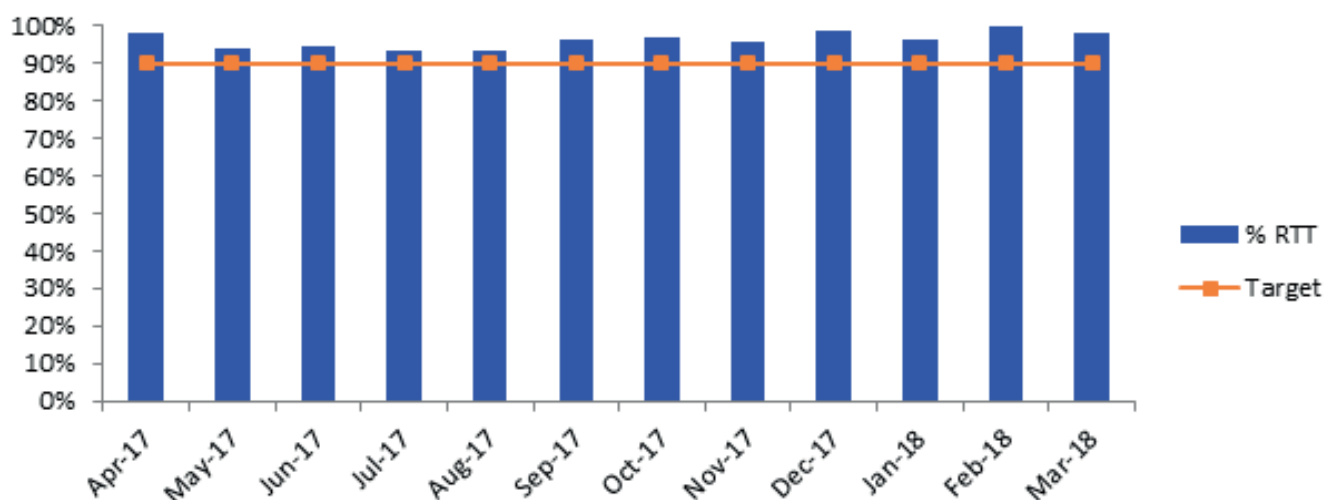


It's good to know that there are things that I could try if I am feeling stressed, anxious and overwhelmed.

- Our **alcohol and drug liaison officer** also practices in all Ayrshire colleges. During academic year 2017–18, 136 workshops were delivered to 1,587 students. 78% of students returned feedback forms, 91% would recommend the workshop to others. Additionally, 50 alcohol/drug brief interventions were delivered to students.
- **Crisis Resolution Team (CRT)**, a service that provides a community based alternative to inpatient admissions, received 1,239 referrals. This is a 5% decrease from the previous year, however, this is due to a reduction of referrals from East and South Ayrshire. Of all the assessments carried out, only 6% required a person to be admitted to hospital, with the remaining 94% being provided with community based support. In 2017–18, CRT piloted a new pathway, with Police Scotland in the out of hours period (7pm–9am), looking to prevent the need for police to attend the Emergency Department (ED) when they have concerns regarding an individual's mental health. On average 31 unnecessary attendances per month have been prevented and individuals have been able to access the correct support in a more timely manner. CRT is now being maintained as an essential core service.



- Our **Child and Adolescent Mental Health Service** (CAMHS) continues to provide essential supports to children and young people including: psychiatry, psychology, nursing, speech and language therapy, occupational therapy and psychotherapy. As at March 2018, 96% of 1,379 children/ young people had commenced treatment within the 18 week requirement.



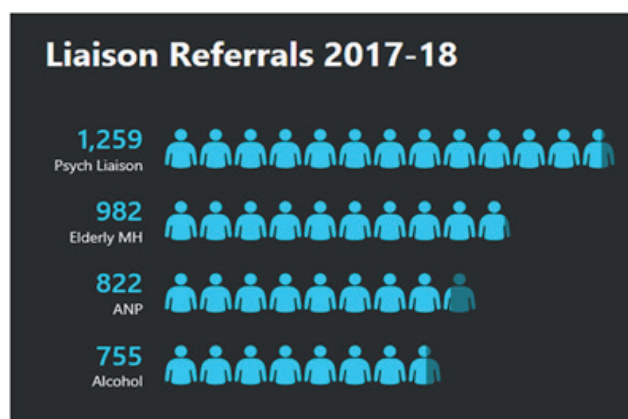
CAMHS in Ayrshire and Arran have embarked on a redesign to achieve a whole system model of mental health support.

In South Ayrshire, Dalmilling Primary has set up a Wellbeing Community with the help of CAMHS. As part of developing the whole system approach CAMHS and education colleagues in East Ayrshire are joint funding a post through the pupil equity fund (PEF) providing a unique opportunity to develop school based support and intervention.

In North Ayrshire, a joint proposal has been submitted to the Scottish Government by CAMHS and North Ayrshire Education in order to develop a fully integrated approach aligning specialist child and adolescent mental health teams with initiatives, in partnership with North Ayrshire schools and other parts of the community. By the end of 2020 it is anticipated there will be a fully integrated model of delivery to children and young people, developed capacity, confidence and resilience in schools, local communities and built on the key principals of GIRFEC, placing the child, young person and family at the centre of care. Scottish Government are keen to use the practice model, following evaluation, as a template for service redesign across Scotland.

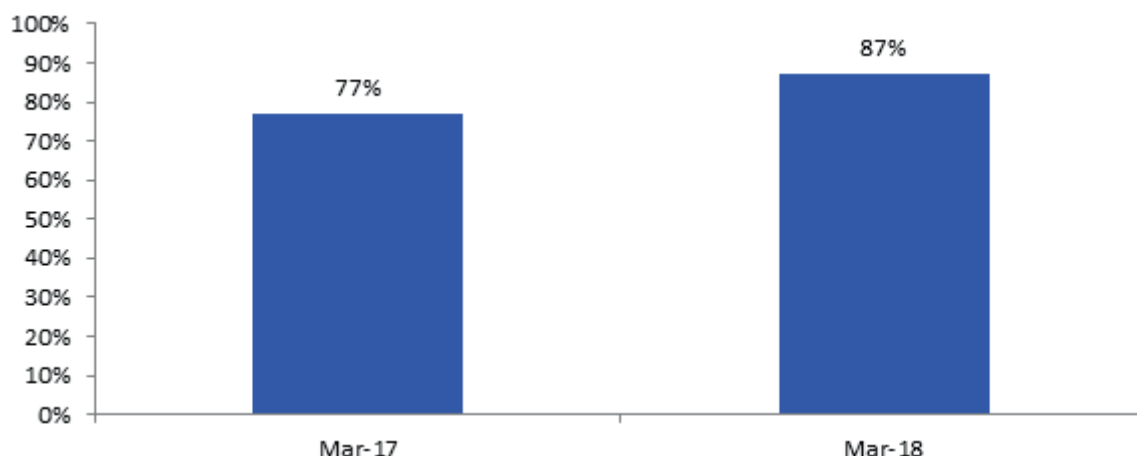
CAMHS, in Ayrshire and Arran, has been recognised locally, nationally and internationally for striving to redesign a whole systems approach that many others would like to achieve.

- The **Liaison Service** responds to referrals and requests to assist in the management of patients who are presenting with psychological, psychiatric or alcohol problems. The service provides psychosocial assessment, advice on management and acts as the referring agent for psychiatric follow up as appropriate. Acute Care Quality standard 23 requires, 'single call access for mental health referrals to be available 24 hours a day, seven days a week with a maximum response time of 30 minutes'.



During 2017–18, the psych liaison average response time to the ED, at University Hospital Crosshouse, was 30 minutes.

- **Psychological Services** continue to work towards the 18-week minimum standard.



Several of the fourteen specialist teams in areas of mental and physical health are achieving and sustaining optimum access for residents of Ayrshire and Arran. NAHSCP undertook a full review of Ayrshire-wide psychological services to better understand the challenges and constraints to delivery and outcomes and improvement measures are being implemented throughout 2018.

## Voices

*I have been impressed with (clinician) unchanging positive belief in me. I find it remarkable that someone can have the same caring supportive attitude session after session, year after year.*

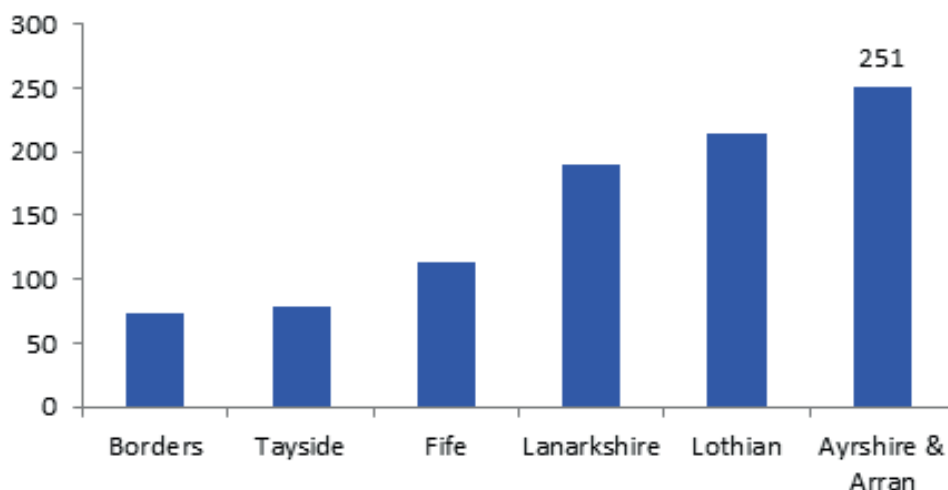
*Thank you so much for all your help and advice. You have given me the tools to make my life easier and to realise that I do count.*

*I want you to know that for the first time in such a long time, possibly ever, I now actually want to grab life with two hands and start living.*

*Thank you for your kindness and compassion, for giving my secrets a soft place to fall, for never showing disgust, disappointment or anger, for being supportive and hopeful.*

- **Veterans 1st Point**

(VIP) Ayrshire and Arran opened its doors in February 2017 and is one of six national centres. VIP acts as a signposting service to help veterans access appropriate mainstream services and/or to point them in the right direction of



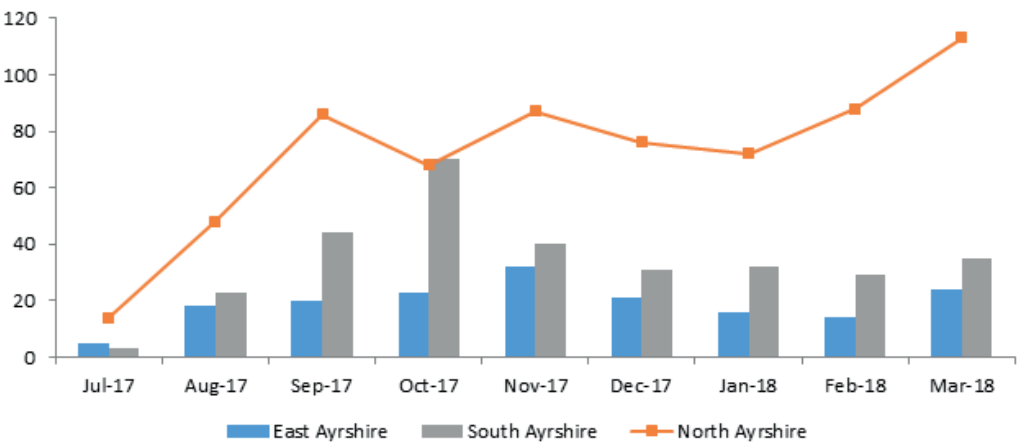
specialist organisations. There is also a small in-house provision to see veterans for psychological assessment and evidence based psychological treatments.  
 During 2017–18, the service received the highest number of referrals within Scotland, despite only being open for 14 months.

## VIP voices

Hi there  
 I'm writing to you with regards to the invaluable service that VIP provides.  
 I'm an ex serviceman and am currently getting help from the Irvine branch. I can't put into words how helpful and professional the staff are towards myself. The help they give me is amazing and I'd be in a very bad place had it not been with them helping me. I truly hope that this service will be a permanent thing as ex servicemen and women really need this and there would many of us living rough etc without it. Please thank all the staff involved for all there excellent help and assistance.

To [support worker] and all the team at VIP,  
 Thanks very much for all your support and guidance in the last four months.

- Beating the Blues** has been proven to help people suffering with mild and moderate depression to get better and stay better. Beating the Blues is based on cognitive behavioural therapy (CBT) that helps people to learn to cope with anxiety and depression. Beating the Blues has been recommended by the National Institute for Health and Clinical Excellence (NICE). Independent research has shown that cCBT (computerised CBT) works by teaching practical, lifelong skills to help people feel better and stay better.  
 Following the implementation of cCBT in June 2017, 1,015 referrals were received with 43 people completing the course, and 71 completed 5 of the 8 sessions to the end of 2017–18. During these sessions, 70 individuals were identified with suicide alerts.





- Following a three year pilot project, the **Foetal Alcohol Advisory and Support Team** (FAAST) are delighted to announce plans to continue their work in Ayrshire and at a national level, having secured three years grant funding. The learning gained from the Ayrshire pilot has led to eleven abstracts from FAAST being accepted to the European Foetal Alcohol Spectrum Disorders Conference. Presentations include three posters, six parallel talks and two plenary talks. The project recently featured on the STV news and was been mentioned during a recent parliamentary discussion as having, 'proven its worth, including cost effectiveness, and is offering this liaison service across Scotland'.
- **Learning Disability Service** continues to collaborate with a broad range of partners and is facilitated by strong joint working with a wide range of staff. The Assessment and Treatment Unit at Arrol Park has been undertaking an extensive process of examining its activity in the context of the Standards for Adult Inpatient Learning Disability Services, developed by the Royal College of Psychiatry. This work has been used to shape existing activity and support processes, as well as informing the future delivery of the service. Work has also been started around delayed discharges, which will ensure that these are addressed in a consistent and timely manner.

## Case study

Miss M was referred to the Learning Disability Team, as she moved into adult services, with a range of issues, including social isolation due to problem behaviours. The team as unaware of Miss M's abilities. Miss M's mum was her main source of support.

With the involvement of nursing and occupational therapy, the team looked at the needs of Miss M and her family. They supported Miss M to develop her social skills and confidence, she became involved in a range of groups, including exercise and wellbeing groups. Miss M's mum was supported to join a Wellness Recovery Action Planning Group®, which helped her to identify her personal goals and ways to manage her own wellbeing. This helped her, but also the family as a whole. With support from social work, the family looked retaining a personal assistant for Miss M, which led to another family member being employed in this role.



**Miss M continues to develop her skills and involvement in community groups. This has included lots of support around independent travel, which has enabled Miss M to reduce her reliance on her mum for getting around.**

**Miss M wants to get a job, and live in her own place; the team have helped her to submit an application for housing.**

**She enjoys time to herself, and has shown that she has the skills to live independently with support, and to help others. The occupational therapist, learning disability nurse, psychiatrist, dietitian, and social worker have all helped with this, through focusing on nurturing the strengths of M and her family, and empowering them to identify and work towards new goals.**



## Child health service

Child Health Service is responsible for the comprehensive immunisation/screening/health review programmes and fail-safe aspects provided to the eligible population across Ayrshire and Arran. The Child Health Service is governed by Scottish Government legislation and protocols.



- **Children's Immunisation Service** provides the Ayrshire school-based immunisation programme, including human papilloma virus (HPV), diphtheria tetanus and polio, meningitisACWY, and measles, mumps and rubella (MMR).  
In North Ayrshire this programme is offered to 7,670 pupils between the cohorts of S1 to S6 and to 20,343 pupils throughout Ayrshire. The annual influenza vaccine is offered to 10,595 North Ayrshire pupils from Primary 1 to 7, and to 27,941 pupils throughout Ayrshire.
- Health visitors in the **Infant Feeding Service** continue to promote, protect and support breastfeeding, referring mums to the community infant feeding nurse for support with more complex issues. Audit shows that the care provided is of a high standard and well received. Work remains ongoing across Ayrshire to increase the number of premises signed up to the '**Breastfeed Happily Here**' scheme (see page 23 for more information).

# 6. Inspection of service

The Partnership works closely with independent care providers to ensure that the care and support provided is being delivered in line with peoples' outcomes, offers best value, meets regulatory requirements and keeps people healthy, safe and well.

Care services provided by Partnership teams also undergo external inspections and are subject to the highest quality of rigour.

Working together, we ensure that all required standards of quality and safety are met.

# Independent care providers who provide care services on our behalf

Independent care providers, via the contract management framework, maintain and improve their standards of care and support on an on-going basis. We use a range of methods to monitor performance, including:

- Compliments, complaints and feedback from staff, carers and people who use services
- Information that we collect, before visits, from the provider or from our records
- Local and national information, for example, Care Inspectorate reports
- Visits to providers, including observing care and support and looking at records and documents

The information we gather helps us to see how services are performing and ensures services are safe, effective and most of all, that they meet people's needs.

REGISTRATION TYPE	Number of services	Average grade: Quality of care and support	Average grade: Quality of environment	Average grade: Quality of environment	Average grade: Quality of management
ADULT PLACEMENT SERVICE	1	5	N/A	5	5
CARE HOME SERVICE					
• Children and young people	1	5	5	5	5
• Learning disability	2	5	4.5	4.5	4
• Mental health	2	4.5	3.5	4.5	4
• Older people	19	4	4	3.9	3.8
HOUSING SUPPORT SERVICE	10	4.4	N/A	4.3	4.4
SCHOOL CARE ACCOMODATION SERVICE					
• Residential Special School Support	7	4.1	4.4	4.3	4.3
CARE AT HOME	20	4.7	N/A	4.5	4.4
<b>Average grades (all services)</b>		<b>4.6</b>	<b>4.3</b>	<b>4.5</b>	<b>4.4</b>

# Care services provided by Partnership teams

The services that the Partnership provides undergo inspection from the Care Inspectorate. In 2017–18, 15 internal services were inspected, 1 scheduled and 14 unscheduled, and the table below shows the care grades awarded.

The **highlights of the inspections** over the last year have been:

- ‘Excellent’ grades awarded to Dirrans Centre
- ‘Excellent’ grades awarded to Supported Carers Scheme
- ‘Very Good’ grades awarded to Care at Home service
- ‘Very Good’ grades awarded to Community Alert service

Children and family services		
	CARE INSPECTORATE NUMBER/ INSPECTION DATE	QUALITY THEME = CARE GRADES (OUT OF 6)
Abbey Croft, Kilwinning	CS2003001163 26 June 2017	Support = 5 Environment = N/A Staffing = N/A Management = 5
Abbey Croft, Kilwinning	CS2003001163 12 March 2018	Support = 3 Environment = N/A Staffing = N/A Management = 3
Achnamara, Saltcoats	CS2007142322 10 November 2017	Support = 3 Environment = 4 Staffing = 4 Management = 3
Canmore, Kilwinning	CS2003001160 24 April 2017	Support = 4 Environment = 4 Staffing = 4 Management = 5
The Meadows, Irvine	CS2007142325 26 June 2017	Support = 4 Environment = N/A Staffing = 5 Management = N/A
Adult services		
Supported Carers Scheme	CS008168320 4 May 2017	Support = 6 Environment = N/A Staffing = 5 Management = N/A

Older people services		
	CARE INSPECTORATE NUMBER/ INSPECTION DATE	QUALITY THEME = CARE GRADES (OUT OF 6)
Anam Cara, Kilbirnie	CS2008177877 16 October 2017	Support = 4 Environment = N/A Staffing = N/A Management = 4
Dementia Support Services	CS2012306108 24 October 2017	Support = 5 Environment = N/A Staffing = N/A Management = 3
Dirrans Centre	CS2003001135 6 October 2017	Support = 6 Environment = 6 Staffing = 6 Management = 6
Gowanlea Day Services	CS2003017637 13 April 2017	Support = 5 Environment = N/A Staffing = 4 Management = N/A
Irvine & Garnock Valley Care at Home	CS2008192553 28 March 2018	Support = 5 Environment = N/A Staffing = N/A Management = 5
Montrose House, Arran	CS2003001167 31 October 2017	Support = 4 Environment = 5 Staffing = 3 Management = 4
Montrose House, Arran	CS2003001167 5 March 2018	Follow-up inspection from 31 October 2017. Grades not reported.
Stronach Day Service, Arran	CS2003034609 5 May 2017	Support = 4 Environment = N/A Staffing = 4 Management = N/A
Three Towns & Arran Care at Home	CS2008192560 28 March 2018	Support = 5 Environment = N/A Staffing = N/A Management = 5

One of the Scottish Government's suite of National Indicators is the proportion of care services graded as 'good' (4) or above in Care Inspection grades.

As at 31 March 2018, 83.3% of North Ayrshire HSCP inspected services were graded 4 or above.

# 7. Financial performance and best value

Financial information is part of our performance management framework with regular reporting of financial performance to the Integration Joint Board (IJB). This section summarises the main elements of our financial performance for 2017–18.

# Partnership revenue expenditure 2017–18

The **year-end position was a £3.533 million overspend** (£2.562 million Council plus £0.971 million NHS). This was after one-off funding of £1.4 million (via Council Challenge Fund – see page 52) to alleviate the impact of mitigating actions on service delivery and £1.130 million investment from NHS for prescribing. The NHS agreed to increase the funding to the IJB by £0.971 million to bring their element on-line resulting in a final overspend of £2.562 million.

During the year, mitigating action was taken to reduce the projected overspend by £1 million, including:

- Savings delivered from challenge fund projects
- Review of learning disability care packages
- Review of mental health care packages
- Spending freeze on non-essential non-payroll spend that was not linked to care
- Reduction in overtime
- Review of management and support functions
- Review of equipment budget – waitlist new clients based on need
- Delay in recruitment of care at home staff

2016–17 Budget £000	2016–17 Actual £000	Variance (Fav) / Adv £000		2017–18 Budget £000	2017–18 Actual £000	Variance (Fav) / Adv £000
59,664	60,982	1,318	Health and Community Care Services	65,543	64,714	(829)
69,752	70,544	792	Mental Health and Learning Disability Services	71,761	72,772	1,011
31,027	32,289	1,262	Children, Families and Justice Services	33,504	35,965	2,461
48,095	47,929	(166)	Primary Care	49,637	49,518	(119)
4,825	5,038	213	Management and support costs	4,266	5,798	1,532
3,458	3,284	(174)	Change Programme	2,870	2,215	(655)
200	200	0	Lead Partnership and set aside	0	132	132
<b>217,021</b>	<b>220,266</b>	<b>3,245</b>	<b>TOTAL EXPENDITURE</b>	<b>227,581</b>	<b>231,114</b>	<b>3,533</b>
<b>(217,021)</b>	<b>(217,021)</b>	<b>0</b>	<b>TOTAL INCOME</b>	<b>(227,581)</b>	<b>(228,552)</b>	<b>(971)</b>
<b>0</b>	<b>3,245</b>	<b>3,245</b>	<b>NET EXPENDITURE</b>	<b>0</b>	<b>2,562</b>	<b>2,562</b>

**(Fav)** is an underspend against budget (favourable)

**Adv** is an overspend against budget (adverse)

The **main areas of pressure** continue to be looked after and accommodated children, learning disabilities care packages, elderly and adult in-patients within the lead partnership and the unachieved NHS Cash Releasing Efficiency Saving (CRES) savings.

Health and Community Care Services	Mental Health and Learning Disability Services	Children, Families and Justice Services
Care home and care home respite placements Woodland View, Ward 1 reablement 	Learning disability care packages Adult and elderly inpatients Non-achieved savings 	Residential schools Fostering and kinship Non-achieved savings 

A combination of the 2018–19 budget settlement, Challenge Fund projects and continued management action will address the looked after and accommodated children and learning disability care packages in 2018–19. There is ongoing work around the elderly and adult in-patients which will reduce the overspend.

The deficit of £2.562 million solely relates to social care and will be carried forward. Added to the £3.245 million deficit brought forward from 2016–17, results in a cumulative deficit of £5.807million, which requires to be repaid to North Ayrshire Council in future years.

## Partnership Challenge Fund

North Ayrshire Council, during the 2017–18 budget setting process, approved the development of a Challenge Fund. This innovative approach was an ‘invest to change’ programme, and has attracted attention of Scottish Government.

The Challenge Fund created an opportunity for services, using a change approach, to realise the required North Ayrshire Council savings and additional savings that could be re-invested in their newly designed service to enable sustainability.

However, during 2017–18, the IJB approved use of £1.4 million of the Challenge Fund to alleviate the impact of mitigation action on frontline services:

- £0.977 million was allocated to care home placements
- £0.423 million to learning disability care packages

Therefore leaving £2.6 million for Challenge Fund projects.

While a number of the projects in Phase 1 of the Challenge Fund are on track and delivering the transformation and savings anticipated, a number of projects have not happened in the planned timelines or realised the savings envisaged. This will be an area of focus during 2018–19, to ensure phase 1 projects are delivered and phase 2 is developed.

**Moving into 2018–19, the Partnership is proactively working to provide safe and effective services for the residents of North Ayrshire within the financial envelope.**



A number of areas have been implemented or are programmed as outlined:



## Financial outlook, risks and plans for the future

In December 2016, the Scottish Government published the **Health and Social Care Delivery Plan**, which sets out the programme for further enhancing health and social care services. Critical to this is shifting the balance of where care and support is delivered from hospital to community care settings, and to individual homes, when that is the best thing to do. This provides a clear impetus to the wider goal of 50% of the health budget being spent in the community by 2021. During 2017–18 the Pan-Ayrshire Intermediate Care and Rehabilitation Model was approved by NHS Ayrshire & Arran scrutiny board and will be implemented during 2018–19. This will see a shift from hospital to community care.

In March 2017, the IJB approved the first **medium term financial plan**. The plan is being refreshed and will provide an update, to the IJB, of the financial challenges facing the Partnership. The plan needs to articulate clearly the service change and savings required to ensure financial balance can be achieved in a planned way, to enable the Partnership to achieve its objectives.

The Partnership will continue to face **high levels of demand for services**, however, it is fundamental that services are commissioned within the resources made available and this will be the highest priority during 2018–19. Looking ahead, most of the key indicators suggest little possibility of a strong bounce back in economic prospects in the near term. Despite this backdrop, employment and unemployment continue to perform better than expected and are low by historic standards.

NHS Ayrshire & Arran and North Ayrshire Council delegate funding to the IJB. The IJB then decides how to use resources to achieve the objectives in the strategic plan. There is continued pressure on public sector funding that impacts on the funding available for the Partnership, there are challenges from both the local government and health perspective in terms of overall funding and pressures. These include funding being allocated in line with the priorities of the Scottish Government with the relative protection of some services over others, the implementation of new policy initiatives, the alignment of additional funding against national priorities and the wider policy implications, including the lifting of the public sector pay cap.

The most **significant risks**, faced by the IJB over the medium to longer term, are summarised as:

Impact of budgetary pressures	Delivery of the change programme	Culture and practice
<b>Mitigation</b> <ul style="list-style-type: none"> <li>• Medium term financial plan</li> <li>• Strategic plan</li> <li>• Change programme</li> <li>• Challenge Fund</li> <li>• Active demand management</li> </ul>	<b>Mitigation</b> <ul style="list-style-type: none"> <li>• Change programme steering group</li> <li>• Programme leads</li> <li>• Strategic Planning Officers Group (SPOG)</li> <li>• Change programme risk register</li> </ul>	<b>Mitigation</b> <ul style="list-style-type: none"> <li>• Challenge Fund phase 2</li> <li>• Multi disciplinary teams</li> <li>• Families First</li> <li>• Organisational development plan</li> <li>• Engagement surveys</li> </ul>

These risks emphasise the importance of effective planning and management of resources. It is therefore crucial that we focus on early intervention, prevention and recovery if we are to work within the total annual Partnership budget of just over £225 million.

**Moving into 2018–19, the Partnership is proactively working to provide safe and effective services for the residents of North Ayrshire within the financial envelope.**

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

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

This is our **third year** as an integrated health and social care partnership. It has been both challenging and rewarding. Our significant transformation programme will continue into 2018–19 with delivery of the Challenge Fund projects and service redesign.

The IJB has a deficit of £5.807 million, as it moves into 2018–19. This presents us with a number of challenges, however we are clear that the deficit will need to be recovered over the medium term to deliver financial sustainability for the Partnership. **The IJB recognises it must deliver services within its financial envelope for 2018–19.** The scale and pace of change requires to be accelerated. This will be challenging, so, while the potential for improvement over the next year is significant, we will need to ensure plans are staged to ensure sustainability and deliverability.

## Best value

North Ayrshire IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

The governance framework comprises the systems and processes, and culture and values by which the IJB is directed and controlled and the activities through which it accounts to, engages with and leads the community. It enables the IJB to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

There is evidence of transformation taking place at strategic and operational level within the Partnership. We have begun to see some of the benefits of integrated system working for example in supporting older people to remain at home or get home from hospital as soon as possible.

## Spend in localities

The Partnership has arrangements to consult and involve localities via locality planning forums. They provide IJB board members with the opportunity to be involved in considering priorities for specific areas and outline the role of each community planning partner in meeting priorities with local communities.

This spend has been split into localities by initially allocating spend that could be directly identified to a locality and the remainder, which was not locality specific, was allocated on a population basis. The table below shows percentage of spend allocated based on population, which means at this stage the spend per locality can only be used as a guide and will not fully reflect actual locality usage of services. This is an area of analysis will continued to be developed.

The population information used is given below and was taken from 2016 mid-year population statistics ([www.statistics.gov.scot](http://www.statistics.gov.scot))

Age group	Irvine	Kilwinning	Three Towns	Garnock Valley	North Coast	Arran	TOTAL	% of spend allocated on this basis
Children (age 0–15)	30.3%	13.1%	25.5%	14.7%	13.8%	2.4%	100%	12.3%
Adults (age 16–64)	29.8%	12.2%	24.7%	15.2%	15.1%	3.0%	100%	20.4%
Older people (age 65+)	25.5%	10.1%	21.9%	13.9%	23.7%	5.0%	100%	12.4%
Share of total population	29.0%	11.9%	24.2%	14.8%	16.7%	3.3%	100%	11.9%
Total allocated on population basis								57%
By locality								43%
Total								100%

This resulted in the following spend per locality:

	Irvine £000s	Kilwinning £000s	Three Towns £000s	Garnock Valley £000s	North Coast £000s	Arran £000s	TOTAL £000s
2017–18 expenditure	61,155	23,282	63,393	31,626	38,912	12,746	231,114
% share of spend	26.5%	10.1%	27.4%	13.7%	16.8%	5.5%	100.0%
% of total population	29.0%	11.9%	24.2%	14.9%	16.7%	3.3%	100.0%

## Appendix 1: Local indicators

Performance indicator	2015–16	2016–17	2017–18	Target	Status
People subject to level 1 Community Payback Order (CPO) unpaid work completed within three months	90.32%	93.37%	95.33%	57%	✓
Individuals subject to level 2 Community Payback Order (CPO) unpaid work completed within six months	92.45%	95.63%	94.27%	67%	✓
Number of learning disability service users in voluntary placements	78	71	67	43	✓
Number of bed days saved by Intermediate Care Team (ICT) providing alternative to acute hospital admission	3,082	4,730	5463	3,060	✓
People seen within 1 day of referral to ICT	82.1%	98.5%	95.66%	90%	✓
Care at home hours lost due to cancelled hospital discharges (shared target with acute hospital services)	3,657	7,153	6,305	4000	✗
Number of people receiving care at home	1,839	1,715	2021	1,703	✓
Number of secure remands for under 18s	5	1	0	5	✓
Addictions referrals to treatment within 3 weeks (alcohol)	96.5%	94%	95%	90%	✓
Addictions referrals to treatment within 3 weeks (drugs)	96%	95%	98%	90%	✓
Children completing Stop Now and Plan (SNAP), who have been sustained within their local school	100%	100%	100%	100%	✓
Preschool children protected from disease through % uptake of child immunisation programme (Rotavirus)	93%	95.53%	96.1%	92.2%	✓
Preschool children protected from disease through % uptake of child immunisation programme (MMR1)	97.8%	96.21%	96%	98.2%	✓
Uptake of Child Flu Programme in schools	75.4%	75.25%	74.7%	72.1%	✓
Number of people attending Café Solace	3,621	4,745	6,826	4,000	📈
Number of volunteers working with Café Solace	27	22	24	30	📈
Number of unique individuals (under 16 years) referred to MADART	708	776	551	Data only	📈
Number of re-referrals to MADART	91	89	37	Data only	📈
Number of victim referral incidents to MADART	597	601	365	Data only	📈
People indicating an improvement in their holistic strengths-based recovery	61.22%	50%	59%	Data only	📈

## Appendix 2: Performance under integration

Please note: this table shows our performance using the most up to date published national data. Throughout this document, we have provided more recent performance data where this is available.

Performance indicator	2015-16	2016-17	2017-18	Target	Status
Emergency admissions to acute hospitals	1,702	1,840	1,763	1,836	✓
Emergency admissions to acute hospitals (rate per 1000)	12.5	13.6	13	13.6	✓
Admissions from emergency department	1,607	1,202	1,131	1,173	✓
Admissions from emergency department (rate per 1000)	11.8	8.9	8.4	8.7	✓
% people at emergency department who go onto ward stay (conversion rate)	40	36	34	33	✗
Unscheduled 'hospital bed days' in acute hospital	10,474	12,333	8,798	12,320	✓
Unscheduled 'hospital bed days' in acute hospital (rate per 1000)	76.5	91	65	91	✓
Unscheduled 'hospital bed days' in long stay mental health hospital	6,538	6,782	5,866	6,782	✓
Unscheduled 'hospital bed days' in long stay mental health hospital (rate per 1000)	48.1	50	43.3	50.1	✓
Unscheduled 'hospital bed days' in geriatric long stay	1,967	1,665	1,454	1,772	✓
Unscheduled 'hospital bed days' in geriatric long stay (rate per 1000)	14.5	12.3	10.7	13	✓
Emergency department attendances	3,988	3,385	3,292	3,292	✓
Emergency department attendances (rate per 1000)	29.3	25	24.3	24.4	✓
% people seen within 4 hrs at emergency department	91.9	91.4	88.5	95	✗
Delayed discharges bed days (all reasons)	604	781	1,889	1,515	✗
Delayed discharges bed days (all reasons) (rate per 1000)	5.5	7.1	17.3	13.9	✗
Delayed discharges bed days (code 9)	181	308	279	770	✓
Delayed discharges bed days (code 9) (rate per 1000)	1.6	2.8	2.5	7	✓

## Where to find more information

If you would like more information on IJB strategies, plans and policies and our performance and spending, please refer to the following websites.

- [www.nahscp.org/partnership-strategies-plans-reports/](http://www.nahscp.org/partnership-strategies-plans-reports/)
- [www.nhsaaa.net/about-us/how-we-perform/](http://www.nhsaaa.net/about-us/how-we-perform/)
- [www.north-ayrshire.gov.uk/council/strategies-plans-and-policies](http://www.north-ayrshire.gov.uk/council/strategies-plans-and-policies)
- [www.north-ayrshire.gov.uk/council/performance-and-spending](http://www.north-ayrshire.gov.uk/council/performance-and-spending)

Additional financial information for Ayrshire wide services can be found in:

- [www.east-ayrshire.gov.uk/SocialCareAndHealth/East-Ayrshire-Health-and-Social-Care-Partnership/Governance-Documents.aspx](http://www.east-ayrshire.gov.uk/SocialCareAndHealth/East-Ayrshire-Health-and-Social-Care-Partnership/Governance-Documents.aspx)
- [www.south-ayrshire.gov.uk/health-social-care-partnership/strategy.aspx](http://www.south-ayrshire.gov.uk/health-social-care-partnership/strategy.aspx)

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Friars Croft, Irvine KA12 8EE



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**Integration Joint Board**  
**11 October 2018**

<b>Subject:</b>	<b>Budget Monitoring – Month 5 (August 2018)</b>
<b>Purpose:</b>	To provide an update on the projected financial outturn for the financial year as at August 2018.
<b>Recommendation:</b>	<p>It is recommended that the IJB:</p> <ul style="list-style-type: none"> <li>a) Note the projected year-end overspend of £1.247m;</li> <li>b) Note the movement in the projected outturn position and the future financial risk;</li> <li>c) Approve the changes in funding as detailed in Appendix E</li> <li>d) Note the progress and impact in relation to the financial recovery plan; and</li> <li>e) Note the financial position will continue to be closely monitored with a further update to the IJB in November</li> </ul>

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
CAMHS	Child & Adolescent Mental Health Services
BRAG	Blue, Red, Amber, Green
UNPACS	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
ARG	Allocation of Resources Group
CRES	Cash Releasing Efficiency Savings

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This report reflects the position as at 31 August 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. It should be noted by the IJB that although this report refers to the position at the August period end that further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn is a year-end overspend of £1.247m for 2018-19, taking account a number of mitigating actions outlined in the report and the improvement from implementation of the financial recovery plan. 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 as at July was a projected overspend of £1.770m prior to the approved financial recovery plan. To date £0.530m of this mitigation has been achieved and is reflected in the projected outturn. The improvement in the projected outturn position is encouraging, but it should be noted

	<p>that this was also expected due to areas of the financial recovery plan which intended to pause spending in areas where budget had not yet been committed.</p> <p>It has been highlighted that if the financial recovery plan does not deliver the required improvement to the financial position there is a risk that further actions will require to be identified and service quality and performance may be compromised to achieve financial balance</p>
1.3	<p>The main areas of pressure continue to be care homes including respite placements, looked after children, learning disability care packages, elderly and adult in-patients within the lead partnership and the unallocated NHS CRES savings.</p> <p>The main adverse movements from period 4 are in relation to children's residential placements, adult and elderly inpatients. The main favourable movements are in relation to care homes (respite placements), equipment and adaptations.</p>
1.4	<p>The projected financial position assumes that the remaining balance of unallocated CRES for 2018-19 (£1.668m) 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 and on that basis this is being taken forward by the HSCP and will be co-ordinated by the Transformation Board with any decisions being referred to the IJB.</p>
1.5	<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 current financial year there is a projected overspend position. More is being 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 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>
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	<p>The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery, actions required to work towards financial balance and progress with delivery of the recovery plan.</p>
	<b>FINANCIAL PERFORMANCE</b>
2.2	<p>Against the full-year budget of £229.412m there is a projected overspend of £1.247m (0.55%).</p> <p>Appendix A provides the financial overview of the partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets with detailed analysis provided in Appendix B.</p>
2.3	<b>Health and Community Care Services</b>
	<p>Against the full-year budget of £65.279m there is a projected overspend of £0.243m (0.4%). The main reasons for the projected overspend are:</p> <p>a) Care home placements including respite placements – projected to overspend by £1.184m. This is a favourable movement of £0.509m from period 4 due to</p>

	<p>reduced use of respite placements, a reduction in permanent placements and a contribution from the Carers Act allocation.</p> <p>b) Independent Living Services are projected to overspend by £0.243m.</p> <p>c) Over-recovery of Charging Order income of £0.290m.</p> <p>d) Equipment and Adaptations are projected to underspend by £0.200m in line with the mitigation approved in period 4.</p> <p>e) Packages of care are projected to overspend by £0.275m due to the high use of supplementary staffing and one additional package assumed from early 2019 onwards.</p> <p>f) Care at home (purchased and in house) projected underspend of £0.603m. The projected underspend has increased by £0.090m as it is assumed the reablement saving will now be made.</p> <p>g) Long Term Conditions – projected overspend of £0.136m 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. This is a recurring pressure for which funding requires to be identified, this will be addressed as part of the 2019-20 budget process.</p>
2.4	<p><b>Mental Health Services</b></p> <p>Against the full-year budget of £72.032m there is a projected overspend of £0.391m (0.5%). The main reasons for the projected overspend are:</p> <p>i. Learning Disabilities – projected overspend £0.695m which is mainly due to care packages.</p> <p>ii. Community Mental Health – is projected to underspend by £0.287m mainly due to vacancy savings and an underspend in care packages.</p> <p>iii. Lead Partnership – overall projected overspend of £0.071m which consists of:</p> <p><i>Overspends:</i></p> <ul style="list-style-type: none"> <li>• Adult inpatients £0.426m - mainly due to the delay in generating income from other areas in respect of forensic beds. All of the beds are expected to be sold and in use by the end of 2018.</li> <li>• Psychiatry £0.230m - primarily due to locum costs, an unfunded EMH liaison post and a reduction in funding for trainee psychiatrists. There is an increased use of locum staff in the absence of being able to recruit permanent posts.</li> <li>• Elderly Inpatients £0.347m – taking into account an anticipated reduction in the use of supplementary staffing.</li> <li>• CRES £0.986m - lead partnership share of the unachieved CRES carried forward.</li> </ul>

	<p><i>Underspends:</i></p> <ul style="list-style-type: none"><li>• UNPACS £0.167m - assuming that there will be two new care packages in year and the charge for the three year service level agreement for Rowanbank will be online. The underspend is partially attributable to the availability and use of beds in ward 6 which have prevented more costly external placements.</li><li>• Learning Disabilities £0.256m - due to a delay in the transfer of an UnPACs patient.</li></ul>																
2.5	<p><b>Children Services &amp; Criminal Justice</b></p> <p>Against the full-year budget of £34.948m there is a projected overspend of £0.146m (0.4%). The main reasons for the projected overspend are:</p> <p>a) Residential Schools and Community Placements – projected overspend of £0.480m. 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. The overspend has increased by £0.135m due to a delay in the discharge dates. The delay in expected discharge dates continues to be risk to the projected outturn position.</p> <p>b) Looked After Children Placements – projected underspend of £0.362m due to the current demand for fostering, adoption and kinship payments. The underspend has increased by £0.082m mainly due to a reduction in the assumptions on future demand.</p> <p>c) Early Years – are projected to underspend by £0.200m mainly due to the level of vacancies with health visiting.</p>																
2.6	<p>There are a number of areas across all services which have been reported as variances for a period of time. A review of the budget allocations across services is ongoing to ensure budgets are aligned to current and future spending plans and to ensure that the financial reporting is enabling those operationally managing budgets, Heads of Service and ultimately the IJB are focussed on the main issues.</p>																
2.7	<p><b>Projected Outturn Movement</b></p> <p>The movement in the projected outturn position is illustrated in the chart below:</p> <div><p><b>Movement in Projected Outturn</b></p><table><thead><tr><th>Month</th><th>Council</th><th>Health</th><th>Total</th></tr></thead><tbody><tr><td>June</td><td>1,000</td><td>400</td><td>1,400</td></tr><tr><td>July</td><td>1,500</td><td>300</td><td>1,800</td></tr><tr><td>Aug</td><td>750</td><td>400</td><td>1,200</td></tr></tbody></table></div>	Month	Council	Health	Total	June	1,000	400	1,400	July	1,500	300	1,800	Aug	750	400	1,200
Month	Council	Health	Total														
June	1,000	400	1,400														
July	1,500	300	1,800														
Aug	750	400	1,200														

	<p>The position has fluctuated significantly in the three months of reporting this financial year, particularly in relation to social care services. This is reflective of the demand driven nature and high cost of some services.</p> <p>There are a number of high risk areas that may impact on the movement in the projected outturn position in future months:</p> <ul style="list-style-type: none"><li>• Children's Residential School Placements</li><li>• Remand Placements within Children's Services</li><li>• Learning Disability Care Packages</li><li>• Local Government pay award settlement</li></ul> <p>In addition there is a comprehensive review of the projections for month 6 planned by the NHS finance team, this review may result in a more significant movement in the projected outturn for health delivered services, this will be reflected in the next monitoring report.</p>																					
2.8	<p><b>Primary Care - Prescribing</b></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>																					
2.9	<p><b>CRES update</b></p> <table><tr><th></th><th>Permanent or Temporary</th><th>£ 000's</th></tr><tr><td><b>CRES Saving brought forward</b></td><td></td><td><b>2.557</b></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>(0.364)</td></tr><tr><td>Children's services employee costs</td><td>P</td><td>(0.060)</td></tr><tr><td><b>Balance still to be achieved in 2018-19</b></td><td></td><td><b>1.668</b></td></tr></table> <p>The saving from Addictions has been reduced from the previously estimated £0.400m to reflect the funding requirement following the allocation of additional funding from the Scottish Government.</p> <p>Of the £1.668m still to be achieved £0.986m is allocated to the Lead Partnership for Mental Health and the balance of £0.682m is aligned across all other services and is reported against Management and Support costs.</p> <p>The financial projections currently assume that these savings will not be identified, however work is underway to identify opportunities for both recurring and non-recurring savings to offset the remaining target. Any further savings identified would reduce the overall partnership projected overspend.</p> <p>Delivery of the recovery plan outlined in appendix D will partly offset the balance still to be achieved, where there are opportunities to convert financial recovery actions to recurring savings.</p>		Permanent or Temporary	£ 000's	<b>CRES Saving brought forward</b>		<b>2.557</b>	Arrol Park employee costs	T	(0.250)	Payroll turnover target increase	T	(0.215)	Addictions	P	(0.364)	Children's services employee costs	P	(0.060)	<b>Balance still to be achieved in 2018-19</b>		<b>1.668</b>
	Permanent or Temporary	£ 000's																				
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<b>Balance still to be achieved in 2018-19</b>		<b>1.668</b>																				

2.10	<p><b>Lead Partnerships</b></p> <p><b><i>North Ayrshire HSCP</i></b>  Services managed under Lead Partnership arrangements by North Ayrshire Health and Social Care Partnership are projected to be £0.056m underspent, this includes the allocation of the unachieved CRES target carried forward.</p> <p>South and East Ayrshire do not report at period 5. The information below relates to their position as at period 4.</p> <p><b><i>South Ayrshire HSCP</i></b>  Services managed under Lead Partnership arrangements by South Ayrshire Health and Social Care Partnership are projected to be on-line. The Allied Health Professions budget will be managed differently from 2018-19 with the budget delegated back to the three Partnerships. The split of the AHP budget (approximately £20.0m) has still to be finalised and a report on this will be presented to all three IJBs in due course.</p> <p><b><i>East Ayrshire HSCP</i></b>  Services managed under Lead Partnership arrangements by East Ayrshire Health and Social Care Partnership are projected to overspend by £1.108m.</p> <p>The overall Primary Care Lead Partnership projected overspend is £1.211m and this mainly relates to additional payments within Primary Medical Services to GP practices currently experiencing difficulty. This pressure was offset in the previous financial year by non-recurring savings.</p> <p>Further work is being taken forward to develop a framework to report the financial position and impact of risk sharing arrangements across the 3 partnerships in relation to hosted or lead service arrangements. This is to ensure the IJB are fully sighted on the impact for the North Ayrshire partnership. The IJB will be kept informed of progress with this work which is being progressed by the Ayrshire Partnership Finance Leads.</p>
2.11	<p><b>Set Aside</b></p> <p>The Integration Scheme makes provision for the Set Aside Budget to be managed in-year by the Health Board with any recurring over or under spend being considered as part of the annual budget setting process.</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 £5.6m after 5 months. The projected year-end position is an overspend of circa £10m.</p> <p>129 additional and unfunded beds were open at the 31st March 2018. This had reduced to 35 by the 31st August 2018. There are clear plans in place to reduce these in a phased manner ensuring continuation of service and patient safety.</p> <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.</p>

## 2.12 Savings Progress

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

<b>BRAG Status</b>	<b>Position at Budget Approval £m</b>	<b>Position at Period 5 £m</b>
Red	3.148	2.329
Amber	0.519	0.947
Green	2.893	1.074
Blue	0.000	2.210
<b>TOTAL</b>	<b>6.560</b>	<b>6.560</b>

- b) The projected year-end outturn position assumes 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. Challenge Fund – physical disability care packages £0.200m
  - iii. Capping of respite £0.070m
  - iv. NHS CRES savings carried forward £1.668m
- TOTAL £2.329m**

If progress is made to deliver the savings this would improve the overall outturn position. It is encouraging that the level of savings with red status has reduced since the budget was approved, recognising a greater level of confidence of delivery and the progress made so far with identifying savings against the CRES target.

A Transformation Board has been established to provide oversight and governance to the programme of service change. A focus of the Board will be to ensure services and plans in place to deliver savings and service change, with a solutions focussed approach to bringing programmes back on track.

The projected position at August 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 C provides full detail on the savings.

## 2.13 Financial Recovery Plan

The IJB approved the recovery plan in August and progress against this is provided in appendix D. The impact of the plan so far has been to improve the financial position by £0.530m.

There are a number of additional actions noted on the plan for which the financial impact cannot be quantified at this stage but these actions are expected to contribute positively to the financial position.

The plan will be an iterative document to remain under review. Progress with the financial recovery plan will continue to be monitored to ensure it has the required impact. There is a risk that if the planned impact is not achieved that further actions will require to be added to the plan and these may include actions that would impact on the quality and performance of front line services.

2.14	<b>Budget Changes</b>
	<p>The Integration Scheme states that “<i>either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis.....without the express consent of the Integration Joint Board</i>”.</p> <p>Appendix E highlights the movement in the overall budget position for the partnership following the initial approved budget. The specific reductions that the IJB are required to approve are:</p> <ul style="list-style-type: none"> <li>• Reduction in Criminal Justice settlement – the reduction reflects the updated finance settlement and will be covered by increased recharge income from East and South Ayrshire.</li> <li>• Mental Health Admin transfer from lead partnership – it was previously agreed that the mental health admin would be reviewed and the budget realigned to the relevant partnership. The non-staff related costs have still to be agreed and will be reflected in a future report.</li> <li>• Medical training funding reduction as NES has reduced the number of junior doctor posts being funded.</li> </ul> <p>Further areas which are outstanding and will be included in future reports include:</p> <ul style="list-style-type: none"> <li>• The North Ayrshire share of the Intermediate Care and Rehab (ICR) investment;</li> <li>• 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;</li> <li>• The disaggregation of some mental health wards from the lead partnership arrangement;</li> <li>• The proposal by NHS Ayrshire and Arran to allocate a pro-rata share of additional workforce savings to the partnerships, the North Ayrshire share being £0.435m.</li> </ul>
3.	<b>PROPOSALS</b>
3.1	<b><u>Anticipated Outcomes</u></b>
	<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>
3.2	<b><u>Measuring Impact</u></b>
	<p>Updates to the financial position will be reported to the IJB throughout 2018-19.</p>



<b>4.</b>	<b>IMPLICATIONS</b>
<b>Financial:</b>	<p>The financial implications are as outlined in the report.</p> <p>Against the full-year budget of £229.412m there is a projected overspend of £1.247m (0.55%).</p> <p>The report outlines the action being taken and proposed action to reduce the projected overspend.</p> <p>The recovery plan totals £1.255m with £0.530m delivered to date. There are a number of other actions are being progressed to reduce the overspend further.</p> <p>There is a financial risk to the IJB in relation to Lead Partnerships managed by East and South but this is unclear at this stage.</p>
<b>Human Resources:</b>	None
<b>Legal:</b>	None
<b>Equality:</b>	None
<b>Children and Young People</b>	None
<b>Environmental &amp; Sustainability:</b>	None
<b>Key Priorities:</b>	None
<b>Risk Implications:</b>	If the financial recovery plan does not deliver the required improvement to the financial position there is a risk that further actions will require to be identified and service quality and performance may be compromised to achieve financial balance.
<b>Community Benefits:</b>	None

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

<b>4.</b>	<b>CONSULTATION</b>
4.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The report is shared with the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.</p>

<b>5.</b>	<b>CONCLUSION</b>
5.1	<p>It is recommended that the IJB:</p> <ul style="list-style-type: none"> <li>c) Note the projected year-end overspend of £1.247m;</li> <li>d) Note the movement in the projected outturn position and the future financial risks;</li> <li>e) Approve the changes in funding as detailed in Appendix E</li> <li>f) Note the progress and impact in relation to the financial recovery plan; and</li> <li>g) Note the financial position will continue to be closely monitored with a further update to the IJB in November</li> </ul>

**For more information please contact:**

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## 2018-19 Budget Monitoring Report–Objective Summary as at 31 August 2018

## Appendix A

Partnership Budget - Objective Summary	2018/19 Budget									2018/19	
	Council			Health			TOTAL			Over/ (Under) Spend Variance at Period 5 £'000	Movement in projected budget variance from Period 4 £'000
	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
<b>COMMUNITY CARE AND HEALTH</b>	<b>53,592</b>	<b>53,574</b>	<b>(18)</b>	<b>11,687</b>	<b>11,948</b>	<b>261</b>	<b>65,279</b>	<b>65,522</b>	<b>243</b>	<b>1,042</b>	<b>(799)</b>
: Locality Services	24,708	25,527	819	4,178	4,305	127	28,886	29,832	946	1,629	(683)
: Community Care Service Delivery	25,793	25,203	(590)	0	0	0	25,793	25,203	(590)	(554)	(36)
: Rehabilitation and Reablement	1,050	927	(123)	1,435	1,335	(100)	2,485	2,262	(223)	(131)	(92)
: Long Term Conditions	1,736	1,607	(129)	4,316	4,581	265	6,052	6,188	136	132	4
: Integrated Island Services	305	310	5	1,758	1,727	(31)	2,063	2,037	(26)	(34)	8
<b>MENTAL HEALTH SERVICES</b>	<b>23,346</b>	<b>24,090</b>	<b>744</b>	<b>48,686</b>	<b>48,333</b>	<b>(353)</b>	<b>72,032</b>	<b>72,423</b>	<b>391</b>	<b>173</b>	<b>218</b>
: Learning Disabilities	18,000	18,822	822	477	350	(127)	18,477	19,172	695	501	194
: Community Mental Health	4,061	4,018	(43)	1,630	1,386	(244)	5,691	5,404	(287)	(316)	29
: Addictions	1,285	1,250	(35)	1,226	1,173	(53)	2,511	2,423	(88)	(88)	0
: Lead Partnership Mental Health NHS Area Wide	0	0	0	45,353	45,424	71	45,353	45,424	71	76	(5)
<b>CHILDREN'S AND JUSTICE SERVICES</b>	<b>31,434</b>	<b>31,437</b>	<b>3</b>	<b>3,514</b>	<b>3,365</b>	<b>(149)</b>	<b>34,948</b>	<b>34,802</b>	<b>(146)</b>	<b>(217)</b>	<b>71</b>
: Intervention Services	3,743	3,705	(38)	303	322	19	4,046	4,027	(19)	27	(46)
: Looked After & Accomodated Children	15,980	16,137	157	0	0	0	15,980	16,137	157	70	87
: Fieldwork	4,588	4,574	(14)	0	0	0	4,588	4,574	(14)	(95)	81
: CCSF	319	275	(44)	0	0	0	319	275	(44)	(28)	(16)
: Justice Services	2,655	2,655	0	0	0	0	2,655	2,655	0	0	0
: Early Years	321	248	(73)	2,838	2,711	(127)	3,159	2,959	(200)	(142)	(58)
: Policy & Practice	3,828	3,843	15	0	0	0	3,828	3,843	15	(8)	23
: Lead Partnership NHS Children's Services Area Wide	0	0	0	373	332	(41)	373	332	(41)	(41)	0
<b>PRIMARY CARE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49,875</b>	<b>49,875</b>	<b>0</b>	<b>49,875</b>	<b>49,875</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>MANAGEMENT AND SUPPORT COSTS</b>	<b>5,201</b>	<b>5,316</b>	<b>115</b>	<b>145</b>	<b>744</b>	<b>599</b>	<b>5,346</b>	<b>6,060</b>	<b>714</b>	<b>695</b>	<b>19</b>
<b>CHANGE PROGRAMME</b>	<b>658</b>	<b>629</b>	<b>(29)</b>	<b>1,274</b>	<b>1,348</b>	<b>74</b>	<b>1,932</b>	<b>1,977</b>	<b>45</b>	<b>77</b>	<b>(32)</b>
<b>TOTAL</b>	<b>114,231</b>	<b>115,046</b>	<b>815</b>	<b>115,181</b>	<b>115,613</b>	<b>432</b>	<b>229,412</b>	<b>230,659</b>	<b>1,247</b>	<b>1,770</b>	<b>(523)</b>

# 2018-19 Budget Monitoring Report – Detailed Variance Analysis per service

## Appendix B

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
<b>COMMUNITY CARE AND HEALTH</b>	<b>65,279</b>	<b>65,522</b>	<b>243</b>	
Locality Services	28,886	29,832	946	<p><b>Older People permanent care homes</b> - permanent placements are projected overspend of £1.100m based on 847 placements (586 Nursing and 261 Residential) and an assumption that placements are on a one in one basis to the end of the year. Favourable movement of £0.081m, reduction of 2 places from prior month. Respite care projected overspend of £0.084m, favourable movement of £0.428m based on the spend to date and £0.130m expected reduction from reducing days. This also reflects the £0.300m of agreed funding from the Carers allocation which was agreed as part of the recovery plan in period 4.</p> <p><b>Independent Living Services :</b></p> <ul style="list-style-type: none"> <li>* Direct Payment packages projected underspend of £0.073m on 62 current packages.</li> <li>* Indirect Payment packages no charges to date, projected underspend £0.045m based on prior year spend.</li> <li>* Adult respite care projected overspend £0.050m based on current spend to date.</li> <li>* Residential Packages projected underspend of £0.108m based on 34 current packages and an expected net decrease in packages of 3.</li> <li>* Community Packages (physical disability) overspend of £0.415m based on 65 current packages, and an expected decrease of 3 packages.</li> </ul> <p><b>Equipment Budget</b> - £0.318m budget for equipment- projected £0.100m underspend in line with approved mitigation.</p> <p><b>Employee costs</b> - projected £0.216m underspend: Money Matters structure approved resulting in part year vacancies.</p> <p><b>NHS Packages of Care</b> - projected overspend of £0.275m due to high use of supplementary staffing.</p> <p><b>District Nursing</b> - projected underspend of £0.112m assuming Band 6 vacancies are filled.</p>
Community Care Service Delivery	25,793	25,203	(590)	<p><b>Care at home</b></p> <ul style="list-style-type: none"> <li>- <b>in house service</b> - projected underspend of £0.328m based on current costs. The cost of recruiting 30 staff in October and November will be funded by a reduction in casual and overtime costs.</li> <li>- <b>Purchased Care at home</b> - projected underspend of £0.275m based on current level of spend continuing to end of year.</li> </ul> <p><b>Direct Payments</b> - projected underspend of £0.049m based on 33 current package less 10% expected recovery from underspent balances.</p> <p><b>Transport costs</b> - projected overspend of £0.061m due to increase in staff mileage within care at home and ferry charges.</p> <p><b>Admin costs</b> - projected overspend of £0.065m mainly due to mobile phone equipment.</p> <p><b>Voluntary Organisations</b> - projected overspend £0.070m (CLASP HOPE £0.020m and Alzheimer £0.044m).</p> <p><b>Income</b> - projected over recovery £0.148m based on current receipts and an increase in Community Alarm income.</p>

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
Rehabilitation and Reablement	2,485	2,262	(223)	<b>Employee costs</b> - projected underspend £0.100m due to vacancies. Adaptations Budget - £0.487m - projected £0.100m underspend in line with approved mitigation.
Long Term Conditions	6,052	6,188	136	<b>Carers Centres</b> - projected £0.107m underspend based on additional funding for the Carers Strategy. <b>Ward 1</b> - projected overspend of £0.345m assuming slight reduction in staffing levels continue. <b>Ward 2</b> - projected underspend of £0.020m, assuming funding from East HSCP for Kirklandside Ward. <b>Elderly CMHT</b> - projected underspend of £0.058m assuming £0.020m of recruitment.
Integrated Island Services	2,063	2,037	(26)	<b>Outwith the threshold for reporting</b>
<b>MENTAL HEALTH SERVICES</b>	<b>72,032</b>	<b>72,423</b>	<b>391</b>	
Learning Disabilities	18,477	19,172	695	<b>Residential Packages</b> - projected underspend of £0.093m based on current 38 packages £2.381m less 2% invoice variances.  <b>Community Packages</b> - projected overspend of £0.405m based on current 342 packages less 9.75% invoice variances and a net movement in year of 7 new packages. Challenge Fund savings of £0.256m expected to be achieved.  <b>Direct Payments</b> - projected overspend of £0.240m based on 41 current packages less 10% underspent balances and an expected increase of 5 packages in year.  <b>Employee costs</b> - projected underspend £0.193m mainly due to vacant posts  <b>Income</b> - projected under recovery of £0.100m based on current receipts and no income from other local authorities for use of Taigh Mor respite service as this is being fully utilised to meet the respite needs of North service users.
Community Mental Health	5,691	5,404	(287)	<b>Community Packages</b> - projected underspend of £0.086m based on 102 packages less assumed invoice differences between planned and actual service delivered plus a net increased of 1 package. <b>Employee costs</b> - projected underspend £0.223m mainly due to vacant posts
Addictions	2,511	2,423	(88)	<b>Addictions Team</b> - projected underspend of £0.088m due to in year vacancies

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
Lead Partnership (MHS)	45,353	45,424	71	<p><b>Adult Community</b> - projected underspend of £0.118m due to vacancies in the crisis team.</p> <p><b>Adult Inpatients</b>- projected overspend of £0.426m due to a delay in bed sale income. The projection assumes three low secure beds from October and a further bed from January.</p> <p><b>UNPACs</b> - projected to underspend by £0.167m. Assumption that there will be no change to NHS GG&amp;C charge and there will be 2 new care packages in-year.</p> <p><b>LDS</b> - projected to underspend by £0.256m due to delay in UNPACs transfer.</p> <p><b>Elderly Inpatients</b> - projected to overspend by £0.347m due to use of supplementary staff.</p> <p><b>CAMHS</b> - projected underspend is £0.235m, and assumes £0.050m of recruitment in-year.</p> <p><b>MH Admin</b> - projected underspend of £0.122m. This is after the transfer of services to East and South.</p> <p><b>Psychiatry</b> - projected to overspend by £0.230, primarily due to locums and a reduction in Dean funding. EMH Liaison post remains unfunded.</p> <p><b>MH Pharmacy</b> - projected to underspend by £0.098m mainly within substitute prescribing due to the benefit on over-accrual in 2017-18.</p> <p><b>Psychology</b>- projected to underspend by £0.418m, assuming £0.100m recruitment in-year.</p> <p><b>CRES target</b> - projected overspend of £0.986m in relation to savings still to be identified.</p> <p><b>Projected underspends in other areas</b> - include Associate Nurse Director budgets £0.020m, slippage on mental health allocations of £0.070m and resource transfer reserve £0.098m.</p>
<b>CHIDREN'S SERVICES AND CRIMINAL JUSTICE</b>	<b>34,948</b>	<b>34,802</b>	<b>(146)</b>	
Intervention Services	4,046	4,027	(19)	<b>Outwith the threshold for reporting</b>

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
Looked After & Accom Children	15,980	16,137	157	<p><b>Looked After Children placements - projected underspend of £0.362m based on the following:-</b></p> <p><b>Kinship</b> - projected overspend of £0.165m. Budget for 302 placements, currently 311 placements and projecting 320 by the year end.</p> <p><b>Adoption</b> - projected underspend of £0.023m. Budget for 78 placements, currently 72 placements and projecting 71 by the year end.</p> <p><b>Fostering</b> - projected underspend of £0.272m. Budget for 140 placements, currently 124 placements and projecting 130 placements by the year end.</p> <p><b>Fostering Xtra</b> - projected underspend of £0.117m. Budget for 32 placements, currently 30 placements and projecting 30 by the year end.</p> <p><b>Private fostering</b> - projected underspend of £0.113m. Budget for 16 placements, currently 10 placements and projecting to remain at 10 for the year.</p> <p><b>Fostering respite</b>- projected overspend of £0.007m due to lower than anticipated respite.</p> <p><b>IMPACCT carers</b> - projected underspend of £0.007m based on 3 carers providing support for full year.</p> <p><b>Adoption Fees</b> - projected overspend of £0.070m due to external agency fees and 2 placements from other Councils.</p> <p><b>Residential School placements including community packages</b> - projecting an overspend of £0.480m. Projection based 2 current secure placements, one projected to November, one projected to December. 22 residential and community placements projected to leave as 4 in October, 1 in November, 2 in December, 4 in January and 1 from February with 10 placements remaining at March 2019.</p> <p>Remand budget of £100k, at present projection assumes this will be spent</p> <p><b>Employee Costs</b> - projected underspend of £0.076m due to vacancies.</p>
Fieldwork	4,588	4,574	(14)	<b>Outwith the threshold for reporting</b>
CCSF	319	275	(44)	<b>Outwith the threshold for reporting</b>
Criminal Justice	2,655	2,655	0	<b>Expected to come in line with budget</b>
Early Years	3,159	2,959	(200)	<p><b>Employee costs</b> - projected underspend of £0.146m due to vacancies.</p> <p><b>CAMHS budget</b> - projected underspend of £0.056m</p>
Policy & Practice	3,828	3,843	15	<b>Outwith the threshold for reporting</b>
Lead Partnership (CS & CJ)	373	332	(41)	<b>Outwith the threshold for reporting</b>

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
PRIMARY CARE	49,875	49,875	0	Assumption is break-even - full review to be completed in period 6
Management & Support Services	5,346	6,060	714	CRES savings - projected overspend of £0.682m relating to CRES savings still to be identified.
CHANGE PROGRAMME and challenge Fund	1,932	1,977	45	Outwith the threshold for reporting
TOTAL	229,412	230,659	1,247	

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



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

**Appendix C**

**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 5 £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	Amber	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	Amber	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	Blue	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 Disabilites	Green	Red	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	Amber	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	Green	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 5	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	Green	50	50	50	-
Management & Support	Operational savings generated by the business support review.	Amber	Green	150	150	150	-
Management & Support	Planning and Performance Team - reduction in staffing	Green	Green	37	37	37	-
Cross Service	Pilot Sickness Absence Taskforce within the HSCP	Green	Green	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	Amber	250	250	250	-
Cross Service	Cap respite across all services to 35 days	Green	Amber	200	200	130	70
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	-
<b>TOTAL</b>				<b>3,739</b>	<b>3,313</b>	<b>2,652</b>	<b>661</b>

## NHS Commissioned Services

## Appendix C

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 5 £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	Blue	7	7	7	-
Mental Health	Add UNPACS 1%	Amber	Blue	23	23	23	-
Mental Health	Psychiatry 1%	Amber	Blue	55	55	55	-
Mental Health	Addictions 1%	Amber	Blue	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	Blue	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	889	1,668
<b>TOTAL</b>				<b>3,247</b>	<b>3,247</b>	<b>1,579</b>	<b>1,668</b>
<b>GRAND TOTAL</b>				<b>6,986</b>	<b>6,560</b>	<b>4,231</b>	<b>2,329</b>

**Financial Recovery Plan (IJB approved Sept 2018)**
**Appendix D**

Ref	Service Area	Recovery Action Proposed	Status: Complete In Progress Delayed	Estimated Benefit £ 000's	Achieved (included in the projected outturn) £ 000's	Remaining Balance £ 000's	Responsible Officer
1	Care Homes	Phased reduction in care home numbers as more people will be supported at home. This would focus on a reduction in residential care placements by utilising the capacity in community services (eg care at home, district nursing) to support people to remain supported in their own homes.	In Progress	200	30	170	Donna McKee (David Rowland)
2	Learning Disability	From September there will be a full time care manager seconded to a dedicated learning disability review team. This will assist in achieving the planned Challenge Fund savings and contribute to the financial recovery plan.	In Progress	100	-	100	Thelma Bowers
3	Learning Disability	Sleepovers - the current sleepovers are being reviewed to assess which could be provided using the existing out of hours responder service. There is not currently a savings target aligned to sleepover services.	In Progress	100	-	100	Thelma Bowers
4	Learning Disability	Review of all 2:1 supports for clients, from reviews already undertaken a reduction has been delivered, plan to review remaining supports.	In Progress	75	-	75	Thelma Bowers
5	Cross Service	Review of all transition cases (e.g. LD adults aged 65+) to ensure the appropriate care is provided (saving is estimate net of alternative care provision).	In Progress	150	-	150	Thelma Bowers
6	Cross Service	Audit of compliance with the charging policy to ensure consistency of application across services.	In Progress	50	-	50	Caroline Whyte
7	Carers	Increased demand for Respite services, contributing to overall overspend, use element of Carers Act funding for support for respite. Non recurring basis for 2018-19, reviewed as part of 2019-20 budget in line with plan for Carer's Act funding and implementation.	Complete	300	300	-	Donna McKee (David Rowland)
8	Equipment	Temporary reduction (2018-19 only) in the equipment budget due to the Challenge Fund investment being used to clear the waiting list. This will be kept under review together with any waiting lists and impact on delivery of community based services.	Complete	100	100	-	Donna McKee (David Rowland)
9	Adaptations	Temporary reduction (2018-19 only) in the adaptations budget. This will be kept under review together with any waiting lists and impact on delivery of community based services.	Complete	100	100	-	Donna McKee (David Rowland)
10	MH Inpatients	Current plans assume 4 bed sales to support service costs, actively market a 5th bed.	In Progress	40	-	40	Thelma Bowers
11	Learning Disability	Cease payment of Resource Transfer for a historic arrangement in relation to one patient moving outwith NHS A&A.	In Progress	40	-	40	Thelma Bowers
<b>TOTAL</b>				<b>1,255</b>	<b>530</b>	<b>725</b>	

**Other actions being taken:**

<b>Ref</b>	<b>Service Area</b>	<b>Action</b>	<b>Responsible Officer</b>
1	Learning Disability	Extension of CM2000 to adult services which will enable payment to care providers based on actual service delivered. Greatest potential impact will be from 2019-20.	Thelma Bowers
2	Learning Disability	Developing alternative approaches to personal assistant provision to accompany service users to social events	Thelma Bowers
3	Learning Disability	Developing alternative approaches to transport for service users to social events.	Thelma Bowers
4	Cross Service	The partnership vacancy scrutiny group continues to review all vacant posts which leads to non-recurring savings. This has been added to by the NHS also undertaking a workforce management review group.	Stephen Brown
5	Cross Service	The absence pilot approved by the IJB in August may lead to reduced sickness rates and associated reduced absence related costs.	Julie Davis
6	Mental Health	A review and redesign of Elderly Mental Health wards is being undertaken. There will be no savings in 2018-19 but outcome may reduce the projected overspend.	Thelma Bowers
7	Commissioned services	Review all outstanding contractual uplifts	Caroline Whyte

## 2018/19 Budget Reconciliation

## Appendix E

<b>COUNCIL</b>	<b>Period</b>	<b>Permanent or Temporary</b>	<b>Budget £000's</b>
Initial Approved Budget	2		92,353
Resource Transfer	2	P	22,219
ICF Procurement Posts - Transfer to Procurement	2	T	(89)
Additional Pension Costs	4	P	(9)
Reduction in Criminal Justice Settlement	5	P	(243)
<b>Period 5 reported budget</b>			<b>114,231</b>

<b>HEALTH</b>	<b>Period</b>		<b>Budget £000's</b>
Initial Approved Budget (including estimated pay award funding)	2		138,638
Resource Transfer	2	P	(22,219 )
GIRFEC – Health Visitors	3	P	47
Remove estimated pay award	4	P	(1,496)
Actual pay award	4	P	1,462
Specialist Pharmacist upgrade	4	P	11
MH Admin – transfer to East and South	5	P	(1,198)
NES junior doctor funding	5	P	(80)
HD424 - NMAHP Clinical Lead	5	P	16
<b>Period 5 reported budget</b>			<b>115,181</b>

<b>GRAND TOTAL</b>	<b>229,412</b>
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**Integration Joint Board**  
**11 October 2018**

**Subject:** **Community Link Workers Programme Update**

**Purpose:** To update members of the Integration Joint Board of the progress of the Community Link Worker Programme.

**Recommendation:** For Integration Joint Board members to note the new model emerging which enhances prevention and early intervention approaches.

<b>Glossary of Terms</b>	
CLW	Community Link Worker
CC	Community Connector
HSCP	Health and Social Care Partnership
ICF	Integrated Care Fund
ED	Emergency Department
DWP	Department of Works and Pensions
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	The Community Connector service in North Ayrshire, with investment from Scottish Government went through transformation in 2017 to become the Community Link Worker (CLW) Programme.
1.2	The CLW programme provides a person centred approach that aims to improve the health and wellbeing of local people through better connections to appropriate sources of support in the community.
1.3	The CLW should be the first port of call for any people who present with social needs alongside or rather than medical needs and do not have the knowledge, ability or confidence to access available support to address these needs.
1.4	Every General Practice in North Ayrshire will have a CLW aligned to it providing an opportunity for early intervention and preventative approaches that will contribute to reduced GP demand, hospital utilisation and reliance on specialist services.
1.5	Increased workforce capacity has provided the opportunity to further develop the model of delivery for people with more complex needs that seek continued support over longer periods of time and delivering supports in community settings.
1.6	Providing a robust training and induction programme for all new and existing CLWs has laid solid foundations for the service. It has provided an opportunity for the team to network with statutory and Third Sector providers as well as local communities. This has provided opportunities to learn what is available and share the aims of the CLW service.

1.7	Future developments of the service include continued participation with the Emergency Department (ED) Community Connector pilot; widening the scope of delivery with a pilot for younger people; working with the Department of Works and Pensions (DWP) to promote training opportunities that aim to help people back to work.
2.	<b>BACKGROUND</b>
2.1	In July 2017 the Integration Joint Board agreed to the strategy of enhancing our CLW capacity and to move towards universal provision of the service across North Ayrshire.
2.2	<p>Scottish Government made commitment to fund 6 Community Link Workers posts with an expectation that the programme would be:</p> <ul style="list-style-type: none"> <li>• Focused on mitigating health inequalities and alleviating pressures in GP Practice Teams, with resources allocated proportionately on the basis of premature multi-morbidity and below average life expectancy.</li> <li>• Delivered in areas of socio-economic deprivation: these include areas with widespread deprivation ('the deep end') and areas with pockets of deprivation in both urban and rural/remote areas.</li> <li>• Developed in close collaboration with GP Practice Teams such that their expertise and unique knowledge of local needs shape delivery, with CLW being fully integrated into individual GP Practice Teams.</li> <li>• Delivered in partnership with GP clusters or other learning networks of GP Practices, ensuring training, resources and quality improvement tools are made available to support GP Practices to effectively integrate social prescribing and community link working.</li> <li>• Accessible to all registered patients of the Practice to which the CLW s attached.</li> <li>• Offering strictly non-clinical support and services to people, with a clear role within the GP Practice Team as a social practitioner who does not deliver services that require clinical training.</li> <li>• Focused on building a close working relationship with the Third Sector based on combining the knowledge, skills and experience of people who use services, deliver services and commission services by working together, on an equal basis, jointly to achieve positive change and improve lives and outcomes.</li> <li>• Developed with systems in place to create clear referral pathways into local, citywide or national third sector organisations and to identify gaps in local/citywide/national service provision.</li> <li>• Committed to participating in the national evaluation and sharing of learning across the National Link Worker Programme.</li> </ul>
2.3	The existing Community Connector (CC) roles would be re-evaluated to align them with the national role specification for the Scottish Government's Community Link Worker Programme.
2.4	The 5 CCs employed through the HSCP and the 2 CCs hosted in the Third Sector would be made permanent with future funding committed from future ICF to expand our CLW/CC capacity across North Ayrshire.



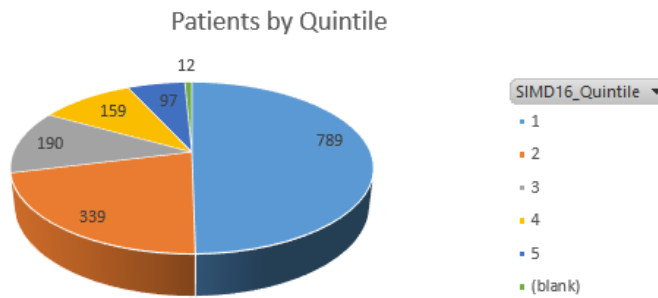
2.5	The totality of the CLW Programme was to focus on supporting people living in areas of high deprivation. A Government Team profiled the 200 most deprived practices across Scotland and 12 of them were in North Ayrshire.														
	Practice Code	North Ayrshire Practice	Percentage of practice patients living in datazones defined as the 15% most deprived												
	80895	Three Towns	51.26												
	80217	Dalry	49.86												
	80701	Stevenson	48.46												
	80330	Eglington	47.96												
	80010	Central Avenue	40.72												
	80698	Frew Terrace	39.15												
	80556	Saltcoats	38.97												
	80344	Townhead	36.97												
	80005	South Beach	36.11												
	80306	Bourtreehill	33.74												
	80753	Kilwinning Medical Practice	28.30												
	80363	Kilbirnie	21.50												
3.	PROGRESS OF THE CLW PROGRAMME														
3.1	By October 2017 the CC roles had been re-evaluated and transitioned into the CLW posts and made permanent.														
3.2	<p>Out of the 12 practices identified by the Government Team (2.5), 11 of them had between 1 and 4 CLW sessions per week.</p> <p>There were 5 practices that were not on the list that had a CC in response to GP Practice fragility, high demand by older people and rurality:</p> <table><tr><td>Practice Code</td><td>Practice</td></tr><tr><td>80857</td><td>Largs</td></tr><tr><td>80631</td><td>West Kilbride</td></tr><tr><td>80147</td><td>Beith</td></tr><tr><td>80255</td><td>Dundonald</td></tr><tr><td>80927</td><td>Arran</td></tr></table> <p>Recognising the value that the CC/CLW service was providing and the pockets of deprivation in all areas of North Ayrshire a proposal to deliver in all 17 practices was agreed. Excluding Arran, the level of provision was based on the percentage of North Ayrshire residents living in the 15% most deprived areas registered with the practice.</p> <p>The new schedule of delivery started on the mainland in October 2017.</p> <p>Arran General Practice identified supported weight management and smoking cessation as priorities with their community at the beginning of the CC pilot. The General Practice recognised the success of this and requested that this remain as a key component of the CLW service on Arran.</p>			Practice Code	Practice	80857	Largs	80631	West Kilbride	80147	Beith	80255	Dundonald	80927	Arran
Practice Code	Practice														
80857	Largs														
80631	West Kilbride														
80147	Beith														
80255	Dundonald														
80927	Arran														
3.3	In January 2018 GPs in Scotland voted to accept the new proposed GMS contract. The collaborative implementation of the contract would be set in the context of the HSCP Primary Care Improvement Plan. One of the 6 key priorities outlined in the plan is the development of the CLW role in line with the Scottish Government’s manifesto commitment to deliver 250 CLWs over the life of the parliament.														

3.4	Due to the departure of some team members the capacity of the service has been stretched and has required some operational “juggling” to retain cover across all practices in receipt of the service.
3.5	<p>In January 2018 the process to increase capacity of the CLW team commenced. Five new CLW posts would be funded by ICF money. The posts would sit within the Partnership so that any future possibility of hosting the service through the Third Sector would provide TUPE opportunities for all staff. This would bring the total number of CLWs available in North Ayrshire to 12.</p> <p>The process to recruit the 5 new CLWs started in June 2018. Two of the existing permanent positions employed by the Partnership and 1 hosted by the Third Sector had become vacant during the intervening period so were included in the recruitment process.</p> <p>Six new CLWs employed by the Partnership started on 27 August 2018 with the final starting on 25 September 2018. The new CLW hosted by the Third Sector started on 3 September 2018.</p>
3.6	A full training and induction plan has been developed. The plan includes the delivery of customised training from services such as Mental Health, Service Access, Addictions as well as shadowing opportunities and networking in the communities. This development period will be complete by December 2018 and all general practices in North Ayrshire will be provided with a CLW.
3.7	In July 2018 the CLW service received the first referrals from the ED Community Connector pilot running at Crosshouse Hospital. The Unscheduled Care Delivery Group commissioned CVOEA to determine the feasibility of establishing community connector contact with patients who attend ED. Any referrals received for North Ayrshire patients are passed to the CLW based at the patient's general practice for further investigation.
3.8	Planning and development is underway with CAMHs, Education and Named Service to develop a pilot for young people. This will provide young people who do not, for whatever reason, want to, or have the ability to make use of the services provided within schools.
3.9	In August 2018 the DWP approached the HSCP to propose closer working with Community Link Workers to raise awareness within general practices of available services and provide a holistic approach to delivering healthier working lives. During the new CLW induction period, DWP staff will provide awareness sessions for CLWs and regular update meetings will be setup with Jobcentre Plus staff.
3.10	<p>The increased capacity within the CLW team provides the opportunity for development of case management and navigation for clients with more complex needs, some of whom are accessing other specialist services. This client group may require the CLW to accompany them to appointments or community activities.</p> <p>Providing practical and emotional support over a longer period of time may avert times of crisis or help someone solve practical issues that they did not have the information or power to resolve on their own.</p>
3.11	Future modelling of the CLW service will see improvement in the links and visibility within the general practice and local community allowing for greater tailored provision of services to meet the needs of the practice and community population and increasing engagement with the service.
3.12	The CLWs will be active members of the Locality Planning Forums bringing local community intelligence and links that will be invaluable when considering future plans, redesign and improvement of local health and social care services.

<b>4.</b>	<b><u>Anticipated Outcomes</u></b>
	<p><b>Strategic Outcomes</b></p> <ul style="list-style-type: none"> <li>• Improved early intervention and preventative approaches that reduce hospital utilisation and reliance on specialist services.</li> <li>• More effective use of primary care resources enabling increased access for people who require clinical intervention (e.g. the management of long term conditions).</li> <li>• Increasing the reach of GP services to become a community resource that connects people to appropriate support and activities in their communities.</li> <li>• Developing a skill mix in primary care which meets the needs of local people</li> <li>• Improved relationships between traditional health providers and the local voluntary sector and increasing the number of volunteers</li> <li>• Developing community assets and making better use of existing community resources</li> </ul> <p><b>Individual Outcomes</b></p> <ul style="list-style-type: none"> <li>• Increased person centred support that enables individuals to access community activities</li> <li>• Improved access to a broad range of support to keep people independent and connected to their communities.</li> <li>• Individuals able to take greater control of their own health and lives</li> <li>• Improved physical and emotional wellbeing</li> <li>• Access to peer support</li> </ul>
<b>5.</b>	<b><u>Measuring Impact</u></b>
5.1	<p>The HSCP will continue to work in partnership with the Scottish Government to monitor and evaluate the impacts of the CLW programme.</p> <p>The core dataset required for this has been agreed and local collection and processing mechanisms are being developed.</p> <p>North Ayrshire CLW Programme is part of Ayrshire &amp; Arran's Primary Care Improvement Plan and as such will contribute to the delivery and evaluation as required.</p>

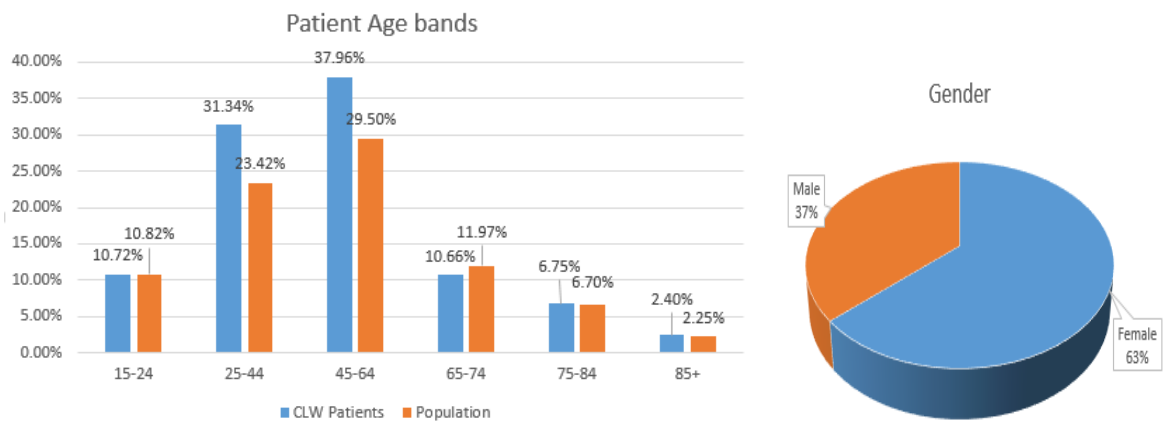
5.2

The following information is from data gathered from consultations recorded from April 2017 to March 2018. Of the 1,586 people referred to the CLW service from April 2017 to March 2018, nearly half lived in SIMD quintile 1.



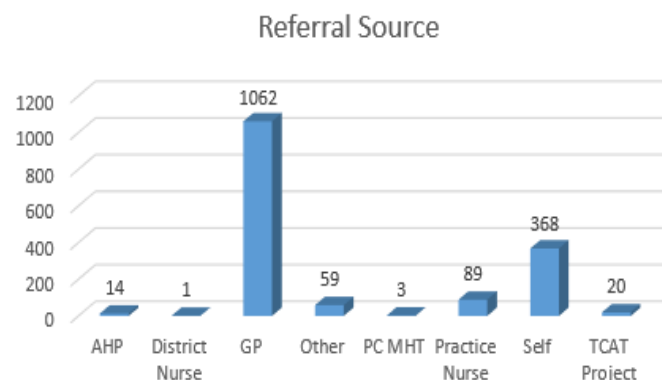
This would seem to suggest that the service is reaching areas of socio-economic deprivation.

5.3



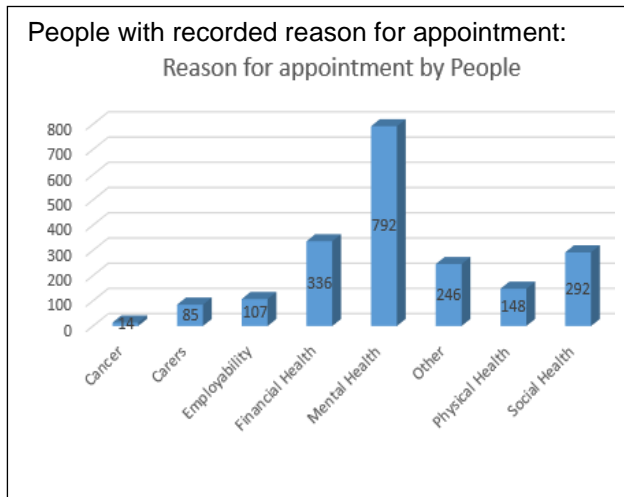
The bar chart above shows the spread of CLW patient's age (blue) against the North Ayrshire population (orange). This seems to indicate that there is a higher number of 25 – 64 year olds using the service.

5.4

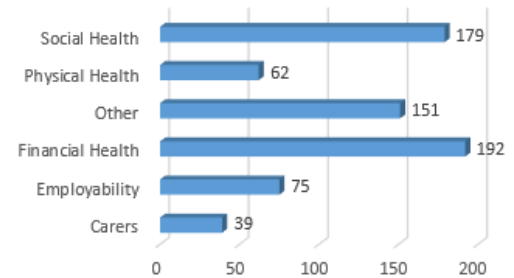


The highest number of referrals came from GPs with the second highest being self-referrals. This would support an increased awareness of the service within the community.

5.5



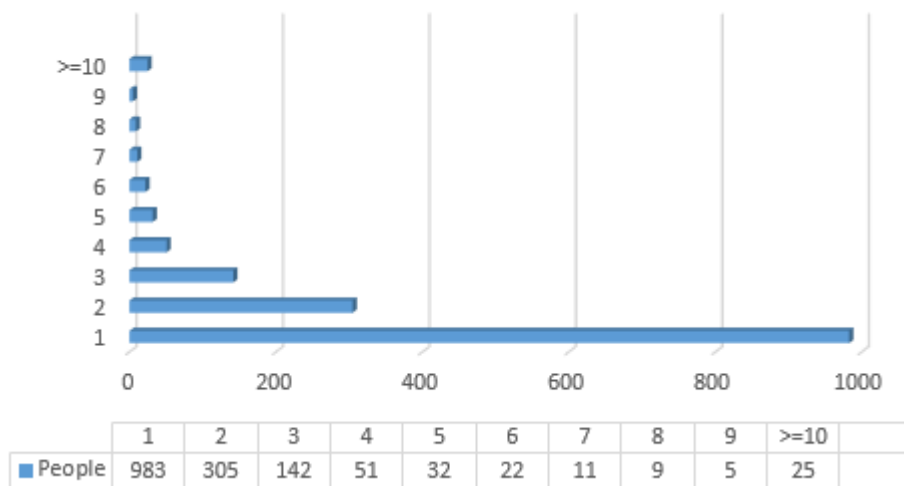
Mental Health Reason + another  
698 people



Mental Health such as Anxiety, Stress, Low Mood, Depression or Bereavement is the most recurrent presenting reason for contact with the CLW service. Of the 792 people with a Mental Health reason recorded, 698 recorded other reasons such as financial and social health.

5.6

Number of consultations by individual



Analysis of the 3090 consultations recorded suggests that the majority of patients using the service during this period are people who have needs that require interventions of low time intensity, such as the provision of information and signposting.

CLWs have time during a consultation to listen to someone's needs and then offer suggestions and actions that are tailored to those needs. This is of great value to people whether or not they require further interactions with the service.

5.7	The table below shows connections the CLW have facilitated:			
	<b>Signposts/referrals to</b>	<b>Count</b>	<b>Signposts/referrals to</b>	<b>Count</b>
	ACAS	27	Money Matters	83
	Ancho	15	Move More	4
	Ayrshire Cancer Support	37	NACAS	63
	Barnardos	95	North Ayrshire Cancer Care	1
	Better Off North Ayrshire	107	Other cancer signpost	13
	Carers Centre	88	Other employment problem	47
	Carers Support Organisation	26	Other financial signpost	104
	CEIS	6	Other mental health signpost	324
	CHAP	45	Other physical health signpost	55
	CLASP	31	Other Signposting)	483
	CMHT	16	Other social signposting	30
	Fit for work	5	PCMHT	11
	Focus Centre	24	Postitive Steps	36
	Housing	50	Referral (other)	28
	Irvine & Troon Cancer Care	1	SAMH	153
	KA Leisure	154	Service Access	83
	Little Box of Distractions	6	Smoking Cessation	144
	Living Life	130	Social Activity Groups	355
	Macmillan Money Matters	6	TCAT Care Plan	14
	Memory Cafe	16	TSI / TACT	14
	Momentum	5	Weigh to Go	230
	<b>Grand Total</b>			<b>3165</b>
6.	<b>IMPLICATIONS</b>			

<b>Financial:</b>	<b>CLWs</b>	<b>Employed by</b>	<b>Funding from</b>
	5	NAC	Scottish Government Funding (in post)
	1	Arran ACVS	Scottish Government Funding (in post)
	1	Arran ACVS	Integrated Care Fund (in post)
	5 - new	NAC	Integrated Care Fund
	Scottish Government Funding for the Community Link Worker Programme is now delivered through the Primary Care funding in line with the new GP Contract.		
<b>Human Resources:</b>	On the 13th September 2018 the IJB approved reshaping the ICF and as a result the 12 CLWs now have permanent contracts.		
<b>Legal:</b>	There are no legal implications arising from this report		
<b>Equality:</b>	As this report does not propose a change in policy or strategy, it is not necessary to complete an equality impact assessment.		
<b>Children and Young People</b>	Whilst the current provision of services has targeted individuals over the age of 16, it can have an indirect, and sometimes direct impact on families. Supporting someone to apply for grants or		

	<p>benefits can directly impact family members. Whilst supporting someone to address problems and improve their wellbeing can reduce tensions and improve relationships.</p> <p>The future pilot to offer support to young people who do not access services through schools will have a direct impact.</p>
<b>Environmental &amp; Sustainability:</b>	There are no environmental or sustainability issues arising from this report.
<b>Key Priorities:</b>	<p>Community link workers will support vulnerable people to reconnect with their local communities, thus reducing social isolation and provide early intervention and prevention for people who may have traditionally approached medical support for their problems.</p> <p>In addition, as GP Services in North Ayrshire are under significant stress and demographic pressures continue to increase, community link workers will help reduce demand on primary care.</p> <p>This report therefore covers the following priorities: Tackling inequalities; engaging communities, prevention and early intervention and helps with our focus areas of Primary care in Local Communities and Older People and Adults with Complex Needs..</p>
<b>Risk Implications:</b>	Include any risk implications in this section.
<b>Community Benefits:</b>	As this report does not deal with the outcome of a tendering or procurement exercise, there are no community benefits

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

<b>7.</b>	<b>CONSULTATION</b>
5.1	There has been consultation with the CLW Steering Group and third sector lead.
<b>6.</b>	<b>CONCLUSION</b>
6.1	The CLW programme promotes a more community based approach to support vulnerable families across North Ayrshire improve their health and wellbeing through early intervention and preventative approaches.

For more information please contact Michelle Sutherland on 01294 317751 or [msutherland@north-ayrshire.gov.uk](mailto:msutherland@north-ayrshire.gov.uk)

or

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**Integration Joint Board**  
**11 October 2018**

<b>Subject:</b>	<b>Adult Support &amp; Protection - Thematic Inspection Improvement Work Plan Update</b>
<b>Purpose:</b>	To update the IJB in relation to the improvements being taken forward following the findings of the first ever, Joint Thematic Inspection of Adult Support & Protection
<b>Recommendation:</b>	To note the content of this report and approve the attached Improvement Plan.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
ASP	Adult Support & Protection

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	During 2017 North Ayrshire volunteered to be involved in the first ever Joint Thematic Inspection of Adult Support and Protection (ASP). The Inspection was carried out over six Local Authority areas during Autumn 2017.
1.2	The Draft Report for North Ayrshire was received by us at the end of March 2018. Overall, the Report was extremely positive and highlighted numerous areas of good practice in relation to ASP across North Ayrshire.
1.3	<p>The North Ayrshire Report confirmed that the Care Inspectorate (as Lead Inspection Agency) and their Inspection Partners (Health Improvement Scotland and Her Majesty's Inspectorate of Constabulary Services) had agreed with our self-evaluation ratings, as follows:</p> <ul style="list-style-type: none"> <li>• Outcomes for Adults at Risk of Harm: <b>GOOD</b></li> <li>• Key Processes for ASP: <b>VERY GOOD</b></li> <li>• Leadership and Governance: <b>VERY GOOD</b></li> </ul>
1.4	A paper updating the IJB on the individual Inspection feedback to North Ayrshire was submitted to the May 2018 IJB meeting. A further update in relation to the National feedback and North Ayrshire's Inspection Improvement Work Plan was requested to be submitted to a future meeting.
1.5	The full <a href="#">National Report</a> (featuring all six Local Authority areas) was published in July 2018 and North Ayrshire rated highest overall across all three quality indicators.

<b>2.</b>	<b>BACKGROUND</b>
2.1	In May 2017, the Care Inspectorate announced its intention to conduct the first Inspection of ASP. North Ayrshire volunteered to be involved in this Inspection and it was confirmed in July 2017 that North Ayrshire would be one of the six areas inspected. During September 2017 the North Ayrshire Adult Protection Committee (APC) submitted information on redacted ASP cases and a variety of evidence to be read off site, to support our self-evaluation ratings.
2.2	The on-site inspection week commenced at the end of October 2017 and consisted of three days of detailed file reading (50 cases) and two days of 'Scrutiny Sessions' – staff focus groups.
2.3	In August 2018, the Care Inspectorate requested that each of the six areas inspected, submit an Improvement Work Plan by 14 <sup>th</sup> September 2018. The North Ayrshire Inspection Improvement Work Plan is attached at <i>Appendix 1</i> .
<b>3.</b>	<b>PROPOSALS</b>
3.1	<b><u>Anticipated Outcomes</u></b>
	The Adult Protection Committee – ASP Improvement Subgroup will ensure that the actions detailed on the Inspection Improvement Work Plan are amalgamated into their Work Plan and are implemented and regularly reviewed and reported on.
3.2	<b><u>Measuring Impact</u></b>
	<p>The improvement actions should result in improved information sharing between the Health and Social Care Partnership and Police Scotland. In addition, there should be an increase in those adults at risk who require advocacy, being offered this. This will be measured through regular Key Performance Indicator Report Updates to the Adult Protection Committee and the Child and Public Protection Chief Officers' Group.</p> <p>A further benefit accrued as a result of the Inspection process was the identification of better working arrangements being necessary in relation to Police Scotland staff attending Adult Support and Protection Case Conferences being better briefed in advance and being clear about their role. Training to Police Scotland staff in relation to this took place on 06.09.18 and a further session is planned for 26.09.18.</p> <p>As a result of our Inspection performance, to date, seven other Local Authorities have made contact with us to request information or to arrange a visit, to discuss how we organise Adult Support and Protection in North Ayrshire. We have also been invited to present at a National Conference, which will focus on how to improve practice in relation to Adult Support and Protection nationwide.</p>
<b>4.</b>	<b>IMPLICATIONS</b>
<b>Financial:</b>	There are potential new revenue costs associated to making more timely Advocacy Support available for Adults at Risk of Harm who require this
<b>Human Resources:</b>	None
<b>Legal:</b>	None
<b>Equality:</b>	None
<b>Children and Young People</b>	None

<b>Environmental &amp; Sustainability:</b>	None
<b>Key Priorities:</b>	All improvement activity will be amalgamated into the North Ayrshire Adult Protection Committee Strategies and Work Plans.
<b>Risk Implications:</b>	None
<b>Community Benefits:</b>	Adults at risk will be better supported via improved Police Scotland involvement and Advocacy provision

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

<b>5.</b>	<b>CONSULTATION</b>
5.1	None
<b>6.</b>	<b>CONCLUSION</b>
6.1	The ASP Inspection Improvement Work Plan will be submitted to the Care Inspectorate (as Lead Inspectors) on 14 <sup>th</sup> September 2018 and the Work Plan will be presented to The Chief Officers' Group at their next meeting on 20 <sup>th</sup> September 2018.

**For more information please contact:** Brenda Walker (Senior Officer – ASP) on 01294 310619 or [brendawalker@north-ayrshire.gcsx.gov.uk](mailto:brendawalker@north-ayrshire.gcsx.gov.uk)

## ***Appendix 1 - North Ayrshire – Adult Support and Protection - Inspection 2017***

### **Improvement Action Plan**

#### **1. Background**

- 1.1 During Autumn 2017, North Ayrshire were included in the First Thematic Inspection of Adult Support and Protection (ASP).
- 1.2 The Inspection Report was published in July 2018 and there were two main areas for improvement highlighted for North Ayrshire.
- 1.3 The areas for potential improvement from a National perspective were discussed at the August meeting of the North Ayrshire Adult Protection (APC) Committee and a rationale provided and explored for whether the APC felt there were National improvements which required to be implemented within North Ayrshire. The consensus was that while the National areas identified for potential improvement were helpful to be aware of, these were not a particular issue in North Ayrshire and the APC should focus its efforts on the two specific areas for improvement identified for North Ayrshire. The APC then discussed at length the two specific areas for improvement and agreed the way forward.
- 1.4 The Improvement actions have been incorporated into the APC – ASP Improvement Subgroup Work Plan 2018 – 2020 and will be reported on as a quarterly Key Performance Indicator at the North Ayrshire APC and the Child and Public Protection Chief Officer's Group over the next ASP biennial period 2018 – 2020.
- 1.5 As a result of discussions arising from the Inspection process, we will be undertaking a project between ASP staff and Police Scotland to identify a group of Police Officers who will be trained in what is expected in relation to attendance at ASP Case Conferences, where there is a remit for Police Scotland. These identified Officers will receive information about the Conference in advance and be able to attend all relevant ASP Case Conferences in North Ayrshire, better briefed and with a clear idea about how to ensure the benefits of their attendance is maximised.

North Ayrshire – Inspection Improvement Action Plan				
Improvement Action	Responsibility	Action to be taken	Comments	Timescales
<b>Sending ASP Case Conference Minutes to Police</b>	Senior Officer to devise process  ASP Administrative Staff to implement	We will pilot a process whereby we will send a short pro-forma to Police Colleagues alerting them to the fact that someone is going to ASP Case Conference and providing them with brief details and a contact for the Council Officer working with the Adult. The process will include the ability to provide updates if something important arises (e.g. Protection Order etc.) and will also include the ability to alert Police when the Adult is no longer under the auspices of ASP legislation.	When Police are invited to an ASP Case Conference – they routinely receive the ASP Case Conference minute – whether they have attended or not. In order not to provide very detailed, sensitive information contained within ASP Case Conference minutes, about adults, their families and potential harmers – in cases where Police have no locus (and to meet GDPR minimisation criteria) – we will implement a flag system which gives brief details and provides a contact to obtain more information if necessary.	<p><b>September 2018 – December 2018</b></p> <p>Monitor new pilot (commencing 03.09.18) of this process for NHS colleagues and learn lessons.</p> <p>Review and report on numbers of Case Conference minutes being sent to Police Scotland</p> <p><b>January 2019</b></p> <p>Commence new Police pilot process for alerting Police colleagues when an adult is going to ASP Case Conference</p> <p><b>June 2019</b></p> <p>Review and revise Pilot activity and finalise process</p> <p>Capture data and report under new KPI to APC and COG</p> <p><b>July 2019</b></p> <p>Mainstream Pilot process and thereafter continue to monitor and report on compliance</p>

Improvement Action	Responsibility	Action to be taken	Comments	Timescales
Extending an offer of advocacy to all adults under ASP	Lead Officer and APC – ASP Improvement Subgroup	<p>Issue of Advocacy provision in North Ayrshire to be discussed with Senior Managers</p> <p>Ensure that systems are robust to make certain that relevant staff do record whether Advocacy has been considered, offered and taken up and the reasons for this, to enable this to be robustly recorded and reported on</p>	The target of 100% compliance with the consideration of advocacy for all adults will be monitored. The KPI of 85% of adults being offered advocacy will be trialled – initial interrogation of the systems to ascertain in what circumstances advocacy is considered, but not offered, have revealed that there is often good reason for advocacy not to be offered – this will be monitored on an on-going basis.	<p><b>Sept – Dec 2018</b></p> <p>Discuss Advocacy provision within North Ayrshire with Senior Managers</p> <p>Monitor and report on advocacy offered figures to gain a picture of how systems operate and what is being recorded.</p> <p>Ensure all staff are aware of the necessity to always consider advocacy and offer unless there is a very good reason not to – which should be recorded</p> <p><b>Jan – June 2019</b></p> <p>Review KPI in light of information gleaned from systems</p> <p>Make required changes to systems and thereafter continue to monitor and report on compliance</p>

End of North Ayrshire Improvement Action Plan – September 2018

**Integration Joint Board**  
**11 October 2018**

**Subject:** **Trindlemoss and Warrix Ave., (formerly known as the Tarryholme Drive Project)**

**Purpose:** To advise the IJB of progress and current status of the project

**Recommendation:** To note the contents of the report

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NAC	North Ayrshire Council
LD	Learning Disability
MH	Mental Health
TDP	Tarryholme Drive Project

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	The Tarryholme Drive Project (TDP) was established from a market opportunity to address the gaps and needs in the provision of Mental Health & Learning Disability Services. All functions will be realised by May 2019.
1.2	Considerable work has been undertaken to date through a variety of working groups drawn from the services that will be established at the TDP. These have informed the design and refurbishment of the building, the care and work force models to be deployed.
1.3	The IJB are asked to note the progress made to date
<b>2.</b>	<b>BACKGROUND</b>
2.1	The sale of Red Cross House, Irvine, in 2016 presented the North Ayrshire Health & Social Care Partnership (NAHSCP) with an opportunity to change and improve the delivery of Mental Health and Learning Disability Services across Ayrshire and Arran.
2.2	The size and layout of the existing facility provided a footprint for the creation of much-needed community options to support those in our society who are amongst the most vulnerable and have complex care needs. Traditionally, they have either been in hospital for longer than necessary, supported in individual and dispersed in tenancies, and /or placed in residential placements outwith their home communities

2.3	An initial Business case for the purchase of the facility was approved by NHS AA and North Ayrshire Council (NAC) in May 2016 and the purchase finalised in October 2016.
2.4	Planning continued with focus on service involvement on design and partner activity to identify stakeholder need and final preferred options for the future use of the building gained approval by NAC Cabinet and NHS AA in February 2017. Capital funding for refurbishment being split between NAC, NAC Housing and NHS AA according to use and function of the services to be delivered.
2.5	The refurbishment of the site has been informed by a number of design working groups drawn from the multi-disciplinary teams from health and social care and with events held with service users, carers and the 3 <sup>rd</sup> and Independent sectors.
	<ul style="list-style-type: none"> <li>• <b>Learning Disability Day Services for North Ayrshire residents</b> to replace the current dated resource of Fergushill. The footprint of TDP, including a small extension, enables the vision and brief prepared for a previously-proposed new build to be realised on this site at a reduced cost. TDP also has additionality e.g. a hydrotherapy pool. The move to this new facility will also involve Hazeldene community based services. The service delivery model is under review.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>20 housing tenancies</b> for people with complex learning disabilities and, often, co-morbid health problems. They require a responsive 24/7 support service and individual outcome focussed care planning. Five of the units will be refurbished to be fully accessible. The tenancies will have telecare and assistive technology. This will enable the HSCP to deliver high quality care in a model that is financially more sustainable than that delivered in high cost packages to individual and dispersed tenancies. It will also allow for the residents to be able to spend time on their own as they wish, knowing that support can be summoned immediately.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>6 unit facility</b> for learning disability service users with very high needs. This group, whose difficulties include understanding and interpreting the world around them, can demonstrate behaviours that can challenge service providers. It is important that the physical and relational environment provides people with an opportunity to be safely alone in their own home whilst simultaneously enabling the identification of bespoke care packages. This will enable at least 6 of the 9 people currently identified as 'delayed discharge' in Arrol Park to be resettled into a fit for purpose environment.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>9 unit mental health facility</b> a community rehabilitation facility to replace the function of one of the rehabilitation wards in Woodland View. This will enable people to continue their recovery journey in an environment as close to independent living as possible, while managing dynamic risks. It will also enable for one of the current in-patient wards, 7A to be 'freed up' as its function transfers to a community setting. It will be an extension of the service provided at Woodland View. In turn, the ward can then be used for the transfer of the LD Assessment &amp; Treatment in patient function of Arrol Park to transfer from their outdated building to the new hospital.</li> </ul>
2.6	Appendix 1 shows the site layout. The main site, consisting of the Learning Disability Components is scheduled for completion in May 2019.



2.7	The mental health facility, based in Warrix Ave., is scheduled for completion in February 2019.
2.8	<p><b>Governance</b></p> <p>The project has a number of governance routes. The various working groups report to a Steering Group, which in turn reports to the MH Change Programme Board. The project is also reported to the recently formed Transformation Board, NAHSCP.</p>
2.9	The capital finance reports to Capital Programme Board, the property development to the Joint Property Group. The TDP also has reported variously to the NHS AA Scrutiny Group and now the Transformational Leadership Group and Corporate Management Team through the Programme Management Office of NHS AA.
3.	<b>PREPARING FOR OCCUPATION</b>
3.1	<b>Mental Health Community Rehabilitation</b> : The working group has identified a mixed model of staffing. Registered Mental Health Nurses and support workers identified by the current banding of 3 (NHS) whose work role is new by combining a job profile that encapsulates the role of a social care support worker. It also will have 0.8 of a dedicated Occupational Therapist. The unit will be managed by the current Band 7 nurse who manages the two rehabilitation wards, 7A and 7B at Woodland View. The staffing complex will be by application from the current staffing group and the organisational change process has commenced.
3.2	The unit will be an extension to the hospital. However, unlike the hospital environment it will be able to replicate experience as near to independent living as possible. Residents will be encouraged to self-care, self-medicate, use benefits to self-cater, and, importantly develop and practice their own anticipatory care plans whilst still in a supportive environment.
3.3	The length of stay will be limited to 9 to 12 months. Throughout this time, the residents will be supported to attend review by their own home sector Community Mental Health Team and supported to link to the Crisis Response Team, should the need arise, just as they would in their own homes. Managing onward moves will require the resident to have either a home to go to, or if not, an active housing application at the start of this journey as opposed to the current practice of waiting until discharge is anticipated.
3.4	<b>Learning Disability Day Services</b> : An ongoing review is being undertaken. The service wants to move away from the outdated demarcation that exists such that those attending Fergushill are considered complex, and those attending Hazeldene as more able. They have visited other services and are defining outcomes from a strengths based perspective, focussing on health, fitness/physical activity, life skills/independent living skills, employability and community inclusion.
3.5	The workforce is establishing a 'skills bank' so that their expertise can be matched according to the service users identified needs and desired outcome.
3.6	<b>Learning Disability Tenancies &amp; Six unit complex needs</b> : The tenancies <b>will be</b> registered with the Care Inspectorate as Housing Support with Care at Home, and the Six unit complex needs as a Care Home.

3.7	The staffing model will be utilising the knowledge and skills of a Band 7 Learning Disability Nurse to manage clinical aspects across the residents needs in the tenancies and care home. This will be supplemented by a core staff group of health and social care staff of 5 during 16 hours of the day and 3 across the night. The core group will be active in both planned and responsive care, largely focussing on supporting daily living skills. Should the tenant decide to have other agreed outcomes delivered from another provider, personal assistant, or as a direct payment this will be enabled.
3.8	The more complex needs of residents in the care home demand a higher staffing ratio of 1:1. Again, the use of telecare and assistive technology will maximise opportunities to spend time alone if so wished. If there is a need for higher ratio for some tasks, the workers are able to access assistance from the core staff group of the residencies.
3.9	<b>Naming of the resource.</b> : The primary consideration in shaping the development of the project has been one of involving service users and staff. The moving of day service facilities to the new site represented a significant transition for all currently involved, so, when it came to naming the new facility, service user and staff involvement remained key. The input of an existing Focus Group of service users at Fergushill was sought to help with this. A short list of options was provided to them, of names with historical connections to the site. However, the group itself chose to do some further research on the topic. In the process they came across <b>Trindlemoss</b> , the original source of the waters which drained into a well on the site. The freshness of the name, and the idea of it being the original water source, appealed greatly to the group, in the context of the new facility representing a fresh new start.
3.10	The LD 'day services' element of the site will be simply known as Trindlemoss. It is considered an unnecessary step to sub define the function and limit public and users perceptions. The community will be encouraged to be as involved in the resources available just as the service users will be supported to engage with those resources already available in the local community.
3.11	The tenancies and high needs element are already identified by different road names and it is intended a submission be made to Locality partnership meeting of Irvine, with the proposal that the properties be renamed as Trindlemoss Court. The intention of the high needs unit is not to establish Care Home in its name, but simply 1-6 Trindlemoss Court, and the tenancies numbered accordingly.
3.12	The MH rehabilitation unit will be simply identified by the current street name addresses, of Warrix Avenue.
4.1	<b><u>Anticipated Outcomes</u></b>
	<p>The TDP has been predicated on the transformation of how we deliver our services. It will :</p> <ul style="list-style-type: none"> <li>• Enable MH rehabilitation to move from a hospital, in patient based setting, to a more dynamic risk management and recovery focussed environment. Residents, will be empowered and enabled to take control of their recovery journey.</li> <li>• Provide an environment for those who have learning disabilities to be able to live a valued life, as independently as possible, creating connections with communities both within Trindlemoss and inclusion in the wider community</li> </ul>

	<ul style="list-style-type: none"> <li>• Provide an environment and workforce in LD Day services that is strengths based, outcome focussed and meets the range of needs</li> <li>• Enable the transfer of LD Assessment &amp; Treatment in-patient unit at Arrol Park to both function as intended for this purpose and do so in a modern and fit for purpose environment.</li> <li>• Enable a deliver model that is financially sustainable, realising anticipated savings on current delivery</li> </ul>
4.1	<p><b><u>Measuring Impact</u></b></p> <ul style="list-style-type: none"> <li>•</li> </ul> <p>The project is establishing an evaluation paradigm that draws on both quantitative and qualitative aspects.</p> <ul style="list-style-type: none"> <li>• Data analysts are able to provide information as to current and historical patterns of in-patient movements, length of stay etc.</li> <li>• The project requires to be evaluated from experiences, views and outcomes relevant to the various 'user groups'. It will also require to evaluate the experience and views of the workforce who will be doing things differently.</li> <li>• The proposal of a small investment of monies to enable a partnership approach in this with an independent and academically renowned resource of the University of the West Coast of Scotland is currently being explored.</li> </ul>
4.	<p><b>IMPLICATIONS</b></p> <p>That the NAHSCP, as lead partner of MH and LD services are transforming the delivery of those services across Ayrshire &amp; Arran. This is by utilising the workforce differently, efficiently and effectively providing high quality services to those that are most vulnerable. That the environment of delivery is and develops solid community links</p> <p>.</p>
<b>Financial:</b>	The capital funding programme is within agreed budgets. The revenue financials are due to deliver savings to both NAC and NHS AA
<b>Human Resources:</b>	The staffing groups of nursing in current wards are effected. Organisational Change process has commenced with the MH Team and job profiles enhancing current descriptors are being evaluated.
<b>Legal:</b>	The establishment of Warrix Avenue as an extension of Woodland View is agreed by Health care Inspectorate. The Mental welfare Commission confirm that any hospital based orders in terms of the Mental Health Care and Treatment Scotland) Act (2005) 2015 applies.
<b>Equality:</b>	The project maximises on opportunities for vulnerable groups to be safely living valued lives with inclusion and development of communities.
<b>Children and Young People</b>	The TDP will provide opportunities for young people in transition from living with family carers and schools to develop independent living skills
<b>Environmental &amp; Sustainability:</b>	The refurbishment of the building is to high specification and accords to building standards.
<b>Key Priorities:</b>	The TDP is fully aligned to the NAHSCP strategic plan.
<b>Risk Implications:</b>	Savings are not delivered in accordance with the original financial assumptions. This is being managed by ongoing dialogue with NHS AA financial director and the responsible officer for the decommissioning of Ailsa site wards. The NHS AA have identified that a reduced saving is acceptable to them. The management of

	anticipated savings for NAC through the commissioning of care packages is on track
<b>Community Benefits:</b>	Not applicable

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

<b>5.</b>	<b>CONSULTATION</b>
5.1	The project has and continues to be developed in consultation with stakeholders, budget holders, service users and carers, workforce, 3 <sup>rd</sup> and Independent Sectors. Community involvement is the next stage of the Communications Working Group focus.
<b>6.</b>	<b>CONCLUSION</b>
6.1	The TDP has developed over the past year with realisation over 2019. It is an exciting time for all involved. It is ambitious, realising four functions that will provide safe, supportive and forward looking services to people who are most vulnerable

**For more information please contact [Norma Bell, Independent Living Manager on [Tel. No. 01294 317760] or [email: [nbell@north-ayrshire.gov.uk](mailto:nbell@north-ayrshire.gov.uk) ]**

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## Integration Joint Board

### 11 October 2018

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**Subject:** **Meeting Dates for 2019**

**Purpose:** To advise members of the draft timetable for meetings of the IJB and IJB PAC for 2019.

**Recommendation:** That the Board agree the dates for meetings of the Integration Joint Board and the Performance and Audit Committee.

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<b>Glossary of Terms</b>	
IJB	Integration Joint Board
IJB PAC	Integration Joint Board Performance and Audit Committee
HSCP	Health and Social Care Partnership

## 1. EXECUTIVE SUMMARY

- 1.1 A schedule of meetings for the Integration Joint Board and the Performance and Audit Committee is required to be arranged for the forthcoming year.
- 1.2 The current Chair and Vice-Chair of the Integration Joint Board were appointed on 17 May 2017, with the Chair currently appointed from NHS Ayrshire and Arran and the Vice-Chair from North Ayrshire Council. The positions will rotate from May 2019.

The IJB appointed the Chair and Vice-Chair of the IJB Performance and Audit Committee 22 June 2017, with the Chair currently appointed from North Ayrshire Council and the Vice-Chair from NHS Ayrshire and Arran. The positions will rotate from June 2019.

## 2. CURRENT POSITION

- 2.1 Meetings of the Board have taken place on a monthly basis and it is proposed that this continues. When appropriate, briefing sessions and workshops have utilised existing IJB meeting slots and it is proposed that this arrangement also continues.
- 2.2 The IJB Performance and Audit Committee meets on a quarterly basis, with a special meeting held in June, if required, to consider the annual accounts before these are presented to the IJB for approval.
- 2.3 The timetable has been created to accommodate budget and performance schedules. In an effort to avoid potential diary clashes, Council and NHS meetings have also been included in the draft meeting timetable. This has highlighted a few occasions when meetings of the IJB and PAC would clash with Council meetings. As far as possible, these dates have been avoided but where this has not been possible a narrative has been inserted to explain mitigating arrangements.

- 2.4 The key dates for the meetings of the IJB and IJB PAC are attached at Appendix 1 and 2 to the report. Appendix 3 to the report provides a calendar of Council, CPP, NHS Board, IJB and IJB PAC meetings.
- 2.5 Meetings of the IJB and IJB PAC will take place on the following dates:-

#### **IJB**

17 January  
14 February  
21 March  
18 April  
16 May  
20 June  
25 July  
29 August  
26 September  
24 October  
21 November  
19 December

#### **IJB PAC**

8 March  
27 June  
5 September  
29 November

### **3. IMPLICATIONS**

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

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

### **4. CONSULTATION**

- 4.1 The following Members and Officers have been consulted on the draft timetable for meetings of the IJB and IJB PAC for 2018:-

IJB Chair  
IJB Vice Chair  
IJB PAC Chair  
IJB PAC Vice Chair  
Director of Health and Social Care Partnership  
Section 95 Officer

## 5. CONCLUSION

- 5.1 The agreement of the timetable for meetings in 2019 is required to allow for all necessary arrangements, such as room bookings, diary entries and report scheduling to be undertaken.

For more information please contact Diane McCaw, Committee Services Officer (01294 324133) or [dmccaw@north-ayrshire.gov.uk](mailto:dmccaw@north-ayrshire.gov.uk)

## Appendix 1

### IJB meeting dates 2019

All Pre Agenda meetings at 10.15 a.m.	
All Board meetings at 10.00 a.m.	
Tuesday 18 December	Reports due with Social Services
Wednesday 19 December	Reports due with Committee Services
Thursday 20 December	Issue IJB Pre Agenda
Thursday 3 January	IJB Pre Agenda Meeting
Thursday 10 January	Issue IJB Agenda
<b>Thursday 17 January</b>	<b>IJB Meeting</b>
Tuesday 22 January	Reports due with Social Services
Wednesday 23 January	Reports due with Committee Services
Thursday 24 January	Issue IJB Pre Agenda
<b>Thursday 31 January</b>	<b>IJB Pre Agenda Meeting</b>
Thursday 7 February	Issue IJB Agenda
<b>Thursday 14 February</b>	<b>IJB Meeting</b>
Tuesday 26 February	Reports due with Social Services
Wednesday 27 February	Reports due with Committee Services
Thursday 28 February	Issue IJB Pre Agenda
<b>Thursday 7 March</b>	<b>IJB Pre Agenda Meeting</b>
Thursday 14 March	Issue IJB Agenda
<b>Thursday 21 March</b>	<b>IJB Meeting</b>
Tuesday 26 March	Reports due with Social Services
Wednesday 27 March	Reports due with Committee Services
Thursday 28 March	Issue IJB Pre Agenda
<b>Thursday 4 April</b>	<b>IJB Pre Agenda Meeting</b>
Thursday 11 April	Issue IJB Agenda
<b>Thursday 18 April</b>	<b>IJB Meeting</b>
Tuesday 23 April	Reports due with Social Services
Wednesday 24 April	Reports due with Committee Services
Thursday 25 April	Issue IJB Pre Agenda
<b>Thursday 2 May</b>	<b>IJB Pre Agenda Meeting</b>
Thursday 9 May	Issue IJB Agenda

<b>Thursday 16 May</b>	<b>IJB Meeting</b>
Tuesday 28 May	Reports due with Social Services
Wednesday 29 May	Reports due with Committee Services
Thursday 30 May	Issue IJB Pre Agenda
<b>Thursday 6 June</b>	<b>IJB Pre Agenda Meeting</b>
Thursday 13 June	Issue IJB Agenda
<b>Thursday 20 June</b>	<b>IJB Meeting</b>
Tuesday 2 July	Reports due with Social Services
Wednesday 3 July	Reports due with Committee Services
Thursday 4 July	Issue IJB Pre Agenda
<b>Thursday 11 July</b>	<b>IJB Pre Agenda Meeting</b>
Thursday 18 July	Issue IJB Agenda
<b>Thursday 25 July</b>	<b>IJB Meeting</b>
Tuesday 6 August	Reports due with Social Services
Wednesday 7 August	Reports due with Committee Services
Thursday 8 August	Issue IJB Pre Agenda
<b>Thursday 15 August</b>	<b>IJB Pre Agenda Meeting</b>
Thursday 22 August	Issue IJB Agenda
<b>Thursday 29 August</b>	<b>IJB Meeting</b>
Tuesday 3 September	Reports due with Social Services
Wednesday 4 September	Reports due with Committee Services
Thursday 5 September	Issue IJB Pre Agenda
<b>Thursday 12 September</b>	<b>IJB Pre Agenda Meeting</b>
Thursday 19 September	Issue IJB Agenda
<b>Thursday 26 September</b>	<b>IJB Meeting</b>
Tuesday 1 October	Reports due with Social Services
Wednesday 2 October	Reports due with Committee Services
Thursday 3 October	Issue IJB Pre Agenda
<b>Thursday 10 October</b>	<b>IJB Pre Agenda Meeting</b>
Thursday 17 October	Issue IJB Agenda
<b>Thursday 24 October</b>	<b>IJB Meeting</b>
Tuesday 29 October	Reports due with Social Services
Wednesday 30 October	Reports due with Committee Services
Thursday 31 October	Issue IJB Pre Agenda
<b>Thursday 7 November</b>	<b>IJB Pre Agenda Meeting</b>
Thursday 14 November	Issue IJB Agenda
<b>Thursday 21 November</b>	<b>IJB Meeting</b>
Tuesday 26 November	Reports due with Social Services
Wednesday 27 November	Reports due with Committee Services
Thursday 28 November	Issue IJB Pre Agenda
<b>Thursday 5 December</b>	<b>IJB Pre Agenda Meeting</b>
Thursday 12 December	Issue IJB Agenda
<b>Thursday 19 December</b>	<b>IJB Meeting</b>





## IJB Performance and Audit Committee – Meeting dates in 2019

All meetings at 10.15 a.m.

Monday 18 February	Reports due with Committee Services
Thursday 21 February	Issue Pre Agenda
<b>Tuesday 26 February</b>	<b>Pre Agenda</b>
Thursday 28 February	Issue Agenda
<b>Friday 8 March</b> <i>(moved to avoid clash with IJB Pre Agenda)</i>	<b>IJB PAC</b>
Monday 10 June	Reports due with Committee Services
Thursday 13 June	Issue Pre Agenda
<b>Monday 17 June</b> <i>(moved to avoid clash with Audit and Scrutiny Committee)</i>	<b>Pre Agenda</b>
Thursday 20 June	Issue Agenda
<b>Thursday 27 June</b>	<b>IJB PAC</b>
Monday 19 August	Reports due with Committee Services
Thursday 22 August	Issue Pre Agenda
<b>Tuesday 27 August</b>	<b>Pre Agenda</b>
Thursday 29 August	Issue Agenda
<b>Thursday 5 September</b>	<b>IJB PAC</b>
Monday 11 November	Reports due with Committee Services
Thursday 14 November	Issue Pre Agenda
<b>Tuesday 19 November</b>	<b>Pre Agenda</b>
Thursday 21 November	Issue Agenda
<b>Friday 29 November</b>	<b>IJB PAC</b>

## Committee Timetable January - December 2019 (including IJB + and Policy Advisory Panel dates)

**CPP Board Dates to be added\*\*\*\*\***

### Meeting Cycle 1

Wk Begin	Wk	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 Jan					10.15 a.m. IJB Pre Meeting	
7 Jan	1		2.30p.m. Cabinet Pre-Agenda	10.00 a.m. Licensing	10.00 a.m. Appeals (if required)	
14 Jan	2		2.30 p.m. Cabinet (Education)		10.00 a.m. IJB Meeting	
21 Jan	3		11.00 a.m. Audit & Scrutiny Pre-Agenda 2.00 p.m. Police & Fire & Rescue	2.00 p.m. Planning 2.15 p.m. LRB		
28 Jan	4		10.00 a.m. Audit & Scrutiny		10 a.m. Policy Advisory Panel 10.15 a.m. IJB Pre Meeting	
4 Feb	5	NHS Board (for info)	2.30p.m. Cabinet Pre-Agenda	10.00 a.m. Licensing	10.00 a.m. Appeals (if required)	
11 Feb	6		2.30 p.m. Cabinet	2.00 p.m. Council	10.00 a.m. IJB Meeting	

### Meeting Cycle 2

Wk Begin	Wk	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
18 Feb	1			2.00 p.m. Planning 2.15 p.m. LRB		
25 Feb	2		10.15 a.m. IJB PAC Pre Meeting			
4 Mar	3		2.30 p.m. Cabinet Pre-Agenda	10.00 a.m. Licensing	10.00 a.m. Appeals (if required) 10.15 a.m. IJB Pre Meeting	10.15 a.m. IJB PAC Meeting
11 Mar	4		2.30 p.m. Cabinet (Education)		10 a.m. Policy Advisory Panel	
18 Mar	5		11.00 a.m. Audit & Scrutiny Pre-Agenda	2.00 p.m. Planning 2.15 p.m. LRB	10.00 a.m. IJB Meeting	
25 Mar	6	NHS Board (for info)	10.00 a.m. Audit & Scrutiny	2.00 p.m. Council		
1 April		Recess	Recess	Recess	Recess 10.15 a.m. IJB Pre Meeting	Recess

**Meeting Cycle 3**

Wk Begin	Wk	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8 April	1		2.30p.m. Cabinet Pre-Agenda	10.00 a.m. Licensing	10.00 a.m. Appeals (if required)	
15 April	2		2.30 p.m. Cabinet		10.00 a.m. IJB Meeting	
22 April	3			2.00 p.m. Planning 2.15 p.m. LRB		
29 April	4				10 a.m. Policy Advisory Panel 10.15 a.m. IJB Pre Meeting	
6 May	5		2.30p.m. Cabinet Pre-Agenda	10.00 a.m. Licensing	10.00 a.m. Appeals (if required)	
13 May	6		2.30 p.m. Cabinet (Education)	2.00 p.m. Council	10.00 a.m. IJB Meeting	

**Meeting Cycle 4**

Wk Begin	Wk	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
20 May	1		11.00 a.m. Audit & Scrutiny Pre-Agenda 2.00 p.m. Police & Fire & Rescue	2.00 p.m. Planning 2.15 p.m. LRB		
27 May	2	NHS Board (for info)	10.00 a.m. Audit & Scrutiny			
3 June	3		2.30p.m. Cabinet Pre-Agenda	10.00 a.m. Licensing	10.00 a.m. Appeals (if required) 10.15 a.m. IJB Pre Meeting	
10 June	4		2.30 p.m. Cabinet		10 a.m. Policy Advisory Panel	
17 June	5	10.15 a.m. IJB PAC Pre Meeting	10.00 a.m. Special Audit & Scrutiny (Directorate Plans)	2.00 p.m. Planning 2.15 p.m. LRB	10.00 a.m. IJB Meeting	
24 June	6	NHS Board (for info)		2.00 p.m. Council	10.15 a.m. IJB PAC Meeting	
1 July						
8 July					10.15 a.m. IJB Pre Meeting	
15 July						
22 July				Recess	10.00 a.m. IJB Meeting	
29 July						
5 August						
12 August					10.15 a.m. IJB Pre Meeting	

#### Meeting Cycle 5

Wk Begin	Wk	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
19 August	1	NHS Board (for info)	2.30p.m. Cabinet Pre-Agenda	10.00 a.m. Licensing	10.00 a.m. Appeals (if required)	
26 August	2		2.30 p.m. Cabinet (Education) 10.15 a.m. IJB PAC Pre Meeting		10.00 a.m. IJB Meeting	
2 September	3		11.00 a.m. Audit & Scrutiny Pre-Agenda 2.00 p.m. Police & Fire & Rescue	2.00 p.m. Planning 2.15 p.m. LRB	10.15 a.m. IJB PAC Meeting	
9 September	4		10.00 a.m. Audit & Scrutiny		10 a.m. Policy Advisory Panel 10.15 a.m. IJB Pre Meeting	
16 September	5		2.30p.m. Cabinet Pre-Agenda	10.00 a.m. Licensing	10.00 a.m. Appeals (if required)	
23 September	6		2.30 p.m. Cabinet	2.00 p.m. Council	10.00 a.m. IJB Meeting	

#### Meeting Cycle 6

Wk Begin	Wk	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
30 September	1			2.00 p.m. Planning 2.15 p.m. LRB		
7 October	2	NHS Board (for info)			10.15 a.m. IJB Pre Meeting	
14 October		Recess	Recess	Recess	Recess	Recess
21 October	3		2.30p.m. Cabinet Pre-Agenda	10.00 a.m. Licensing	10.00 a.m. Appeals (if required) 10.00 a.m. IJB Meeting	
28 October	4		2.30 p.m. Cabinet (Education)		10 a.m. Policy Advisory Panel	
4 November	5		11.00 a.m. Audit & Scrutiny Pre-Agenda 2.00 p.m. Police & Fire & Rescue	2.00 p.m. Planning 2.15 p.m. LRB	10.15 a.m. IJB Pre Meeting	
11 November	6		10.00 a.m. Audit & Scrutiny	2.00 p.m. Council		

#### Meeting Cycle 7

Wk Begin	Wk	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
18 November	1		2.30p.m. Cabinet Pre-Agenda 10.15 a.m. IJB PAC Pre Meeting	10.00 a.m. Licensing	10.00 a.m. Appeals (if required) 10.00 a.m. IJB Meeting	
25 November	2		2.30 p.m. Cabinet			10.15 a.m. IJB PAC Meeting
2 December	3	NHS Board (for info)		2.00 p.m. Planning 2.15 p.m. LRB	10.15 a.m. IJB Pre Meeting	
9 December	4				10 a.m. Policy Advisory Panel	
16 December	5			2.00 p.m. Council	10.00 a.m. IJB Meeting	
23 December		Recess	Recess	Recess	Recess	Recess

