

Integration Joint Board Meeting



Thursday, 16 May 2019 at 10:00

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

1 Apologies

2 Declarations of Interest

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

3 Minutes

The accuracy of the Minutes of the meeting held on 21 March 2019 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

3.1 Matters Arising

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

Quality and Performance

4 Director's Report

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

5 Ministerial Strategic Group Review of Progress with integration of Health and Social Care: Self-Evaluation

Submit report by Caroline Whyte, Chief Finance and Transformation Officer on the outcome of the self-evaluation undertaken to rate progress against the Scottish Government's Review of Progress with integration of Health and Social Care report findings and the Audit Scotland report (copy enclosed).

Strategy and Policy

6 Workforce Development Strategy

Submit report by Caroline Whyte, Chief Finance and Transformation Officer on progress on developing the Health and Social Care Partnership Workforce Development Strategy (copy enclosed).

7 Ayrshire Mental Health Conversations

Submit report by the Thelma Bowers, Head of Service (Mental Health) on the proposed strategic response by the three Ayrshire Health and Social Care Partnerships to the Scottish Government's Mental Health Strategy 2017 – 2027 (copy enclosed).

8 Adaptations Policy

Submit report by Stuart Gaw, Senior Manager (Health and Community Care) on the development of an Adaptations Policy providing guidelines on how adaptations will be supplied and fitted (copy enclosed).

9 Equality Outcome and Mainstreaming Report 2018

Submit report by the Scott Bryan, Team Manager (Planning) on the Equality Mainstreaming and Outcome report and the Ayrshire Shared Equality Outcomes Progress report (copy enclosed).

Appointments

10 Integration Joint Board: Appointments

Submit report by Stephen Brown, Director (NAHSCP) on the appointment of the Chair and Vice Chair of the Integration Joint Board (copy enclosed).

Minutes of Meetings for Discussion

11 Strategic Planning Group Minutes

Submit the minutes of the Strategic Planning Group meeting held on 6 March 2019 (copy enclosed).

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
Vacancy	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
Vacancy	Independent Sector Rep (Depute for Nigel Wanless)
Vicki Yuill	Third Sector Representative
Barbara Connor	(Chair) IJB Irvine Locality Forum



**North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 21 March 2019
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
Councillor Dickson, North Ayrshire Council (substitute for Councillor Larsen)
Alistair McKie, NHS Ayrshire and Arran
Dr Janet McKay, NHS Ayrshire and Arran
Councillor John Sweeney, North Ayrshire Council

Stephen Brown, Director of Health and Social Care Partners
Caroline Whyte, Chief Finance and Transformation Officer
David MacRitchie, Chief Social Work Officer
Alistair Reid, Lead Allied Health Professional Adviser
David Thomson, Associate Nurse Director/IJB Lead Nurse
Dr. Louise Wilson, GP Representative

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)
Fiona Thomson, Service User Representative
Nigel Wanless, Independent Sector Representative
Vicki Yuill, Third Sector Representative
Barbara Connor, Chair, Irvine Locality Forum

In Attendance

Eleanor Currie, Principal Manager (Finance)
Thelma Bowers, Head of Service (Mental Health)
Karen Andrews, Team Manager (Governance)
Diane McCaw, Committee Services Officer

Apologies for Absence

John Rainey, NHS Ayrshire and Arran
Councillor Christina Larsen, North Ayrshire Council
Dr. Calum Morrison, Acute Services Representative
Dr Paul Kerr, Clinical Director
Michelle Sutherland, Partnership Facilitator

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, Vicki Yuill declared an interest in Agenda Item 12: IJB 2019-20 Budget: Appendix E: Point 29: Partnership Enablers.

3. Minutes/Action Note

The accuracy of the Minute of the meeting held on 14 February 2019 was confirmed and the Minute signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

3.1 Matters Arising

Adult Support and Protection – Thematic Inspection Improvement Work Plan Update – Strategic Advocacy Plan – Advocacy Strategy report at item 10 on Agenda. Remove action.

Action – B. Walker

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 the following:-

- the Ministerial Review with Joe Fitzpatrick, MSP, Minister for Public Health, Sport and Wellbeing which took place on 18 March 2019;
- the visit by Graeme Day, MSP, Minister and Parliamentary Business and Veterans to the Veterans 1st Point offices in Irvine;
- the selection of NHS Ayrshire and Arran to host a visit of delegates from the International Forum on Quality and Safety in Healthcare;
- the Staff Partnership Awards which took place on 28 February 2019;
- the Justice Service Making a Difference (MAD) Group having been short-listed as a finalist for Team of the Year at the Scottish Association of Social Workers Awards;
- the work of the Money Matters Team;
- the commencement in April 2019 of the pilot Attendance Award Scheme;
- the development of the Care Home Commissioning Strategy;
- the 'Integrated Care Matters' webinar held by the International Foundation for Integrated Care;
- the unveiling of the art exhibition by young people from North Ayrshire with experience of the care system; and
- the publication of the final 'What Matters to You? 2018' report, a link to which was provided within the report.

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

- that details of future Ministerial Visits would be circulated to the NHS Board and published through IJBs;
- a report will be submitted to the IJB on the published outcome of the Ministerial Review;
- that a report on the work of the Money Matters Team be submitted to a future meeting covering referrals, cases which are taken forward and those which are successful; and

- work in connection with Citizens Advice Service to provide assistance to those claiming Universal Credit.

The Board agreed (a) that a report be submitted to a future meeting of the IJB on the published outcome of the Ministerial Review; and (b) to note the ongoing developments within the North Ayrshire Health and Social Care Partnership.

5. Health and Social Care Clinical and Care Governance Group Update

Submitted report by David Thomson, Associate Nurse Director/IJB Lead Nurse in relation to governance and assurance of activity reviewed via the Health and Social Care Clinical and Care Governance Group (CCGG) for the period July 2018-January 2019, reflecting the specific issues which have been requested for presentation by the CCGG to ensure appropriate challenge is made and assurance provided.

Members asked a question in relation to the reporting of pharmacy and medicines management through the current structure. An assurance was given that an invitation would be made to the Head of Pharmacy to join the Governance Group and that information on this would then be included within the update reports.

Noted.

6. Performance and Audit Committee: Terms of Reference

Submitted report by Stephen Brown, Director (NAHSCP) on the terms of reference for the Performance and Audit Committee which have been reviewed to make the role of the IJB PAC more defined in terms of the areas of responsibility, including Performance, Audit, Risk and other Governance areas and in terms of Committee Membership roles. The revised Terms of Reference were attached as Appendix 1 to the report.

The Board agreed to (a) approve the revised Terms of Reference for the IJB Performance and Audit Committee as detailed in Appendix 1 to the report; and (b) note that membership of the Committee will require to be confirmed at the IJB meeting in April 2019.

7. Social Care Charging Policy 2019-20

Submitted report by Eleanor Currie, Principal Manager (Finance) on the updated Social Care Charging Policy and approved charges for 2019-20, as detailed in the Appendices to the report.

The Board was advised that the revised charges will not be implemented until after completion of a data cleanse within the service.

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

- charges in relation to direct payments for personal assistance; and
- that issue of the charging information to providers would be useful.

Noted.

8. Veterans First Point (V1P) Service

Submitted report by Lindsay Kirkwood, Clinical Lead V1P, in consultation with Thelma Bowers, Head of Service (Mental Health), providing information on the

Veterans First Point Ayrshire. Appendix 1 to the report provided details of the Veterans Pathway through the service and Appendix 2 detailed the third sector veteran support organisations operating within Ayrshire. A link to the Scottish Veterans Commissioner's (SVC) report "Veterans' Health and Wellbeing" was also provided within the report.

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

- difficulties in evaluation of any impact which the service has in relation to veterans;
- the long term sustainability of the model going forward;
- that the service is available to veterans of all Armed Services;
- prevention routes to tackle the psychological issues suffered by veterans; and
- any impact in relation to how veterans have been supported throughout their careers.

The Board agreed (a) that an update report on the long term sustainability plan be provided to a future meeting of the IJB; and (b) otherwise to note the content of the SVC Veterans' Health and Wellbeing report.

9. Community Care Occupational Therapy Report

Submitted report by Stuart Gaw, Senior Manager for Intermediate Care and Rehabilitation / Alistair Reid, Lead Allied Health Professional on (i) the current waiting time position for occupational therapy (OT) assessment within the community care teams in North Ayrshire; (ii) progress made to date to reduce these waiting times; and (iii) actions planned to further improve this position.

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

- that input from the Trade Unions would be welcomed in relation to the staff roll out of equipment training across professional groups;
- the need for publicity and communication to promote changes to services;
- training in terms of the 'housing options' approach to local housing staff to enable practitioners to have early conversations with regard to long term suitability of homes;
- recruitment in relation to filling OT positions;
- challenges around how skill sets of OTs are managed;
- that the Care Inspectorate and Health Improvement Scotland formal report will be circulated to Members once the embargo is lifted; and
- the need to tackle waiting lists.

The Board agreed (a) to approve the proposed action plan as detailed at Section 3 of the report; (b) that an update report be provided to a future meeting on progress going forward and targets; and (c) otherwise to note the content of the report.

10. Advocacy Strategy

Submitted report by Thelma Bowers, Head of Service (Mental Health) on progress in developing the Advocacy Strategy and Action Plan to meet the recommendations of the Mental Welfare Commission for Scotland. The Independent Advocacy Strategic Plan 2019-2021 was set out at Appendix 1 to the report and Appendix 2 detailed the Equality and Children's Rights Integrated Screening Form. Appendices 3 and 4 to the report detailed the Advocacy Consultation Results and the Action Plan 2019-2021, respectively.

The Board agreed to (a) approve the Advocacy Strategy and Action plan as detailed at Appendices 1 and 4 to the report; and (b) support further stakeholder engagement to develop a detailed delivery plan.

11. Budget Monitoring – Period 10 (January 2019)

Submitted report by Caroline Whyte, Chief Finance and Transformation Officer providing an update on the projected financial outturn for the financial year as at January 2019. Appendix A provided a detailed financial overview of the Partnership budgetary position while Appendix B gave a detailed variance analysis. Appendix C presented full detail on savings, with Appendix D detailing progress against the approved recovery plan and Appendix E highlighting the movement in the overall budget position.

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

- the position in relation to care home placements; and
- an assurance in terms of filling the vacant District Nursing posts urgently.

The Board agreed to (a) note the projected year-end overspend of £0.332m; (b) approve the changes in funding as detailed at section 2.11 and Appendix E to the report; and (c) note (i) the impact of the financial recovery plan and the progress being made in delivering financial balance; and (ii) the potential impact of the Lead Partnerships.

12. Budget 2019-20

Submitted report by Caroline Whyte, Chief Finance and Transformation Officer on the financial position for the Partnership for 2019-20, including the proposed delegated funding, service budget pressures and plans developed to set a balanced budget. Appendix A provided a summary of the 2019-20 budget and net budget increase while Appendices B and C detailed finance settlement funding letters issued to NHS Boards and Councils by the Scottish Government on levels of funding to be delegated to IJBs in 2019-20. Appendix D provided information on proposed service pressures and Appendix E detailed proposed savings.

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

- the increased care at home hourly rate detailed within section 3.2 of the report; and
- concern around the savings indicated in terms of the ICF project at Buckreddan Care Home.

The Board agreed to approve the budget for 2019-20 for North Ayrshire Health and Social Care Partnership, inclusive of all related pressures and savings, while noting that the funding position is subject to confirmation by NHS Ayrshire and Arran.

13. Strategic Planning Group Minutes

Submitted the minutes of the Strategic Planning Group meetings held on (i) 5 December 2018; and (ii) 23 January 2019.

Noted.

14. Chair's Remarks

The Chair indicated that Heather Malloy had resigned from her role with the IJB and thanked her for the contribution she had made to the work of the IJB

He further indicated that Alistair McKie's role as a Non Executive with the Health Service and NHS was coming to the end and thanked him for his contribution to the work of the IJB.

The Board wished both every success for the future.

15. Urgent Item

The Chair agreed that the following item be considered as a matter of urgency to allow the Board to receive up-to-date information.

16. GP Situation on Arran

Councillor Billings indicated that the Arran Strategic Group were looking at issues around the impact of new GP contracts in relation to rural practices.

Dr. Hogg, GP on Arran and Vice-Chair of the Ayrshire Rural GPs, has now resigned from the Group.

The Board agreed to investigate any implications in terms of this.

The Meeting ended at 11.35 a.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 21 March 2019

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Director's Report: Ministerial Review Outcome	21/3/19	That a report on the published outcome of the Ministerial Review be submitted to a future IJB Meeting.	Ongoing	Stephen Brown
2.	Veterans First Point (V1P) Service	21/3/19	That an update report on the long term sustainability plan be submitted to a future IJB Meeting.	Ongoing	Thelma Bowers
3.	Community Care Occupational Therapy Report	21/3/19	That an update report on progress be submitted to a future IJB Meeting.	Ongoing	Alistair Reid

Integration Joint Board 16 May 2019

Subject: **Director's Report**

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

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
GP	General Practitioner
SPOC	Single Point of Contact

1.	EXECUTIVE SUMMARY
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.
2.	CURRENT POSITION
	<u>National Developments</u>
2.1	<u>Social Prescribing Day – 14th March 2019</u>
	North Ayrshire HSCP participated in the successful Social Prescribing Day held on 14 th March 2019. Staff, stakeholders, providers, elected members, GPs, third and independent sector colleagues, local media and our community link workers, showed their support on #SocialPrescribingDay. Community link worker drop-in sessions were held across North Ayrshire to help raise awareness of their service.
	There's a community link worker in every NA GP practice – receptionists can offer appointments. Community link workers also post regular information about new wellbeing group/activities and services as well as local community information on www.CARENA.org.uk and on Facebook @careandsupportNA.

	<u>North Ayrshire Developments</u>
2.2	<u>"13 Reasons Animation"</u>
	A group of our young people won a national award for their creation of the '13 reasons' animations. This was created to appeal to young people, providing positive messages around mental health having been commissioned by our Child Protection Committee as part of a coordinated response to increasing suicide rates. Economy and Communities colleagues, along with Young Scot, helped the young people involved to create an incredibly brave and effective set of animations.
2.3	<u>International Visit - OzChild and Berry Street</u>
	We were delighted to welcome three Australian visitors to North Ayrshire on Monday 29 th April 2019 from OzChild, Michelle Van Doorn, Executive Director of Services and Mark Powell, Chief Operating Officer, and from Berry Street, Jenny McNaughton Executive Director of Services.
	<p>Leaders from NAHSCP Children's Services showcased just some of the highly effective programmes/services we manage to better support children and young people growing up in North Ayrshire, including:</p> <ul style="list-style-type: none"> • SNAP (Stop, Now and Plan is a CBT based intervention for children (aged 8-11yrs) and their parents to enable anger/behaviour management and improve engagement in school and home) • Rosemount (youth justice services for young people (aged 12-21 years) who display problematic behaviour – we implement a whole system approach to build resilience, promote social inclusion and equip young people to move forward in their lives) • Universal Early Years (for children (0-5years) and their families – we provide a wraparound multi-disciplinary service to support families to give children the best start in life)
	North Ayrshire Health and Social Care Partnership was just one of their visits in a trip to research best practice in children's services across the world – they've headed off from Irvine to Netherlands and Singapore.
2.4	<u>Care at Home Event – 13 March 2019</u>
	<p>Care at Home held a frontline event for staff on 13th March 2019. The event was well attended and the day included inputs on topics :-</p> <ul style="list-style-type: none"> • 'Career in Care', • Health and Safety relating to slips, trips and falls; and • Presentation from Royal Bank of Scotland about scams and how to be alert to financial exploitation of our older people
2.5	<u>Carers</u>
	The Health & Social Care Partnership have recently purchased a Digital Resource for Carers, which will be available to all unpaid carers across North Ayrshire. As part of our Carer Positive Employer status this will also be available to unpaid carers within the workplace.
	The partnership will also offer two unpaid carers the opportunity to complete an SVQ Level 2 in Social Services & Healthcare. This is the first year offering this

	<p>opportunity and the application process is open to any carer who currently cares for an adult 18+. The SVQ will be based around their current caring role, and an assessor will be allocated to support the carer. Commitment from the carer will include 1-4 hrs per week of their own time to complete the SVQ paperwork, and should take between 1-1.5 years to fully complete the full SVQ. Applications will be received up to the closing day of 10th May 2019, with interviews taking place week commencing 20th May 2019. Successful applicants will attend an induction which will take place over 2 days on 11/12 June 2019.</p>
2.6	<p><u>Scottish Government/HSCP Engagement Meeting</u></p>
	<p>Following the second round of Scottish Government and HSCP engagement meetings which focussed on local plans for performance reporting; directions; strategic commissioning and public engagement, the Scottish Government are now commencing round three of these meetings.</p>
	<p>Scottish Government and Chief Officers Network have agreed that the agendas for round three of these meetings would be more flexible and will include emerging issues for partnerships such as governance (including feedback on the Review of Integration Schemes); decision making processes (including directions) and budgets (including use of Set Aside budgets. The North Ayrshire HSCP meeting was held on Friday 3 May 2019.</p>
2.7	<p><u>First Ever Attendance Award Winner!</u></p>
	<div data-bbox="272 994 708 1572" data-label="Image"> </div> <p>Our very first winner of the new staff attendance award scheme has been chosen. Following an IJB decision last year, it was agreed that we would run a pilot scheme to reward a member of staff in the Health and Social Care Partnership each quarter for full attendance with no sickness absence in that quarter. I am delighted to announce that the winner of the January to March award, picked at random, was Vivien McDevitt. Vivien is a Care at Home Assistant who has worked with the partnership since 1991.</p> <p>Vivien received £1000 worth of vouchers of her choosing. Next quarter's winner will be announced in early July.</p>
2.8	<p><u>Douglas Grant and Redburn</u></p>
	<p>As of 1st April this year, the Health and Social Care Partnership assumed the operational management responsibility for two more hospital wards on the Ayrshire Central site – Douglas Grant and Redburn. All three rehabilitation wards on the site will now be under the one management structure, something which makes complete sense but has taken us a while to arrange. I did have the pleasure of attending the Douglas Grant Ward last year and know the great work that is done there. I am hoping to get along to Redburn soon, alongside a further visit to Douglas Grant.</p>
2.9	<p><u>Appointments/Leavers</u></p>

	There have been a number of changes in staff across the partnership. In Children & Families, Donna McKee, Head of Children, Families and Justice Services will retire from the partnership in July. Recruitment for her successor is currently underway. Mark Inglis, Senior Manager Intervention Services will leave the partnership in May to take up a new post as Head of Service, Children & Families in South Ayrshire. Roseanne Burns, has been appointed as Interim Senior Manager for Intervention Services in his place. I have worked with Roseanne for many years and know she will be a really valuable addition to the team.
	Within Community Care & Health, Mary Francey, Senior Manager has retired from her post as Senior Manager, Locality Services and Stuart Gaw will leave the partnership in May to take up a new post in NHS Greater Glasgow.
2.10	<u>Engagement on Alcohol and Drugs in North Ayrshire</u>
	From 1 May – 12 June , we'll be gathering views and having conversations with people who use services, families and carers, staff and stakeholders plus members of the public on the topic of alcohol and drugs in North Ayrshire.
	Champions in alcohol and drug services are being identified and will work with groups and forums in North Ayrshire, partner organisations will engage with third sector groups, and Scottish Health Council is supporting with engagement at the front doors of University Hospital Crosshouse and Woodland View. There will also be an online survey, publicised via social media.
	The outputs from the engagement will create local priorities and action plans in line with the new national alcohol and drug strategy, Rights, Respect and Recovery , Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths.
3.	PROPOSALS
3.1	<u>Anticipated Outcomes</u>
	Not applicable.
3.2	<u>Measuring Impact</u>
	Not applicable
4.	IMPLICATIONS

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

	Direction to :-	
	1. No Direction Required	√

Direction Required to Council, Health Board or Both	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

4.	CONSULTATION
4.1	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of consultation.
5.	CONCLUSION
5.1	Members of 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

Integration Joint Board 16 May 2019

Subject:	Ministerial Strategic Group Review of Progress with Integration of Health and Social Care – Self-Evaluation
Purpose:	To benchmark the North Ayrshire HSCP position against the proposals published in the final report relating to the review of progress with the Integration of Health and Social Care.
Recommendation:	The IJB approves the completed self-evaluation and actions identified for improvement and remits this to the Scottish Government as required. The actions will be monitored through the Performance and Audit Committee and an overall progress update report will be provided to the IJB later in 2019.

Glossary of Terms	
HSCP	Health and Social Care Partnership
MSG	Ministerial Strategic Group
COSLA	Convention of Scottish Local Authorities

1.	EXECUTIVE SUMMARY
1.1	The Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the Ministerial Strategic Group (MSG) for Health and Community Care, and that outputs arising from any further action stemming from such a review would be shared with the Health and Sport Committee of the Scottish Parliament. Following the review, the final published report was considered by the IJB on the 14 February 2019, the report highlighted the main conclusions and proposals for consideration. A number of proposals to ensure the future success of integration are included in the report and the IJB were advised of the intention to benchmark the North Ayrshire HSCP position against the proposed areas for improvement and that an evaluation and action plan would be brought to the IJB for approval.
1.2	The MSG report noted an expectation that every Health Board, Local Authority and Integration Joint Board will undertake an evaluation their current position in relation to the MSG report findings and the Audit Scotland report and take appropriate action to make progress. The process of self-evaluation and the proposals in the report should extend beyond the statutory partners and include local colleagues in the third and independent sector, and other partners. The Scottish Government issued a self-evaluation template to support consistency in evaluation, the template is to be completed by IJBs and submitted to the Scottish Government. The collation of the self-evaluations across IJBs will allow the MSG Integration Leadership Group to gain an insight into progress locally and allow a comparison to be made across Scotland.
1.3	The IJB has been asked to rate progress against the key features and principles using the following criteria – not yet established, partly established, established and exemplary and to identify improvement actions. The completed self-evaluation

	<p>template for North Ayrshire HSCP is included as Appendix 1. The template has been completed collaboratively by the IJB including all stakeholder groups and statutory partners have been consulted. The IJB are asked to approve the completed template and remit this to the Scottish Government. Thereafter improvement actions will be monitored through the Performance and Audit Committee and a follow up progress update will be brought back to the IJB later in 2019.</p>
2.	BACKGROUND
2.1	<p>At a health debate in the Scottish Parliament on 2 May 2018, the then Cabinet Secretary for Health and Sport undertook that a review of progress by Integration Authorities would be taken forward with the Ministerial Strategic Group (MSG) for Health and Community Care, and that outputs arising from any further action stemming from such a review would be shared with the Health and Sport Committee of the Scottish Parliament. The final published report was considered by the IJB on the 14 February 2019 and this was to be followed up with benchmarking of the North Ayrshire HSCP position against the report proposals be undertaken.</p>
2.2	<p>The Scottish Government issued a self-evaluation template to support consistency in evaluation, the template is to be completed by IJBs and submitted to the Scottish Government. The collation of the self-evaluations across IJBs will allow the Leadership Group to gain an insight into progress locally and allow a comparison to be made across Scotland. The completed self-evaluation template for North Ayrshire HSCP is included as Appendix 1.</p>
3.	PROPOSALS
3.1	<p>The report outlines a number of proposals reflecting joint and mutual leadership responsibility to improve the pace and success of integration.</p> <p>The MSG group identified a total of 25 proposals for improvement all with implementation timescales over the next 6 to 12 months. The proposals are grouped under the 6 main features identified to support integration, illustrated below:</p> <div data-bbox="287 1326 1439 1821" data-label="Diagram"> <p>The diagram is titled "Features supporting integration" in a dark blue rounded rectangle at the top. Below the title, there are six circular icons arranged horizontally, each connected to a text label underneath. The icons and their corresponding labels are:</p> <ul style="list-style-type: none"> Icon 1: Two hands shaking. Label: Collaborative leadership & building relationships Icon 2: A calculator. Label: Integrated finances and financial planning Icon 3: A checklist with a checkmark. Label: Effective strategic planning for improvement Icon 4: A hierarchical organizational chart. Label: Agreed governance & accountability arrangements Icon 5: Three people icons connected by lines. Label: Ability & willingness to share information Icon 6: A person icon with a circular arrow around them. Label: Meaningful & sustained engagement </div>
3.2	<p>In support of these proposals the MSG expect that:</p> <ul style="list-style-type: none"> • Every Health Board, Local Authority and IJB will evaluate their current position in relation to this report and the Audit Scotland report, and take action to make progress using the support on offer.

	<ul style="list-style-type: none"> Partnerships to initiate or continue the necessary “tough conversations” to make integration work and to be clear about the risks being taken, and ensure mitigation of these is in place. Partnerships to be innovative in progressing integration.
3.3	The IJB has been asked to rate progress against the key features and principles using the following criteria – not yet established, partly established, established and exemplary and to identify improvement actions. The completed self-evaluation template for North Ayrshire HSCP is included as Appendix 1. There are no areas that have been identified or rated as not yet established. There are a number of areas where further work is required to fully establish arrangements or move to a position of exemplary practice.
3.4	The IJB are asked to approve the self-evaluation and remit to the Scottish Government for consideration by the MSG Integration Review Leadership Group.
3.5	<u>Anticipated Outcomes</u>
	The self-evaluation of progress and the identification of improvement actions locally will support increasing the pace of delivery of the integration of health and social care, and improving people’s outcomes in the delivery of services.
3.6	<u>Measuring Impact</u>
	Following approval, the self-evaluation and identified improvement actions will be taken forward with progress monitored and reported through the Performance and Audit Committee, a follow up report will be presented to the IJB later in 2019.
4.	IMPLICATIONS
Financial:	There are financial proposals as part of the review focus on developing an integrated partnership budget.
Human Resources:	There are no workforce proposals as part of the review. However this issue should be a key focus for statutory and non-statutory partners taking forward integration
Legal:	No legal amendments to the existing legislation will be made as a result of the review.
Equality:	The integration of health and social care seeks to improve the equalities outcomes of the people of North Ayrshire.
Children and Young People	There are planning proposals which will impact on all service areas as part of the review.
Environmental & Sustainability:	There are proposals to support HSCP sustainability, through increased pace of implementation.
Key Priorities:	The review proposals and improvement actions will aid the delivery of the HSCP strategic plan.
Risk Implications:	The improvement actions will support the mitigation of strategic risks.
Community Benefits:	N/A.

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

5.	CONSULTATION
5.1	Consultation has taken place with the HSCP Partnership Senior Management Team, NHS Ayrshire and Arran and North Ayrshire Council and our independent and third sector partners to inform the self-evaluation and improvement actions. The IJB has been consulted and involved with the self-evaluation being undertaken collaboratively with IJB members.
6.	CONCLUSION
6.1	<p>The proposals from the review and the previously published Audit Scotland report provide an opportunity to improve the pace and effectiveness of integration. This provides an opportunity for partnerships to benchmark progress in key areas, supporting shared learning of best practice and improvement across Scotland.</p> <p>It is recommended that Members approve the completed self-evaluation and proposed improvement actions and remit this to Scottish Government for consideration by the MSG Integration Leadership Group.</p>

For more information please contact:

Steven Brown on 01294 317723 or sbrown@north-ayrshire.gov.uk,
or Caroline Whyte on 01294 324954 or carolinewhyte@north-ayrshire.gov.uk

NORTH AYRSHIRE HSCP – MSG INTEGRATION REVIEW LEADERSHIP GROUP SELF EVALUATION SUMMARY				
Feature supporting integration	Not yet established	Partly Established	Established	Exemplary
1. Collaborative leadership and building relationships				
1.1: All leadership development will be focused on shared and collaborative practice			√	
1.2: Relationships and collaborative working between partners must improve			√	
1.3: Relationships and partnership working with the third and independent sectors must improve			√	
2. Integrated finances and financial planning				
2.1: Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration			√	
2.2: Delegated budgets for IJBs must be agreed timeously			√	
2.3: Delegated hospital budgets and set aside budget requirements must be fully implemented		√		
2.4: Each IJB must develop a transparent and prudent reserves policy			√	
2.5: Statutory partners must ensure appropriate support is provided to IJB S95 Officers.				√
2.6: IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.		√		
3. Effective strategic planning for improvement				
3.1: Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.			√	
3.4: Improved strategic planning and commissioning arrangements must be put in place.		√		
3.5: Improved capacity for strategic commissioning of delegated hospital services must be in place.		√		
4. Governance and accountability arrangements[√]				
4.1: The understanding of accountabilities and responsibilities between statutory partners must improve.			√	
4.2: Accountability processes across statutory partners will be streamlined.			√	
4.3: IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis.			√	
4.4: Clear directions must be provided by IJB to Health Boards and Local Authorities.		√		
4.5: Effective, coherent and joined up clinical and care governance arrangements must be in place.			√	

NORTH AYRSHIRE HSCP – MSG INTEGRATION REVIEW LEADERSHIP GROUP SELF EVALUATION SUMMARY				
Feature supporting integration	Not yet established	Partly Established	Established	Exemplary
5. Ability and willingness to share information				
5.1: IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data.			√	
5.2: Identifying and implementing good practice will be systematically undertaken by all partnerships.				√
6. Meaningful and sustained engagement				
6.1: Effective approaches for community engagement and participation must be put in place for integration.				√
6.2: Improved understanding of effective working relationships with carers, people using services and local communities is required.				√
6.3: We will support carers and representatives of people using services better to enable their full involvement in integration.				√

Ministerial Strategic Group for Health and Community Care

Integration Review Leadership Group

Self-evaluation

For the Review of Progress with Integration of Health and Social Care

March 2019

MINISTERIAL STRATEGIC GROUP FOR HEALTH AND COMMUNITY CARE (MSG) REVIEW OF PROGRESS WITH INTEGRATION OF HEALTH AND SOCIAL CARE - SELF EVALUATION

There is an expectation that Health Boards, Local Authorities and Integration Joint Boards should take this important opportunity to collectively evaluate their current position in relation to the findings of the MSG review, which took full account of the Audit Scotland report on integration published in November 2018, and take action to make progress. This evaluation should involve partners in the third and independent sectors and others as appropriate to local circumstances. This template has been designed to assist with this self-evaluation.

To ensure compatibility with other self-evaluations that you may be undertaking such as the Public Services Improvement Framework (PSIF) or those underpinned by the European Foundation for Quality Management (EFQM), we have reviewed examples of local self-evaluation formats and national tools in the development of this template. The template is wholly focused on the 25 proposals made in the MSG report on progress with integration published on 4th February, although it is anticipated that evidence gathered and the self-evaluation itself may provide supporting material for other scrutiny or improvement self-evaluations you are, or will be, involved in.

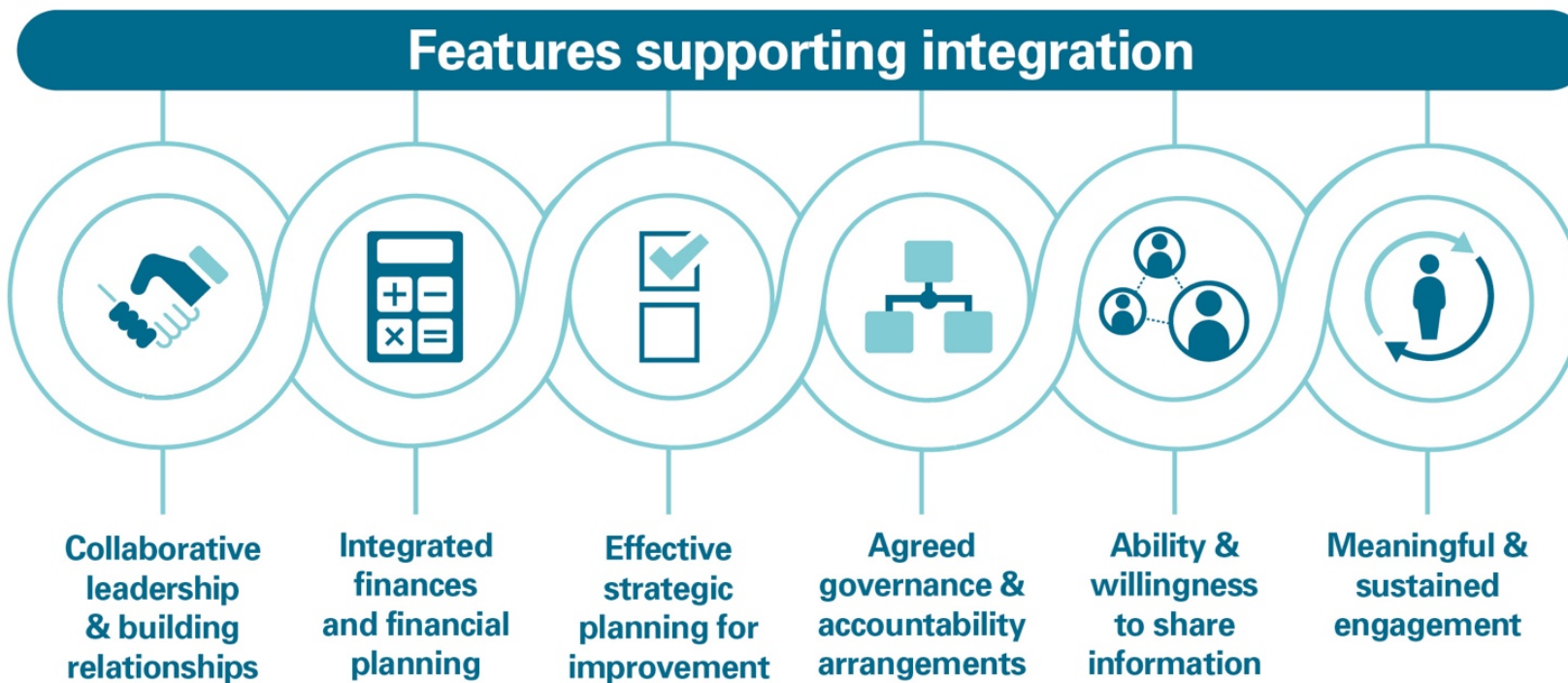
Information from local self-evaluations can support useful discussions in local systems, sharing of good practice between local systems, and enable the Integration Leadership Group, chaired by the Scottish Government and COSLA, to gain an insight into progress locally.

In completing this template please identify your rating against each of the rating descriptors for each of the 25 proposals except where it is clearly marked that that local systems should not enter a rating. Reliable self-evaluation uses a range of evidence to support conclusions, therefore please also identify the evidence or information you have considered in reaching your rating. Finally, to assist with local improvement planning please identify proposed improvement actions in respect of each proposal in the box provided. Once complete, you may consider benchmarking with comparator local systems or by undertaking some form of peer review to confirm your findings.

We greatly appreciate your assistance in ensuring completion of this self-evaluation tool on a collective basis and would emphasise the importance of partnership and joint ownership of the actions taken at a local level. **Please share your completed template with the Integration Review Leadership Group by 15th May 2019 – by sending to Kelly.Martin@gov.scot**

It is our intention to request that we repeat this process towards the end of the 12 month period set for delivery of the all of the proposals in order that we can collectively demonstrate progress across the country.

**Thank you.
Integration Review Leadership Group
MARCH 2019**



Name of Partnership	North Ayrshire HSCP
Contact name and email address	Caroline Whyte, carolinewhyte@north-ayrshire.gov.uk
Date of completion	18 th April 2019

Key Feature 1 Collaborative leadership and building relationships				
Proposal 1.1 All leadership development will be focused on shared and collaborative practice. (6mths)				
Rating Descriptor	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of clear leadership and support for integration.	Leadership is developing to support integration.	Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.	Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> Joint Inspection (Adults) effectiveness of strategic planning in NAHSCP published in March 2019 graded leadership and direction that promotes the partnership as 'good', highlighting that: <ul style="list-style-type: none"> - the vision is evident, widely understood and supported across the partnership - at a senior level there is collaborative leadership and involvement in decision making at a pan-Ayrshire level Senior Partnership Operational Group (SPOG) supports approach to collaborative leadership across Ayrshire NAHSCP senior leaders and professional leads are represented on national groups, providing opportunity for networking, collective work on priorities and shared learning Some support services are within the partnership, including Business Administration, Planning, Performance, Social Care Finance, however there remains a significant resource of corporate support services outwith the HSCP that the partnership rely on to support the day to day service delivery and the improvement agenda, this can lead to conflicting priorities Locality forums and links with CPP localities (geographical areas aligned), currently undertaking a pilot in Arran to merge the LPF and CPP forums 			
Proposed improvement actions	<ul style="list-style-type: none"> SG and COSLA to undertake an audit of existing national leadership programmes to identify gaps and areas of synergy to support the integration of health and social care, further work to be delivered on cross-sectoral leadership development and support NAHSCP Workforce Development Strategy includes an action for the partnership to develop succession planning for key leadership positions 			

	<ul style="list-style-type: none">• Review of support service arrangements, including opportunities to bring support within the HSCP and to formalise the support arrangement between the HSCP and Council/Health Board
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Proposal 1.2 Relationships and collaborative working between partners must improve (12mths)_				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of trust and understanding of each other's working practices and business pressures between partners.	Statutory partners are developing trust and understanding of each other's working practices and business pressures.	Statutory partners and other partners have a clear understanding of each other's working practices and business pressures – and are working more collaboratively together.	Partners have a clear understanding of each other's working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> • Inclusive approach – information sharing, present at members seminars part of wider Council Chief Officers leadership group • Established CPP structures enhanced with other forums for collaborative working • CPP agreed and supported Fair for All Strategy to tackle shared priority of promoting equality across our residents • Examples of areas of shared investment, eg Trindlemoss development for Learning Disability and Mental Health services supported by capital and revenue investment by both the Council and Health Board • Co-location of staff, shared property portfolio and Joint Property Group in place to manage shared interests • Consistent representation and attendance from a range of partners and stakeholders at the SPG and IJB • Clear links with other service areas outwith HSCP, including for example Economies and Communities and Housing in relation to the Strategic Housing Investment Plan and need in relation to supported housing • Challenge Fund established in 2017-18 by Council and HSCP to invest in new models of care, recognising need to test new models and double run investment to deliver real transformational change • Constructive relationships with funding partners in relation to meeting cost and demand pressures and recognising financial challenges facing HSCP, led to supportive budgets being agreed with pressures being funded and any savings being in line with the delivery of the Strategic Plan • IJB Chief Officers and Chief Financial Officers engagement in budget discussions with Council and Health Board 			
Proposed improvement actions	<ul style="list-style-type: none"> • Establishing more routine cross party meetings HB/Council outwith the budget process 			

Proposal 1.3				
Relationships and partnership working with the third and independent sectors must improve (12mths)				
Rating	Not yet established	Partly established	Established	Exemplary
Indicator	Lack of engagement with third and independent sectors.	Some engagement with the third and independent sectors.	Third and independent sectors routinely engaged in a range of activity and recognised as key partners.	Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focused on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> • Representation of Third and Independent Sector at IJB, Strategic Planning Group and on Locality Planning Forums • Significant financial support provided to partnership enablers, involved and fully support the work of the partnership • Established network of social care provider forums to share information, knowledge and gain feedback from providers • Reflection in Joint Inspection (Adults) effectiveness of strategic planning in NAHSCP that the partnership approach to developing a mixed economy of care in consultation with the third and independent sectors was not well defined and the partnership need to invest more time in developing stronger relationships with the sectors 			
Proposed improvement actions	<ul style="list-style-type: none"> • Third and Independent sectors will be allocated a dedicated space as part of the partnership Organisational Development programme during 2019 ("Thinking Different, Doing Better") • Actions aligned to the Joint Inspection of strategic planning • Greater involvement of third and independent sector in the development of commissioning strategies, commencing with the Older People's Care Home Strategy • Scottish Government requested to consider the longer-term sustainability of Independent Sector/Third Sector representation on IJBs and a funding model to support this 			

Key Feature 2 Integrated finances and financial planning				
Proposal 2.1 Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration (by 1st April 2019 and each year by end March)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of consolidated advice on the financial position of statutory partners' shared interests under integration.	Working towards providing consolidated advice on the financial position of statutory partners' shared interests under integration.	Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.	<p>Fully consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.</p> <p>Improved longer term financial planning on a whole system basis is in place.</p>
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> Integrated budget management report presented to the IJB, shared with NHS and Council Directors of Finance and Chief Executives to ensure both partners are fully sighted on the overall financial position Dedicated HSCP Finance Manager and CFO provide advice and support to the partners and IJB in an integrated way, taking account of impact of service change proposals and pressures across the whole system Financial plans are aligned to the Strategic Plan delivery taking a whole system approach to the impact Agreed during 2018-19 a shared position between IJB/Council/HB around the Scottish Government conditions attached to the 2019-20 budget settlement, the principle of an integrated approach to balancing the IJB budget for 2018-19 and a plan to address the outstanding debt to North Ayrshire Council for previous year overspends. These areas were all successfully negotiated and agreed across the 3 parties during the year with the impact for each party being clearly understood Ayrshire Finance Leads Network established, providing a forum for the CFOs and senior finance managers from the 3 Ayrshire partnerships to share information, best practice and to support a framework of financial governance in relation to pan-Ayrshire services and service developments 			

Proposed improvement actions	<ul style="list-style-type: none"> • Medium Term Financial Plan for 2019-22 to be developed by summer 2019, follow this up with a longer term financial outlook • There is a notable cultural difference between the approach to budget setting in the Council and Health Board, with the plans for service change and implications for Health services generally being less developed at the time of budget setting. This means the implications and potential impact of NHS funding decisions is less clear at the start of the year, clarity will be sought around future timescales for NHS budgets to allow any financial risks to be incorporated as part of the IJB budget setting process. • Scottish Government finance directorate will be requested to review the methodology for the significant allocation of in-year budget allocations to Health Boards. Due to timing of allocations the implications of any reductions to this resource are not clearly understood as part of the budget process and also many in-year funding allocations are not part of the baseline funding uplifted which means with rising costs the impact of the investment is eroded or reduced in future years (specific IJB examples being MH Action 15, PCIF and ADP).
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Proposal 2.2 Delegated budgets for IJBs must be agreed timeously (by end March 2019 and thereafter each year by end March)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of clear financial planning and ability to agree budgets by end of March each year.	Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.	Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.	<p>Medium to long term financial and scenario planning is fully in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB as part of aligned budget setting processes.</p> <p>Relevant information is shared across partners throughout the year to inform key budget discussions and budget setting processes. There is transparency in budget setting and reporting across the IJB, Health Board and Local Authority.</p>
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> • 2019-20 IJB budget set by 31st March 2019, this was the first time the budget was set before the start of the new financial year • Setting the budget by 31 March was in advance of the Health Board setting their budget and was reliant on approval of the HB budget after the IJB. There were some difficulties in achieving this deadline, mainly due to a protracted period of negotiation over the financial settlement following the Scottish Government budget and the conditions re funding levels for IJBs, if this was resolved sooner this would have enabled more focus on the implications and service change requirements. • Medium Term Financial Plan in place, does require to be updated based on more recent developments in terms of Scottish Government funding directives to partners and priorities for investment • Information in shared with partners on financial pressures and service change proposals during the year, although these timescales and requirements do not align for between the Council and Health Board 			
Proposed improvement actions	<ul style="list-style-type: none"> • Updated Medium Term Financial Plan to be presented to IJB by summer 2019 • IJB led budget process for 2020-21 onwards, planning will commence earlier and concurrently for both social care and health to enable an integrated approach to resource allocation and to ensure the IJB will be in a position to approve a balanced budget by 31 March each year • Scottish Government finance directorate will be requested to review the methodology for the significant allocation of in-year budget allocations to Health Boards, specifically for allocations passed through to IJBs. Due to timing of allocations the implications of any reductions to this resource are not clearly understood as part of the budget process and also many in-year 			

	funding allocations are not part of the baseline funding uplifted which means with rising costs the impact of the investment is eroded or reduced in future years (specific IJB examples being MH Action 15, PCIF and ADP).
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Proposal 2.3 Delegated hospital budgets and set aside budget requirements must be fully implemented (6mths)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Currently have no plan to allow partners to fully implement the delegated hospital budget and set aside budget requirements.	Working towards developing plans to allow all partners to fully implement the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.	<p>Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements.</p> <p>The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.</p>	<p>Fully implemented and effective arrangements for the delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance.</p> <p>The set aside budget is being fully taken into account in whole system planning and best use of resources.</p>
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> • Have a notional set aside value of resources based on NRAC share, currently no mechanism for transfer of resources or to commission services differently • Early work started pan-Ayrshire to develop plans to support planning for future requirement of acute hospital services • Investment options are in development, including the pan-Ayrshire investment in an Intermediate Care and Rehab Care model predicated on a reduction in acute bed usage and savings from set-aside resources funding the investment, current work underway to develop a similar business case for end of life/palliative care 			
Proposed improvement actions	<ul style="list-style-type: none"> • Ayrshire and Arran identified as a pilot Board area to develop set aside arrangements, North Ayrshire are supporting this work • Timescales to be established to progress development of pan-Ayrshire approach to Directions 			

Proposal 2.4 Each IJB must develop a transparent and prudent reserves policy (3mths)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is no reserves policy in place for the IJB and partners are unable to identify reserves easily. Reserves are allowed to build up unnecessarily.	A reserves policy is under development to identify reserves and hold them against planned spend. Timescales for the use of reserves to be agreed.	A reserves policy is in place to identify reserves and hold them against planned spend. Clear timescales for the use of reserves are agreed, and adhered too.	A clear reserves policy for the IJB is in place to identify reserves and hold them against planned spend and contingencies. Timescales for the use of reserves are agreed. Reserves are not allowed to build up unnecessarily. Reserves are used prudently and to best effect to support full implementation the IJB's strategic commissioning plan.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> • Approved Reserves Policy in place since partnership formed (needs reviewed) • Have not held reserves to date (currently negative balance) and therefore cannot yet evidence approach to clear timescales etc however this is all outlined in the policy and would be implemented if reserve balances created 			
Proposed improvement actions	<ul style="list-style-type: none"> • Reserves Policy to be reviewed as part of routine review of governance documents, expectation that earmarked reserve balances will be established at the end of 2018-19 			

Proposal 2.5 Statutory partners must ensure appropriate support is provided to IJB S95 Officers.(6mths)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB S95 Officer currently unable to provide high quality advice to the IJB due to a lack of support from staff and resources from the Health Board and Local Authority.	Developments underway to better enable IJB S95 Officer to provide good quality advice to the IJB, with support from staff and resources from the Health Board and Local Authority ensuring conflicts of interest are avoided.	IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place.	IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided.
Our Rating				√
Evidence / Notes	<ul style="list-style-type: none"> • Dedicated Chief Financial Officer for IJB in place since July 2019, new appointment to partnership and no conflict of interest, interests are those of the IJB • Social Care Finance Team transferred from the Council corporate finance team to the HSCP under the CFO in October 2018, full operational and strategic responsibility for social care services • Integrated financial management reports are provided at each IJB meeting • CFO role part of HSCP Partnership Senior Management Team and involved in all material business decisions • Finance and Transformation role is combined acknowledging the two are inextricably linked, CFO is also responsible for the Change, Planning and Performance Teams in the HSCP • The financial position of the IJB has improved during 2018-19, this is in part linked to the renewed focus on the financial position and transformational change programme 			

Proposed Improvement actions	<ul style="list-style-type: none">• Only potential area of improvement would be the delegation of operational responsibility for the Health finance function, unclear on how this would operate practically due to the scale of the resource
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Proposal 2.6 IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations. (from 31 Mach 2019 onwards)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Total delegated resources are not defined for use by the IJB. Decisions about resources may be taken elsewhere and ratified by the IJB.	Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.	Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB's strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses its identity to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainable community services.
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> • Integrated financial management reports to IJB • High level directions issued re financial allocations, when setting the budget, to cover any in-year variation and for the final year-end position • Budget preparation process to date focussed on balancing Health and Social Care budgets independently • 2018-19 financial year clear agreement from Council and Health Board that IJB permitted to move resource across partners, anticipate a health underspend will in part offset social care overspends 			
Proposed improvement actions	<ul style="list-style-type: none"> • Pan Ayrshire workshops being held to develop approach to Directions, Scottish Government supporting this work • Medium Term Financial Plan to be developed with a view to balancing the budget on an integrated basis 			

Key Feature 3 Effective strategic planning for improvement				
Proposal 3.1 Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB. (12mths)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Lack of recognition of and support for the Chief Officer's role in providing leadership.	<p>The Chief Officer is not fully recognised as pivotal in providing leadership.</p> <p>Health Board and Local Authority partners could do more to provide necessary staff and resources to support Chief Officers and their senior team.</p>	<p>The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners.</p> <p>Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities</p>	<p>The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners.</p> <p>There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.</p>
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> Chief Officer is a member of both Council and Health Board Executive Leadership and Corporate Management Teams Well established HSCP senior management team (PSMT) supported by an Extended Management Team structure Addition of dedicated Chief Financial Officer role to support Chief Officer in undertaking IJB financial governance responsibilities Whilst some support service functions are devolved to the partnership and under full direction of the Chief Officer there remain a number of areas where capacity is required, including NHS Finance, NHS acute performance analysis, communications and engagement, complaints and FOI resource, Commissioning and information governance and systems management. 			
Proposed improvement actions	<ul style="list-style-type: none"> Review of support service arrangements, including opportunities to bring support within the HSCP and to formalise the support arrangement between the HSCP and Council/Health Board More clarity of partnership role in partner body governance structures, to avoid duplication and maximise impact and input of Chief Officer Develop succession planning for key leadership roles Develop the use of data to support the Chief Officer in decision making and service improvement (Inspection recommendation) 			

Proposal 3.2				
Improved strategic inspection of health and social care is developed to better reflect integration.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL INSPECTORATE BODIES RESPONSIBLE			

Proposal 3.3 National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work.				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Proposal 3.4 Improved strategic planning and commissioning arrangements must be put in place. (12mths)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Integration Authority does not analyse and evaluate the effectiveness of strategic planning and commissioning arrangements. There is a lack of support from statutory partners.	<p>Integration Authority developing plans to analyse and evaluate the effectiveness of strategic planning and commissioning arrangements.</p> <p>The Local Authority and Health Board provide some support for strategic planning and commissioning.</p>	<p>Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements.</p> <p>The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.</p>	<p>Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs.</p> <p>The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.</p>
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> Strategic Planning and Performance Teams within the HSCP, gap in terms of operational commissioning support which remains with partners North Ayrshire HSCP Joint Inspection (Adults) reporting in March 2019 a number of strengths in operational and strategic planning arrangements, including clear evidence of an integrated approach to planning development and delivery of services, particularly in relation to MH, LD and drug and alcohol services, noting that plans for older adults are less robust Gap in performance and activity information and data analysis for acute services, impacting on ability to move forward with set-aside with confidence in the data Lead arrangements with HSCPs across A&A Health Board area lack formal governance arrangements in terms of formally commissioning services, service change plans and delivery currently led by lead HSCP 			

Proposed improvement actions	<ul style="list-style-type: none"> • Develop a clear commissioning strategy for older adults services, starting with the Care Home Commissioning Strategy • Engage with the local LIST analysts, performance team and support form Scottish Government to develop commissioning plans for unscheduled care (has to be on a pan-Ayrshire basis) • Internal Audit review of lead partnership services will inform improvement plan • Clearer links to be evidenced between the Strategic Plan and financial plans • Integrated Workforce Plan to be presented for IJB for approval • Further develop performance reporting, with more frequent updates on progress with delivery of Strategic Plan objectives
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Proposal 3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place. (12mths)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No plans are in place or practical action taken to ensure delegated hospital budget and set aside arrangements form part of strategic commissioning.	Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance.	<p>Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements.</p> <p>Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals.</p>	<p>Delegated hospital budget and set aside arrangements are fully integrated into routine strategic commissioning and financial planning arrangements. There is full alignment of budgets.</p> <p>There is effective whole system planning in place with a high awareness across of pressure, challenges and opportunities.</p>
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> Delegated Acute Hospital Services remain within a set-aside budget HSCPs feed into the NHS Transformation Leadership Group and the programme of work on models of care, this has recently led to the investment in an Intermediate Care and Rehab model by the Health Board, however with no direct release of resources from acute set aside 			
Proposed improvement actions	<ul style="list-style-type: none"> Ayrshire and Arran identified as a pilot Board area to develop set aside arrangements, will be taken forward with Scottish Government support Look to other areas and the Scottish Government for examples where this has been implemented successfully Establish process for ongoing monitoring of set-aside arrangements and progress 			

Key Feature 4 Governance and accountability arrangements				
Proposal 4.1 The understanding of accountabilities and responsibilities between statutory partners must improve. (6mths)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No clear governance structure in place, lack of clarity around who is responsible for service performance, and quality of care.	Partners are working together to better understand the governance arrangements under integration to better understand the accountability and responsibilities of all partners.	Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB.	<p>Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities.</p> <p>The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities.</p>
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> • Since the inception of the partnership and the IJB, the IJB has taken all decisions in relation to service change and approved the annual budget • Budget process from Health Board bottom up approach in previous years, moved away from this with final agreed settlement for 2019-20 • Clear Governance Structure of IJB and supporting sub-committees • Updated Terms of Reference for key governance groups, including Performance and Audit Committee and Strategic Planning Group, with roles refocussed • Strong Pan-Ayrshire relationships and partnerships established, for example lead partnership arrangements for delivering services, the established SPOG and finance leads networks and joint meetings with Chief Executives • North Ayrshire HSCP report to both Council and Health Board committees and the Chief Officer and other HSCP officers attend, this is in addition to the formal reporting of the Annual Performance Report, Strategic Plan and operational performance reports. 			

Proposed improvement actions	<ul style="list-style-type: none"> • Standing orders, and key governance documents to be updated, including financial regulations, reserves policy • Induction programme to be developed for IJB members • Ongoing development programme for IJB members based on skills gap analysis
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Indicator 4.2 Accountability processes across statutory partners will be streamlined. (12mths)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Accountability processes unclear, with different rules being applied across the system.	Accountability processes being scoped and opportunities identified for better alignment.	Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.	Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> Well established arrangements for reporting across statutory partners, with regular reporting to Council and Health Board Committees, attendance and contribution at workshops and regular briefings for IJB members of matters of interest in addition to frequent IJB meetings (every 6 weeks) Inclusive approach to IJB membership, meetings well attended Performance and Audit Committee (PAC) is not a public meeting and therefore papers are not available in the public domain PAC reports to the IJB and via this information is available to the public 			
Proposed improvement actions	<ul style="list-style-type: none"> Explore ways of making performance information more publicly available and accessible (currently integrated report reviewed at non-public Performance and Audit Committee meetings) 			

Proposal 4.3 IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis. (12mths)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	IJB lacks support and unable to make effective decisions.	IJB is supported to make effective decisions but more support is needed for the Chair.	The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.	The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> • Open and inclusive approach to IJB, members have deputies to encourage attendance, attendance levels are very good particularly as the IJB meets relatively frequently • Wider representation on IJB than the required minimum, includes Carers, Third and Independent Sectors and the Chairs of Locality Planning Forums (to ensure a link to communities) • Established Locality Partnership Forums • Interactive thematic presentation before formal business at the IJB • Briefing sessions delivered to target particular areas of interest or to provide more detailed update on issues to IJB, for example budget development sessions 			
Proposed improvement actions	<ul style="list-style-type: none"> • Induction programme to be developed for IJB members and a programme of ongoing development for existing members • Improve planning for meetings to ensure a whole system approach to decision making. 			

Proposal 4.4 Clear directions must be provided by IJB to Health Boards and Local Authorities. (6mths)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	No directions have been issued by the IJB.	Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack detail.	Directions are issued at the end of a decision making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.	Directions are issued regularly and at the end of a decision making process, involving all partners. There is clarity about what is expected from Health Boards and Local Authorities in their delivery capacity, and they provide information to the IJB on performance, including any issues. Accountability and responsibilities are fully transparent and respected. Directions made to the Health Board in a multi-partnership area are planned on an integrated basis to ensure coherence and take account of the whole system.
Our Rating		√		
Evidence / Notes	<ul style="list-style-type: none"> • Currently limited use of directions, used to communicate at a high level decisions taken by the IJB to partners • Directions are logged and referenced 			
Proposed improvement actions	<ul style="list-style-type: none"> • Ayrshire and Arran HSCP Directions workshops have been established, looking to progress Primary Care and acute set-aside directions first • North Ayrshire HSCP will develop an approach for MH services which we lead and take sample Directions for approval at the pan-Ayrshire workshops • NAHSCP will engage in any SG consultation on revised statutory guidance 			

Proposal 4.5 Effective, coherent and joined up clinical and care governance arrangements must be in place. (6mths)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	<p>There is a lack of understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making is not well understood.</p> <p>Necessary clinical and care governance arrangements are not well established.</p>	<p>There is partial understanding of the key role clinical and professional leadership plays in supporting safe and appropriate decision making.</p> <p>Arrangements for clinical and care governance are not clear</p>	<p>The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance.</p>	<p>The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB.</p> <p>Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system.</p>
Our Rating			√	
Evidence / Our Notes	<ul style="list-style-type: none"> • Clinical and Care Governance Committee established, reports to IJB • IJB members (Carers rep) are also represented on the Clinical and Care Governance Committee • Professional leads attend IJB for advice and guidance • Service impact including any clinical and care governance impacts are included as part of any budget or service change proposals • Pan Ayrshire Adverse Events Review Group established for a number of years, to provide governance and lessons from harm or near harm events, this approach has been replicated in North Ayrshire with a local AERG now in place to incorporate the wide range of care services delivered by the HSCP • Learning summaries used for a more structured approach to organisational wide learning, ensuring learning is formalised, clearly understood and transparent, fostering a culture of quality improvement 			

Proposed improvement actions	<ul style="list-style-type: none"> • Improvements to link to strategic commissioning and also to any actions taken to address financial overspends, for example more reporting of impact of waiting times for services (as noted as an area of improvement through Joint Inspection), being clear about statutory and non-statutory targets • Feedback from performance reports to inform and direct areas of improvement
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Key Feature 5 Ability and willingness to share information				
Proposal 5.1 IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data. (by publication of reports in July 2019)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on by July 2019.	Work is ongoing to further develop Integration Authority annual reports to improve consistency in reporting, better reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.	Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.
Our Rating			√	
Evidence / Notes	<ul style="list-style-type: none"> As one of the first formed partnerships NAHSCP has shared progress and learning with other areas on request Annual Performance Report is well developed, is produced in collaboration with partners, stakeholders and services and is promoted widely, the report has been developed to be an accessible user-friendly document. The report is presented to the IJB and to statutory partners Chief Officer actively engaged with Chief Officers Network and will support any work through the Network to undertake any benchmarking No formal benchmarking undertaken of the NA IJB report to other areas by the partnership but officers involved in the co-ordination and input to the report do review other area reports to ensure we reflect best practice and all guidance is followed in relation to statutory requirements. 			

Proposed improvement actions	<ul style="list-style-type: none"> • Reflect on local actions required following any review or benchmarking undertaken by the Chief Officers Group
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Proposal 5.2 Identifying and implementing good practice will be systematically undertaken by all partnerships. (6-12mths)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	<p>Work is required to improve the Integration Authority annual report to identify, share and use examples of good practice and lessons learned from things that have not worked.</p>	<p>Work is about to commence on development of the annual report to enable other partnerships to identify and use examples of good practice.</p> <p>Better use could be made of inspection findings to identify and share good practice.</p>	<p>The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked.</p> <p>Inspection findings are routinely used to identify and share good practice.</p>	<p>Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice.</p> <p>Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice.</p> <p>All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented.</p>
Our Rating				√
Evidence / Notes	<ul style="list-style-type: none"> • Good practice examples contained throughout APR, this will continue • HSCP representation on national groups and forums to share best practice and ensure HSCP aware of initiatives and programmes in other areas • Inspection findings noted and action taken where appropriate • Requests from other areas to visit North Ayrshire to see our examples of good practice, including Intermediate Care & Rehab, Café Solace, AERG • HSCP visit other areas of best practice, for example visit to Wigan Council which has supported local implementation • Learning from mistakes or things that haven't worked so well, quality improvement culture, tests of service change supported through Challenge Fund • Mental Welfare Commissioning benchmarking exercise 			

Proposed improvement actions	<ul style="list-style-type: none"> • Evaluate the impact of inspection report and agree action plan • Consideration of adopting a systematic approach to canvass IJB reports to allow evaluation and identification of good practice
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Proposal 5.3				
A framework for community based health and social care integrated services will be developed. (6mths)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator				
Our Rating				
Evidence / Notes	NOT FOR LOCAL COMPLETION - NATIONAL BODIES RESPONSIBLE			

Key Feature 6 Meaningful and sustained engagement				
Proposal 6.1 Effective approaches for community engagement and participation must be put in place for integration. (6mths)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	There is a lack of engagement with local communities around integration.	Engagement is usually carried out when a service change is proposed.	Engagement is always carried out when a service change, redesign or development is proposed.	Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.
Our Rating				√
Evidence / Notes	<ul style="list-style-type: none"> • HSCP Participation and Engagement Strategy approved and in place • Locality Planning Groups aligned to the CPP areas, refocused role of LPGs during 2018, communication and engagement pilot underway and LPGs have identified key priorities for each area • Public documents are designed to be accessible for communities • Community engagement is carried out in less formal way to get valuable feedback, for example the What Matters to You conversation • Mental Health Strategy consultation carried out at service user population level to ensure meaningful engagement, Carer's Card an example of meaningful engagement and support • Tailored approach to engagement for communities, eg engagement as part of Arran and Cumbrae reviews • Participatory budgeting approaches undertaken • Evidence of consistent engagement for service change and improvement • Chairs of Locality Planning Forums have formal membership of SPG and IJB, updated ToR for LPGs to support engagement • Joint Inspection (Adults) Strategic Commissioning concluded it was evidenced there is "a commitment to involving stakeholders and using feedback from communities, service users and their carers to inform strategic planning" 			

Proposed improvement actions	<ul style="list-style-type: none"> • Communities will be invited to be involved in the HSCP Organisational Change programme being undertaken during 2019 for all staff “<i>Thinking Different, Doing Better</i>” • Further consideration of how to meaningfully engage with hard to reach/less visible populations
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Proposal 6.2 Improved understanding of effective working relationships with carers, people using services and local communities is required. (12mths)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve effective working relationships with service users, carers and communities.	Work is ongoing to improve effective working relationships with service users, carers and communities. There is some focus on improving and learning from best practice to improve engagement.	Meaningful and sustained engagement with service users, carers and communities is in place. There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships.	Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB. There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships.
Our Rating				√
Evidence / Notes	<ul style="list-style-type: none"> • HSCP engagement network is established with key partners • Joint Inspection (Adults) Strategic Commissioning concluded that “a commitment to involving stakeholders and using feedback from communities, service users and their carers to inform strategic planning” • Established network of commissioned care providers forums, as a mechanism for providers to also share engagement with carers and communities • Carer’s representative member of IJB, Carer’s Act and local implementation presented to IJB 			
Proposed improvement actions	<ul style="list-style-type: none"> • Build on examples of best practice and joint working • Ensure governance and support for key messages and communication to support consistency 			

Proposal 6.3 We will support carers and representatives of people using services better to enable their full involvement in integration. (6-12mths)				
Rating	Not yet established	Partly Established	Established	Exemplary
Indicator	Work is required to improve involvement of carers and representatives using services.	Work is ongoing to improve involvement of carers and representatives using services.	<p>Carers and representatives on the IJB are supported by the partnership, enabling engagement.</p> <p>Information is shared to allow engagement with other carers and service users in responding to issues raised.</p>	<p>Carers and representatives of people using services on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities.</p> <p>Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.</p>
Our Rating				√
Evidence / Notes	<ul style="list-style-type: none"> • NA IJB meets frequently, about every 6 weeks, papers are issued one week before • IJB members are open to raise any issues at the meeting or outwith and do so • Joint Inspection (Adults) Strategic Commissioning concluded that “members of the IJB has developed very positive constructive relationships with opportunities for questioning and challenge” • Carers are supported to attend the IJB and reasonable expenses are reimbursed 			
Proposed improvement actions	<ul style="list-style-type: none"> • Benchmark NAHSCP against other partnerships 			

Integration Joint Board
16 May 2019

Subject: **Workforce Development Strategy**

Purpose: IJB to note the progress on developing Health and Social Care Partnership (HSCP) Workforce Development Strategy.

Recommendation: The IJB is asked to approve the Workforce development Strategy and supporting action plan.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
WDS	Workforce Development Strategy

1.	EXECUTIVE SUMMARY
1.1	There was a requirement as part of the Scheme of Integration to develop an Integrated Workforce Development Strategy. The Partnership has tried several approaches to develop a workforce development strategy; recognising that this is a very complex issue, involving several different employer organisations, approaches and cultures.
1.2	<p>In 2013 the Scottish Government published the Everyone Matters: 2020 Workforce Vision and has now produced a 3 part Workforce Plan:</p> <ul style="list-style-type: none"> • National Health and Social Care Workforce Plan - Part 1 a framework for improving workforce planning across NHS Scotland; • National Health and Social Care Workforce Plan Part 2 – a framework for improving workforce planning for social care in Scotland; • National Health and Social Care Workforce Plan Part 3 - improving workforce planning for primary care in Scotland. <p>These plans have been reviewed to support the development of this strategy, and the Scottish Government continues work on an integrated workforce plan, which will be produced later in 2019.</p>
1.3	The IJB is asked to approve the implementation of the Workforce development Strategy and supporting action plan as attached at Appendix 1 .
2.	BACKGROUND
2.1	There is a requirement as part of the Scheme of Integration to develop an Integrated Workforce Development Strategy (WDS).

2.2	In 2016 the partnership began work on its change programme and began to explore the issues around workforce planning. At that time the partnership was keen to drive an integrated approach, recognising the different employing organisations and the resulting differences in terms and conditions for staff across all sectors.
2.3	In exploring workforce issues it became clear that these were very complex as a result of difference employer organisations approaches, cultures and systems. There were also challenges both in terms the availability of data from employer organisations to create a baseline position and a lack of clarity of the key drivers in an integrated system. Work continues on creating a clear baseline position as there are currently 230 different role across the partnership.
2.4	<p>Stakeholders have identified the following key drivers:</p> <ul style="list-style-type: none"> ▪ Changing Need - resulting in a significant growth in demand, which traditional service models struggle to meet effectively, ▪ Public expectation – growth in expectation for ease of access and speed of service response, ▪ Inequalities - growing equalities gaps in and between our localities requiring a different public sector response, ▪ Workforce availability – changing age profile of the current workforce and reducing numbers of working age people available in the future, ▪ Resources - resourcing challenges in the public sector drive the pace for transformational change, ▪ Multidisciplinary Teams and Integrated workforce - the partnership does not employ the staff directly but are responsible for the delivery of safe, sustainable health and social care services. There is a clear expectation that we will deliver an integrated and multidisciplinary locality based workforce across North Ayrshire in the future.
2.5	The workforce agenda has been supported and taken forward by the Staff Partnership Forum which was established in 2016. This forum membership includes staff side and trade union representatives and advises on the re-design of service models and effective workforce options to support partnership sustainability moving forward.
2.6	In 2018 the change programme was reviewed and the creation of the Transformation Board created the appropriate governance structure for service change development. Any changes to the current workforce will be clearly detailed in the business case phase and engaged on with key stakeholders, including the Staff Partnership Forum.
2.7	This Workforce Development Strategy will be an iterative process reflecting that workforce planning processes are dynamic, flexible and evolving, to respond effectively to changing circumstances and demands.
3.	PROPOSALS
3.1	The IJB is asked to approve the Workforce Development Strategy and supporting action plan.

3.2	<u>Anticipated Outcomes</u>
	The workforce development strategy assists the partnership in delivering its strategic planning objectives by ' <i>getting the right number of people with the right skills employed in the right place at the right time to deliver an organisation's short- and long-term objectives</i> '.
3.3	<u>Measuring Impact</u>
	The workforce development strategy action plan will be monitored through existing agreed partnership governance structures, including the Transformation Board, Strategic Planning Group and Integrated Joint Board. Progress will be monitored through regular review by the Staff Partnership Forum.

4. **IMPLICATIONS**

Financial:	The Workforce Development Strategy and action plan supports financial sustainability through the development and implementation of new service models.
Human Resources:	There may be workforce implications from new service models and these will be discussed with the staff concerned and the Staff Partnership Forum.
Legal:	There are no legal implications and change is managed through existing employer organisation arrangements.
Equality:	Equality is a key partnership priority.
Children and Young People	N/A
Environmental & Sustainability:	The Workforce Development Strategy and action plan supports sustainability through the development and implementation of new service models.
Key Priorities:	This strategy will enable delivery of the partnership Strategic Plan 2018-2021, ensuring that: 'All people who live in North Ayrshire are able to have a safe, healthy and active life'.
Risk Implications:	Risk implications are noted at section 8 of the workforce development strategy.
Community Benefits:	

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

5.	CONSULTATION
5.1	The Workforce Development Strategy has been consulted on with stakeholders including the Strategic Planning Group, Staff Partnership Forum and Transformation Board. There has also been engagement with the human Resource leads for NHS Ayrshire & Arran and North Ayrshire Council.

6.	CONCLUSION
6.1	This Workforce Development Strategy will be an iterative process reflecting that workforce planning processes are dynamic, flexible and evolving, to respond effectively to changing circumstances and demands. This strategy will enable delivery of the partnership Strategic Plan 2018-2021, ensuring that: 'All people who live in North Ayrshire are able to have a safe, healthy and active life'.

For more information please contact Caroline Whyte on 01294 324954 or carolinewhyte@north-ayrshire.gov.uk

Workforce Development Strategy 2018–2021

*The right people in the right place, at the right time and at the right cost,
to deliver sustainable and high quality health and social care services
for the people of North Ayrshire*

Control

Version	Date issued	Author	Review	Other documents referenced
V1.7	01/07/2018	Neil Archibald		
V1.8	15/09/2018	Michelle Sutherland	August 2018	Strategic Plan 2018–2021
V0.2	23/11/2018	Michelle Sutherland	November 2018	Feedback from North Ayrshire Council
V0.3	21/02/2019	Michelle Sutherland	February 2019	Feedback from Staff Partnership Forum
V0.4	05/03/2019	Scott Bryan	March 2019	Addition of SIMD data

Contents

1	Introduction	4
2	Drivers for change	5
3	What is workforce planning?	6
4	Purpose and scope	8
5	Mapping service change	10
6	Defining the future workforce	15
7	Taking a partnership approach	20
8	Risk and mitigation	23
9	Implementing, monitoring and refreshing	24
	Appendix 1: Workforce methodology	25
	Appendix 2: Workforce development strategy action plan	26



Introduction

This Workforce Development Strategy (WDS) describes our ambition for a future sustainable health and social care workforce. This requires North Ayrshire Health and Social Care Partnership (we / the Partnership) to work collaboratively with employing organisations, including North Ayrshire Council, NHS Ayrshire & Arran, the third and independent sectors, to co-design a workforce which meets future demands for health and social care services effectively across North Ayrshire.

Health and social care needs have changed substantially due to demographic changes and growing inequalities in and between our localities. Demand for health and social care and resourcing challenges in the public sector are driving the need for transformational change. This requires new workforce approaches to be developed and implemented. Collaborative leadership to develop these approaches with employing organisations and partner agencies, will be crucial for our success. We do not directly employ our staff but we are responsible for the delivery of safe, sustainable health and social care services delivered by an integrated workforce across North Ayrshire.

We also need to understand the nature of workforce pressures on clinical, care and support services to allow us to address these and achieve sustainable future service models.

It is vital that we make best use of the existing workforce to ensure we can be flexible and adaptable to meet increasingly complex needs and the current demand placed on services. There is an expectation that we will operate in a multidisciplinary locality based environment in the future. Uncertainty around predicting long-term workforce needs, alongside a transformational change agenda, presents challenges. This strategy is the first step towards capturing these challenges and the actions that can be taken to prepare the workforce for service model change and to operate as an integrated partnership workforce.

We also recognise the need to have succession planning arrangements for key professional and leadership roles to drive forward the delivery of improved outcomes for the people of North Ayrshire.

The implementation of the WDS will be an iterative process reflecting that workforce planning processes are dynamic, flexible and evolving, to respond effectively to changing circumstances and demands.



Drivers for change

In 2013, the Scottish Government published [Everyone Matters: 2020 Workforce Vision](#) and has now produced a three part workforce plan:

- [National Health and Social Care Workforce Plan: Part 1 – a framework for improving workforce planning across NHS Scotland](#)
- [National Health and Social Care Workforce Plan: Part 2 – a framework for improving workforce planning for social care in Scotland](#)
- [National Health and Social Care Workforce Plan: Part 3 – improving workforce planning for primary care in Scotland.](#)

The Scottish Government continues work on an integrated work plan and this will be produced during 2019.

These national health and social care workforce plans have been considered and have informed the development of this strategy.

The key drivers for change identified in North Ayrshire are:

- **Changing need** resulting in significant growth in demand, which traditional service models struggle to meet effectively
- **Public expectation** for ease of access and responsiveness of services
- **Increasing inequalities gaps** in and between our localities requiring a different public sector response
- **Workforce availability** and the changing age profile of the current workforce resulting in reducing future numbers of working age people, which is particularly challenging for health and social care services as dependency ratio increases
- **Resources** and the continuing financial constraints, along with the need for and pace of change in the public sector
- **Multidisciplinary teams and integrated workforce** and that we do not directly employ staff, nonetheless are responsible for the delivery of safe, sustainable health and social care services.



What is workforce planning?

Workforce planning is a continual process used to align the workforce to the needs and priorities of the organization to ensure it can meet its legislative, regulatory and organisational objectives. It is defined by The Chartered Institute for Personnel and Development (CIPD) as:

Getting the right number of people with the right skills employed in the right place at the right time to deliver an organisation's short- and long-term objectives.



The workforce methodology is attached at Appendix 1 (see page 25).

A workforce strategy is shaped by the following:

- The needs of service users and potential users
- The organisation's current and future strategic objectives
- The amount and sources of funding available
- The policy and legislative environment the organisation operates within.

Maximising value from workforce planning

We have developed this WDS to underpin our strategic plan, *Let's Deliver Care Together 2018-2021*. For workforce planning to gain maximum value it requires collaborative leadership, enabling staff, employing organisations and partners to explore, co-design and deliver effective workforce change. Workforce planning processes are dynamic, flexible and evolving, to respond to changing circumstances and demands.

The workforce planning process is split into three areas of focus:

- **Co-designing the future workforce:** Not just understanding, but influencing by ensuring workforce considerations combine with service and financial planning across the Partnership, employing organisations

and partner agencies. This also requires identification and embracing of new technologies and digital solutions.

- **Developing the future workforce:** Including recruitment, retention, education, training and staff development, working with employers. There is a requirement for professional and leadership succession planning.
- **Delivering the workforce:** Management action to ensure plans are delivered, processes are efficient and effective, staff are engaged and best practice is shared and negative experiences are used as learning experiences.

Workforce changes will be captured as part of the transformational change programme, using robust, option appraised, prioritisation framework and business cases processes. This will include partner and employer consultations, to ensure ongoing financial and service sustainability across the organisation.



Purpose and scope

This strategy will support delivery of our strategic plan, *Let's deliver care together 2018-2021*, with a vision that:

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

We have five strategic priorities:



Purpose

The overall aim of this WDS is:



Ensuring we have the right people in the right place, at the right time and at the right cost, to deliver sustainable and high quality health and social care services for the people of North Ayrshire.

The strategy will make practical sense within complex working environments and apply across different employers, cultures, values, systems and professions, while supporting the full range of activities and service delivery.

- WDS is relevant to all people, partners and employer organisations who work across the breadth of health and social care services in North Ayrshire
- WDS describes the type of planning required at a Partnership, service, integrated multidisciplinary team and locality level
- WDS provides the focal point for existing (and potential future) staff to develop their skills and to continuously improve within the context of reform and transformational change.

Workforce planning is a dynamic and evolving work programme that requires to be adaptable over time. This document is the first step in an ongoing process of workforce planning and plans need to be monitored, reviewed and refreshed.

Scope

This strategy covers the workforce engaged in providing all health and social care services in North Ayrshire including public sector, third and independent sectors.

Ownership

This WDS is a key responsibility of North Ayrshire Integration Joint Board.

This document has been influenced by key stakeholders and should be relevant to all employer organisations, partners and staff.

Recent national policy developments have highlighted the importance of workforce planning and provide more support for the overall process:

- **National** - Scottish Government policy and the development of national workforce planning frameworks for health and social care. Councils have standardised pay and conditions (although job evaluation systems are different across Scotland) and COSLA is working closely with the Scottish Government on national workforce planning in health and social care
- **Regional** - NHS Ayrshire & Arran is the only health board to employ dedicated workforce planning resource
- **Local** - WDS will be embedded in the strategic plan, *Let's deliver care together 2018-2021*, and managers will be provided with support for workforce planning at various levels. This will include the process of service re-design and change as part of the transformational change programme ensuring the current workforce is fit for purpose and forward planning to mitigate against workforce gaps and fragility.

Development of WDS

Engagement around the development of the WDS takes place through transformational change processes linked to pan Ayrshire, directorate, service, integrated multidisciplinary team and locality based ambitions. Consultation has also taken place with our Staff Partnership Forum and employer organisations from North Ayrshire Council, NHS Ayrshire & Arran, the third and independent sectors.



Mapping service change

It is important to understand the current and future context of ways services will be delivered, and subsequently how the workforce will be structured. This work continues and a baseline position will be available by September 2019.

Changing need

Resulting in continuing growth in demand for health and social care services from:

- Impact of deprivation and inequalities in our localities
- Care and support in the community
- Management of long-term conditions
- Mental health awareness and support
- Specialist elderly and dementia care
- Service user and community expectations.

North Ayrshire population and deprivation

It is important to consider the wider demographics and local context.

North Ayrshire is located in southwest Scotland. Inverclyde is to the north, Renfrewshire to the northeast and East Ayrshire and South Ayrshire to the east and south respectively.

In 2017, the population of North Ayrshire was approximately 136,000 people, of this the working age group accounted for 61%, with the dependent population accounting for the remaining 39%. Over the course of the next decade, the overall population of North Ayrshire is expected to decrease and change in composition, with the population of older people expected to increase. In 2017, the older people dependency ratio in North Ayrshire was 35%, yet this is expected to rise to 48% by 2027.

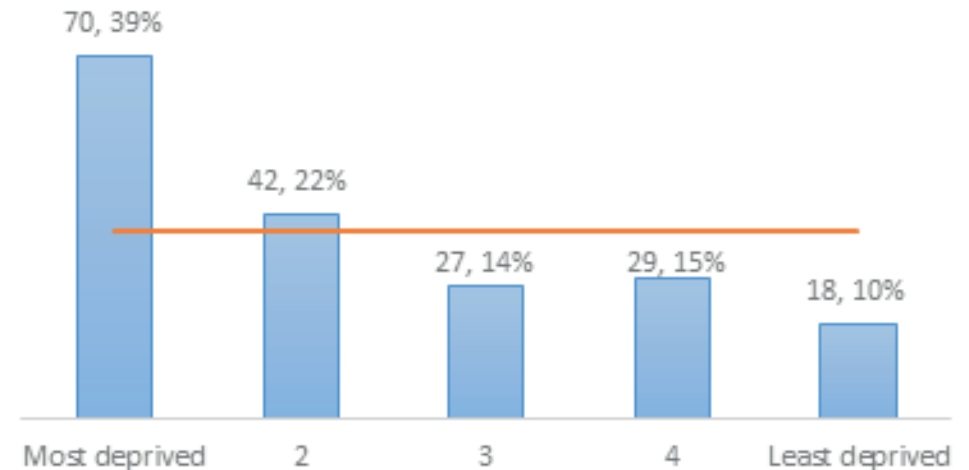
Over the next decade, North Ayrshire's population is expected to drop by 3%, from 135,950 in 2017, to 132,092 in 2027, with a predicted shift in composition of a 5% decrease in the working age population, and a 5% increase in the population of older people 65+ expected. This will directly impact on the availability of the numbers of people entering a caring role, whilst needs for support continues to grow.

The Scottish Index of Multiple Deprivation (SIMD) 2016 allocates 186 data zones to North Ayrshire. As shown, 70 data zones (39%) are ranked as being among the 20% most deprived areas in Scotland. This accounts for almost 53,000 people and represents an over representation of deprivation in North Ayrshire. This is further illustrated in the chart by deviation from the red line, which represents 20% portions of the North Ayrshire population. In summary, there is an overrepresentation of people in the most deprived 20% and in the lesser deprived.

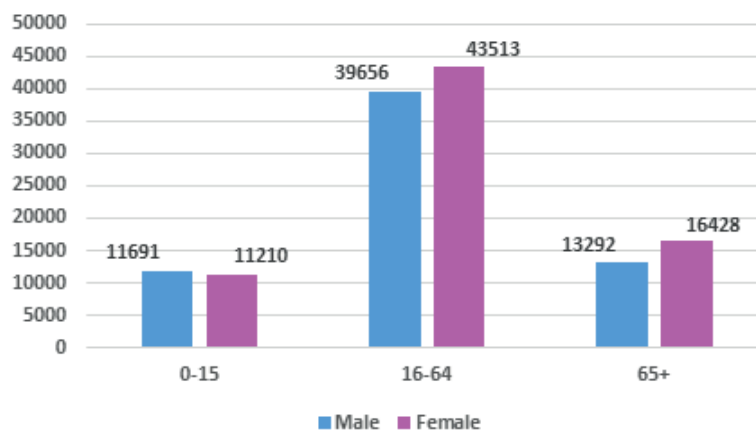
North Ayrshire continues to have the highest unemployment claimant rate in Scotland (March 2017) at 4.1%, almost twice the national average of 2.1%. The higher levels of inequality as a result of deprivation and poverty impact directly of the need and demand for services.

Mid 2017 estimates are that North Ayrshire's population is made up of 52.4% (71,141) females and 47.6% (64,639) males. The greater proportion of the 0-15 age group is male, but in both the 16-64 and 65+ age groups, the population has a greater proportion of females.

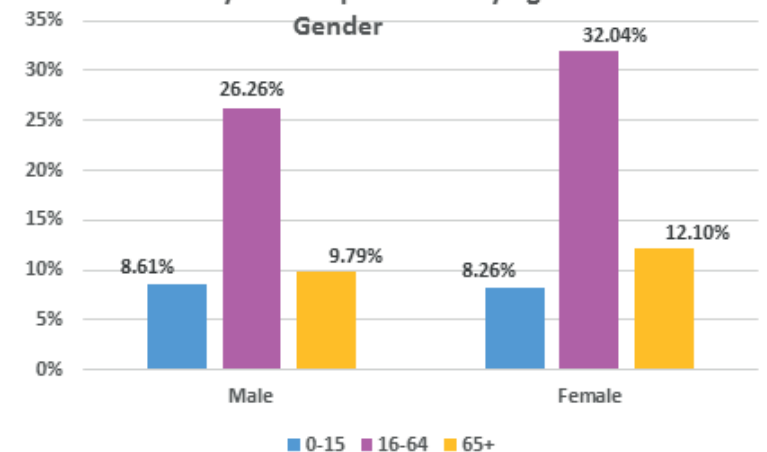
SIMD Datazones by population



North Ayrshire Population by Age and Gender



North Ayrshire Population % by Age and Gender



Current workforce profile

Developing the baseline for our workforce is challenging, because:

- Access to all the necessary data and information systems comes from a range of different employer organisations
- Engagement is needed with all partners to source accurate workforce information
- Employing organisations and partners used different terminology and definitions for key parts of workforce data.

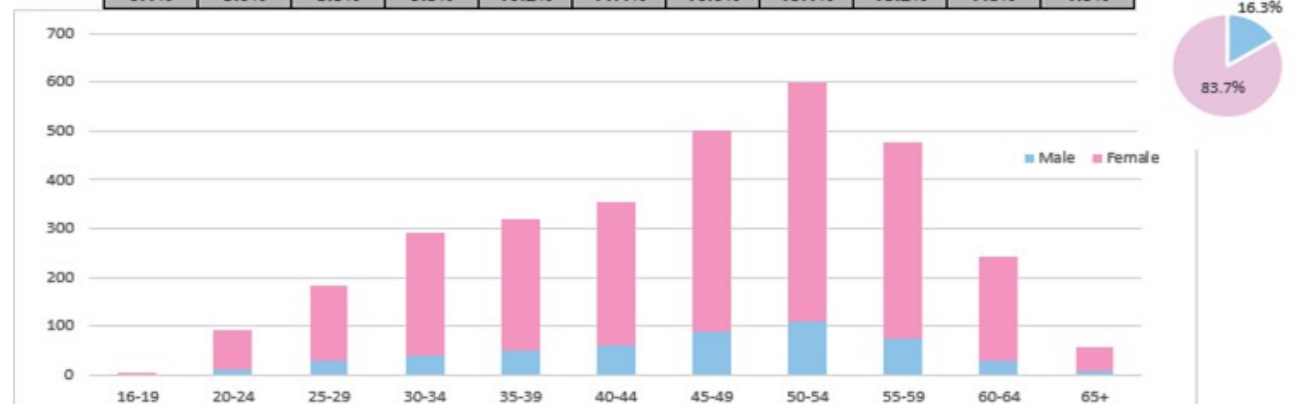
These issues require to be further progressed to support effective workforce planning.

A detailed analysis of the current workforce profile is being developed. At this time the workforce data available is from NHS Ayrshire & Arran, North Ayrshire Council and registered staff within third and independent sectors. More information on voluntary third and independent sectors may follow where appropriate, recognising market drivers.

AGE ANALYSIS - HSCP NORTH (NHS + NAC COMBINED) - DECEMBER 2018

FULL SERVICE (NHS + NAC)

	16-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	TOTAL	
Male	0	14	30	41	51	61	89	110	75	29	9	509	16.3%
Female	4	79	154	250	269	294	411	488	401	215	49	2614	83.7%
TOTAL	4	93	184	291	320	355	500	598	476	244	58	3123	
	0.1%	3.0%	5.9%	9.3%	10.2%	11.4%	16.0%	19.1%	15.2%	7.8%	1.9%		



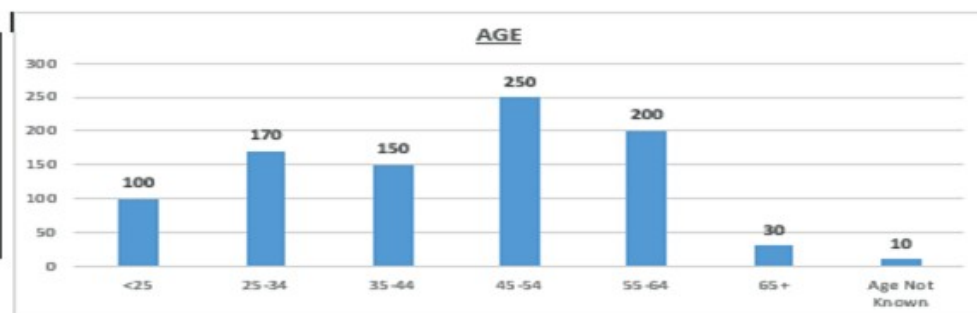
Just 9.0% of employees are aged under 30 years, 44.1% of the workforce are aged over 50 years. The average age is 46.38 years (NAC 46.69 years, NHS 46.06 years). Currently 58 employees are aged over 65 years with 14 employees being over 70 years. The gender ratio is 5.1:1 females to males. (NAC 5.6:1, NHS 4.7:1)

North Ayrshire Registered Care Services 2017 - Voluntary Organisations - Workforce Information

No of Services
47

Employee Head Count
900

Age						
<25	25-34	35-44	45-54	55-64	65+	Age Not Known
100	170	150	250	200	30	10
11.1%	18.9%	16.7%	27.8%	22.2%	3.3%	1.1%

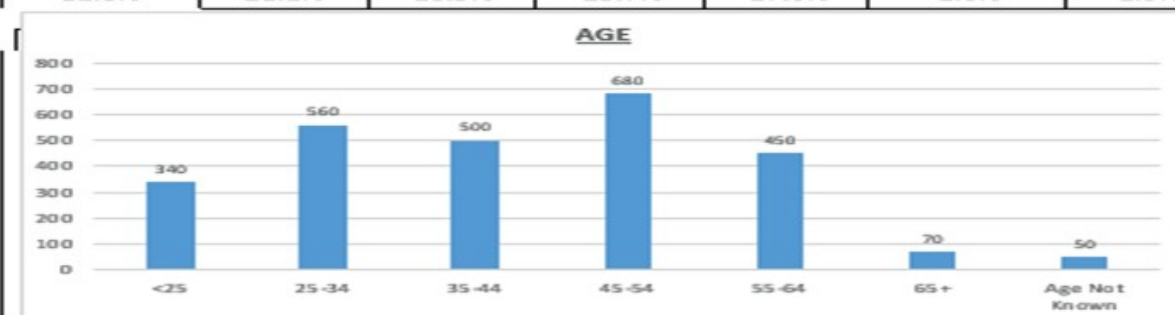


North Ayrshire Registered Care Services 2017 - Private employers - Workforce Information

No of Services
247

Employee Head Count
2650

Age						
<25	25-34	35-44	45-54	55-64	65+	Age Not Known
340	560	500	680	450	70	50
12.8%	21.1%	18.9%	25.7%	17.0%	2.6%	1.9%



As the profile of the workforce changes, so too are patterns of retirement. Revisions to pension schemes and changes in working patterns make it more difficult to predict when staff will retire, and to effectively succession plan. While there is considerable knowledge and experience in the current workforce, with some staff expert in their respective fields, this also brings challenges as an older workforce may potentially have health conditions or carer roles that impact their ability to deliver their employee role.

We have over 230 job roles and profiles. This limits flexibility and resilience across the Partnership and causes job role confusion. Some of the teams and services struggle to fill vacancies for key roles such as GPs, care at home, and independent and third sectors roles. The region has also experienced a net out-migration of working age adults, but a net in-migration of over 65s in the last ten years, with the potential impact of the geographical location of North Ayrshire with accessible links to neighbouring areas.

Sickness absence rates are high:

- Over 15.4 days lost per North Ayrshire Council employee last financial year 2018-19 (up from just over 12 the year before)
- 6.2% (equating to 22,300 days lost) of NHS Ayrshire & Arran staff.

NHS Ayrshire & Arran has the lowest staff turnover of all the health boards in Scotland (6.3%) and North Ayrshire Council's staff in the Partnership is just below 9.75%. While high staff retention can lead to an experienced, long-service workforce, it can also stifle fresh thinking and new approaches may not develop as quickly.

Within the Partnership, different cultures have developed as a result of different legislative, professional, employment and historical

ways of working. Culture helps us to develop our values and beliefs. The Partnership provides an opportunity to offer new and different approaches, and a more rounded view of what we are trying to achieve. However, embedded cultures can bring significant challenges in terms of integration, developing new ways of working, respecting the role and place of others, and developing leadership across organisational and professional boundaries.

Transformational change

Our transformational change programme is designed to deliver new and innovative approaches to the delivery of health and social care, and subsequently deliver safe and sustainable services within a challenging financial environment. It will also deliver health and social care service improvements designed to meet the local population needs with an expert, sustainable workforce that addresses the current workforce challenges. Opportunities also arise from the development of digital support and new technologies, which will impact on traditional roles.



Defining the future workforce

This section of the strategy outlines the key areas to be progressed, in terms of workforce planning, in the short to medium term.

We will continue to deliver our core statutory role, however new roles will emerge as service models change, and this will mean building (and enhancing) existing skills, as well as developing new skills to enable us to build upon our current workforce. The future characteristics of the Partnership workforce is designed to meet the needs of service users now and in the future, and deliver the transformational change programme.

Partnership strategic ambitions

Our overarching strategic objective is to shift the balance of care with an expectation of a reduction in care provided in institutional settings with more care in the community, ideally in people's own homes.

Care is provided by Partnership staff, as well as third and independent sector providers.

Split of provision will be managed through the commissioning process to ensure financial and operational sustainability of services.

We will incorporate workforce planning into existing pan Ayrshire, directorate, service, integrated multidisciplinary team and locality plans to deliver the transformational change programme. The work will continue to be supported by the Staff Partnership Forum.

The Partnership has a scrutiny panel in place to review all vacancies to ensure a system wide approach to workforce management. This approach also ensures that staff affected by workforce planning changes are visible for matching to available posts as quickly as possible.

The service led work below captures the Partnership journey in the last three years and key areas of focus moving forward.

Health and community care

Care at home services offer a foundation for people to receive care in their own homes, reducing hospital admissions and supporting faster hospital discharge. This service model enhances people's independence and reduces the need for specialised health and care inputs. We continue to develop the care at home model to include reablement approaches, medicines management, technology based solutions and rehabilitation supports.

As part of intermediate care and rehabilitation transformation, day hospitals have developed into community based health and therapy teams, and now flexibly wrap around people's needs. As part of this redesign the team became multidisciplinary and was no longer consultant led. Care was provided by the whole team supported by a GP session. The nursing assistants within the team changed roles to become community rehabilitation assistants. These changes were in line with the vision of multidisciplinary teams in localities. This collaborative way of working was employed to maximise the efficiency and effectiveness of community rehabilitation services and reduce waiting times and delays when people no longer need support from the Intermediate Care Team (ICT).

ICT has expanded in the last year to include enhanced roles such as a general practitioner with a special interest in intermediate and anticipatory care (GPWSI), advanced nurse practitioner (ANP) and mental health nurse. Recent investment in enhanced ICT enabled further developments and a single point of contact and support for all intermediate care and rehabilitation services. In addition, the service operates over 7 days to increase support to people at home and prevent unnecessary hospital admission. Work has now begun on the remodelling of palliative and end of life support (pan Ayrshire).

Primary care transformation, through the pan Ayrshire implementation plan and the creation of a core team with highly skilled and motivated pharmacists, MSK workers, AHPs, mental health workers and community and practice nurses, is ongoing. Along with development of multidisciplinary locality teams, which support wider GP practice core team including community link workers, care at home and social care staff. This work has also been taking place with reviews of island services on Arran and Cumbrae.

Allied health professionals

The pan Ayrshire AHP workforce group is working towards self-management and enablement approaches to keep people out of hospital, by working across traditional boundaries. This identified the need for advanced practitioners, to support comprehensive assessment, decision making and advanced interventions. The roles are emerging in primary care (MSK physios as first point of contact) and acute settings (ACE practitioners in combined assessment unit).

The links to multidisciplinary teams in the community has resulted in the use of support workers to shift towards generic workers, less focussed on individual professions and developing assistant practitioner roles. This work also requires the use of non-medical clinical leads, where appropriate, to expand these roles, which exist in neuro rehab and older people's services, with such opportunities likely to increase further given challenges around medical workforce.

We are working with third sector and partners to share skills and promote positive experiences, including transfer of simple foot care to the third sector, and joint working with physiotherapy and KA Leisure at Woodland View to support people's mental health recovery.

We are working with universities to try to support continued supply of new graduates into each of the professions. We are considering how we facilitate continuing professional development to fill advanced roles, as they emerge, to support recruitment.

Children, families and justice

Our services have been building on locality based approach and recognising the importance of early intervention and prevention.

We created a child protection team and rationalised the available number of residential units by building supports in the community. Four identified workstreams are providing earlier access to appropriate interventions for children and families where needs have been identified and supporting a collaborative, joined up approach.

i) Workstream one is enhancing current Universal Early Years Team to introduce three new roles; speech and language therapist, mental health nurse (perinatal) and family nurturers. The posts were identified to enable children and families to have positive relationships within the family, community and wider society by improving the emotional and mental health and wellbeing of women during the perinatal and post-natal period (until 1 years of age) and supporting children and families with communication and language (delays in this area can impact significantly on a child's development, attainment and subsequently on their ability to achieve as an adult). These positions enhance the will of health visitors, social workers, assistant nurse practitioners and health care support workers, supported by employability officers and welfare rights advisers.

ii) Workstream two is funded through Care Experienced Children and Young People funding, which is part of the Attainment Scotland Fund. This funding was made available to provide additional support for care experienced children and young

people, to ultimately improve their educational outcomes.

This workstream is currently based across two schools, Greenwood Academy (school roll approx. 1290) and Elderbank Primary (school roll approx. 473), moving to a third school, Kilwinning Academy in August 2019. Working with children and families from those schools, who are at the greatest risk of becoming accommodated away from home or are subject to child protection registration or other statutory measures. Children and families are identified mainly by named persons within education and social work.

iii) Workstream three is providing enhanced support to children and young people within residential placements by providing dedicated staff and a more streamlined process focused on the individual's need. Working collaboratively with children / young people and residential staff, we are identifying children ready to be supported back home to an extended family member or to their own (or supported) tenancy outwith their residential placement. For some children and young people this transition may not be possible – our staff will work with these children and young people, together with residential staff and other support services, to ensure they are supported to stay in their placement and to gain the necessary life skills to support them to move onto a positive destination at the right time. Our goal is to provide services locally to enable children currently placed outwith North Ayrshire to be cared for closer to home.

iv) Workstream four will enhance the already established MAASH team (in Kilmarnock Police Station) and process child concerns identified by Police Scotland. We have recruited an additional social worker to include the processing of adult concerns.

We continue our joint work with education to deliver a new respite and residential facility within the grounds of the ASN school (opening 2020). The workforce model requires to be developed.

Mental health

North Ayrshire Health and Social Care Partnership leads acute mental health services across Ayrshire, on behalf of East and South partnerships, and is responsible for the entire workforce. There have been a range of significant developments across the workforce:

The creation of the first integrated team, North Ayrshire Drug and Alcohol Recovery Service (NADARS), also enabled the Opiate Replacement Programme in primary care. Woodland View and the supporting business case enabled staff permanency, development of addictions beds and of a low secure model on site. This work also highlighted the need to develop a robust crisis resolution and psychiatric liaison service out of hours. Secured the national CAMHS unit for Woodland View site and the workforce implications are currently being explored, construction will begin late in 2019-20.

Implementation of Veterans First Point for armed forces veterans and their families.

Review of psychological services and the implementation of electronic CBT for GP practices which is supporting the redirection of demand from GPs and primary care mental health services.

Developed a new vision for primary and community mental health teams in partnership with service users. The development of a low level mental health service commissioned using the third sector for 'Mind and Be Active' programme and the role out of the recovery college model, which enables those with lived experience to deliver support.

Further reconfiguration of mental health acute wards with plans underway for significant change to elderly mental health wards.

Learning disabilities

As outlined in North Ayrshire Partnership Learning Disabilities Strategy 2017-19 we are reviewing the existing workforce to ensure we have the right staff, with the right skills, working in the right ways and location. This work builds on learning from the review of respite services to generate additional capacity for new service users transitioning into the service and the review of sleepover provision.

Aspects of this workforce activity are still in a development phase, however significant workforce review activity has already been undertaken in relation to moving day service facilities from Fergushill and Hazeldene Day Centres, to a new facility at Trindlemoss. Complete refurbishment and extension work at Trindlemoss and Warrix Avenue developments will provide community based learning disability and mental health services, including a move away from inpatient rehabilitation services towards rehabilitation in the community.

A significant proportion of learning disabilities services are provided by commissioned service providers, therefore will impact on the wider workforce of partner organisations.

Support services

Considerable change has taken place across support services:

- Creation of a business administration service
- Refocus of the change team to support transformation
- Integration of the Council's Social Services finance team.

This work to enhance, streamline and refine support services is successful in creating efficient single teams.

Enabling delivery

Moving forward the Partnership workforce will be:

- **Caring and competent** with a focus on delivering Partnership values, asset based approaches with service users which deliver outcomes
- **Integrated** and embody a culture that values and trusts the skills and roles of others, not just in their immediate job family or organisation but across the Partnership, Council and NHS services recognising unique pan Ayrshire arrangements
- **Flexible and resilient** and able to adapt to changing circumstances
- **Confident, well-informed** and **value-driven** with the ability to make decisions and address inequalities where possible
- **Creative and innovative** in service design and service delivery to ensure the best experience for people who use service
- Able to have a clear picture of **career progression, succession planning** and **development**, taking mutual accountability for their future.

An action plan to support the WDS has been developed and is available at Appendix 2 (see page 26). The focus of the action plan is to drive forward our ambition while recognising the challenges and constraints of the workforce employer terms and conditions. There are actions the Partnership can take to support a cultural shift and support service developments and change without impacting on our staff terms and conditions.





Taking a partnership approach

The Partnership employs staff from partner organisations, but all the partners are working together to ensure unintended negative consequences do not emerge as a result of workforce decision-making. This proactive approach and open dialogue across all employing organisations and partners, and the development of Partnership-wide solutions, will support the delivery of health and social care services across North Ayrshire.

Workforce principles

We're delivering a wide range of transformational change over the next three years at various levels: pan Ayrshire, directorate, service, integrated multidisciplinary team and locality. A number of principles can be deployed, individually or in combination, to assist with delivering the required transition.

To ensure a partnership approach is taken and deployed, further development will be through engagement across the employing organisations and with stakeholders.

As the outputs of the transformational change programmes develop, workforce planning plays a key role in identifying and developing new approaches and ways of working, and the number and types of roles required in the future.

Principles	Rationale
Roll out of six step workforce strategy model	<p>Consistency of approach at all levels</p> <p>Consistency of output and management information</p> <p>All services/teams working within standard framework</p> <p>Staff engagement and support</p> <p>Delivery of service specific workforce plans detailed in business cases</p>
Early and consistent engagement with employers, staff side, trade unions and professional bodies	<p>Additional support for change</p> <p>Opportunity to test proposals and approaches earlier in process</p> <p>Value added to process from additional engagement</p> <p>Delivery of key messages through employee relations route</p>
Joined up approach to recruitment, where appropriate	<p>Better value for money</p> <p>Improved campaigns</p> <p>Attract more applications and higher calibre of applicants – reinforces integration agenda</p> <p>Avoids duplication of effort</p>
Ongoing and consistent staff engagement	<p>Staff buy-in</p> <p>Improved solutions and workforce strategy and design</p>
Joined up learning and development opportunities bringing teams of staff together	<p>Improved training provision with equality of access</p> <p>Improved networking and opportunities to learn about other services and teams</p> <p>Improved staff engagement</p> <p>Integration of teams and shared learning across professional groups</p> <p>Value for money</p>

Aligning the workforce

Workforce planning is important because of the complex skill-mix required to deliver both statutory requirements and the broad range of health and social care activities. We need a workforce that is fit for purpose, able to adapt to changing need and demands and one that is able to deliver new models of care, the transformational change programme and the strategic plan outcomes.



...a workforce aligned to the work and models of care, not the other way round. It is not possible to separate workforce redesign from work redesign.¹

Embedding and refining the strategy

As new work processes are developed and services are redesigned to meet the needs of service users in the future, staff will need to be engaged to co-design, develop, implement and refine the job roles, skills and competencies required within the Partnership workforce. Organisations in the Partnership need to work closely together on aligning management information, definitions and terminology, where possible.

¹ The Kings Fund - Workforce Planning in the NHS - April 2015



Risks and mitigation

There are a number of risks associated with workforce planning, at this time.

Identified risk	Proposed mitigation
Lack of support across the employers for workforce strategy and actions to enable sustainability	Engagement and consultation with all partners Discussions and decisions on specific actions are documented and communicated
Currently a lack of baseline information and future workforce projections	Engagement with services and the leadership teams to develop clear workforce plans and succession plans
Unable to develop common definitions, terminologies and comparators for data	Work with partner bodies to support greater synergy between approaches to develop a shared language
Transformational change programmes do not follow six step process or engage effectively with staff and stakeholders	Effective engagement to ensure benefits are explained and process is followed – strategic planning lead will facilitate process with planning managers
The Partnership is unable to fully resource all the actions in this plan due to the requirement to deliver financial efficiencies	Workforce planning lead will co-ordinate delivery of the action plan and leads will be identified, updates on progress reported to Partnership Senior Management Team and Staff Partnership Forum
Unable to fully realise integrated workforce strategy as Partnership is not an employing body	Engagement with trade unions and professional bodies, staff and management to find solutions to address challenges and barriers to integrated workforce planning solutions with recognition that some issues may require national resolution



Implementing, monitoring and refreshing

This Workforce Development Strategy is an iterative plan and the actions will be delivered over a three-year period. As transformational change progresses, the action plan will need to be refreshed in line with the programme, and all progress monitored through existing agreed Partnership governance structures, including the Integration Joint Board and the Staff Partnership Forum.

Appendix 1: Workforce methodology

The Partnership is following a recognised public sector six-step workforce planning process², which is currently used by NHS Ayrshire & Arran and North Ayrshire Council. This ensures a systematic, joined-up practical approach supports the delivery of Partnership services and helps to identify key learning and skills needs of the existing and future Partnership workforce.

The six steps are:

- **Step 1: Defining the plan**
- **Step 2: Mapping service change**
- **Step 3: Defining the required workforce**
- **Step 4: Understanding workforce availability**
- **Step 5: Planning to deliver the required workforce**
- **Step 6: Implement, monitoring and refresh**



² <http://www.skillsforhealth.org.uk/resources/guidance-documents/120-six-steps-methodology-to-integrated-workforce-planning>

Appendix 2:

Workforce development strategy action plan

Flexibility

Action	Impact	Lead	Timescale
Create a full and accessible list of all job roles across the Partnership	Detail of full workforce available to the Partnership including partner agencies	Partnership Performance Team	June 2019
Develop a suitable methodology with partner agencies and partnership work-arounds to standardise workforce reporting requirements to link with quarterly performance reports	Standardised reporting	Partnership Performance Team	June 2019
Develop suitable analysis of the available workforce and development of partnership work-arounds to link workforce to demand, absence and impact of service re-design in the future, including detailed workforce data gathering with third and independent sectors	Development of management level workforce planning information Ability to identify short-term pressures and trends	Partnership Performance Team	June 2019
Engagement and joint working with staff side / unions through Staff Partnership Forum and key stakeholders (eg IJB members, elected members) to meet service demand by effectively re-designing the future workforce	System wide support for workforce changes	Heads of service and senior managers	Ongoing
Create and provide shadowing opportunities for staff to work in health, social care and primary care	Awareness of breadth of Partnership roles available and the range of opportunities available	Senior managers and staff	Ongoing
Work with senior managers and teams to develop new roles and where appropriate, to ensure services are fit for purpose, responding to future demands, eg digital developments	Partnership is fit for purpose moving forward	Partnership Senior Management Team/ senior managers/HR	Ongoing
Pilot new approaches, ensuring all positive and lessons learnt are captured and shared, eg roll-out of MDT approach in localities	Lessons shared	Partnership Senior Management Team	March 2020

Confident, well-informed

Action	Impact	Lead	Timescale
Staff to attend employer induction to ensure awareness of all responsibilities	Well informed workforce	NHS/NAC	Ongoing
Partnership to develop a partnership induction programme tailored to the complexity of the Partnership	Well informed workforce	Partnership Learning and Development Team	September 2019
Staff to attend employer organisational development and leadership programmes	Well developed workforce	NAC/NHS	Ongoing
Partnership to deliver 'Thinking Differently, Doing Better' organisational development programme	Well developed and engaged workforce	Partnership Organisational Development Team	July–December 2019
Partnership teams to contribute to employer and inspection agency survey arrangements and engage in taking forward actions	Well developed and engaged workforce	Partnership Senior Management Team/ inspection agencies	Ongoing

Creative, innovative

Action	Impact	Lead	Timescale
Embed the six step workforce planning process across all services within the Partnership and as part of the transformational change programme	Well informed workforce	Partnership Senior Management Team Strategic planning	Ongoing
Engage with partners to improve access to data and information systems, ensuring organisational boundaries are not a barrier to information sharing	High quality data	Partnership Performance team	March 2020
Develop digital and technological solutions to enable the workforce to focus on supporting higher levels of complex care	Effective use of workforce	Partnership Senior Management Team	Ongoing

Integrated

Action	Impact	Lead	Timescale
Further integration of team structures with an integrated approach using strengths based assessments and solutions	Single point of contact for people using services Staff aware of each other's roles Financial efficiency	Partnership Senior Management Team	March 2021
Continue to link team integration to joint property planning processes to progress colocation	Improved joint working and financial efficiency	Partnership Senior Management Team	March 2021
Work with partners to enhance the current medical bank model and mental health officer support to work across professional and organisational boundaries	Responsive services	Partnership Senior Management Team	March 2020

Progression and development

Action	Impact	Lead	Timescale
Engage with NAC Education Service on potential for development and delivery of a work experience programme between NAC schools and the Partnership	Entry posts developed for local young people	Partnership Senior Management Team/ NAC Education Service	March 2020
Work with Ayr College and University of the West of Scotland to develop courses which meet the future need	Dynamic workforce available in the future	Partnership Senior Management Team	Ongoing
Continued use of entry-level posts (modern apprentices, trainees, graduates etc.) to be shared across the partnership	Dynamic workforce options developed	Partnership Senior Management Team	Ongoing
Implement a joined up approach to recruitment campaigns for key posts with partner bodies	High impact recruitment	NAC/NHS Partnership Senior Management Team	Ongoing
All partnership services continue to use annual performance framework to support staff skills development	Skilled workforce	Partnership Senior Management Team	Ongoing
Enable and support staff to develop their careers by having clear career progress paths available across all service areas	Dynamic workforce options developed for existing staff group	Partnership Senior Management Team	March 2021
Support staff to develop into new roles successfully, wherever possible, as traditional service models are decommissioned and new job roles emerge	Dynamic workforce options developed for existing staff group	Partnership Senior Management Team	March 2021
Develop succession planning arrangements for key posts	Sustainable leadership	Heads of service	March 2020

Integration Joint Board
16 May 2019

Subject:	The Ayrshire Mental Health Conversation; Priorities and Outcomes 2019 - 2027
Purpose:	This strategic response aims to provide a consistent Ayrshire response to the Scottish Government Mental Health Strategy 2017 - 2027 and to set out some shared priorities. This response is about how we will support people to achieve and maintain mental wellbeing.
Recommendation:	The board are asked to approve the Ayrshire strategic response to the Scottish Government's Mental Health strategy 2017 - 2027

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

1.	EXECUTIVE SUMMARY
1.1	The Ayrshire Mental Health Conversation: Priorities and Outcomes has been commissioned by East Ayrshire, North Ayrshire and South Ayrshire Health and Social Care Partnerships, in partnership with NHS Ayrshire & Arran. This strategic response aims to provide a consistent Ayrshire response to the Scottish Government Mental Health Strategy 2017 - 2027 and to set out some shared priorities. This response is about how we will support people to achieve and maintain mental wellbeing.
1.2	This document has been supported by a small pan-Ayrshire mental health strategy engagement team, including staff from the three Ayrshire health and social care partnerships, Scottish Recovery Network (SRN) and Scottish Health Council (SHC). The team has undertaken some key activities and events to ensure the views of a wide range of people are included throughout. This strategic response recognises seven key priorities with associated outcomes.
1.3	This strategic response does not set out implementation plans for any agreed priorities. These will be contained in local implementation plans and will need further and detailed planning. Measuring progress for actions will be reviewed and reported through an agreed governance framework.
2.	BACKGROUND
2.1	In March 2017, Scottish Government published its Mental Health Strategy 2017–2027 as a focus for improving mental health across Scotland. The national strategy reflects the wider public health approach required to improve mental health across the whole population. This document is our local response to the national strategy and subsequent progress report. We have engaged with the people of Ayrshire and together we have developed our strategic response, which dovetails local priorities and anticipated outcomes with national themes. At its heart, this document's aim is

	to ensure our communities have access to the right support, at the right time, with the right person.
3.	PROPOSALS
3.1	<p>The board are asked to consider and approve:</p> <ul style="list-style-type: none"> • The priorities and achievable outcomes set out in the document • The governance framework in which activity undertaken within Ayrshire is monitored • The development of an Ayrshire implementation planning group
3.2	<u>Anticipated Outcomes</u>
	<p>The strategic response sets out seven priority areas:</p> <ol style="list-style-type: none"> 1. Improving mental health and wellbeing of local people, across the lifespan, through promotion, prevention and early intervention 2. Promoting community based support for people experiencing mental health challenges including self-management and peer support 3. Making it easier for people to access appropriate support when they are experiencing mental health problems or distress 4. Providing appropriate training, development and support for all who are supporting people with mental health challenges 5. Ensuring people with lived experience of mental health challenges and their carers are fully involved in the design and delivery of services 6. Working in partnership across professional and organisational boundaries and with family and carers to ensure services and supports are integrated and focused on need 7. Our children and young people receive the support to promote good mental health and wellbeing
3.3	<u>Measuring Impact</u>
	The activity undertaken within Ayrshire will be monitored within a framework described within the document. We will develop and report our progress, and the subsequent impact being made, against local and national strategic aims.
4.	IMPLICATIONS

Financial:	The priorities and outcomes developed in the strategic response requires no new funding. A finances section is included within the document. Implementation plans may identify future funding requirements when developed.
Human Resources:	N/A
Legal:	No legal issues identified
Equality:	Impact assessment to be completed once approved
Children and Young People	This document positively promotes mental health priorities for children and young people
Environmental & Sustainability:	N/A
Key Priorities:	This document supports key mental health priorities and plans.
Risk Implications:	No risks identified

Community Benefits:	Not applicable
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Direction Required to Council, Health Board or Both <i>(where Directions are required please complete Directions Template)</i>	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	✓

5.	CONSULTATION
5.1	This response has been developed in a truly collaborative manner ensuring the people within our communities – their views, ideas and concerns – are at the centre of our intentions. How we engaged with our communities is included within the document.
6.	CONCLUSION
6.1	<p>A strategic response to the Scottish Government Mental Health Strategy 2017 – 2027 has been developed to reflect the priorities and actions for mental health by the people who live and work in Ayrshire.</p> <p>The themes and outcomes in this strategic response are based on engagement and contributions from people who use mental health services, their families and carers, the staff who deliver those services, and people from the wider Ayrshire community.</p> <p>Our priorities and outcomes are designed to be responsive to changing needs and will be reviewed over the course of the intended time frame. We will create localised implementation plans with details of approaches and work undertaken to achieve our strategic priorities. These will include a suite of measures to provide evidence of impact and progress.</p>

For more information please contact Thelma Bowers on 01294 317849 or tbowers@north-ayrshire.gov.uk

The Ayrshire

MENTAL HEALTH

Conversation

Priorities and Outcomes 2019–2027

A strategic response to Scottish Government's Mental Health Strategy 2017–2027

Contents

Foreword	4
Introduction	5
Key policies and national drivers	8
What's happening locally – statistics and what these tell us	11
Mental health services in Ayrshire – the finances	12
Engaging with our communities	14
The Ayrshire Mental Health Conversation: linking local priorities and outcomes to national actions	20
Monitoring and governance framework	27
Glossary	28
References	30

Foreword

It is my pleasure to introduce **The Ayrshire Mental Health Conversation: Priorities and Outcomes** in response to the *Mental Health Strategy 2017–2027* published by Scottish Government (2017).

This document sets out local priorities and achievable outcomes aligned to the national actions, and offers flexible, diverse opportunities for our localised approach. The overarching aim of the national strategy and our local response is to support improved health and wellbeing of local people in our communities.

It is acknowledged that, where possible, the intentions of a 'once for Scotland' approach is reflected in our ambition of a 'once for Ayrshire' approach, ensuring equitable supports and care opportunities across the area. We also recognise that bespoke approaches and tailored activities are needed within all three health and social care partnership areas to reflect specific local challenges and needs.

This response has been developed in a truly collaborative manner ensuring the people within our communities – their views, ideas and concerns – are at the centre of our intentions. I'd like to express my thanks to the large numbers of citizens who contributed, influenced and led on the development of this response. We now have a way ahead, reflecting the views of people across Ayrshire – their wishes and expectations of mental health and wellbeing services – and includes the views of statutory and third sector organisations.



Scottish Government's *Mental Health Strategy 2017–2027* was launched in 2017 and work has been undertaken in Ayrshire, aligned to 40 recommendations in the national strategy. We were keen to ensure effective public engagement in setting out our future plans (up to 2027) and now feel we have achieved a genuine reflection of our common vision. Our priorities and outcomes are designed to be responsive to changing needs and will be reviewed over the course of the intended time frame. We will create localised implementation plans with details of approaches and work undertaken to achieve our strategic priorities. These will include a suite of measures to provide evidence of impact and progress.

We welcome active participation from our communities in progressing positive mental wellbeing within our society. We endorse this strategic response as one developed equally by our citizens and local health and social care providers.

Thelma Bowers

Head of Mental Health Services, North Ayrshire Health and Social Care Partnership

Introduction

Mental health is a key part of wellbeing, both for individuals and communities. Open discussion about mental wellbeing, mental ill-health and mental disorders is now, rightly, more prevalent in our lives. Mental wellbeing is defined as:

Mental wellbeing is about both feeling good and functioning effectively, maintaining positive relationships and living a life that has a sense of purpose. It is shaped by our life circumstances, our relationships and our ability to control or adapt to the adverse circumstances we face. Good mental health improves outcomes in education, employment and health and benefits individuals, families, communities and society.

Mental Health and Wellbeing Indicators Report (2018)

Mental health covers a range of issues – from feelings related to emotional wellbeing like happiness and sadness, to mental ill-health like the reactions that happen in response to stress, to diagnosable mental disorders such as schizophrenia and bi-polar disorder.

Support for mental health in Ayrshire is provided by statutory and non-statutory services, voluntary and wider community support organisations as well as families, carers and individuals. Each has an equally important role. Each offers choice to local people – ways they can access and receive support to improve their mental health.

The Ayrshire Mental Health Conversation: Priorities and Outcomes has been commissioned by East Ayrshire, North Ayrshire and South Ayrshire Health and Social Care Partnerships, in partnership with NHS Ayrshire & Arran. We aim to provide a consistent approach to our response to mental health and to set out some shared priorities. This response is about how we will support people to achieve and maintain mental wellbeing.

This document has been supported by a small pan-Ayrshire mental health strategy engagement team, including staff from health and social care partnerships, Scottish Recovery Network (SRN) and Scottish Health Council (SHC). The team has undertaken some key activities and events to ensure the views of a wide range of people are included throughout.



This strategic response is based on:

- Key policies and national drivers
- Local context and strategies
- Local mental health statistics and what these tell us
- Core views that emerged via the engagement process
- Overarching themes developed from these views
- Outcomes this strategic response hopes to achieve.

This strategic response recognises:

- The need to respond to common life challenges in a proportionate, appropriate way where the full assets of the person, their family and their community are used to support positive outcomes. This moves away from only responding through formal services to ensuring that ownership for our response to mental health issues is wide and strongly rooted in resilient communities
- By empowering communities and organisations to build resilience, mental health literacy and preventative supports, we will avoid unnecessary use of formal mental health services
- The need to work in partnership to develop our shared response, not least by working with people who have lived experience of mental health issues and sets out a way for all stakeholders to work together to support better mental health including statutory, voluntary, independent and community sectors
- Within the context of national investment alongside the need to transform, there is a need to target specialist clinical services at those who need them most.

There are many challenges in terms of implementation but we believe what is set out in this document provides a strong foundation for working together for the best mental health and wellbeing for the people of Ayrshire and aspiring towards the vision set by Scottish Government's *Mental Health Strategy 2017–2027*:

People can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma

This strategic response identifies seven priorities:

1. Improving mental health and wellbeing of local people, across the lifespan, through promotion, prevention and early intervention
2. Promoting community based support for people experiencing mental health challenges including self-management and peer support
3. Making it easier for people to access appropriate support when they are experiencing mental health problems or distress
4. Providing appropriate training, development and support for all who are supporting people with mental health challenges
5. Ensuring people with lived experience of mental health challenges and their carers are fully involved in the design and delivery of services
6. Working in partnership across professional and organisational boundaries and with family and carers to ensure services and supports are integrated and focused on need
7. Our children and young people receive the support to promote good mental health and wellbeing

This strategic response does *not* set out implementation plans for any agreed priorities. These will be contained in local implementation plans and will need further and detailed planning. Measuring progress for actions will be reviewed and reported through a **governance framework** (see page 27).

This strategic response will be proactive, recognising changes and challenges, both nationally and locally and there will be ongoing engagement with all stakeholders to inform the developing implementation plans.

We have worked to create a document that is:

- Clear – the content is concise, direct and with good use of plain English
- Realistic – the content reflects reality and focuses on what is deliverable
- Honest – the content is honest about existing challenges that need to be addressed.

Key policies and national drivers

In March 2017, Scottish Government published its *Mental Health Strategy 2017–2027* as a focus for improving mental health across Scotland. The national strategy reflects the wider public health approach required to improve mental health across the whole population and puts particular focus on:

- Prevention and early intervention
- Access to treatment and joined up accessible services
- The physical wellbeing of people with mental health problems
- Rights, information use and planning.

At its heart, the national strategy seeks to ensure mental health and physical health hold equal importance and highlights particular challenges for services being delivered across Scotland. It notes that:

- Only 1 in 3 people who would benefit from treatment for a mental illness currently receive it (based on estimates)
- People with life-long mental illness are likely to die prematurely (15–20 years) because of physical ill-health
- People with a mental health problem are more likely than others to wait more than 4 hours in an emergency department.

In September 2018, Scottish Government published *Mental Health Strategy 2017–2027: first progress report*, stating that in the first 18 months of the strategy, 13 actions (out of 40 actions) are complete or significant progress has been made. They reflect that the actions alone will not completely deliver on their vision, but act as levers to create the change we want to see in mental health. The 40 actions incorporate a commitment to engaging and empowering individuals and communities.

In addition, Scottish Government, in consultation with stakeholders, organised the ongoing work into themes:

- Children and young people's mental health and wellbeing
- Adult mental health and whole system change
- Public mental health and suicide prevention
- Rights and mental health.



This document is our local response to the national strategy and subsequent progress report. We have engaged with the people of Ayrshire and together we have developed our strategic response, which dovetails local priorities and anticipated outcomes with national themes. At its heart, this document's aim is to ensure our communities have access to the right support, at the right time, with the right person.

Over the past 10–15 years a range of approaches, by Scottish Government, local authorities, health boards and other interested parties, has set out policy, recommendations and guidance for the development of mental health service provision. These have implications for the services provided across Ayrshire and include:

- [Carers \(Scotland\) Act 2016](#)
- [Getting it right for every child \(GIRFEC\)](#)
- [Good mental health for all](#)
- [Health and Social Care Delivery Plan](#)
- [Mental Health Strategy 2017–2027](#)
- [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
- [Public Health Priorities for Scotland](#)
- [Scotland's National Dementia Strategy 2017–20](#)
- [Scotland's Suicide Prevention Action Plan: Every Life Matters](#)
- [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#)
- [The Scottish Strategy for Autism: outcomes and priorities 2018–21](#)

Links to the documents above can be found in **References** (see page 30)



Summary of national policy context

From the policies, national guidance and current legislation, three key themes emerge, which our priorities will need to address:

1. The need to engage to with and involve people who require services in the design and delivery of their own services

We do not want to fit people into services: rather, we want to design services and activities around people. This reflects the views expressed in our engagement work. Our commitment to co-production will help develop services that are grounded in the wider community, rather than drawing individuals into 'service land'. In developing this strategic response, we have worked closely with the Scottish Recovery Network, and we intend to continue doing so in subsequent versions of this work.

2. The promotion of choice and control

We recognise that we have a lot more to do to encourage people with mental health challenges and conditions, and their support networks, to make choices and take control over their own support – including promotion and uptake of Self-directed Support (SDS) options, where relevant.

3. A requirement for further early intervention and prevention work

There are already several early intervention and prevention initiatives for mental health, many of them developed by the local communities. Nevertheless, we want to work with those groups and others (including key support groups) to develop more approaches for people who use services, their carers and families and – importantly – the wider community of Ayrshire.

Ayrshire enablers

Health and social care partnerships in Ayrshire are making a difference with local planning in communities to improve health and wellbeing and have developed strategic plans, taking account of changing needs and increasing demand.

4. We have used the national strategy and its underpinning actions as prompts in our conversations with the communities of East, North and South Ayrshire: this has given us some key priorities to focus on locally
5. We have set out a framework within which we will report against all the specific actions set out in the national strategy, which will enable us to evidence impact on our actions.

We have considered what is happening in East, North and South Ayrshire, and more widely Scotland, in terms of legislation, emerging policy and guidance for people with mental health challenges, and those who provide support in our communities.

We will ensure each local mental health implementation plan takes account of local strategic planning to ensure partnerships are addressing their locality's needs.

What's happening locally – statistics and what these tell us

The number of people with mental health problems will increase by up to 4% per year.

National Records of Scotland (NRS)

The number of people with mental health concerns in Ayrshire is difficult to determine accurately. We are experiencing a 41% increase in demand for community based mental health services. It is estimated more than 1 in 4 people will be affected by a form of mental ill-health at some point in their lives, and 1 in 3 GP appointments locally relate to mental ill-health. We also know:

- In 2016, the percentage of people in Ayrshire prescribed medication for anxiety, depression or psychosis was 19%, this was higher than the Scottish average (17%).
- In 2017, the three HSCPs have combined caseloads (people known to access statutory mental health services) of around 13,000 people.

Ayrshire and Arran Mental Health and Wellbeing Indicators (2018) provides an insight into the mental health and wellbeing of adults living in Ayrshire. This shows that mental wellbeing is significantly poorer in Ayrshire, compared with Scotland as a whole, and there are clear differences across East, North and South Ayrshire and between population groups.



Positive Mental Health
Mental wellbeing is significantly lower in Ayrshire than in Scotland and there are clear differences across the geography and between groups.



Mental Health Problems
Common mental health problems are experienced disproportionately across the geography and between groups. The youngest age group is more likely to experience problems than other age groups.



Drug & Alcohol Related Harm
Alcohol related hospital stays are showing a downward trend but remain significantly above the Scottish average. Drug related hospital stays continue to increase substantially and are also significantly above the Scottish average.



Income Inequality
Levels of income deprivation are higher in the three partnership areas (12.7% to 17.3%) than in Scotland (12.2%), with North Ayrshire experiencing the highest and South Ayrshire the lowest.



Employment & Education
Unemployment and economic inactivity are higher across the three partnership areas than across Scotland. Education levels are also lower than average.



Physical Environment
Over 90% of people locally rate their neighbourhood as a good place to live (in line with national average). Over 50% visit the outdoors at least once a week.

Source: Ayrshire and Arran Mental Health and Wellbeing Indicators

Mental health services in Ayrshire – the finances

Health and social care partnerships in Scotland, and other public services, face financial pressure with the increase in demand for services. This is particularly evident in mental health support with a year on year 40% increase in demand for community based mental health services support, since 2015.

North Ayrshire Health and Social Care Partnership leads mental health strategy across Ayrshire and delivery of Ayrshire-wide services, on behalf of health and social care partnerships in East Ayrshire and South Ayrshire.

2019–20 budget

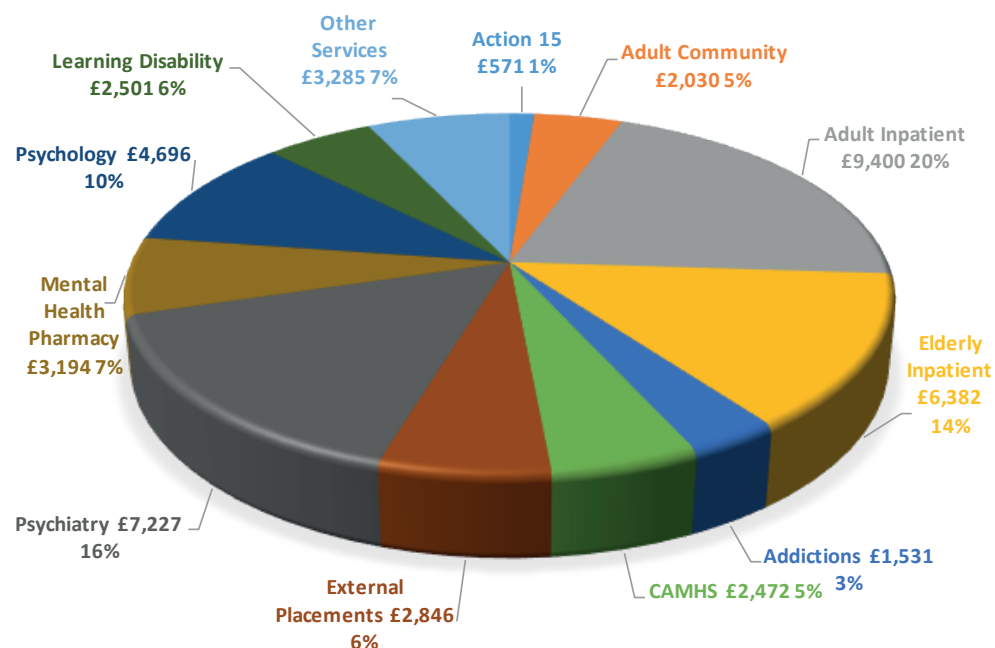
Scottish Government has acknowledged the rise in demand for mental health services in their national *Mental Health Strategy 2017–2027*. Their financial settlement for 2019–20 includes a requirement that resource for mental health services is protected and health boards must ensure a real terms increase of 1.8% on mental health budgets before the application of any additional funding for investment.

North Ayrshire Health and Social Care Partnership leads on hospital-based mental health services across Ayrshire and must ensure this condition is met for those services across Ayrshire. To meet the conditions there would be a maximum value of efficiency savings that can be applied to these services during 2019–20 and this has been the basis of financial planning.

Significant plans to deliver efficiencies from the redesign of acute mental health services will be undertaken during 2019–20. Following this, opportunities can be explored to further redesign and release resource for investment in wider community mental health services driven by local health and social care partnerships as outlined in their strategic plans.

Acute Mental Health Services (provided by lead partnership)

BUDGET £000'S



Transformation and investment

Mental health services in Ayrshire are undertaking a programme of transformational change to address increasing demand and complexity of problems faced by people with mental ill-health.

To address this increasing demand, health and social care partnership services are working to ensure more ongoing care and support is available in the community.

We are continuing to explore preventative housing support services for a wide range of people, including people with mental ill-health to ensure that they can live at home. 2019–20 will see the opening of

Warrix Avenue, a community rehabilitation resource (9 houses) for those who have required in-patient rehabilitation as part of their recovery from severe mental ill-health.

Elderly mental health inpatient services are being reconfigured during 2019–20 taking account of activity levels and the quality of the accommodation available. This will allow staffing investment in the remaining wards and also deliver a saving.

Prevention and early intervention remains an area for future investment.

Scottish Government allocations

As part of the *Mental Health Strategy 2017–2027*, Scottish Government made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings such as accident and emergency departments, GP practices, police station custody suites and prisons. The detail is set out in Action 15 of the national strategy. The funding will be available:

Year	East	North	South	TOTAL
2018–19*	£267,351	£299,538	£248,118	£815,007
2019–20	£413,178	£462,922	£383,455	£1,259,555
2020–21	£583,311	£653,537	£541,348	£1,778,196

*note that only 70% (£570,000) has been drawn down in 2018–19

Participatory budgeting

Significant work has been undertaken to work in localities to develop participatory budgeting for mental health and wellbeing initiatives. Community groups bid for project funding and local people vote for monies to be allocated directly to community groups.

Engaging with our communities

The themes and outcomes in this strategic response are based on engagement and contributions from people who use mental health services, their families and carers, the staff who deliver those services, and people from the wider Ayrshire community.

The Ayrshire Mental Health Conversation

Our engagement programme, The Ayrshire Mental Health Conversation, captured people's opinions about current services and the support being received. A multi-agency steering group was developed to ensure robust, effective and meaningful engagement and to cascade relevant information to staff and members of the public in East, North and South Ayrshire. It was important to involve external stakeholders to provide a balanced view of the process including:

- Staff members from East Ayrshire, North Ayrshire and South Ayrshire Health and Social Care Partnerships
- Scottish Recovery Network (we are committed to ongoing engagement and co-production with SRN)
- Scottish Health Council.

The first meeting of the engagement steering group (April 2018), discussed how, where and with whom we should engage. The group felt it was crucial to go beyond traditional consultation and have open conversations with people, which would in turn inform the development of a strategic response, and provide an opportunity to influence improvements across all mental health and wellbeing support areas.

The key audience for engagement:

- People who currently, or have previously accessed mental health support services
- People who care for someone, or have a family member who has accessed mental health support services
- People who have no previous experience of mental health services.

The engagement questions were developed in partnership with people who access mental health services and carers and were slightly tailored for each audience.

In order to capture a wide range of views, people were able to share their experiences and thoughts in a variety of ways.

- Local conversation sessions were hosted throughout Ayrshire – these were open to anyone to attend
- Local conversation sessions were designed to engage with specific groups of interest
- Local groups and services were invited to host their own local conversation at a time and place convenient to them – a facilitation pack was created to support and enable groups to do this effectively
- An online survey was created and promoted widely across social media, enabling engagement with groups of interest we'd previously heard little from, additionally, the survey was distributed via extensive email networks
- Paper copies of the survey were made available in all local libraries, mental health services and some GP practices, and sent by post to individuals and groups, upon request.

The Ayrshire Mental Health Conversation began in August and was extended until November 2018. (The extension was agreed to ensure comprehensive feedback from men – a targeted approach resulted in male feedback increasing by 6%.)

The engagement conversations resulted in:

- Supporting 14 public engagement sessions and conversations with 187 people across Ayrshire, including:
 - » two sessions at Ayrshire College
 - » one session at Woodland View
 - » nine public discussion session
 - » two sessions facilitated by local groups.
 These sessions included prompts based on the 40 actions set out in Scottish Government's Mental Health Strategy.
- Liaising with staff involved in commissioning or supporting mental health services and other support services in Ayrshire
- Creating a survey for anyone with an interest in mental health in Ayrshire (including those who had not accessed mental health services) generated 777 responses
- Discussing development of this strategic response with representatives of third and independent sectors in Ayrshire
- Stakeholders (those involved in the conversations) attended a local summary event to bring together all the views and feedback received and to help co-design Ayrshire-wide priorities and actions.

Tell us
what
YOU
think

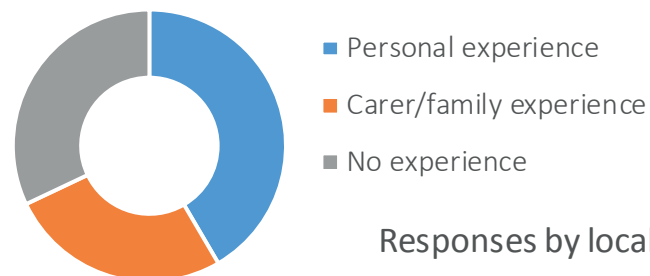
777
survey
responses

14 public
events

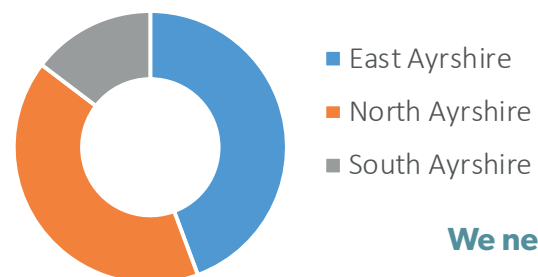
over **1000** conversations

The Ayrshire Mental Health Conversations told us

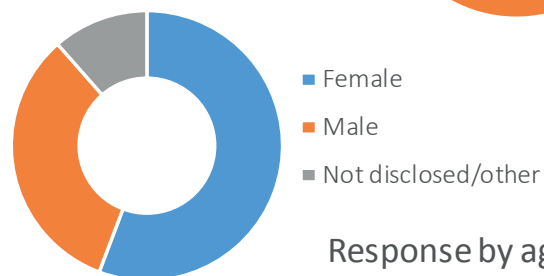
Experience of mental health services



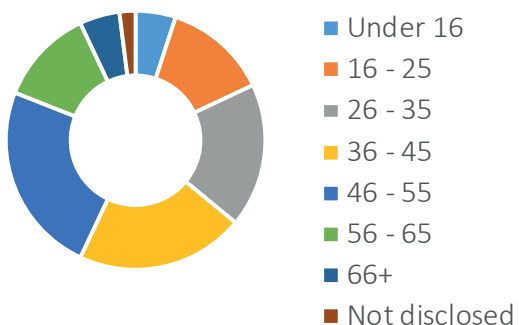
Responses by locality area



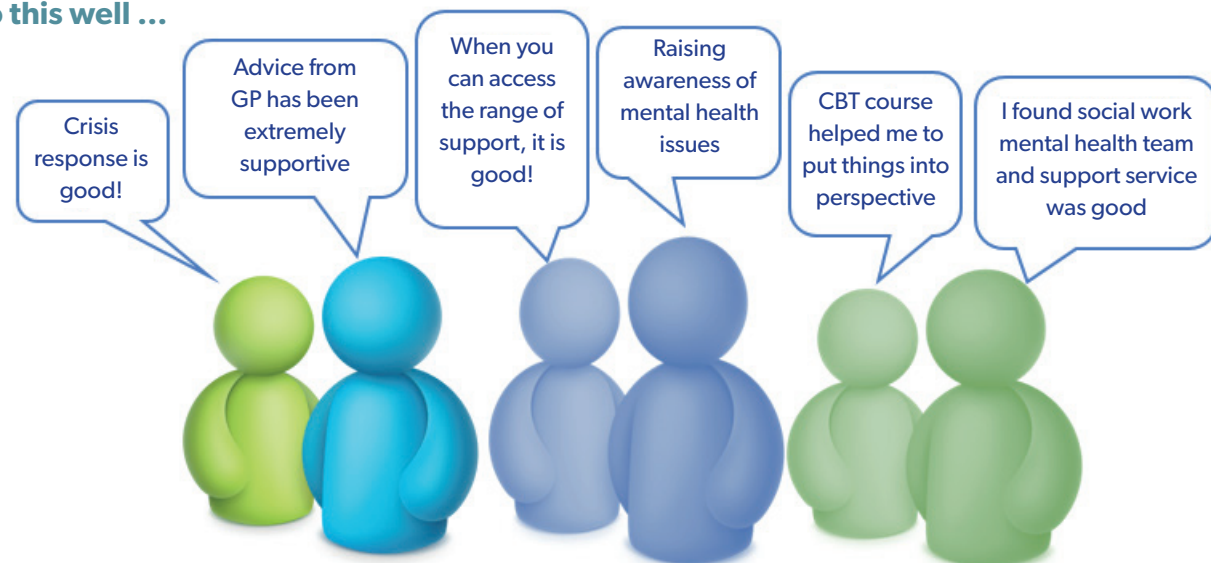
Response by gender



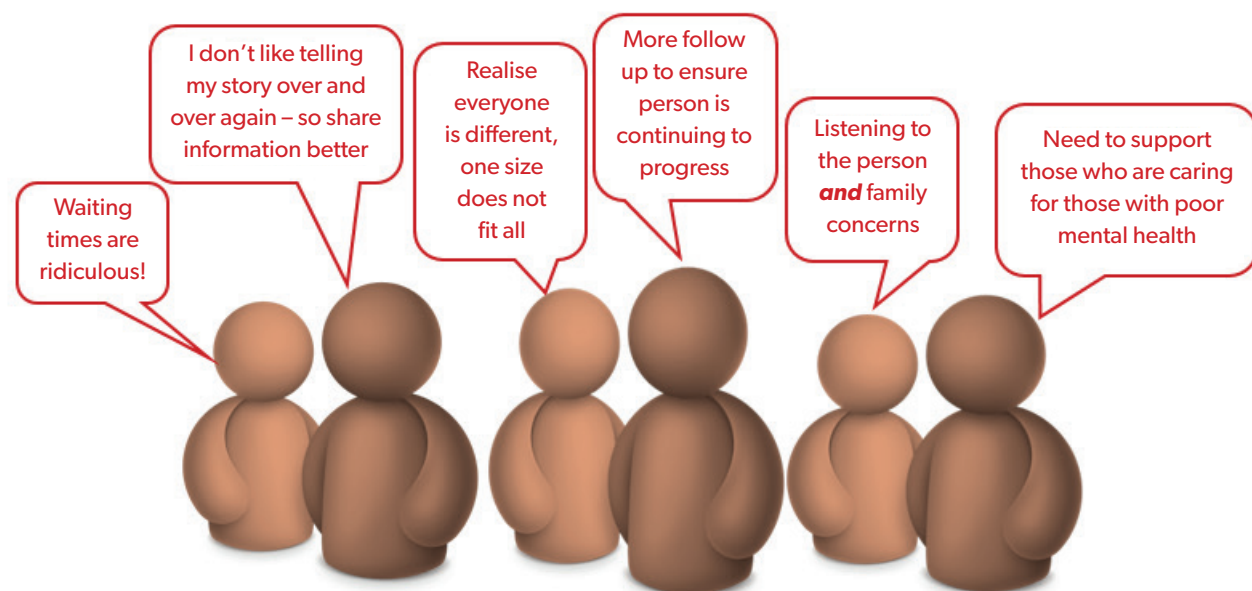
Response by age group



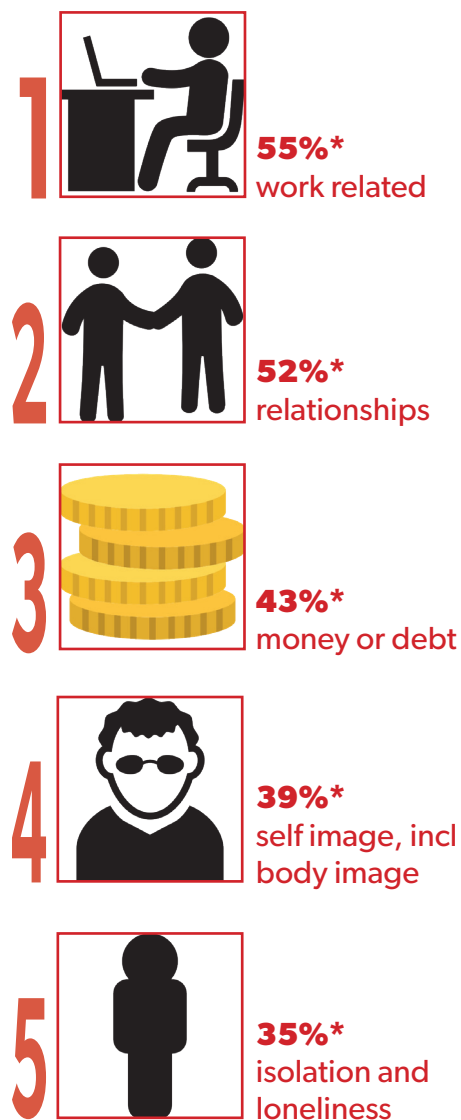
We do this well ...



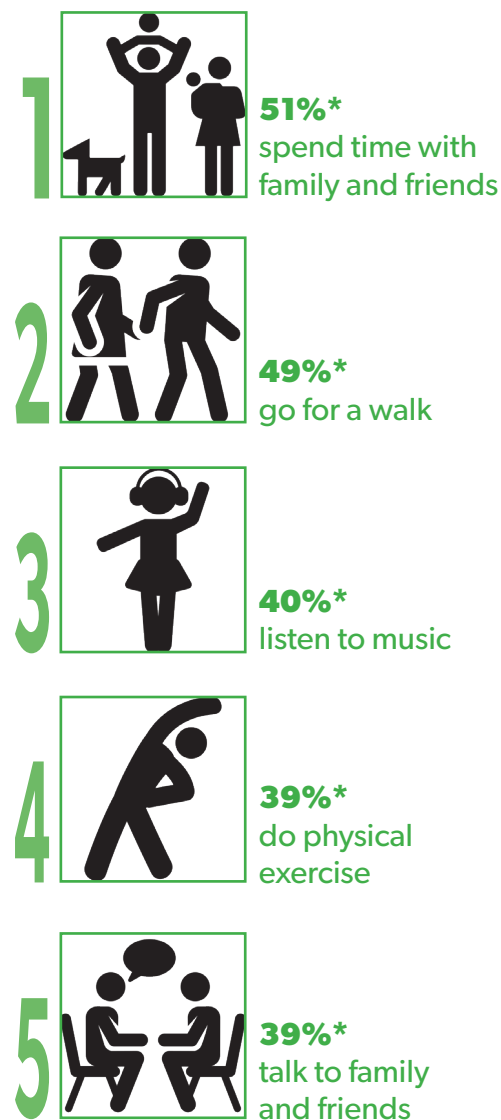
We need to do better ...



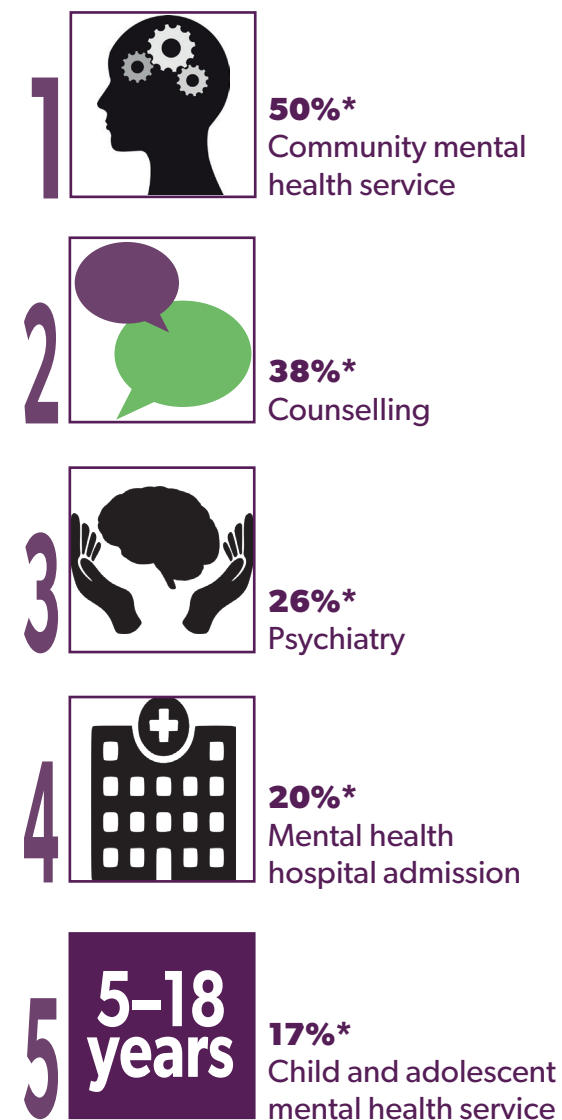
Things that **challenge** your mental health



Things that **improve** your mental health



Supports by people who use our services



* Of the people who engaged in The Ayrshire Mental Health Conversation

The full survey results, including feedback and individual comments, are available online at www.nahscp.org.

The priorities and actions in this strategic response have been driven largely by **The Ayrshire Mental Health Conversation**. The stories and feedback provided by people will be used far beyond this document as we move towards working in partnership with those who access our services, their carers' and family members, with the common aim to improve mental health in Ayrshire.

More support in community to prevent isolation

Listening and signposting

Treat service users as part in their care and allow them a real say in shaping services going forward

Make it easier to access service before crisis

You said ...

Local drop-in centres and youth appropriate centres

More community support

Lots of information / more awareness

Have more services run by ex-patients/sufferers

Providing appropriate training, development and support for all who are supporting people with mental health challenges

Shorter waiting list to ensure that support is available when difficulties first arise

A centre dedicated to mental health such as a surgery instead of visiting your local doctor

You said ...

Gap in service for girls aged between 12 and 17

Support for parents of children experiencing mental health issues

Needs to be more consistency moving adolescents from CAMHS to adult mental health care

An accessible out of hours service for people to attend to prevent having to attend A&E

You said ...

Provide more training in ASD and other life long disabilities

Encourage practitioners to engage with patients as a human being, not as a clinician

I feel staff need more training

Promoting community based support for people experiencing mental health challenges including self-management and peer support

Improving mental health and wellbeing, across the lifespan, through promotion, prevention and early intervention

We commit to ...

Our children and young people receive supports, promoting good mental health and wellbeing

Working in partnership across all professional and organisational boundaries and with family and carers to ensure services and supports are integrated and focussed on need.

Ensuring that people with lived experience of mental health and their carers' are fully involved in the design and delivery of services

Making it easier for people to access appropriate support when they are experiencing mental health problems or distress

You said ...

Alternative support while waiting on professional support

Better communication between all services to minimise pressures put on vulnerable people

Offer more bespoke services. Not one size fits all

The Ayrshire Mental Health Conversation: Linking local priorities and outcomes to national actions

Local priority 1:

Improving mental health and wellbeing of local people, across the lifespan, through promotion, prevention and early intervention

Outcome	We will:	National themes / actions
People have access to the right mental health support at the first point of contact	Ensure there is clear and easy access to mental health support through your local GP practice. Increase the number of dedicated mental health practitioners and community connectors in primary care settings.	Adult mental health and whole system change (Actions 10, 15, 23, 24,) Public health and suicide prevention (Actions 13, 25, 26, 27, 28, 29, 30, 31, 36, 38) Rights and mental health (Action 37)
Information promoting mental health supports is easily accessible	Ensure information about mental health and wellbeing issues is kept in a centralised place, is easily accessed and understood. Develop an online directory of services that is routinely updated to reflect changes in available supports and ensure this information is available in local community facilities.	
We recognise and celebrate mental health recovery in our community	Ensure we all recognise that recovery from mental health issues is achievable for everyone. Report, promote and celebrate people's recovery stories and experiences.	
The shape of out-of-hours support is driven by considering the needs of the people who use it	Ensure the provision of support available outwith 9am–5pm is further developed to meet the needs of the people of Ayrshire. Use appropriate resources to strengthen and complement services providing support in evenings, overnight and weekends in all communities and in a range of different settings.	
We challenge mental health stigma within our community and treat access to mental health support the same as any other health related support	Ensure those experiencing and seeking to access mental health issues are treated the same as those experiencing and seeking access to any health-related issue. Achieve this through effective awareness raising of mental health issues as part of national and local initiatives and by challenging stigma in services and in the wider community.	
People in Ayrshire have improved mental wellbeing	We will support existing actions as outlined in The Ayrshire and Arran Mental Health and Wellbeing Strategy (2015) and new emerging actions which enable individuals, families and communities to improve mental health and wellbeing and to deal effectively with challenges to mental health and the things that increase the likelihood or severity of mental ill-health.	

Local priority 2:

Promoting community based support for people experiencing mental health challenges including self-management and peer support

Outcome	We will:	National themes / actions
People are able to take ownership of their mental health recovery at an early stage, making decisions on how and when their supports are received	Ensure we agree, at the earliest opportunity, what you want to achieve from your support and how will we know you have succeeded in your goals. Agree clear recovery focused plans of care and promote self care and management with ongoing supports provided in your local community.	Adult mental health and whole system change (Actions 10, 15, 23, 24) Public health and suicide prevention (Actions 13, 25, 26, 27, 28, 29, 30, 31, 36, 38) Rights and mental health (Action 37)
Community assets are promoted and visible	Ensure all supports that promote mental health and wellbeing are recognised and valued as part of a wide range of mental health supports in our community. Collate and promote community assets, widely and as soon as possible, as positive mental health and wellbeing supports.	
Community assets can be accessed daily in Ayrshire	Ensure a range of supports can be accessed every day of the week, including weekends. Support existing groups to increase their capacity and encourage the establishment of new groups in all communities in Ayrshire.	
We positively support and promote communities as an equal partner in delivery of mental health supports	Ensure community support groups are seen as just as, if not more, important in supporting and promoting mental health and wellbeing as statutory health and social care services. Work together to demonstrate and celebrate the positive impact of the use of these types of support in supporting good mental health and wellbeing.	
Communities feel empowered to manage and promote good mental health and wellbeing	Ensure all communities have access to the tools and resources required to promote good mental health and wellbeing.	

Local priority 3:

Making it easier for people to access appropriate support when they are experiencing mental health problems or distress

Outcome/Aim	We will:	National themes / actions
People can access information on the supports available in their own communities and make choices on the supports they use	<p>Ensure information on all services providing mental health supports in your community is easily accessible.</p> <p>Involve people with lived experience of mental health problems in deciding what information is important and useful for people accessing mental health services.</p>	<p>Adult mental health and whole system change (Actions 10, 15, 23, 24)</p> <p>Public health and suicide prevention (Actions 13, 25, 26, 27, 28, 29, 30, 31, 36, 38)</p> <p>Rights and mental health (Action 37)</p>
People have information on what services do and when they can expect to receive support	Ensure when you contact a service they are able to provide you with information on what the service offers including when and how this support will begin.	
Mental health support is available 24 hours a day to the people of Ayrshire	<p>Make sure people are able to get support for their mental health at any time day or night in Ayrshire.</p> <p>Offer a range of ways to access support including online, telephone help and advice, and face to face consultations.</p>	
People do not have to wait to access mental health support in their communities	Work with community partners to provide a range of supports including a choice of alternative support when people have to wait to access specialist support.	
Public services and third sector services work together to provide mental health supports	<p>Encourage all health and social care service providers to move mental health supports into local communities and away from centralised services.</p> <p>Agree ways for community-based interventions to provide better support to people than other more traditional approaches.</p>	

Local priority 4:

Providing appropriate training, development and support for all who are supporting people with mental health challenges

Outcome/Aim	We will:	National themes / actions
People supporting those with mental health issues have the appropriate training to enable them to support others to maintain good mental health and recover from mental health problems	Ensure everyone who provides support will have access to training to support their personal and professional development. Provide a range of training options that can be accessed by anyone in Ayrshire, including staff, volunteers and family/carers.	Children and young people's mental health and wellbeing (Actions 2, 4) Adult mental health and whole system change (Actions 26, 36) Rights and mental health (Actions 32, 35, 37)
Values based practice training is promoted amongst all staff	Ensure anyone providing support does this with empathy and compassion. Promote training to provide people with the skills and knowledge to adopt a strengths-based, person centred approach focused on recovery, including an opportunity to reflect on their own practice and how their values impact on the support they provide to others.	
Training provided reflects changing trends	Ensure the training we provide will reflect emerging themes within mental health. Work collaboratively to develop and promote training that is person centred and tailored to meet the mental health needs of the people of Ayrshire.	
People supporting those with mental health issues have their own mental health and wellbeing needs met	Ensure anyone supporting people experiencing mental health problems will be able to access support for themselves. Have appropriate supervision frameworks and staff care support in place across all services.	

Local priority 5:

Ensuring people with lived experience of mental health challenges and their carers are fully involved in the design and delivery of services

Outcome/Aim	We will:	National themes / actions
People with a lived experience of mental health are visible, valued and contribute to the co-production and commissioning of services	Develop systems to allow people with lived experience of mental health problems to be fully engaged in design, commissioning, delivery and evaluation of services and supports. Ensure they have a range of ways in which they can engage and influence service design and implementation.	Adult mental health and whole system change (Actions 15, 23, 36) Public health and suicide prevention (Actions 13, 14, 25, 36) Rights and mental health (Actions 32, 37)
The number of peer-led support groups reflects the need of our communities for this type of support	Ensure groups and supports available to people are, where possible, developed and led by peers. Increase the number of peers across our services,, enabling them to provide local group support where it is required.	
The number of peer workers/ volunteers reflects the need of our communities for this type of support	Ensure people with lived experience are supported and developed as peers within our services. Create an environment in Ayrshire that values the contribution lived experience brings to the support of others and promote this type of support with everyone. Create more opportunities for paid and voluntary peer support roles across all services.	
Community-based peer led supports offer follow up and long-term support	Ensure after support from statutory services has ended that people are offered and can access long term support from peers. Create a framework of peer led supports and services including groups (see previous actions) and will promote the use of these groups and other types of community-based support for people who have successfully achieved their own recovery focused goals.	
We have peer-led, lived experience networks linked to every service	Ensure every service is able to identify and demonstrate effective use of peer support workers and volunteers. Develop and commission services with peer supports built into their delivery.	
Services are commissioned based on good mental health and wellbeing outcomes	Ensure the governance framework promotes the use of measures to reflect the positive outcomes on mental health and wellbeing that the service has provided, in addition to ensuring quality and value for money.	

Local priority 6:

Working in partnership across professional and organisational boundaries and with family and carers to ensure services and supports are integrated and focused on need

Outcome/Aim	We will:	National themes / actions
We take into account the views and wishes of family and carers	Ensure family and carers have their voices heard. Ask (with appropriate consent) family and carers to be part of the support and care planning of their family member or person they care for, including being clear about when and how we can share information.	Adult mental health and whole system change (Actions 15, 23, 36) Public health and suicide prevention (Actions 13, 14, 25, 36) Rights and mental health (Actions 32, 37, 38)
Where possible we collocate services and community supports to a place that suits the community best	Ensure supports are locally available and accessible in your community. Work with communities to identify which services need to be there and work together to co-produce and deliver these services, wherever possible.	
Electronic information systems are compatible and communicate with each other to improve the experience for the individual involved	Ensure we reduce the duplication of collecting information about you and moving from one support to another is not unduly delayed by the transfer of information by electronic systems. Work with our colleagues in eHealth to develop appropriate solutions.	
Everyone across all services promotes safe and appropriate information sharing to reduce the time spent repeating information	Ensure the information shared about you is only the information that is relevant to support your mental health needs and is provided with your consent. Adhere to information sharing governance and let you know which information is shared and for what purpose.	

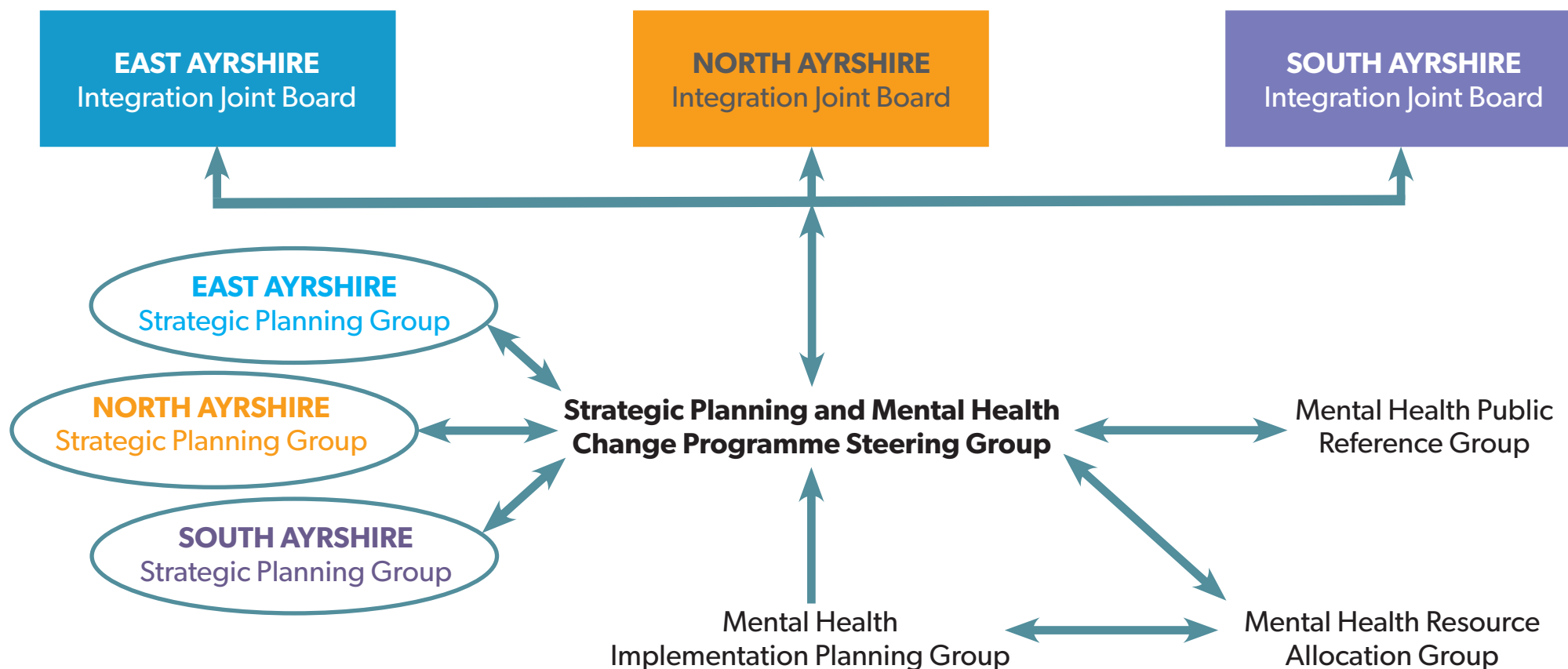
Local priority 7:

Our children and young people receive the support to promote good mental health and wellbeing

Outcome/Aim	We will:	National themes / actions
Clear and strong links and communication between health and social care, education and justice services	Ensure there is appropriate and regular communication and joint working between the services and supports involved in a child or young person's care.	Children and young people's mental health and wellbeing (Actions 1–9, 16, 17, 19)
A range of interventions available for children and young people	Ensure a child or young person who needs support has a range of options and choices available to them to consider what supports would best support their needs.	
A range of services available to support children and young people	Ensure the supports provided are not the responsibility of one service, but the holistic support a child or a young person may need is available from a range of sources.	
Training on mental health is provided to children and young people and their families and the staff working with them	Ensure education, information and training is accessible to all. The training we provide will reflect emerging themes within mental health. Work collaboratively to develop and promote training that is person centred and tailored to meet the mental health needs of the people of Ayrshire.	
Children and young people are supported when transitioning between services	Ensure when children move between services that it is planned and supported to ensure the most appropriate services and supports are put in place at an early stage.	

Monitoring and governance framework

The activity undertaken within Ayrshire will be monitored within a framework. We will develop and report our progress, and the subsequent impact being made, against local and national strategic aims.



Membership of the groups within the governance framework above includes people who use services and carers (except the Mental Health Implementation Planning Group as an operational staff group carrying out decisions made in the Change Programme Steering Group)

Glossary

Ayrshire

Around 368,290 people over 1,321 square miles, includes local authority areas of East Ayrshire, North Ayrshire, South Ayrshire and the island communities of Arran and Cumbrae.

Health and Social Care Partnership (HSCP)

HSCPs are the organisations formed as part of the integration of services provided by Health Boards and Councils in Scotland. Each partnership is jointly run by the NHS and local authority. HSCPs manage community health services and create closer partnerships between health, social care and hospital-based services.

Integration Joint Board (IJB)

An Integration Joint Board is the constituted legal governing body of a health and social care partnership. It is responsible for the strategic direction, effectiveness, and efficiency of a partnership. Responsibility for services is delegated from local health boards and local authority social services to IJBs.

National Records of Scotland (NRS)

National Records of Scotland collects, preserves and produces information about Scotland's people and history. They record life events such as births, deaths, marriages, civil partnerships, divorces, adoptions stillbirths. NRS is also responsible for development of archival practice in Scotland, including government documents and public records.

Primary care

Primary care is the first point of contact for health care for most people and includes community based services like GP, dental, community pharmacy and optometry.

Population groups

A population group is subset of an overall population who may share certain demographic or personal characteristics, such as age, gender, disability or ethnicity.

Scottish Health Council (SHC)

Scottish Health Council supports health and social care providers to engage meaningfully with people who use services, carers and communities to effectively involve people in the design, planning and delivery of health and social care services.

Scottish Recovery Network (SRN)

Scottish Recovery Network is a non-profit initiative (third sector) with a vision of a Scotland where mental health recovery is real for everyone in every community. Their aim is to place the experience of recovery at the centre of life, practice and policy. They act as a catalyst for change by sharing ideas and practice.

Self-directed Support (SDS)

Self-directed Support allows people, their carers and their families to make informed choices on what their support looks like and how it is delivered, making it possible to meet agreed personal outcomes.

Third sector

Third sector is an umbrella term for a range of organisations that belong to neither public or private sector. Third sector organisations include voluntary and community organisations (registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.

References

[Ayrshire and Arran Mental Health and Wellbeing Indicators \(2018\)](#)

A copy of this report can be obtained from: Public Health Programme Lead, Doon House, University Hospital Ayr.

[Ayrshire & Arran Mental Health & Wellbeing Strategy](#)

<http://www.nhsaaa-beta.scot.nhs.uk/media/299601/aadmhwstrat.pdf>

[Carers \(Scotland\) Act 2016](#)

www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance/

[Getting it right for every child \(GIRFEC\)](#)

www.gov.scot/policies/girfec/

[Good mental health for all](#)

www.healthscotland.scot/media/1805/good-mental-health-for-all-feb-2016.pdf

[Health and Social Care Delivery Plan](#)

www.gov.scot/publications/health-social-care-delivery-plan/

[Mental Health Strategy 2017–2027](#)

www2.gov.scot/Resource/0051/00516047.pdf

[Mental Health Strategy 2017–2027: first progress report](#)

www.gov.scot/publications/mental-health-strategy-2017-2027-1st-progress-report/

[Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf

[Public Health Priorities for Scotland](#)

<https://www.gov.scot/publications/scotlands-public-health-priorities/>

Scotland's National Dementia Strategy 2017–2020

www.gov.scot/publications/scotlands-national-dementia-strategy-2017-2020/

Scotland's Suicide Prevention Action Plan: Every Life Matters

www.gov.scot/publications/scotlands-suicide-prevention-action-plan-life-matters/

Social Care (Self-directed Support) (Scotland) Act 2013

www.legislation.gov.uk/asp/2013/1/pdfs/asp_20130001_en.pdf

The Scottish Strategy for Autism: outcomes and priorities 2018–21

www.gov.scot/publications/scottish-strategy-autism-outcomes-priorities-2018-2021/

[The Ayrshire Mental Health Conversation feedback, comments, and survey results are available online at www.nahscp.org](http://www.nahscp.org)

Integration Joint Board 16 May 2019

Subject: Adaptations Policy

Purpose: The IJB to note the development of the Adaptations Policy to provide clear guidelines into when and how adaptations will be supplied and fitted

Recommendation: The IJB to approve the Adaptations Policy and updated documents.

Glossary of Terms:

HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
NHS AA	NHS Ayrshire and Arran

1.	EXECUTIVE SUMMARY
1.1	In March 2017 North Ayrshire Health and Social Care Partnership Integration Joint Board agreed the adaptations budgets and service provision would be delegated and administered by the Intermediate Care & Rehabilitation Services Senior Manager.
1.2	During the last 2 years the Adaptations Service has undertaken on-going development including clear timescales, more efficient delivery of the adaptations services and procurement efficiencies.
1.3	The Adaptations Service has now developed an Adaptations Policy to provide clear guidance for all stakeholders to ensure an efficient, and cost-effective adaptation service that takes account the unique health and well-being needs of local people. This has included the update of underlying documents.
2.	BACKGROUND
2.1	In March 2017 North Ayrshire Health and Social Care Partnership Integration Joint Board agreed the adaptations budgets and service provision would be delegated and administered by the Intermediate Care & Rehabilitation Services Senior Manager. In addition, it supported the development of new process and associated timescales as a means of ensuring clarity and equity of provision of adaptations, as well as developing a clear performance system.
2.2	Following delegation, on-going development of these adaptations processes were undertaken and several operational changes have taken place across the system

WORKING TOGETHER IN PARTNERSHIP

	to optimise functionality. This included providing a partnership approach to decision making, centralising and providing a singular management structure to support staff involved in the Adaptations Service. The new approach included building timescales into the process for efficient delivery and examining potential for procurement efficiencies.
2.3	However, despite continued demand on the Adaptations Service over the last two years, with a substantial waiting list in place for Council Tenant Adaptations funded through the Housing Revenue Account (HRA), as well as continued demand on the Scheme of Assistance (Owner Occupiers), the service has managed to introduce clear performance management systems and improve timescales.
2.4	As well as clear performance management systems and improve timescales and as part of on-going development of the Adaptations Service, the Complex Case Adaptations Forum now includes cases for home owners as well as Local Authority tenants to reinforce a tender neutral approach for adaptations. This provides challenge to the decision making processes and ensures a best-value approach.
2.5	In line with guidance from North Ayrshire Legal Services and in conjunction with a multi-organisational working group including representatives from health, social care, housing and legal, the service has now produced an Adaptations Policy. The purpose of the policy is to set out North Ayrshire Health and Social Care Partnerships approach to support decision making and provide a clear framework for fair and equitable provision of adaptations.
2.6	The guidance provided through the Adaptations Policy aims to provide an efficient, and cost-effective adaptation service, taking into account the health and well-being of the individual, for all stakeholders. This policy is also underpinned by Adaptations Procedures and Adaptations Criteria that provide more detailed information about the assessment, supply and fitting of a range of adaptations provided by the Partnership. These documents have also been reviewed and agreed by all stakeholders to facilitate consistent decision making, with clear guidance and information for all staff.
3.	PROPOSALS
3.1a	The IJB note the continued development and performance of the Adaptations Service.
3.1b	The IJB to note the development of the Adaptations Policy to provide clear guidelines into when and how adaptations will be supplied and fitted.
3.1c	The IJB to approve the Adaptations Policy and the supporting Adaptations Procedures and Adaptations Criteria
3.2	<u>Anticipated Outcomes</u>
	The proposals set out in this report will assist the Integration Joint Board to deliver

	against the following Strategic Objectives set out in the North Ayrshire Strategic Plan for 2018-21 and provide a cost effective and equitable adaptations Service.
3.3	<u>Measuring Impact</u>
	The progress on implementation of Adaptations Policy will report using the HSCP Performance & Audit Committee process and form part of the HSCP annual performance report.
4.	IMPLICATIONS

Financial:	The Adaptations Policy aims to provide clear guidance to ensure an efficient, and cost-effective adaptation service, taking into account the health and well-being of the individual
Human Resources:	There are no implications for NAHSCP staff
Legal:	There are no legal implications
Equality:	This policy aims to provide an efficient, and cost-effective adaptation service, taking into account the health and well-being of the individual, regardless of the type of tenure, therefore ensuring equity of provision.
Children and Young People	There are no specific implications for children and young people
Environmental & Sustainability:	There are no environmental or sustainability issues arising as a result of the report.
Key Priorities:	The Adaptations Policy efficient, and cost-effective adaptation service, taking into account the health and well-being of each individual and therefore meeting the objectives of the Strategic Plan.
Risk Implications:	None identified.
Community Benefits:	Only applies to reports dealing with the outcome of tendering or procurement exercises.

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

5.	CONSULTATION
5.1	The Adaptations Policy was developed through a multi-organisational working group including representatives from health, social care, housing and legal to ensure this policy encompassed a range of viewpoints, legislation and policy.
6.	CONCLUSION

WORKING TOGETHER IN PARTNERSHIP

6.1	The Adaptations Policy forms an important foundation stone for the continued delivery of high quality adaptation services in North Ayrshire. The policy aims to provide clear guidance for all stakeholders to ensure an efficient, and cost-effective adaptation service that takes account the unique health and well-being needs of local people.
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For more information please contact Stuart Gaw, Senior Manager - Intermediate Care & Rehabilitation Services **on** 07810181435 **or** stuart.gaw@aapct.scot.nhs.uk

North Ayrshire
Health and Social Care Partnership



Adaptations Policy

Document Control

Document Name	Adaptations Policy
Directorate	NAHSCP
Prepared by:	Annie Robertson
Authorised by:	Michelle Sutherland
Other documents referenced	Adaptations Procedures Adaptations Criteria
Related documents	Guidance on the Provision of Equipment and Adaptations (2009) Guidance on the Provision of Major Adaptations (2011)
Acknowledgements	

Version Control

Version No	Date Issued	Author	Update Information
V0.1	26/11/18	Annie Robertson	First draft
V0.2	10/12/18	Annie Robertson	Review by Senior OTs
V0.3	10/12/18	Annie Robertson	Review by Senior OTs
V0.4	11/12/18	Annie Robertson	Re-formatted
V0.5	22/01/19	Annie Robertson	Project Team feedback
V0.6	29/01/19	Annie Robertson	Final Review

Contents

1. Purpose of the Policy	4
2. Definitions of Adaptations.....	4
3. Policy Aims.....	4
4. Tenure (Housing Status)	5
5. Qualifying for Adaptations	5
6. Referral	6
7. Assessment.....	6
8. Eligibility Criteria.....	6
9. Case Complexity	6
11. Waiting List.....	7
12. Limitation of Adaptations	7
13. Funding	7
14. Provision of Adaptations.....	8
15. Complaints, Compliments and Comments	9

1. Purpose of the Policy

The purpose of the policy is to set out North Ayrshire Health and Social Care Partnerships (The Partnership's) approach to the provision of adaptations, who are eligible to receive them and how they will be delivered.

The assistance available through this policy aims to provide an efficient, and cost-effective adaptation service, taking into account the health and well-being of the individual, regardless of the type of tenure they have. This policy is also underpinned by [Adaptations Procedures](#) and [Adaptations Criteria](#) that provide more detailed information about the assessment, supply and fitting of a range of adaptations provided by the Partnership.

2. Definitions of Adaptations

The policy focuses on adaptations to properties which are usually defined as works that involve structural or other semi-permanent/permanent changes to a property. These are divided into two main types, minor and major adaptations.

A [minor adaptation](#) is relatively inexpensive and may be fitted and removed relatively easily and quickly, such as grab-rails, bannisters and door entry systems.

A [major adaptation](#) involves more expensive permanent structural changes to a person's home, such as widening doors for wheelchair access or provision of accessible shower facilities.

There is a number of adaptations that the service will not fund. These are outlined in the [NAHSCP Adaptations Criteria](#). A further example list of both minor and major adaptations is available in appendix 1.

3. Policy Aims

The policy aims to help residents of North Ayrshire, who have a disability or are impacted by long-term ill health to live independently in their home or homely environment.

The Partnership is committed to facilitating the provision of adaptations to properties in line with this policy and will endeavour to deal with requests for assistance as quickly, effectively and sensitively as possible. Applications are dealt with using a priority system combined with date order.

The approach is based on a 'minimum intervention, maximum independence' approach which underpins every assessment of need. This means that adaptations will only be provided when all other reasonable options have been ruled out.

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

Adaptations aim to:

- Support individuals to be as independent as possible
- Support individual outcomes for a person
- Reduce need for other professional/service intervention;
- Balance risk with the need to maximise functional potential.
- Support enablement and rehabilitation needs.
- Facilitate access to cooking, sleeping and living areas within the home where identified in the assessment
- To enable personal hygiene maintenance.

4. Tenure (Housing Status)

The Partnership is committed to operating a tenure neutral approach to the assessment and decision making in delivering adaptations. However once an individual is assessed as requiring an adaptation, the process and how long an individual may wait depends upon the tenure of the property, due to differing funding arrangements. In addition, adaptations may require changes to the fabric of the property and therefore the landlord/owner must give consent for works completed. See section 11 for detailed information.

Categories of tenure include:

- Owner-occupier
- Private tenant
- Local Authority (LA) tenant
- Housing Association (HA)/Registered Social Landlord (RSL) tenant

A more detailed list of tenure related processes is available in appendix 2.

5. Qualifying for Adaptations

In order to qualify for adaptations in the home:

The applicant must have a disability as defined by the Equality Act 2010. That is to say the person for whom the adaptation is being considered must have a physical or mental impairment which has a substantial and adverse effect on that person's ability to carry out normal day-to-day activities. This includes physical, sensory or learning, behavioural or cognitive impairment.

The person must be 'ordinarily resident' within North Ayrshire. Where other local authorities have formal responsibilities, each case will be considered on an individual basis.

The adaptations must be at that person's only or main residence or a property that is likely to become their only or main residence. If formal care arrangements are split within other local authorities, such as parental care, or long term foster care, consideration may be given to adapting more than one property.

It should be noted for Local Authority tenants, restrictions may apply in situations where overcrowding, under occupancy or mutual exchange is identified. These are referenced in the [Adaptations Procedures](#).

6. Referral

If an individual feels they would benefit from an adaptation, they can make a referral through their local social work department, or alternatively this can be done on the person's behalf, through their GP or other health or social care professional. All referrals will be screened and triaged to establish the urgency of the request. Critical (urgent) requests will be reviewed within 1 working day, whilst substantial (non-urgent) will be reviewed within 3 working days. The service operates a prioritised waiting list for allocation of assessment, average waiting time is 8-10 weeks, however this is subject to demand on the service, and may be longer. Following triage, any referral assessed as moderate or low may be signposted to other services. The full process is outlined in appendix three.

7. Assessment

An authorised health or social care professional will assess the individual's assets and needs and may provide advice, guidance and/or signposting in order for the person to self-manage their condition or needs. Following assessment, the health and social care professional will consider all options with the individual, these include rehabilitation, future housing options and adaptations to meet the person's needs.

8. Eligibility Criteria

For all assessments the following eligibility criteria is applied:

- **Low** - low risk to independence, health and wellbeing
- **Moderate** - risk of some impairment to the health and wellbeing of a person, or some risk to independence
- **Substantial** - risk of significant impairment to the health and wellbeing, or significant risk to independence
- **Critical** - risk of major harm/danger to a person or risk to independence. Any essential need to support hospital discharge or end of life care.

The Partnership can only meet **critical** and **substantial** need, which will form the basis of prioritisation into urgent or non-urgent for processing according to tenure. Where an approved adaptation has been identified, as **critical** this will be 'Fast Tracked', to the appropriate tenure provider for action.

9. Case Complexity

The assessor will determine in principle, if a case is **non-complex** or **complex** as outlined below.

Non Complex Case: is where the individual needs 2 or less adaptations in total, this will be classed as a **non-complex** case and the OT can progress the case in line with the tenure of the property.

Complex Case: Where an individual requires 3 or more **major adaptations**, an extension and/or layout alteration this will be classed as a **complex case**. This is because there are complex issues that require consideration when planning and co-ordinating large scale adaptations. Where rehousing is not an option, all complex cases will be discussed in the **Complex Case Adaptations Forum (CCAF)**. The **Complex Case Adaptations Forum** meets on a monthly basis and a complaints process is in place, to enable the individual to challenge the decision making.

10. Request for Adaptations

Where adaptations are identified as the most suitable means of meeting the individual's outcomes, the assessor will complete an [OT Specification /Adaptations Request](#) and confirm the relevant eligibility criteria. Following approval this request(s) will be processed according to tenure of the individual's home.

11. Waiting List

In accordance with the type of tenure and the level of demand, [substantial](#) requests, will be placed on a waiting list, based on level of priority and/or date order. For local authority and housing associations, the waiting list will be held by the respective landlord.

12. Limitation of Adaptations

The provision of adaptations is concerned with providing works that have an accessibility purpose, are most appropriate to the individual's need and are the most cost effective. Adaptations do not provide any works to improve the aesthetics or functionality of the property that have no direct accessibility benefit to the service user. In addition, recommended adaptations will be subject to limiting criteria listed in [NAHSCP Adaptations Criteria](#) and may also be limited by each housing provider's internal policy.

13. Funding

While this Policy outlines the arrangements for a tenure neutral approach to the assessment and decision making in delivering adaptations, it is recognised that the policy operates within the context of differing funding arrangements. While the funding arrangements for adaptations are delegated to the Partnership, individual services continue to oversee budget setting and monitoring. The funding arrangements are as follows:

- Owner Occupier – is funded by the Scheme of Assistance. Grants are made either at 80% or 100% if the person receives certain benefits. Any remaining costs must be met by the home owner. NAHSCP has discretionary powers to award top up grant.
- Private Tenant - is funded by the Private Sector Housing Grant/Scheme of assistance. Grants are made either at 80% or 100% if the person receives certain benefits. Any remaining costs must be met by the tenant however, NAHSCP has discretionary powers to award top up grant.
- Local Authority Tenant - The work will be paid for in full by the local authority funded through the Housing Revenue Account (HRA). HRA funding is ring-fenced for use only in Council homes. This budget is set annually and monitored by the budget holder.
- Housing Association (HA)/Registered Social Landlord - The work will be paid for by the HA, subject to the availability of funding. The Scottish Government provide Registered Social Landlords (RSLs) funding to carry out adaptations. This funding is allocated on an annual basis.

All major adaptations are subject to budget availability.

14. Provision of Adaptations

14.1 Owner Occupier/Private Tenant

Where the approved **OT Specification /Adaptations Request** includes minor adaptations, stair lift or ceiling track hoist, this will be processed by the Partnerships relevant budget and managed by the Adaptations Service.

If the Adaptations Request concerns a **major adaptation** then this will be processed under **Scheme of Assistance** and will be managed by the Grants Officer. The assessor will provide the Grants Officer with a copy of the specifications and work requested. The Grants Officer will visit the individual at their home with the appropriate documentation outlining the conditions for grant provision and highlighting the requirement to obtain three quotes. The Grant Officer will also confirm likely timescales, conditions of assistance and responsibility for ongoing repairs/maintenance. Any work undertaken over and above those specified and approved will be at expense of the home owner or tenant.

Once the Grants Officer has all the required information, they will submit the grant application for approval to the Partnership. North Ayrshire Health and Social Care Partnership, in association with the Grants Officer's financial assessment, will determine the amount of grant that will be awarded. Work must not be started unless approval has been provided as the grant cannot be awarded retrospectively. Following the award, individuals will have 12 months to complete the work.

When the work is complete the Grants Officer will notify the assessor who will undertake a follow up, to check the adaptation(s) meets the service users assessed needs and if any other associated equipment is required e.g. Shower chair. The Grants Officer will also inspect the adaptation to ensure quality, building regulation and specification compliance, as well as the individual's satisfaction with all aspects of the contractors work. Once all the work is complete and to an acceptable standard the Grants Officer will arrange payment to the applicant.

14.1.a Reinstatement of an Adapted Property

Where Scheme of Assistance grant funding has been provided Housing Services can provide information and advice to tenants and landlords concerning reinstatement of a property that has previously been adapted, to return that property to the original condition (i.e. before the adaptation was carried out).

Where a landlord has agreed to the adaptation but placed a condition requiring reinstatement, Housing Services will expect the landlord to firstly look for a new tenant who could make use of the adaptations.

The Partnership may be able to assist landlords to identify suitable new tenants. If a new tenant cannot be found, in certain circumstances the Partnership will meet 80% of reasonable reinstatement costs, where adaptations are making it difficult to re-let the property.

Please note the Partnership will not give funding for reinstatement to owner occupiers.

14.2 North Ayrshire Council Local Authority Tenancy

On receipt of the authorised “**OT Specification /Adaptations Request**” form, the Adaptations Team will progress the request. Both minor and major adaptations are ordered through North Ayrshire Council Building Services except where specialist works such as ramps, wash dry toilets, ceiling track hoists and stair lifts are requested. These specialist orders are raised directly with the contractor. The following timescales have been agreed:

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

When the work is complete the Adaptations Team will notify the assessor who will undertake a follow up, to check the adaptations meets the service users assessed needs and if any other associated equipment is required.

15. Complaints, Compliments and Comments

You can comment, make a complaint, or pass on compliments about this policy, the decisions or decision-making process, or North Ayrshire Health and Social Care Partnership by:

- **Speaking** to a member of staff at your local Health and Social Care Partnership office
- Using the **online form** at <http://www.nahscp.org/contact-us/>
- **Emailing** us at contactus@north-ayrshire.gov.uk
- **Calling** us on 01294 317700
- **Writing** to Chief Officer, North Ayrshire Health and Social Care Integration Joint Board, 5th floor west, Cunninghame House, Irvine KA12 8EE

Appendix 1

Definition of Adaptations

All types of adaptations are defined within NAHSCP “[Adaptations Criteria](#)” however the following grouping can be made for the purpose of this document. Please note these lists are not exhaustive.

Minor Adaptation

Minor adaptations are considered to be relatively inexpensive and may be installed or removed quickly and easily. Examples of minor adaptations:

- Bannisters
- Door Entry Systems
- Grab rails
- Handrails
- Specialist Rails

Major Adaptation:

These are larger scale adaptations, which require more substantial changes to the fabric of the building. Examples include:

- Accessible food preparation area.
- Door alteration
- Door Opening Systems
- Fixed Overhead Hoists
- Internal living space alterations
- Over Bath Shower
- Ramp Access
- Specialist Wash Hand Basin
- Specialist WC
- Stairlifts
- Step Alteration
- Wet Floor and Level Access Shower

A more detailed list of all adaptations is available in the [Adaptations Procedures](#)

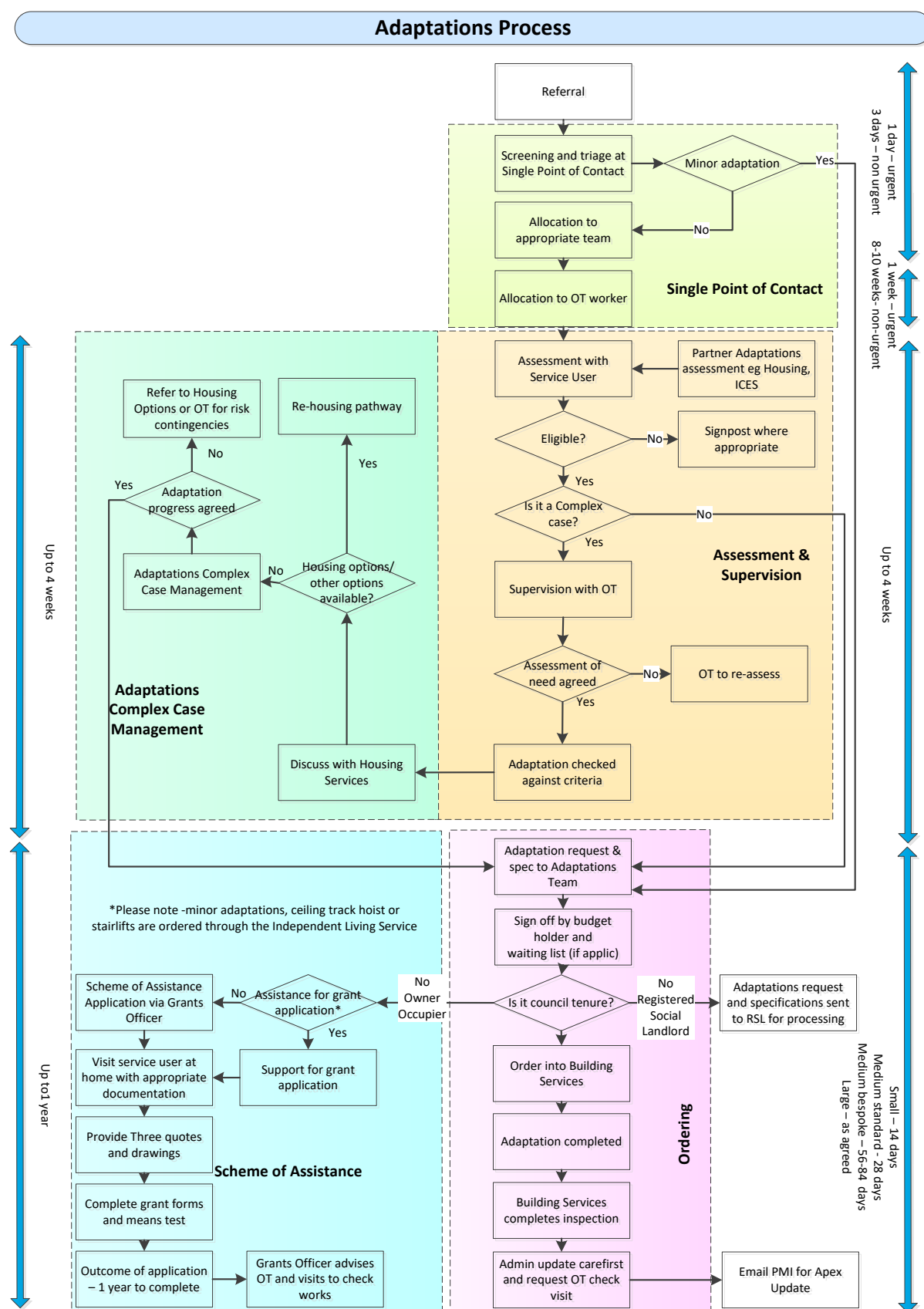
Appendix 2

Tenure related process*

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

*Adapted from SPICe Briefing Housing Adaptations (Major) 15 March 2016

Appendix 3



Integration Joint Board
18 April 2019

Subject: **Equality Outcome and Mainstreaming Report 2018**

Purpose: To inform IJB of the NAHSCP Equality Outcome and Mainstreaming report and the Ayrshire Shared Equality Outcome Report and seek approval for online publication.

Recommendation: It is recommended IJB notes the content of both reports and approves for online publication.

Glossary of Terms	
IJB	Integration Joint Board
SPG	Strategic Planning Group
NAHSCP	North Ayrshire Health and Social Care Partnership

1.	EXECUTIVE SUMMARY
1.1	Public sector bodies are required to produce a set of equality outcomes as part of the 'Specific Duties' outlined in the Equality Act 2010. Since April 2017, North Ayrshire Health and Social Care Partnership (NAHSCP) has worked alongside public sector partners across Ayrshire in progressing activity to support the agreed shared equality outcomes (see paragraph 2.4).
1.2	Included in the Public Sector Duties, is an obligation for public bodies to report progress how they have mainstreamed equalities general duty (see paragraph 2.1) into day to day practice and report progress against agreed equality outcomes.
1.3	Public bodies are required to publish reports every two years. April 2019, will represent two years since the Shared Equality Outcomes were launched. We are obligated to publish our Equality Mainstreaming and Outcomes report by end April 2019.
2.	BACKGROUND
2.1	The Equalities Act 2010 sets out a number of duties that public sector organisations must adhere to. The General Duty set out in the Act places an obligation on organisations to: <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.

	<ul style="list-style-type: none"> • Advance equality of opportunity between people who share a relevant protected characteristic and those who do not. • Foster good relations between people who share a protected characteristic and those who do not.
2.2	<p>In order to help meet the obligations set out in section 2.1 above, the Act also places a number of Specific Duties on public sector organisations, including:</p> <ul style="list-style-type: none"> • Reporting on how they have mainstreamed the equality duty • Publishing a set of equality outcomes and reporting on progress
2.3	<p>Integration Joint Boards (IJB) are bound by the Public Sector Authority duty. However, due to the nature and structure of IJBs, they are exempt from reporting on the following, within their Equality Mainstreaming Reports. IJBs need not:</p> <ul style="list-style-type: none"> • Gather and use employee information; • Publish gender pay gap information; • Publish statements on equal pay; <p>Legislation has been passed which will require IJBs to publish information on the diversity of boards, however, this legislation is yet to be implemented. As such, it is not required to be published at present</p>
2.4	<p>In April 2017, the Ayrshire Shared Equality Outcomes Partnership (including NAHSCP) published its first set of Shared Equality Outcomes and supporting action plan. The Shared outcomes are, that in Ayrshire:</p> <ul style="list-style-type: none"> ○ People experience safe and inclusive communities ○ People have equal opportunities to access and shape our public services ○ People have opportunities to fulfil their potential throughout life ○ Public bodies will be inclusive and diverse employers <p>It was intended that through sharing outcomes with partners organisations across Ayrshire we could; provide a more consistent approach to equalities, gain greater scope for public consultation and reduce 'consultation fatigue', and provide greater transparency for local people.</p>
2.5	<p>As part of the Public Sector Equality duty, organisations must provide progress reports every two years. April 2019, represents two years since the Shared Equality Outcomes were launched.</p>
3.	PROPOSALS
3.1	<p>In developing the supporting action plan, partners within the Ayrshire Shared Equality Outcome Partnership agreed on shared actions that all partners would contribute to. In addition, each individual partner identified a number of local actions that would be progressed, separate from the shared action plan, but still in supporting the four shared equality outcomes.</p> <p>As such a large volume of information is been collected for reporting.</p>
3.2	<p>It is proposed that NAHSCP publish two reports:</p> <ul style="list-style-type: none"> ○ The NAHSCP Equality Mainstreaming and Outcome report (Appendix 1)– detailing our progress in mainstreaming the equality duty and highlighting progress made in local actions ○ The Ayrshire Shared Equality Outcomes Progress report (Appendix 2) – detailing only progress against the shared actions.

3.3	This approach will benefit from avoiding publication of a large multi-tiered document, instead affording a readers more focussed and streamlined reports.	
3.3	<u>Anticipated Outcomes</u>	
	<p>Publishing the reports will provide IJB members, the EHRC, Ayrshire Equality Partners and other stakeholders an update on progress made in relation to mainstreaming the public sector equality duty.</p> <p>The reports provide examples of strong progress made towards the four equality outcomes, while also recognising areas for improvement that will be addressed during the remainder of the plan.</p> <p>Some examples of positive work include:</p> <ul style="list-style-type: none"> ○ Raising awareness of Hate Crime and Third Party Reporting Centres ○ Supporting the implementation of the 'Keep Safe' initiative across Ayrshire, helping to increase the number of safe spaces available for vulnerable people ○ Providing Trans-awareness training to staff members across Ayrshire <p>Areas for improvement include:</p> <ul style="list-style-type: none"> ○ Working closer with partner agencies to map and identify the various groups and communities covered by protected characteristics in Ayrshire ○ Continuing to scope the possibility of jointly procuring Translation, Interpretation and Communication Support (TICS) between the Ayrshire Equality Partnership ○ Continue to improve the uptake of Modern Apprenticeships by young people with protected characteristics. 	
3.4	<u>Measuring Impact</u>	
	<p>Work to monitor the shared outcomes, and cross-partner support, will continue through the Ayrshire Equality Partnership.</p> <p>At the NAHSCP level, identified equality actions are progressed and monitored through existing performance processes.</p>	
4.	IMPLICATIONS	
Financial:		There is no direct financial implications for HSCP budgets.
Human Resources:		No implication for HSCP Staff
Legal:		The HSCP are bound by the Equality Act 2010 to publish a set of Equality Outcomes and at intervals of no more than 2 years publish a report on progress made to achieve those outcomes. Reports must be published by the end of April in each publishing year.
Equality:		Report outlines our progress in meeting the Public Sector Duty in relation to mainstreaming equalities.
Children and Young People		No direct implications for children and young people as a result of publication of these documents.

Environmental & Sustainability:	No direct implications
Key Priorities:	In progressing actions to improve the lives of people covered by the protected characteristics The shared outcomes strongly reflect the priorities of the NAHSCP. Progress against the equality outcomes are complimentary to the HSCPs five strategic priorities in that they attempt to reduce inequalities faced by members of our community and support them in living safe, healthy and active lives.
Risk Implications:	No risk implications have been identified as a result of publishing these reports.
Community Benefits:	No direct implications on tendering or procurement.

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

5.	CONSULTATION
5.1	No formal consultation has been taken in the production of these reports. Input and feedback has been sought from colleagues and partners in the collation of information.
6.	CONCLUSION
6.1	<p>North Ayrshire Integration Joint Board (IJB) as a public body are required under the Equalities Act 2010, to regularly publish reports on how they have progressed the mainstreaming of the Public Sector Equality duty, including progress made against identified equality outcomes.</p> <p>The NAHSCP Equality Mainstreaming and Outcome Report 2018 and the Ayrshire Shared Equality Outcome Report 2018 are now ready for publication.</p> <p>IJB are also asked to approve the reports for publication on the NAHSCP website by end April 2019.</p>

For more information please contact Scott Bryan on 01294 317747 or sbryan@north-ayrshire.gcsx.gov.uk



Equality Mainstreaming and Outcomes Report 2018

April 2019

Version 1.1

Introduction.....	3
About Us	3
Legal Requirements	4
Mainstreaming the Equality Duty.....	6
Our Governance	6
Equality and our Strategic Plan	7
Localities	8
Our Partnership Voice.....	9
Our Partnership Culture	10
Developing our staff.....	10
Procurement	11
Equality Assessment	11
Our Equality Outcomes.....	13
Reporting Progress	14
NA HSCP local progress towards Ayrshire shared equality outcomes.....	15
Equality Outcome 1: People experience safe and inclusive communities.....	15
Equality Outcome 2: People have equal opportunity to access and shape our public services	20
Equality Outcome 3: People have opportunities to fulfil their potential throughout life.....	24
Equality Outcome 4: Public bodies will be inclusive and diverse employers.....	29
APPENDICES	30

Introduction

In April 2016, the North Ayrshire Health and Social Care Partnership (HSCP) published its first Equality Outcomes and Mainstreaming Report. This report identified the HSCPs commitment to improving the lives of people across North Ayrshire and to reducing the significant inequalities and barriers local residents face to living a safe, healthy and active life.

During 2016, an Ayrshire Shared Equality Outcomes Working Group was established to identify the feasibility of collaboratively producing a set of Shared Equality Outcomes. This work was successfully progressed and a shared set of four equality outcomes was adopted by North Ayrshire Integration Joint Board and a number of other public organisations across Ayrshire. These new outcomes were implemented by North Ayrshire HSCP from 1st April 2017 and will be reviewed in 2021.

This report will provide an overview of progress achieved against the Ayrshire Shared Equality outcomes covering the first two years Ayrshire Share Equality Outcome plan as well as North Ayrshire HSCPs progress in mainstreaming equalities into our day to day business.

About Us

North Ayrshire Health and Social Care Partnership was established in April 2015. We manage and monitor the joining together of community health and social care services. Our partner organisations include: North Ayrshire Council, NHS Ayrshire & Arran, The Third Sector Interface (TSI) North Ayrshire and the Independent Sector.

Through partnership working our vision is that:

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

In our strategic plan we identified 5 key strategic priorities:

1. Tackling Inequalities
2. Engaging Communities
3. Bringing Services Together
4. Prevention and Early Intervention
5. Improving Mental Health and Wellbeing

All of our work fits within our five strategic priorities. Through these priorities we aim to work together with local people to tackle the significant social and health inequalities that exist in North Ayrshire. We will meet our priorities by making changes to the Health and Care services we deliver. In doing this we will support local people of any age and from any background to live safely at home, or in a homely setting, as close to family, friends and the local community as possible.

Legal Requirements

The General Equality Duty

The Equalities Act 2010 (the Act), replaced the Race Equality Duty (2002), the Disability Equality Duty (2006) and the Gender Equality Duty (2007).

The Act sets out a general duties for every public authority to have due regard. The General Duties place an obligation on public bodies to:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general duties apply to every function within our organisation, including how we plan and deliver frontline services, our role in policy making and in how we procure and contract services from outside agencies. The Act refers to this as 'mainstreaming equality'.

The public sector equality duty covers the following protected characteristics (see Appendix One for further definitions):

- *Age;*
- *Disability;*
- *Race;*
- *Religion or belief;*
- *Sex;*
- *Pregnancy and maternity;*
- *Sexual orientation;*
- *Gender reassignment;*
- *Marriage and civil partnerships*

The Specific Duties

Specific duties have been designed to help authorities meet the three needs outlined in the general duty. The specific duties were created by secondary legislation in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. The majority of authorities are required to:

- Report on mainstreaming the equality duty;
- Publish equality outcomes and report progress;
- Assess and review policies and practices;
- Consider award criteria and conditions in relation to public procurement;
- Publish in a manner that is accessible.
- Gather and use employee information;
- Publish gender pay gap information;
- Publish statements on equal pay;
- Publish gender composition of boards and produce plans to increase diversity.

Due to the legislative structure of Integration Joint Boards (IJB), Health and Social Care Partnerships are exempt from certain specific duties. This is due to the unique structure of Integration Boards, in that they are not employing bodies.

As such, while IJBs direct the strategy and operations of Primary Health Care and Social Care services, all staff members remain employees of either NHS Ayrshire and Arran or North Ayrshire Council.

North Ayrshire Health and Social Care Partnership **must**:

- Publish a report on how it has mainstreamed equality into the day to day operations of the organisation
- Publish a set of equality outcomes which it considers would enable it to better perform the general equality duty. These must be reviewed within four years of initial publication
- Publish a report on progress towards these outcomes
- Make any reports published fully accessible to all
- Assess relevant policies, procedures and practices through Equality Impact Assessment

For the 2019 report, we need not:

- Gather and use employee information;
- Publish gender pay gap information;
- Publish statements on equal pay;
- Publish information on board diversity*

However, while we are not required to report on specific duties in relation to employees, we will work closely with North Ayrshire Council and the Board of NHS Ayrshire & Arran to ensure our staff are treated in a fair and equitable manner.

*In relation to the publishing of board diversity information, this aspect of the Public Sector Duty has now been legislated, but is yet to be implemented.

Mainstreaming the Equality Duty

Mainstreaming the equality duty simply means integrating equality into the day-to-day working of the partnership. This means considering the impact of our actions on all our services users, particularly those covered by a protected characteristic. Taking equalities into account in the way we operate should be part of everything we do. Mainstreaming the equality duty has a number of benefits including:

- equality becomes part of our structures, behaviours and culture
- we can demonstrate how equality is built into everything we do
- contributing to continuous improvement and fairer and better performance

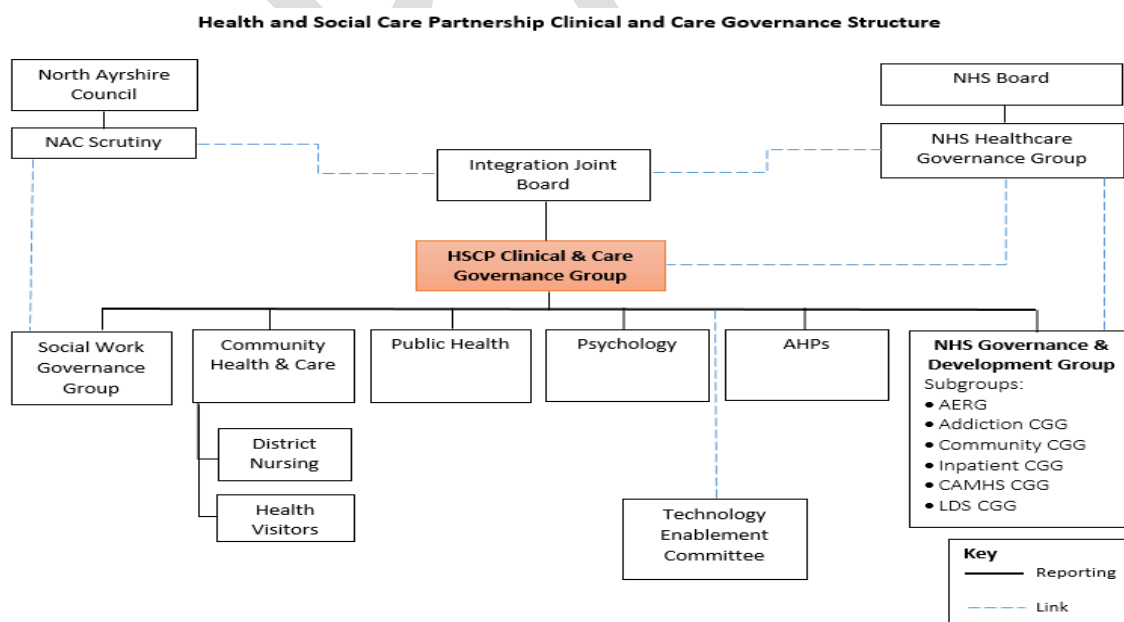
A key part of our business is to support vulnerable people and those who are often face discrimination or unfair treatment. We build this into everything we do and ensure that for each need of the general equality duty, we consider each of the protected characteristics. In addition, if we operate in a way that gives rise to treatment that is unlawful or discriminatory, we will change the way we work to prevent this.

Our partnership values underpin our approach to how we engage with and support the people within our communities. Through expressing our values, we demonstrate that we are:

Person Centred; Respectful; Efficient; Caring; Inclusive; Honest; and Innovative

Our Governance

Our Integration Joint Board took responsibility for the delegated functions on 1 April 2015. The IJB will build on these foundations, ensuring they are embedded by our staff, partners and communities. The diagram below outlines North Ayrshire Health and Social Care Partnership Governance Structure.



The Integration Joint Board is made up of voting members, who are either Councillors of North Ayrshire Council or non-executive Directors of NHS Ayrshire and Arran, and non-voting members made up of persons nominated by the Council, the NHS Board, third sector bodies,

users, carers and other key stakeholders. The North Ayrshire Integration Joint Board meet on a monthly basis and further information about future meetings and previous minutes are available [online](#).

To ensure that the needs of the general Equality Duty are considered in exercising our business functions and processes, including budget setting and project planning, there is a mandatory “Equalities Assessment” section within all IJB reports, which identifies if the papers have been assessed for equality and outlined any further action required.

As part of the requirements laid down in the Public Bodies (Joint Working) (Scotland) Act 2014, the Integration Joint Board must produce a Strategic Commissioning Plan that sets out how we will plan and deliver services and in turn how we will meet the National Health and Wellbeing Outcomes (appendix 2). In addition, we must outline how the views of localities must be taken into account.

The role of the Strategic Planning Group is to support the Integration Joint Board in the on-going development the Strategic Plan and the continuing review of the progress of our delivery against the agreed national and local outcomes. Within North Ayrshire Strategic Planning Group every stakeholder has a key role to play in the strategic planning process and we have developed an effective programme of review and planning that promotes constructive dialogue.

The following sections set out how we have mainstreamed equalities into our activities to date.

Equality and our Strategic Plan

Reducing the impact that inequalities have on people and local communities is at the heart of the North Ayrshire HSCP Strategic Plan 2018 – 2021, ‘Let’s Deliver Care Together. Published in April 2018, ‘Let’s Deliver Care Together’ is the second strategic plan produced by the partnership. Once more, it set out our five key priorities to help us improve the health and wellbeing of local people over the next three years, which are:

1. Tackling Inequalities
2. Engaging Communities
3. Prevention and Early Interventions
4. Improving Mental Health and Wellbeing, and
5. Bringing Services together

In this strategic plan we have sought to change the conversation we have with local communities and have identified local people, clearly, as key partners in improving the health wellbeing of local people. As we continue to improve our local services, we will also be working closer with our communities, listening to their concerns, views and ideas and supporting them to optimise and make full use of the strengths and assets available to local people.



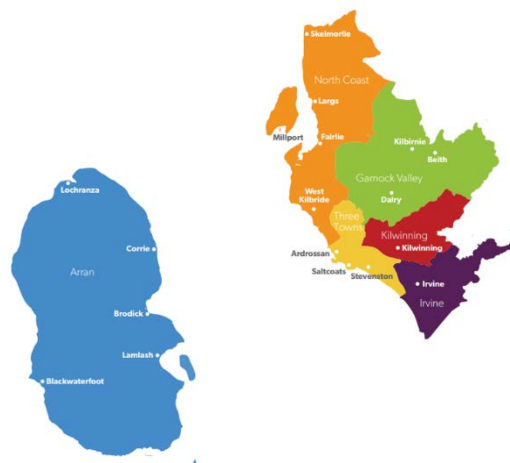
Going forward, we will support our staff to think differently when working with local people, to consider the strengths available from family, friends and local organisations and groups in order to provide a more holistic, community based approach to health and care.

By taking this approach, we can help communities develop into safe and supportive environments where local people can thrive and maintain healthy lives. We will continue to support local people to effectively manage their own health and wellbeing, providing information on appropriate community support services or referral to formal support services when the need arises.

Localities

North Ayrshire is home to many different communities with differing needs and aspirations. We recognise that one single strategic or operational approach will not meet the needs of all these communities. To overcome this – and to help us identify how best to deliver the best service to our local communities - we have established six Locality Planning Forums (LPFs), one for each of the localities in North Ayrshire; these are:

- Arran
- Garnock Valley
- Irvine
- Kilwinning
- North Coast, and
- Three Towns



Each LPF is led by a Chair who is a member of the North Ayrshire IJB and supported by a local GP and a lead officer who is a member of the partnership senior management team. Other members include representatives from local health and care services, third and independent sector organisations and community members.

Each of forum has a key role in identifying the health and care needs of local people and informing the overall strategic planning process of the HSCP. The forums offer a key mechanism for local people to be involved in the decisions making process.

As such, Locality Forums are the key link between local people and the HSCP.

During the lifetime of the first strategic plan (2015-2018), the locality planning forums undertook a development period to establish create membership which would represent in the best interest of each locality, identify key local networks and agree on their key strategic priorities.

Since the launch of the new strategic plan ('Let's Deliver Care Together' 2018-21), the LPFs have been preparing to undertake locality wide community engagement. This engagement

process will be led by each forum and will seek to support the forums to better understand the local concerns and aspirations of communities. It is hoped the engagement will help the forums to:

- Map out local community assets (community groups, support organisations)
- Achieve a better understanding of groups and communities in each locality
- Identify the local health and care needs and aspirations of each locality

Through this approach, LPFs can gain a greater insight into their local communities and redirect this learning into the HSCPs strategic planning process.

In 2018, there was a review of the Terms of Reference for Locality Planning Forums which provided further clarity around the responsibilities of forum members, the purpose and powers of each forum and the mechanisms they use to influence the strategic direction of the HSCP.

This revision of the terms of reference, in companionship with a review of the Terms of Reference for the Strategic Planning Group, place Locality Planning Forums – and as such, local communities – at the heart of the HSCPs strategic planning process.

Our Partnership Voice

To ensure equality is built into everything we do, we have been working to improve how we engage with; our staff, members of the public, carers, and people who use our services. We aim to create a dialogue where people's views are included and open conversations are the new way of working, where working with local people is central to our joined-up approach to health and social care services.

Since 2017, we have participated in the annual 'What Matters to You Conversation?' This event, held on the 6th of June every year, provides us with a focussed opportunity to ask our service users, staff members and local people, what matters to them?

- In 2017, we took a blanket approach and asked the question to approximately 2,500 local people in the largest engagement activity the HSCP has undertaken. Feedback from this event formed the basis of the development of the 2018-21 Strategic Plan, 'Let's Deliver Care Together'.
- In 2018, we took a more focussed approach, targeting only service users. This approach was followed up by staff members learning from the conversation with the people they support and making 'one change' to improve their care experience. Working together, members of staff discussed their learning from the day and implemented 'one change' to their service. For example, in one service, staff committed to introducing a daily de-brief session with colleagues to share what people who use services and carers have been telling them.
- In 2019, we aim for the event have a locality focus, with our Locality Planning Forums using the day as an opportunity to actively engage with their local communities to help identify what matters to them about their health and social care services.



We use a range of methods to engage with people and gather their experiences, views and concerns to help inform service improvements. Over the past year, this has included a key

change in how we engage with local people through consultation. While our engagements will continue to include many closed question, we are moving more to a method of open conversation with local people.

In 2018, we engaged with almost 800 people across Ayrshire as part of the Ayrshire Mental Health Conversation, this included local events, through social media and an online survey. We learned from this engagement that people's personal and honest experiences are of great value in learning what works well and what doesn't in the services we provide. Where traditionally, we would group and theme responses we will now, provide an individual response to every comment we receive and ensure that a local person's feedback is presented to and read by our senior managers and leaders.

We hope that this approach will help local people see that we will actively listen to their feedback and provide a suitable response. This wider approach to engagement conversations will be extended to all future consultation activity.

We are part of North Ayrshire Community Planning Partnership network, with responsibility for health and social care. We use websites, social media, Twitter (@NAHSCP) and Facebook (CareNA) to deliver messaging, engage with online communities of interest, both nationally and locally. Our services also engage with people via social media, reference and focus groups. This approach enables us to promote our services and the benefits of partnership working as well as to engage with a wider audience in the sharing of best practice and topical stories.

Our Partnership Culture

Within North Ayrshire Health and Social Care Partnership we use a strengths-based approach, and build on the dedication and expertise available of our staff, partners and communities

Our Organisational Development (OD) strategy enables:

- The development of an effective partnership - working with people who use our services, carers, volunteers, employees and communities
- Building on a commitment to shared principles and a collaborative culture
- Continuing improvement of services that provide better outcomes for people

All aspects of this strategy are delivered in a way that promotes equality, values diversity, protects human rights and tackles discrimination. Respect is reflected in our published values and success will be through getting the most out of our diverse staff and communities as we promote and uphold principles and practices of equality and diversity.

Unleashing the potential in people opens new possibilities for health and social care and values the capacity, resilience and wellbeing of all.

Developing our staff

Our Learning and Development section offers a wide range of training courses and development opportunities for partnership staff. Many courses available cover guidance and awareness training for working with vulnerable people who may be covered by protected characteristics, some examples of our staff training courses include:

- Awareness of the Adult Support and Protection Act 2007
- Adults with Incapacity (Scotland) Act 2000
- Autism Awareness/ Learning Disability/ Dementia / Parkinson's Awareness
- Working with Refugees and Asylum Seekers
- Person Centred Planning
- Domestic abuse (including the experiences of Women and Children)
- Various Welfare rights and benefits courses (including awareness of benefits for older people)

The Learning and Development section also deliver a one day 'Promoting Equality Course' to Partnership Staff. This training is delivered in partnership with East Ayrshire HSCP. These sessions are well attended by HSCP staff on both Council and NHS sides.

In September 2018, we launched the Working with Diversity in North Ayrshire training course, which covered the experiences of a number of protected groups. The training was built around the duties under the Equalities Act 2010. The range of workshops included:

- Working with asylum seekers and refugees
- Transgender awareness
- Growing up gay in North Ayrshire
- Religious diversity and anti-discrimination
- Working with travelling communities
- British Sign Language awareness

This is in addition to the equality training courses available through North Ayrshire Council Corporate Services.

Procurement

The requirements

The Equality Act 2010 (Public sector equality duty) or 'general duty' and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 is the legislative framework that underpins equality when procuring services.

The 'general duty' in procurement means that we must have due regard to eliminating unlawful discrimination, harassment and victimisation and other prohibited conduct; advancing equality of opportunity between people who share a relevant protected characteristic and those who do not; and fostering good relations between people who share a protected characteristic for all procurements undertaken. The 2012 Regulations specifically require an authority to consider its' equality duty when awarding contracts within its award criteria.

Examples of what we do locally to meet these requirements in Health and Social Care

Our ESPD includes equality as a headline question and this allows us to exclude bidders on a pass/fail basis. For example, where a bidder cannot confirm that they have an equality policy in place they will not move on the next stage of evaluation and are therefore excluded for the bidding process. At the technical stage, a specific quality question is included within every tender to assess fair work practice, including the living wage and equality, when selecting

bidders for award. In terms of meeting equality outcomes, service users are involved in the evaluation of tenders by designing quality questions and sitting on evaluation panels that select preferred bidders for award. These are three examples of how we embed equality within the procurement process.

Contractual requirements

Equality requirements are included as contractual conditions, and specific requirements are incorporated into service specifications. For example, compliance with the Equality Act 2010 is a contract condition and fair access to services are specifically written into specifications. These conditions enable us to terminate contracts where breaches of these laws have occurred. Our contract management framework is the formal mechanism that audits provider compliance with equality requirements when contracts are operational.

Equality Assessment

We continue to undertake Equality Impact Assessments on any new policies or budget proposals that are likely to have an impact on local people, members of staff or other stakeholders.

Since the launch of the partnership in 2015, we have applied the same Equality Impact Assessment process to both Council and NHS budget proposals that affect the Partnership. This afforded the Partnership to achieve a greater level of consistency in equality impact assessments across the wider partnership. This has been a useful mechanism to both embed equalities practise in the partnership and further the process of integration.

We promote the completion of Equality Impact Screening forms (rapid assessment) at the development stage of any new policy or service proposal. This supports those developing a new policy to be mindful of any potential impact on equalities it may have. Towards completion, a full Equality Impact Assessment is undertaken to ensure all considerations have been taken. This approach helps to embed thinking about the various aspects of equality at the earliest stages of project or policy development.

Our Equality Outcomes

An equality outcome is a result which we aim to achieve in order to further one or more of the three needs of the general equality duty:

- To eliminate discrimination
- Advance equality of opportunity
- Foster good relations

By focusing on outcomes rather than objectives, we aim to achieve practical improvements for individuals in North Ayrshire who experience discrimination and disadvantage. Equality outcomes are therefore results intended to achieve specific and identifiable improvements in people's life chances.

Equality Outcomes 2017-21

During 2016, the North Ayrshire HSCP worked alongside other public sector organisations across Ayrshire, to develop a set of shared equality outcomes. The benefits of working together to develop these outcomes include:

- A more consistent approach to equalities across the area
- Greater scope for consultation while reducing 'consultation fatigue'
- Greater Transparency for local people

In April 2017, the Ayrshire Shared Equality Outcomes Partnership published our first set of Shared Equality Outcomes. In it we identified four equality outcomes that we could progress together. These outcomes are that, in Ayrshire:

- 1. People experience safe and inclusive communities**
- 2. People have equal opportunities to access and shape our public services**
- 3. People have opportunities to fulfil their potential throughout life**
- 4. Public bodies will be inclusive and diverse employers**

As well as sharing outcomes, the pan Ayrshire group have also developed a supporting action plan that outlines what we hope to achieve on a Pan-Ayrshire level as well as organisation specific actions.

An update on progress against these Ayrshire shared actions can be found in the 'Ayrshire Shared Equality Outcomes Report – 2018', which accompanies this mainstreaming report.

[\(Link\)](#)

More information on the Ayrshire Equality Partnership can be found in **appendix 4**.

Reporting Progress

Information relating to our equality outcomes is gathered on a regular basis for the purposes of internal reporting. This information is regularly reviewed by the Partnership's Senior Management Team and Performance and Audit Committee.

The following sections provide a progress update of activity against the local North Ayrshire HSCP actions identified to support the shared equality outcomes.

The 'Ayrshire Shared Equality Outcomes Report – 2018', which accompanies this mainstreaming report. Can be found here ([Link](#))

The following progress update is organised by the four Shared Equality Outcomes. Against each of the North HSCP actions, we also demonstrate how it links to both our five strategic priorities and the nine national health and wellbeing outcomes, which are listed below:

HSCP Strategic Priorities

1. Tackling Inequalities
2. Engaging Communities
3. Prevention and Early Interventions
4. Improving Mental Health and Wellbeing, and
5. Bringing Services together

National Health & Wellbeing Outcomes

1. People are able to look after their own health and wellbeing and live in good health for longer
2. People are able to live – as far as reasonably practicable – independently in a home or homely setting in their community
3. People who use health and social care services have positive experiences of those services and have their dignity respected
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5. Health and social care services contribute to reducing health inequalities
6. People who provide unpaid care are supported to look after their own health and wellbeing
7. People who use health and social care are safe from harm
8. People who work in health and social care service feel engaged with the work they do and are continuously supported
9. Resources are used effectively and efficiently in the provision of health and social care services

Further information on the nine national health and wellbeing outcomes can be found in appendix 2.

NA HSCP local progress towards Ayrshire shared equality outcomes

Equality Outcome 1: People experience safe and inclusive communities

In progressing this action, we intend that Ayrshire becomes a more inclusive and welcoming place to everyone, where diversity is respected and protected.

The outcome has a focus on tackling and preventing discriminating behaviour that can be experienced by people in Ayrshire as a result of them possessing one or more of the protected characteristics.

Key Area	Action	Narrative	Strategic Priority	National Outcome
Social Isolation	We will work with partners to identify and promote services or activities that can reduce the impact of Social Isolation	<p>What we did:</p> <p>Social Isolation is a key priority for the HSCPs locality planning forums. They recognise people who are isolated or lonely, have a higher risk of developing serious health conditions compared to those who have good social connections. As a result, Social Isolation has been identified as a key priority for action across virtually all localities in North Ayrshire.</p> <p>Each Locality Planning Forum, through its membership have sought to identify the scope of social isolation in their communities and aimed to build strong networks with local statutory services and third and independent sector organisations. This approach is helping our locality forums to identify unique area based solutions to address social isolation. For example, the Garnock Valley locality has established a Café Solace that rotates regularly throughout the three towns of Kilbirnie, Beith and Dalry. Café Solace provides low cost and nutritious three course meals to local people in a community environment. Delivered by volunteers who are in Addictions recovery, Café Solace provides a safe place for people to meet and eat in their own communities.</p> <p>Further, the Irvine LPF has explored opportunities to contribute to the work of the North Ayrshire Fairer Food Strategy, which aims to enhance access to good, nutritious food and reduce the levels of 'food poverty' found locally. Irvine LPF will seek to identify and engage with local community groups that can contribute to the</p>	1, 2, 3 & 4	1, 4 & 5

		<p>ongoing food work, such as supporting local growers groups and development of allotments.</p> <p>The North Ayrshire Community Link Workers are based in all GP practices across North Ayrshire and offer alternative solutions to medical based interventions. This includes referring people to locally based community groups and opportunities, such as hobby groups, walking clubs or exercise groups – with the goal of people being engaged in social activities close to their home. This ‘social prescribing’ has a greater long term positive impact on a person’s individual by helping them stay active and engaged in their local community.</p> <p>Where now?</p> <p>Following on from work that has taken place in South and East Ayrshire - with the more formalisation of social isolation strategies and action plans – NAHSCP will seek to enhance its approach into addressing local social isolation. Early discussions have included exploring options to:</p> <ul style="list-style-type: none"> • Enhance the role of libraries as social/community access hubs – in much the same way as GP practices are the hub for health and care services, libraries would be the hub for social/community based activities. • Provide a social isolation focus to the 2019 ‘What Matters To You?’ conversation, which will help the partnership to better understand the full scope of isolation locally. • Continue to support the work of locality planning forums to identify and address community based social isolation. 		
Youth Crime	Whole systems approaches are employed to divert young people away from, and support those who enter, the Criminal Justice system.	<p>What we did</p> <p>There is now an established written protocol with the Programmes Approach Team (Youth Justice) and Criminal Justice. This protocol establishes clear joint working arrangements and case work boundaries for supporting young people within the Criminal Justice system. This has been agreed by both Senior Managers Team Managers in these services.</p> <p>Where now?</p>	3, 5	4 & 7

		There is now a process being developed which would enable the Programmes Approach Team to support young people up to the age of 26 years old who are Care Leavers and involved with the Justice system.		
Vulnerable People	Implementation of Children's Services Plan	<p>What we did</p> <p>'Getting it Right for You', the North Ayrshire Children's Plan set out the strategic direction of local children's services. The plan was an initiative of the North Ayrshire Community Planning Partnership, and was strongly led by North Ayrshire Education Services and North Ayrshire Health and Social Care Partnership. Building on from the findings of the social research carried out by the Dartington Social Research Unit – involving a large scale engagement with young people and families, to gather the views all local young people from birth to age 16.</p> <p>Using the information provided, the plan was structured around key age groups; Early Years, Primary Age, and Secondary School and aimed to tackle the key priorities identified from the research, those of:</p> <ul style="list-style-type: none"> • Improving engagement with school • Supporting young people to maintain a healthy weight • Preventing early initiation of substance misuse, and • Supporting social and emotional development <p>The plan focussed on a number of promises that we made to local children, young people and their families, and progress has been measured against how the Children's Services Strategic Partnership have fulfilled these promises. For example some of the promises made were to:</p> <ul style="list-style-type: none"> • Ensure children's rights are protected • Work closely with partners to ensure young people and their families are safe and protected • Care for children and young people's needs if they have an illness or disability <p>In helping to fulfil these promises, North Ayrshire Schools have been working towards the UNICEF Rights Respecting School Award with over 90% our local schools being recognised at the First Level for the Recognition of Commitment.</p>	1, 3 & 4, 5	1, 4, 5 & 7

		<p>We have established the Named Person Service ensuring every child in North Ayrshire has an identified care worker who will be able to access the right care and support for children when they need it.</p> <p>We have implement the Child Assessment and Plan, a joint assessment framework that is completed in collaboration with partners to ensure the needs of each young person are met.</p> <p>Taken part in the national 'Stop to Listen' project aimed at improving how local services respond to Child Sexual Abuse.</p> <p>More information on the progress of the Children's Services Plan can be found in the annual performance report: http://www.nahscp.org/wp-content/uploads/sites/101/2018/01/APR-final-for-publication.pdf</p> <p>Where now?</p> <p>As well as continuing to fulfil the promises made in the plan, the next steps for Getting it Right for you will include:</p> <p>Further developing the Named Person to improve their skills in supporting children and young people in their care.</p> <p>Updating the Inclusion Process to ensure that all young people with additional support needs are provided targeted support at the earliest opportunity.</p> <p>Building a new additional support school in the town of Stevenston to support young people with a range of needs.</p> <p>Enhance the 'Stop to Listen' pathfinder programme in more areas in North Ayrshire improving how we respond to cases of child sexual abuse.</p>		
	Implementation of Adult Support and Protection (ASP) Improvement Plan.	<p>What we did</p> <p>The Adult Support and Protection Continuous Improvement Framework was taken forward during the ASP Biennial period 2016 - 2018. This Framework is underpinned by a Self-evaluation and Audit Strategy and a Service Users and Carers Strategy. Improvement actions are converted into an ASP Work Plan and Key Performance Indicator (KPI) Report. The Adult Protection Committee - Adult Support and Protection Improvement Subgroup oversee the implementation of the work required</p>	1, 3	3, 4, 5 & 7

		<p>to take forward improvements, and progress in relation to the Work Plan and KPI Report is reported quarterly to the Adult Protection Committee and the Child and Public Protection Chief Officers' Group.</p> <p>Where now? The Adult Protection Committee are now implementing their Continuous Improvement Framework (and associated Work Plan and KPI Report) for the new Biennial Period 2018 - 2020.</p>		
Accommodation	Develop a range of supported accommodation options to support those with complex Mental Health concerns and Learning Disabilities	<p>What we did Work has been progressed with colleagues in housing and there is an established programme of building included in the Strategic Housing Improvement Plan (SHIP), to realise a range of future supported accommodation models, with builds scheduled for 2021.</p> <p>Where now? The Tarryholme Drive project, now known as Warrix Avenue and Trindlemoss, progresses according to plan with first stage build of Community Mental Health rehabilitation (Warrix Avenue) scheduled for completion February 2019. It will provide for people who will benefit from having structured support in recovering from mental ill health who no longer require the restrictive confines of a hospital environment, but are not quite ready to return to live independently. It will be a stepping stone back to their own homes and communities. The Learning Disability Day Services and Supported Accommodation (Trindlemoss) is scheduled for completion by September 2019. In addition to comprehensive day services, the complex will also host a 20 tenancy supported accommodation unit that will enable people to live safely with 24 hour on-site health and care support and for those with more complex needs there will be a six unit care home.</p>	2 & 4	2, 3, 4, 7 & 9

Equality Outcome 2: People have equal opportunity to access and shape our public services

We recognise that in order to provide the right services to local people, we need to understand their needs and aspirations. Many people who possess one or more protected characteristic may face additional barriers to having their voices heard.

Through progressing this outcome, we intend to reduce the barriers often faced by local people when accessing our services.

Key Area	Action	Narrative	Strategic Priority	National Outcome
Consultation and Engagement	Locality Planning Forums will engage with local communities and services to identify locality specific priorities	<p>What we did:</p> <p>An engagement and communication pilot with each locality is expected to begin in November 2018. The pilot will begin with Kilwinning LPF and cascade to all others in the coming months. The pilot will seek to identify two new roles in each LPF, an engagement officer and a communication officer. These posts will be active in each locality with the aims of engaging with local communities identifying local assets and groups and providing a greater function of communication between the LPF and local people. Each pilot will report to the Partnership's Locality Planning Forum on a regular basis.</p> <p>In addition, in 2018 the terms of reference for Locality Planning Forums was revised, solidifying their role within the Health and Social Care Partnership's strategic function and clarifying their relationship to the Strategic Planning Group and Integration Joint Board. The revised terms of reference, underlined the role of each forum to undertake effective engagement and dialogue with communities affording local people and groups a way to help influence the direction of the HSCP.</p> <p>Where now?</p> <p>The engagement pilot is now in the process of being rolled out, with advanced planning meetings taking place with Kilwinning LPF, and initial planning meetings have taken place with Irvine LPF. Both groups have decided to take alternative approaches to engagement than the original outset model of engagement/communication posts. Both groups have identified methods that would</p>	2 & 5	1, 4 & 5

		<p>be more appropriate for their local communities. It is anticipated that other LPFs will consider their own unique approach to local engagement.</p> <p>Preparations for the annual “What Matters To You?” event are considering how each LPF can engage the public in conversation to achieve the greatest impact. It is hoped that through meaningful conversations with in their own communities, each LPF can learn more about the key areas of concern and strengths among local people.</p>		
	Former/current service users will be trained as Peer researchers to gather qualitative views of current service users.	<p>What we did</p> <p>The Partnership has progressed with its Peer researcher development programme and trained researchers have now supported research projects in Mental Health, Education and Adult Support, Protection Services. The Mental Health peers utilised a mixed methodology with phone interviews and focus groups taking place, ensuring a co-produced vision for Adult Community Mental Health Services. Whereas, Education used Modern Apprentices to tackle the issue of non-attendance in North Ayrshire schools. This information was gathered using pre-existing networks of Youth Groups within North Ayrshire. The Adult, Support and Protection Peer Researchers looked at gaining information from service users who have experienced the full ASP process from Inquiry, to Investigation and to Case Conference. This was to ensure that the ASP act was effectively enacted in North Ayrshire.</p> <p>Where now?</p> <p>Peer researchers are now considered a valued asset for engaging with communities and undertaking service research. The programme of peer researchers is effectively employed when the need arises. Over the course of 2019, peer researchers will be identified, trained and employed to support the development of the new North Ayrshire Alcohol and Drug Strategy. Beyond strategy development the North Ayrshire Health and Social Care Partnership is committing to regular Peer involvement with its engagement activities. This will ensure ongoing participation and skills development for those involved as well as keeping the voice of the service user at the heart of any engagement activity that we undertake.</p>	2	3, 4, 5 & 8
	Grow our Social Media presence as a tool to	What we did	2	1, 3 & 9

	engage with local people	<p>The Partnership's own website was launched in January 2018 and continues to build up its content and is now an effective on-line resource for all information in relation to North Ayrshire Health and Social Care Partnership, including all plans and strategies, meeting and committee papers and information on available services.</p> <p>The HSCP twitter continues to grow and now has 2,215 followers and HSCP information is regularly tweeted and shared through the platform. Many HSCP services and staff members have begun twitter accounts and are actively share health and social care information and advice.</p> <p>Where now?</p> <p>The Partnership continues to consider all options when engaging with local people. As well as building a strong social media presence, we are also looking to improve how we can gather digital feedback from local people, colleagues and partners. Moving forward the service is keen to consider more effective on-line survey options and web-based engagement tools.</p>		
Accessible and welcoming buildings and services	North Ayrshire Drug and Alcohol Recovery Service (NADARS) will consider the recommendations made by the Scottish Transgender Alliance (STA) to improve the experience of Trans' people accessing Addiction Support Services	<p>What we did</p> <p>Following on from a national survey carried out by the Scottish Transgender Alliance, the North Ayrshire Drug & Alcohol Recovery Service (NADARS) is currently progressing with improvement actions with regard to all 4 key recommendations made in the findings report. These are:</p> <ul style="list-style-type: none"> • Services need a greater understanding and awareness of Trans people • Services need a greater understanding of the particular ways that Trans identity may impact on alcohol or other drug use • Services need to ensure that Trans people know they will be welcomed before They arrive • Services need a greater understanding and awareness of Trans people <p>As a result of the research, NADARS implemented an action plan to address concerns raised and improve the experience of any members of the trans community who access addiction support services. This has included:</p>	1, 2 & 4	3 & 4

		<ul style="list-style-type: none"> • Providing Transgender Awareness training to all members of NADARS staff. This also includes a role out of awareness sessions to staff in other locality areas. Staff are also being encouraged to complete the Stonewall LGBT Good Practice Module. • Staff have been informed of the various support services available to members of the Trans community affected by addiction issues. It has been identified that Ayrshire and Arran has few, • Trans specific support services available, however staff have been informed of nationally available support groups. • NADARS staff explored the possibility of including 'trans-friendly' logos on service leaflets and promotional material, however no approved logo has been provided to the NADARS service. In lieu of this the service has produced an information leaflet for the LGBT community, providing information on appropriate support services. <p>Where now? NADARS will continue to work with the Scottish Transgender Alliance to help improve the experience of the trans community who access addiction services. A further recommendation from the research was for services to enhance the gender selection options in assessment paperwork. NADARS is keen to support this change, but is unable to accommodate this until an agreed list of genders has been agreed nationally</p>		
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Equality Outcome 3: People have opportunities to fulfil their potential throughout life

Many people who identify as possessing a protected characteristic may often experience barriers to achieving outcomes, whether these be economic, academic or social.

By progressing this outcome, it is intended that the barriers that many people face in fulfilling their potential, can be reduced.

Key Area	Action	Narrative	Strategic Priority	National Outcome
Employability	Support formerly cared for young people to access Employment, Education or Training.	<p>What we did</p> <p>The HSCP in partnership with Economies and Communities, employability team have extended the opportunities for young care experienced young people to enter into North Ayrshire's Modern Apprenticeship scheme. This continues to be a growing agenda and will soon also include the Family Firm approach for those young people whom we have Corporate parenting responsibilities for. The HSCP continues to support vulnerable young people access key development opportunities, such as the Duke of Edinburgh Award scheme as well as the John Muir awards.</p> <p>Throughcare and Rosemount teams have continued to work with individual young people and groups to enhance life skills on an individual basis through the provision of Activity Agreements and other opportunities elsewhere.</p> <p>Where now?</p> <p>The support provided is fully embedded in service and all formerly cared for young people are provided the opportunity to access employment and support and additional vocational and life skill enhancing experiences.</p> <p>There is also a multi-agency Corporate Parenting Employability group established which continues to keep this on the agenda and develops creates ways to engage with young people through employment, education and training. This group has been the main driver for the Family Firm along with the Champions board which is made up of care experienced young people and our Corporate Parenting Lead.</p>	1	1, 3 & 5

	Provide employability support to parents of Early Years children	<p>What we did</p> <p>The HSCP has, in partnership with Economy and Communities, Commissioned the 'We work for families' support service, providing funding for two years. This programme has appointed two full time support workers to provide employability advice and support to new mums and dads. The service is accessed by referral from Health Visitors and Family nurses and is provided to those most in need.</p> <p>Where now?</p> <p>This programme has now been implemented and is currently fully embedded delivered as business as usual. Support is regularly provided to young families to ensure they are able to access employment when ready. In 2019, a review of the programmes contract will take place.</p>	1	5 & 6
	Implement the 'Family Firm' programme to provide employability support to young people 15+	<p>What we did</p> <p>A Corporate Parenting and Employability Skills working group has been established which has a focus on developing the Family Firm and the Care Leavers Covenant. The group is chaired by Economy and Communities and now has an agreed terms of reference.</p> <p>The group has now approved the appointment of a Corporate Parenting Officer to take forward related work.</p> <p>The service has now began to employ formerly looked after young people, with one post being appointed to the HSCP.</p> <p>As a result of work carried out by the Corporate Parenting Coordinator the HSCP have secured ten Modern Apprenticeship places for looked after young people. This has correlated with the development and production of an employability process for services to follow to support them in providing employment opportunities to formerly cared for young people.</p> <p>Where now?</p> <p>The employability process has now been signed off by senior managers and will now be rolled out across the partnership, supported by the Corporate Parenting Coordinator. In addition to this support, the Coordinator will also be actively identifying suitable young candidates for future employment opportunities.</p>	1	3, 4 & 5

	Implement the Employability and Skills element of the 'Care Leavers Covenant'	<p>What we did</p> <p>A Corporate Parenting and Employability Skills working group has been established which has a focus on developing the Family Firm and the Care Leavers Covenant. The group is chaired by Economy and Communities and now has an agreed terms of reference.</p> <p>The group has now approved the appointment of a Corporate Parenting Officer to take forward related work.</p> <p>Where now?</p> <p>In line with the Family Firm development, the actions from the Care Leavers Covenant have been widely circulated and assigned to appropriate to appropriate services for further development.</p>	1	3, 4 & 5
	Review and development of job coaching services for those with a Learning Disability or with Mental Health concerns.	<p>What we did</p> <p>In our Learning Disability Service, we undertook review of the Job Coaching programme and established an Employability Group to look at improving employability across the HSCP.</p> <p>HSCP senior management supported a proposal from the Employability Group and agreed the next steps in the development and implementation of an integrated approach towards employability support for all patients and service users. A measurement: model and proposals to embed employability in assessment processes are under development.</p> <p>A relaunch of the Hazeldene Horticulture project took place in April 2017, which continued to provide valuable opportunities for service users with a disability, this included providing five places for therapeutic employment and providing a garden tidy schemes to a local housing association and has carried out other private contacts.</p> <p>Where now?</p> <p>To help mainstream employability support to service users, a measurement model and proposals to embed employability in assessment processes are under development.</p>	1	2, 3, 4, 5 & 6

		<p>In addition, the new Tarryholme development will host a variety of opportunities for service users through its day services provision, including learning vital skills and enabling the use of facilities for developing community enterprise groups.</p> <p>In relation to Hazeldene Horticulture, unsustainability issues has meant the service is no longer running. Existing service users will be redirected and supported at the new Tarryholme development as stated above. In addition, in June 2018 the Council agreed funding to invest in a new employment support service. Indications are that this new service will mitigate the impact of the loss of employability activity at Hazeldene.</p> <p>Further, considering the success and local value of enterprises such as the Garden Tidy programmes, work will continue with local voluntary and independent sector partners to ensure this type of activity continues with training opportunities provided.</p>		
Social Enterprise	NAHSCP will deliver in partnership with NA CPP the NA Social Enterprise Strategy.	<p>What we did</p> <p>Significant progress has been made since the appointment of a Social Enterprise Manager and Officer who provide direct support to social enterprises including Health, Social Care and related organisations. Steering Group has been active involving North Ayrshire, sector and national agency representatives including NAHSCP. Network established and supported to boost membership.</p> <p>A baseline and engagement exercise has also been carried out following a review of data from the Social Enterprise Census. The baseline mapping set out to identify all Social Enterprises in North Ayrshire.</p> <p>Where now?</p> <p>To date, 133 Social Enterprises have been identified and have been mapped by sector and North Ayrshire locality. This work showed an even spread of Social Enterprises across the area.</p> <p>There were 14 sectors identified for Social Enterprises across North Ayrshire, these include: Childcare; Education, Training and Employment; Health and Social Care; Housing; and Sports and Leisure.</p>	1	5

		<p>An engagement scheduled capturing all 133 Social Enterprises is being implemented. A template has been designed to capture relevant information, turnover, staff, volunteers, percentage trading etc This engagement will also develop growth opportunities and build bespoke action plans. The data collated will help develop our own baseline data and help inform future works.</p> <p>In conjunction with the baseline data, officers have scoped and engaged with all support partners for Social Enterprises. This has identified key partners and will allow greater engagement with each.</p> <p>Internal communication & dialogue continues to progress with internal colleagues from- HSCP, Procurement, Food development, Communities, policy etc, with a view to further developing the sector.</p>		
Promote Good Health and Wellbeing	Work with partners to promote healthy and active lifestyles	<p>What we did</p> <p>Community Link workers (CLW) are operating out of 19 of the 20 GP practices in North Ayrshire. Plans are ongoing to provide support in the remaining one. The CLWs deliver the community prescribing service offering people an alternative option for treatment than traditional medication.</p> <p>Where now?</p> <p>Community link workers continue to deliver a key service to local communities by providing them a viable alternative to medical interventions. Going forward, the Community Link Workers will become more embedded in each locality and will use their knowledge to support locality planning structures identify and address local health and care needs.</p>	3	1, 2, 4, 5, 6 & 9

Equality Outcome 4: Public bodies will be inclusive and diverse employers

This outcome aims to provide focus on public bodies in Ayrshire to ensure their hiring practices are inclusive and that workforces are reflective of the local population in which they serve.

As a non-employing body, no locally specific actions were identified by North Ayrshire Health and Social Care Partnership. Instead, HSCP officers continue to work closely with colleagues in our parent organisations, North Ayrshire Council and NHS Ayrshire and Arran to ensure employment practices are not discriminatory against any protected groups.

Further information on activity progressed to date against this outcome can be found in the Ayrshire Shared Equality Outcome Report 2018.

[\(NAHSCP Link\)](#)

APPENDICES

Appendix 1 – General Equality Duties and Protected Characteristics

General Equality Duty:

- **Eliminate discrimination**, harassment and victimisation and other prohibited conduct.
- **Advance Equality of Opportunity** - between people who share a relevant protected characteristic and those who do not.
- **Foster good relations** between people who share a protected characteristic and those who do not.

Protected Characteristics:

Age	The Equality Act 2010 protects people of all ages.
Disability	Disability includes people with physical, learning and sensory disabilities, people with a long term illness and people with mental health problems.
Race	Under 'The Equality Act 2010' 'race' includes, colour, nationality and ethnic or national origins. It also includes Gypsy Travellers.
Religion or Belief	In The Equality Act 2010, religion includes any religion. It also includes a lack of religion. Belief means any religious or philosophical belief or a lack of such belief.
Sex	Both males and females are protected under The Equality Act 2010
Pregnancy and Maternity	The law covers pregnant women or those who have given birth within the last 26 weeks, and those who are breastfeeding
Sexual Orientation	The Equality Act 2010 protects lesbian, gay, bisexual and heterosexual people
Gender Reassignment	The Equality Act 2010 provides protection to someone who proposes to, starts or has completed a process to change his or her gender.
Marriage and Civil Partnership	<p>Marriage is defined as a union between two people of different or of same sexes. In addition to same sex marriage, same sex couples can also have their relationship legally recognised as 'civil partnerships'.</p> <p>This category only applies to eliminating unlawful discrimination in employment.</p>

Appendix 2 – National Health and Wellbeing Outcomes

The Public Bodies (Scotland) Act 2014 defines a complete set of principles for the implementation of health and social care services in Scotland. These are the principles against which integrated services should be delivered and the quality of those services should be evaluated. The Act also defines the national outcomes and the health and wellbeing outcomes that integration is looking to achieve. These are as follows:

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

People in North Ayrshire feel confident and able to make positive personal decisions about themselves and their families' health and wellbeing, and receive the support they need to achieve their aims.

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

People in North Ayrshire live as independently as possible, playing an active role within their local community.

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

People in North Ayrshire are actively engaged in the design and delivery of services, ensuring that these are tailored to local needs and preferences.

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

People in North Ayrshire express what matters to them most and help design and deliver services that help them attain this.

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

People in North Ayrshire benefit from improved lifestyles, life circumstances, life expectancies, health and quality of life, with more rapid improvements in communities that experience the highest levels of need and deprivation to reduce the inequality gap.

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

Carers in North Ayrshire benefit from highly accessible and proactive services designed to maintain high levels of health and wellbeing.

7. People using health and social care services are safe from harm

People who use health and social care services in North Ayrshire should do so safely, be free from fear or harm and have their rights and choices respected.

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

Staff – including those of the third and independent sector – who provide health and social care services in North Ayrshire, actively participate in the programme of continuous improvement and have ownership of the future model of service delivery.

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

Individuals who provide or access health and social care services in North Ayrshire are fully engaged in assessing and allocating the resources available to local communities, and use a rigorous and transparent process to agree how maximum benefit can be attained.

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Appendix 3 – Abbreviations

Abbreviation	Definition
ASP	Adult Support and Protection
ADP	Alcohol and Drug Partnership
ASD	Autistic Spectrum Disorder
CAMHS	Child and Adolescent Mental Health Services
CareNA	Care North Ayrshire
CLW	Community Link Worker
EHRC	Equality and Human Rights Commission
EIA	Equality Impact Assessment
GP	General Practice
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
LAAC	Looked After and Accommodated Children
LPF	Locality Planning Forum
MA	Modern Apprenticeships
NADARS	North Ayrshire Drug and Alcohol Recovery Service
NHS	National Health Service
OD	Organisational Development
SHIP	Strategic Housing Investment Plan
TSI	Third Sector Interface

The Ayrshire Equality Partnership is comprised of:

- NHS Ayrshire and Arran
- Ayrshire College
- Ayrshire Valuation Joint Board
- Community Justice Authority
- East Ayrshire Council
- East Ayrshire HSCP
- North Ayrshire Council
- North Ayrshire HSCP
- South Ayrshire Council*
- South Ayrshire HSCP



Ayrshire Shared Equality Outcomes – 2017 to 2021

PROGRESS ON ACTIONS

Contents

Introduction	2
Ayrshire Equality Outcome Partners.....	3
Equality Outcome 1: In Ayrshire, people experience safe and inclusive communities	5
Equality Outcome 2: In Ayrshire, people have equal opportunity to access and shape our public services.....	11
Equality Outcome 3: In Ayrshire, people have opportunities to fulfil their potential throughout life	17
Equality Outcome 4: In Ayrshire, public bodies will be inclusive and diverse employers	22
APPENDICES	25

Introduction

In 2017, a number of public sector organisations in Ayrshire produced and published a set of shared equality outcomes. Before then, every public sector organisation across Ayrshire had their own set of outcomes. Having so many different sets of equality outcomes across Ayrshire represented significant challenges in developing an overall culture of equality.

Following a significant period of development and consultation, it was agreed that a set of Ayrshire outcomes, shared by partners throughout the area, would be of greater value to local partners and the Ayrshire population by allowing a more consistent message and pooling of resources.

The equality outcomes published are that, in Ayrshire;

- people experience safe and inclusive communities
- people have equal opportunity to access and shape our public services
- people have opportunities to fulfil their potential throughout life
- public bodies will be inclusive and diverse employers

As part of the public sector equality duty, public organisations are required to publish a report on progress towards their Equality Outcomes, every two years. This report provides an update on progress made by the Ayrshire Equality Outcome Partners in progressing identified joint actions that support the achievement of the shared outcomes. It covers progress up to December 2018.

Along with other partners, North Ayrshire Health and Social Care Partnership (HSCP) identified a number of local actions to be implemented, separate from the Ayrshire shared work, yet still aligned to the four outcomes. Progress on these actions, and the HSCP mainstreaming report can be found in the companion document, *North Ayrshire Health and Social Care Partnership: Equality Outcomes and Mainstreaming Report 2018* ([webpage link](#)).

Ayrshire Equality Outcome Partners

The Ayrshire Equality Outcome Partnership is comprised of:

- NHS Ayrshire and Arran
- Ayrshire College
- Ayrshire Valuation Joint Board
- Community Justice Authority
- East Ayrshire Council
- East Ayrshire HSCP
- North Ayrshire Council
- North Ayrshire HSCP
- South Ayrshire Council¹
- South Ayrshire HSCP



¹ While South Ayrshire Council helped developed and supports the delivery of the Shared Outcomes, the organisation did not officially adopt them. At the time of publication, South Ayrshire Council were progressing through a 10 year Equality Action Plan, containing existing approved outcomes.

Progress against Shared Equality Outcomes

Equality Outcome 1: In Ayrshire, people experience safe and inclusive communities

In progressing this action, we intend that Ayrshire becomes a more inclusive and welcoming place to everyone, where diversity is respected and protected.

The outcome has a focus on tackling and preventing discriminating behaviour that is experienced by people in Ayrshire as a result of them possessing one or more of the protected characteristics.

In addressing this Outcome, the Ayrshire Equality Outcome Partners identified a two key areas for focus. These are, Hate Crime and Prevent.

Key Area: 1.1	Tackling Hate Crime – Raising Awareness
What we set out to do:	To ensure people across Ayrshire experience safe and inclusive communities, we aimed to increase awareness of hate crime and avenues for reporting, including Third Party Reporting Centres
What we did:	<p>The partners recognised that hate crime continues to rise for particular groups within our community, however, under-reporting of such crimes remains an area which requires more focus. Awareness of what constitutes a hate required to be made clearly for people as well as alternative ways of doing so.</p> <p>The partners took the opportunity during Hate Crime Awareness Week in October to promote what a hate crime is and ways to report. In October 2017, the partners produced a leaflet providing staff and service users with consistent information to better support awareness of this issue. The leaflet was disseminated across all partner organisations along with the use of social media mechanisms such as twitter and face book to get the message out as widely as possible. This was repeated again in October 2018 with the partners also promoting the Scottish Government One Scotland campaign to put an end to hate crime.</p> <p>The use of the www.hatecrimescotland.org website also provided the opportunity to further cascade information on hate crimes and reporting mechanisms to both staff and service users.</p> <p>Through the partnership working with our colleagues in Police Scotland we have also devised a quarterly report to help us understand the levels of hate crime across Ayrshire. The report offers the opportunity to identify if there are any particular protected characteristic groups where hate crime is increasing but also to consider if there are any areas of increase where more work could be targeted to address this.</p>

<p><i>What difference did we make:</i></p>	<p>It was anticipated that the increase in awareness raising around Hate Crime that we would see a rise in the reporting of hate crimes before seeing a reduction. This appears to be the case; however, work is ongoing to support a reduction in Hate Crime incidents. The evidence identified that in 2017 race hate crime was the highest and this trend continues.</p> <p>To support the reduction in racist hate crime, the partners have supported and promoted diversity days and open days at the Mosque to encourage fostering good relations between different racial groups.</p>
<p><i>What will we do now / in the future:</i></p>	<p>Whilst one of the measurements was the number of staff trained about hate crime, the partners have focussed the first two years of this outcome on raising awareness of what this covers and ways of reporting.</p> <p>At the time of producing this mid-term report, the Scottish Government began a consultation process following on from the recommendations of Lord Bracadale’s Independent Review of Hate Crime Legislation in Scotland. The consultation is scheduled to conclude on 24 February 2019.</p> <p>In the coming two-year period, the partners are looking to develop an online eLearning module to better support staff understanding in line with the outcomes of the aforementioned consultation as well as taking forward any other necessary actions as a result of the consultation.</p> <p>Over and above supporting our staff, the partners will work together to better promote what Hate Crime is to our communities across Ayrshire and where third party reporting centres are located.</p>
<p><i>Case Study:</i></p>	
<p>As indicated previously, the partners worked with Police Scotland colleagues to develop a quarterly report on hate crime and evidence showed an increase in hate crimes in an area of South Ayrshire but no third party reporting centres. Therefore, as part of the ongoing ‘front door’ work to NHS premises, this offered the opportunity to address this gap and establish a reporting centre.</p> <div data-bbox="1406 1098 2011 1311" data-label="Image"> <p>The logo features a stylized profile of a person's head in blue and purple, with sound waves emanating from the mouth. To the right, the text 'REPORT IT' is in large, bold, purple capital letters. Below this, a horizontal bar is divided into three segments of blue, purple, and pink. Underneath the bar, the text 'Don't stay silent about' is in a smaller, grey font, and 'Hate Crime' is in large, bold, blue capital letters.</p> </div>	

Key Area: 1.1	Tackling Hate Crime - Implement the 'Keep Safe' Initiative
What we set out to do:	<p>To ensure people across Ayrshire experience safe and inclusive communities, we aimed to implement the 'Keep Safe' initiative across partner agencies in Ayrshire. We endeavoured to do this through staff training and briefing sessions to raise awareness and through conducting an audit of existing places with a view to increasing the number of establishments registered for the initiative. This work included, delivering training as appropriate, undertaking an audit of Keep Safe places across Ayrshire and supporting the development of the initiative across all localities.</p>
What we did:	<p>People who are vulnerable because of learning disabilities, physical disabilities, sensory impairment or mental health problems have the right to feel safe when they are out in the community. Unfortunately some people can become targets for bullying and harassment and can feel intimidated, scared and frightened to go out.</p> <p>The Keep Safe initiative works with a network of businesses such as shops, libraries and cafes who have agreed to make their premises a 'Keep Safe' place for people to go if they feel frightened, distressed or are the victim of crime when out in the community. These premises have been approved by Police Scotland and the staff within these establishments receive training as do staff within organisations and people who use the service</p> <p>Disabled and elderly people who wish to take part in the initiative will be issued with a contact card which will contain details of the person's name, any health concerns, any communication needs and helpful contact details for friends or family.</p> <p>The partners conducted an audit of the number of establishments at the outset of this outcome and across the whole of Ayrshire there was only one establishment in North Ayrshire.</p> <p>The lead for Keep Safe in East Ayrshire has linked with the Lead Partnership Head of Service – Primary Care and Out of Hours Community Response to take forward this action with consideration of this taking place through the management team responsible for General Medical Services, General Dental Services, General Ophthalmic Services, Community Pharmacy and Ayrshire Urgent Care Services.</p>
What difference did we make:	<p>Following the audit, the partners worked to increase the number of Keep Safe establishments across Ayrshire. At the time of writing this report, there were 46 Keep Safe premises across Ayrshire and Arran. These sites have been approved and are registered on the 'I Am Me' website which keeps a register of all approved Keep Safe establishments.</p> <p>The partners have successfully increased the number of establishments approved and registered from one to 46 in the period since setting this outcome and associated actions. As part of increasing the number of establishments registered for this</p>

	initiative, a large number of staff have also required to undergo training to ensure staff working in the establishments can fulfill the potential of the initiative.
<i>What will we do now / in the future:</i>	<p>Following engagement with Primary Care and Out of Hours Community Response we plan to support roll-out in GP practices, dentists, opticians and pharmacies that express an interest</p> <p>The partners will also continue to progress identification of further locations for Keep Safe places through engagement with Learning Disability service users and other relevant groups to help identify suitable locations out with statutory buildings. Ideally, Keep Safe places will be established in local business or leisure venues where people would normally visit.</p> <p>The partners will continue to collect and monitor data on usage for the Keep Safe establishments and measure the impact of these initiatives on service users.</p> <p>Work is ongoing to engage with the ferry terminal on Arran to progress its registration as a Keep Safe location.</p>
<i>Case Study:</i>	
<p>At the time of preparing this report we did not have any case studies to show the impact of this initiative. That said, we are confident the staff working in the registered establishments are better informed to deal with any situation in a sensitive and supportive way. However, over the next two years the partners will continue to work to increase awareness amongst communities and staff of the initiative and the benefits it can provide to vulnerable individuals.</p>	



Key Area: 1.2	Support the PREVENT initiative
What we set out to do:	Prevent is one of the four elements of CONTEST, the UK Governments counter terrorism strategy. The Counter Terrorism and Security Act (2015) places a duty on a number of specified authorities to have “due regard to the need to prevent people from being drawn into terrorism” The partners agreed to implement certain actions to support this work including raising staff awareness to better identify radicalisation and also increase awareness of the reporting procedures.
What we did:	<p>Delivery of classroom based Workshops to Raise Awareness of Prevent (WRAP) sessions continued to take place across all partner organisations. This allowed opportunities for staff to better understand the risk of radicalisation but also engage with one another around this agenda to offer the chance for debate and discussion. From 1 April 2017, 1,072 staff were trained with eight staff undertaking the train the trainers training.</p> <p>The e-learning package continues to be promoted to staff taking the total number of staff completing the e-learning package to 3,912.</p> <p>The all staff Prevent briefing was revised and circulated a number of times across all partner organisations since 1 April 2017. This allows a clear and consistent message around Prevent to be disseminated across the whole of Ayrshire. Each partner organisation distributes these briefings using their own internal processes.</p>
What difference did we make:	<p>We have raised awareness of Prevent and our responsibility to safeguard vulnerable individuals for being radicalised; in doing so staff have started asking more questions and discussing their concerns.</p> <p>We are complying with the duties placed upon us as a named specified authority within the Counter Terrorism and Security Act, 2015. Staff are more aware of Prevent and the need to safeguard against radicalisation and the routes for reporting any concerns.</p>
What will we do now / in the future:	<p>Following engagement with Primary Care and Out of Hours Community Response we plan to support roll-out in GP practices, dentists, opticians and pharmacies that express an interest</p> <p>The partners will also continue to progress identification of further locations for Keep Safe places through engagement with Learning Disability service users and other relevant groups to help identify suitable locations out with statutory buildings. Ideally, Keep Safe places will be established in local business or leisure venues where people would normally visit.</p>

Case Study:

Whilst we do not have any specific case studies to report, we are confident that staff awareness is greatly improved based on a shared understanding of the threat, risk and vulnerability in the area and the safeguarding of individuals. Therefore, should a situation arise we are confident that relevant staff would recognise vulnerability and be in a position to notice, check and share concerns about those at risk appropriately.

Equality Outcome 2: In Ayrshire, people have equal opportunity to access and shape our public services

We recognise that in order to provide the right services to local people, we need to understand their needs and aspirations. Many people who possess one or more protected characteristic may face additional barriers to having their voices heard.

Through progressing this outcome, we intend to reduce the barriers often faced by local people when accessing our services.

Key Area: 2.1	Consultation and Engagement – Engaging with under-represented groups
What we set out to do:	<p>Through the Ayrshire Equality Partnership (AEP) the intention was to establish a database of all marginalised and under-represented groups in Ayrshire.</p> <p>This was to ensure that there was an evidence base of consultation for all our communities in Ayrshire to ensure that the needs of our service users and their views are taken into account in relation to the design and delivery of services.</p> <p>It was also essential to ensure that processes were developed and in place which would welcome, encourage and support marginalised and under-represented groups to inform decision-making.</p>
What we did:	<p>The AEP commissioned Council for Ethnic Minority Voluntary Organisations (CEMVO) Scotland to develop a Pan Ayrshire approach to engagement with ethnic minority communities across Ayrshire. CEMVO worked with the three local authority areas (East, North and South Ayrshire).</p> <p>The information from the research carried out by CEMVO was used as a building block, by the Partners to develop a questionnaire that would help ascertain baseline information in relation to the different groups of people living or working in Ayrshire, which would also be broken down into local authority area.</p> <p>This information would also allow us to develop a list of marginalised and under-represented groups and give a fuller picture of the diverse population living and working in Ayrshire.</p> <p>The questionnaire was trialled at an event, however it has been agreed that further development of the questionnaire is required to ensure that information can be effectively and efficiently analysed, and that the questionnaire can be easily adapted to use in a number of different settings and is inclusive to all.</p>

	South Ayrshire Council are currently working with CEMVO to develop sustainable engagement with Black and Minority Ethnic (BME) communities living in the South Ayrshire area. Information from this approach will be evaluated and reviewed to develop a similar way of working across Ayrshire.
<i>What difference did we make:</i>	<p>At the moment there has been very little difference made. The AEP are in the process of revising the questionnaire to ensure that it can be easily adapted for different groups of people and different events. In essence the questionnaire should allow AEP members to ascertain the needs for the different communities living and working in Ayrshire, which will also be broken down into local authority area.</p> <p>Anecdotal information received from the questionnaires distributed at a local event in East Ayrshire, shows that the majority of people do not require support from public bodies, although they do access services as required, for example NHS, Education and others.</p>
<i>What will we do now / in the future:</i>	<p>Partners have reviewed the situation in relation to the questionnaire and will re-develop the questionnaire to ensure that the information required is collated and easy to extract.</p> <p>This will then allow the partners to ascertain the number of marginalised groups living in Ayrshire, their needs and the geographic locations.</p>
<i>Case Study:</i>	
<p>In 2017, Council for Ethnic Minority Voluntary Organisations (CEMVO) Scotland were commissioned to develop a Pan Ayrshire approach for engagement with ethnic minority communities across Ayrshire. CEMVO Scotland's role was to work in partnership with the partners across Ayrshire and support in the development of a collective and congruent strategy that could then be taken forward seamlessly in these areas.</p> <p>As well as identifying specific issues and nuances that affect the likelihood of engagement, the objective was also to identify if there was an appetite to create a similar collective body to the previous Ayrshire Minority Ethnic Communities Association (AMECA). The rationale behind this body was to help gather, collate and share pan Ayrshire intelligence to ensure policy development was inclusive of EM communities and allow a clearer picture of the barriers and issues faced by these communities when accessing local services.</p> <p>The rationale to CEMVO Scotland assisting with the research was their expertise in engaging with ethnic minority communities over the last 14 years and our ability to tie the work into activities that we were planning through our Health and Social Care Programme, Social Enterprise Programme and the</p>	

climate change work we deliver through our environmental programmes. By directly engaging and building trust with local ethnic minority communities living in Pan Ayrshire areas CEMVO was tasked to engage with the following communities:

- Sikh
- Pakistani
- Polish
- Nepalese
- Afghan
- Syrian
- Chinese
- Philippine

CEMVO Scotland's role was to support Ayrshire public bodies to gain a better understanding of its local ethnic minority communities and their specific needs in terms of accessing local services, such as:

- Health
- Education
- Social Services
- Policing
- Housing

CEMVO Scotland contacted a small number of individuals to take part in the research. The ethnic profile of the respondents was Gypsy Traveller, Afghan, Pakistani Muslim, Nepalese, Sikh, and Syrian. Some of the respondents were seen as leaders or were considered representatives of their communities.

Although the engagement rate was relatively low, CEMVO deemed that the quality in terms of knowledge, experience and activeness in the community of the respondents added value to developing an overall picture of each of these communities. The partners felt that the work did give a base on which to build upon. The partnership subsequently developed a questionnaire to use at local events to ascertain the needs of the local marginalised groups and to gauge appetite for the development of a voluntary organisation to support marginalised groups in Ayrshire similar to AMECA. To date the feedback from those communities with whom we have engaged does not suggest the need to establishment a voluntary organisation.

Key Area: 2.1	<i>Consultation and Engagement – Jointly Commissioning Translation, Interpretation and Communication support (TICS)</i>
<i>What we set out to do:</i>	The partners set out to explore joint approach for the commissioning of translation, interpretation and communication support (TICS) services. It was agreed from the onset that this process would also include British Sign Language.
<i>What we did:</i>	<p>The Partners met on a regular basis to discuss the development of a Pan Ayrshire approach to tender for TICS services. This was to ensure that there was a consistent approach for all our communities across Ayrshire accessing support and to secure best value for all public bodies involved.</p> <p>The process involved collating information from all organisations involved in relation to access, spend, quality of service and languages used, and mapping national contracts that could be accessed by public bodies, for example, the Scottish Government contract.</p>
<i>What difference did we make:</i>	<p>This service will ensure that there is consistency of approach across Ayrshire for all translation and interpretation requests.</p> <p>It will not only present a best value approach, but also an efficient process for our communities across Ayrshire in relation to accessing a professional and robust translation and interpretation service which is inclusive. Provision of clear and comprehensive communication will have a positive impact on the outcomes for all of our service users. Work towards achieving this outcome is ongoing.</p>
<i>What will we do now / in the future:</i>	The working group will continue to develop a tender process to ensure that the tendering process is open transparent and robust.
<i>Case Study:</i>	
There is no available case study as this Equality Outcome is still progressing.	

Key Area: 2.2	<i>Accessible and welcoming buildings and services</i>
<i>What we set out to do:</i>	<p>In 2016, the Ayrshire LGBT+ Development Group held three locality based Trans events across Ayrshire. Local community engagement identified there is a lack of gender identity support within Ayrshire. In addition, it was highlighted that there were issues related to gender specific services which have adversely impacted the experience of accessing our services by those identifying as transgender.</p> <p>Welcoming and accessible services would encourage greater engagement with services.</p>
<i>What we did:</i>	<p>A number of avenues were utilised to ensure that Tran's people are not discriminated against when accessing our services. Staff training in relation to trans specific issues was made available to staff and training experiences shared across the partners. This training was evaluated to be positive for those staff involved. E-learning modules in relation to trans specific training is also available and again this training will be shared across the partners.</p> <p>A few of the partners have developed or in the process of developing policies to support Trans employees in the workplace, and again this practice is being shared across the partners to ensure that trans employees are supported across the partner organisations.</p> <p>The Ayrshire LGBT+ Education Network was created by Ayrshire College and East Ayrshire Council and aims to improve the educational experiences of LGBT+ children, young people and adults learning in Ayrshire through the sharing of best practice. The Network was launched in February 2018.</p> <p>Since that time, the Network has held two further meetings at the College and ran three locality-based 'Join the Network' events across Ayrshire in November 2018.</p> <p>Whilst the Network aims to improve educational experiences of LGBT+ people, it also offers opportunity to share learning, knowledge and understanding across all partners to ensure access to all public services in Ayrshire are trans inclusive. This work is ongoing to embed across all partner organisations. Definitely</p>
<i>What difference did we make:</i>	<p>The development of training and policies within the partner organisations has raised the awareness of the issues Tran's people face on a daily basis, and has also provided a point of contact for staff in relation to seeking further advice or learning to ensure that our services are inclusive for Trans people.</p>

	<p>The Network now includes a mailing list of over 100 practitioners from across the partners. It remains the only Network of its kind in Ayrshire and continues to demonstrate its impact upon practice. The last two meetings, for example, included trans-specific focuses with 100% of Network members reporting an improved knowledge and understanding of trans policy and practice.</p> <p>Feedback from one of the sessions noted that:</p> <ul style="list-style-type: none"> • 100% of participants felt the show and share sessions would have a positive impact on their current practice • 95% felt that they broadened their knowledge and understanding of transgender policy and practice
<i>What will we do now / in the future:</i>	<p>The Network aims to continue growing and meeting its objective, and is one part of the development of work with trans people in Ayrshire.</p> <p>We will work with the Scottish Trans Alliance and other organisations to develop trans specific training across Ayrshire.</p>
<i>Case Study:</i>	
<p>The Ayrshire LGBT+ Education Network was established to improve the educational experiences of LGBT+ children, young people and adults learning in Ayrshire through the sharing of best practice. The Network was launched in February 2018.</p> <p>Since that time, the Network has held two further meetings at the College and ran three locality-based 'Join the Network' events across Ayrshire in November 2018.</p> <p>Whilst the Network aims to improve educational experiences of LGBT+ people, it also offers opportunity to share learning, knowledge and understanding across all partners to ensure access to all public services in Ayrshire are trans inclusive. The Network now includes a mailing list of over 100 practitioners from across the partners.</p> <p>The impact has been phenomenal in a short space of time:</p> <ul style="list-style-type: none"> • 100+ Members • Had over 40 people attend our meetings at any one time • Members mostly from education – primary and secondary schools and college but also NHS, vibrant communities, charities, and third sector organisations • All eight secondary schools in East Ayrshire now have an equality or LGBT pupil group compared to only four before the network was launched. 	




Equality Outcome 3: In Ayrshire, people have opportunities to fulfil their potential throughout life

Many people who identify as possessing a protected characteristic may often experience barriers to achieving outcomes, whether these be economic, academic or social. By progressing this outcome, it is intended that the barriers that many people face in fulfilling their potential, can be reduced.

Key Area: 3	<i>Increase numbers of modern apprentices from protected groups</i>
What we set out to do:	<p>National and regional data evidenced a need to improve the uptake of Modern Apprenticeships (MA) by those from a Black and Minority Ethnic (BME) background; those with a declared disability; and achieve a fairer gender split in non-traditional career choices.</p> <p>These specific groups matched those identified by Skills Development Scotland (SDS).</p> <p>Care-experienced young people remains a national and regional priority for many of the partners involved in delivering on the shared, regional Equality Outcomes 2017-2021. This specific group were not identified as priority in these Equality Outcomes. However, some consideration by partners was given to those who identify as being care-experienced especially given many are defined also as Corporate Parents.</p>
What we did:	<p>Some progress has been made by partners in establishing an Ayrshire-wide baseline to identify under-represented groups. SDS provides an understanding of where under-representation exists across key, specific groups in Ayrshire and works with training providers, employers and others to tackle this under-representation. Individual partners, in partnership with for example SDS, employers and others, are now seeking to develop or enhance their own action plans to support targeting the under-representation identified. It is clear nevertheless that real change across the identified under-represented groups will require significant cultural and societal changes. As such, further partnership working across all partners involved will be needed to support these cultural and societal changes.</p>
What difference did we make:	<p>There remains a mixed picture across Ayrshire in respect of BME, gender, and disability representation in Modern Apprenticeships. Further information by identified group can be found in the following sections.</p>
What will we do now / in the future:	<p>Partners through the shared, regional Equality Outcomes 2017-2021 have committed to tackle under-representation where identified in MA uptake. This commitment remains unchanged.</p> <p>North Ayrshire Council, for example, have approved a new 3 year investment in its own MA programme and as part of this, an increased focus on care experienced young people and disabled young people. The ambition is to have 20% of MAs each year</p>

	<p>either being care experienced or having a disability. Ayrshire College meanwhile remains committed to, for example, fairer gender representation across all subject choices and careers where under-representation is significant. The College's Gender Action Plan 2018-2021 outlines the actions it is taking to address under-representation. It will also continue partnering with NHS Ayrshire and Arran in the delivery of community programmes such as Project SEARCH designed to improve employment opportunities for those who identify as having a disability.</p>
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Key Area 3.1	<i>Increase numbers of modern apprentices from BME community</i>
<i>What we set out to do:</i>	We set out to increase the uptake of Modern Apprenticeships from Black and Minority Ethnic Communities.
<i>What we did:</i>	Individual partners, in partnership with for example SDS, employers and others, are now seeking to develop or enhance action plans to support targeting the under-representation identified. It is clear further notable partnership working is required to support the achievement of the identified actions of Equality Outcome 3.
<i>What difference did we make:</i>	Reflecting on locality data provided by SDS as well as individual partner information in the reporting period, it is shown that across Ayrshire, the uptake of a MA from those who identify as BME is lower than in comparison to those who identify as White Scottish and White British. Little change or impact is evident from year 2017 to year 2019. It could be argued, that while all locality figures in Ayrshire are below the national average of 1.7%, this might be reflective of local BME populations in Ayrshire opposed to, for example, discriminatory recruitment processes.
<i>What will we do now / in the future:</i>	<p>Partners through the shared, regional Equality Outcomes 2017-2021 have committed to tackle under-representation where identified in MA uptake.</p> <p>Partners will continue to engage with internal and external stakeholders to understand what barriers, if any, exist that may be underpinning the current lack of BME representation in MA. It presents an opportunity also for all partners involved in the shared, regional Equality Outcomes 2017-2021 to learn and share good practice where evident.</p>

Key Area 3.2	<i>Increase numbers of modern apprentices with a declared disability</i>
<i>What we set out to do:</i>	We set out to increase the uptake of Modern Apprenticeships by people with a declared disability.
<i>What we did:</i>	Individual partners, in partnership with for example SDS, employers and others, are now seeking to develop or enhance action plans to support targeting the under-representation identified. It is known that partnership working through, for example, Project Search, is supporting an improving picture.
<i>What difference did we make:</i>	Reflecting on locality data provided by SDS as well as individual partner information in the reporting period, it is shown that across Ayrshire, the uptake of a MA from those who have a declared disability is lower in comparison to those who do not have a declared disability. All locality areas in 2016-17, according to SDS information, were relatively similar in % uptake of those with a declared disability. It is a more variant picture within individual partners. North Ayrshire Council, for example, saw an improvement of MA disability declaration between years 2017-2018. Ayrshire College, NHS Ayrshire and Arran, and East Ayrshire Council meanwhile continued to work in partnership through Project Search. Ayrshire College also undertook a short research project to improve staff disability declaration. Following this, a trend increase was evident in all staff declaring disability status.
<i>What will we do now / in the future:</i>	Partners through the shared, regional Equality Outcomes 2017-2021 have committed to tackle under-representation where identified in MA uptake. Having such a commitment, partners have the opportunity to share learning and engage further with external stakeholders to improve uptake and outcomes of those MA's with a declared disability.
<i>Case Study:</i>	
<p>Delivered by Ayrshire College, the Project Search course helps young people from East Ayrshire, age 17 to 29, with a learning disability or on the autistic spectrum become more employable. The full-time course helps people to build transferable skills and better understand their own strengths in the workplace.</p> <p>During the course, interns has three opportunities to experience different areas of an organisation to find what they enjoy and that they are good at.</p> <p>Some individual examples of how Project Search has supported local young people in Ayrshire can be seen in the link below:</p> <p>Project SEARCH – Creating Connections : http://www1.ayrshire.ac.uk/schools/creating-connections/playlists/</p> 	

Key Area 3.3	<i>Increase numbers of female/male enrolments in non-traditional Modern Apprenticeships</i>
<i>What we set out to do:</i>	We set to increase the number of males or females accessing Modern Apprenticeships that are contrary to historical gender bias. For example, we hope to see more females accessing work in engineering and males accessing job opportunities in care.
<i>What we did:</i>	Individual partners, in partnership with for example SDS, employers and others, are now seeking to develop or enhance action plans to support targeting the under-representation identified. Ayrshire College, for example, are required by the Scottish Funding Council (SFC) to create, develop and deliver a Gender Action Plan (GAP). The GAP is a whole-College approach to improve gender balances in key subject choices and careers. The GAP includes actions across themes such as Infrastructure and Encouraging Applications. The GAP, therefore, outlines the College's commitment to gender equality. The College is a training provider and as such, will continue to partner with external stakeholders like employers, schools and SDS.
<i>What difference did we make:</i>	<p>Reflecting on locality data provided by SDS as well as individual partner information in the reporting period, it is shown that across Ayrshire, female uptake of Modern Apprenticeships in traditionally male dominated careers such as Engineering is lower in comparison to male uptake. This pattern is mirrored for male uptake of Modern Apprenticeships in traditionally female dominated careers such as Care.</p> <p>In the reporting period, the overall number of male MA's across Ayrshire is higher than in comparison to female MA's. This incidence, however, very much is reflective of MA's offered and thus uptake according to gender identity. In North Ayrshire Council, for example, the overall number of female MA's was higher in both 2017-18 and 2018-19. Closer inspection at what MA's offered shows a clear gender split between what is traditionally seen as 'female' or 'male' careers. That said, some progress is noted in improving these gender imbalances; for example, the number of female Health and Social Care MA's in 2017-18 was 5 to 1 male and in 2018-19, it was 2 to 2 and thus a fair gender split.</p> <p>Such an incidence is not widely seen across all partners and indeed highlights that some learning can be shared through the partners.</p>
<i>What will we do now / in the future:</i>	Partners through the shared, regional Equality Outcomes 2017-2021 have committed to tackle under-representation where identified in MA uptake. It is evident that some learning could be gained through the sharing of any good practice between partners.

Case Study:

Ayrshire apprentice, Anna Manson, received Skills Development Scotland's Apprenticeship Ambassador of the year award 2018.

Anna, an engineering apprentice with Spirit Aerosystems in Prestwick, opted for an apprenticeship over higher or further education, preferring the 'hands on' that direct work experience brings.

Having a strong engineering background in her family, Anna had always thought about entering the field. Anna carried out her apprenticeship at Spirit Aerosystems and attended Ayrshire College throughout her training.

Now Anna is part of a campaign to promote Scottish Apprenticeship Week and has taken part in awareness raising campaigns for science, technology, engineering and maths (STEM) subjects.

You can read more about Anna's achievements through the links below:

Anna Manson / Apprentice of the year:

<https://ayrshirecollegeblog.wordpress.com/2016/03/01/meet-the-apprentice-anna-manson-spirit-aerosystems/>

<https://www.skillsdevelopmentscotland.co.uk/news-events/2017/december/anna-is-scotlands-top-ambassador/>



Equality Outcome 4: In Ayrshire, public bodies will be inclusive and diverse employers

This outcome aims to provide focus on public bodies in Ayrshire to ensure their hiring practices are inclusive and that workforces are reflective of the local population in which they serve.

Key Area: 4.1	<i>Recruitment Practices -Use alternative options for advertising posts</i>
<i>What we set out to do:</i>	<p>Employment is one of the most strongly evidenced determinants of health. The World Health Organisation (WHO) notes that ‘unemployment puts health at risk’ and ‘unemployment has a direct bearing on the physical and mental health and even life expectancy for unemployed people and their families.’</p> <p>The Ayrshire Equality Partnership recognise the importance work in the physical and mental wellbeing of individuals, families and communities. However, it is also recognised that some recruitment practices can be a barrier to employment for particular groups.</p> <p>The Ayrshire Equality Partnership set out to support and encourage organisations to consider their current arrangements of advertising vacant posts, to ensure they are fully inclusive and accessible to all.</p>
<i>What we did:</i>	<p>Each of the partners have continued to promote their respective organisations as an employer of choice by providing employability programmes, especially for unemployed young people, whilst continuing to guarantee an interview to candidates who have a disability and who meet the minimum criteria for the post.</p> <p>Partners are also continuing to explore how best to utilise social media to promote job opportunities, as well as targeted advertising using third sector organisations.</p> <p>We continue to liaise with external partner organisations specialising in providing employment opportunities to specific sectors of the workforce, examples include DYW Ayrshire and Skills Development Scotland.</p> <p>Some partners are exploring recruiting future colleagues via local Education Departments, School twitter accounts, colleges and universities direct.</p>

<i>What difference did we make:</i>	Managers and recruitment staff are more aware of the benefits of providing opportunities to under-represented groups including young people, disabled, LGBT. Having a more diverse workforce will allow services to be designed and delivered with service users at the core.
<i>What will we do now / in the future:</i>	<p>We will report to partners the final outcome of the information gathering exercise on recruitment practices in order to learn from the experiences of alternative engagement.</p> <p>We will continue to look at further alternative methods of attracting a wide range and diverse pool of applicants for available post within all partner organisations.</p> <p>We will consider positive recruitment practices in an effort to develop a more diverse workforce for the future.</p>
<i>Case Study:</i>	
No current case study as work is progressing	

<i>Key Area: 4.1</i>	<i>Recruitment Practices – Disability Confident Scheme</i>
<i>What we set out to do:</i>	<p>Employment is also one of the most strongly evidenced determinants of health, the World Health Organisation (WHO) notes that ‘unemployment puts health at risk’ and ‘unemployment has a direct bearing on the physical and mental health and even life expectancy for unemployed people and their families.’</p> <p>There is also recognition that some recruitment practices can be a barrier to employment for particular groups.</p>
<i>What we did:</i>	<p>Each of the partners have continued to promote their respective organisations as an employer of choice by providing employability programmes, especially for unemployed young people, whilst continuing to guarantee an interview to candidates who have a disability and who meet the minimum criteria for the post.</p> <p>We also continue to support staff who become disabled to remain in employment.</p> <p>Baseline data of all Partners’ activities with respect to the Disability Confident Scheme has revealed that all Partners have reached Level 2. This audit will also attempt to establish which of the Partners are working towards Level 3 and what experiences and resources are available that can be shared.</p>

<i>What difference did we make:</i>	<p>We have provided opportunities for staff to remain at work following a change to their health.</p> <p>Managers and personnel colleagues are committed to supporting staff to remain at work following a change to their health. We have provided training to these staff which has given them a greater understanding of the issues faced and potential solutions to support staff to remain in work.</p>
<i>What will we do now / in the future:</i>	<p>We will report to Partners the final outcome of the information gathering exercise on the Disability Confident Scheme, recruitment and training.</p> <p>We will support all Partners in their attempts to progress to Level 3 of the Disability Confident Scheme.</p> <p>We will continue to look at alternative methods of attracting a wide range and diverse pool of applicants for available post within all Partner organisations.</p>
<i>Case Study:</i>	
<ol style="list-style-type: none"> 1. NHS Ayrshire & Arran are in the sixth year of running Project Search which is an employability programme designed to improve the employment prospects of young people with learning disabilities and autism spectrum disorders. As result of this programme, a number of young people have secured jobs/further training opportunities e.g. Modern Apprentice programmes. 2. NHS Ayrshire & Arran have retained a number of staff in post by making adjustments. e.g. for one employee we have: <ul style="list-style-type: none"> • Purchased equipment to allow them to continue to use their PC • Purchased a foot stool and office chair • Relocated them to a different office • Altered the lighting • Amended their start and finish times, the days that they work and reduced their hours of work. • Redesigned their job removing tasks that they were finding it difficult to perform effectively. 	

APPENDICES

Appendix 1 - Abbreviations

Abbreviation	Definition
AEP	Ayrshire Equality Partnership
AMECA	Ayrshire Minority Ethnic Communities Association
BME	Black and Minority Ethnic
CEMVO	Council for Ethnic Minority Voluntary Organisations
GAP	Gender Action Plan
HSCP	Health and Social Care Partnership
MA	Modern Apprenticeships
SDS	Skills Development Scotland
SFC	Scottish Funding Council
STEM	Science, Technology, Engineering and Maths
TICS	Translation, Interpretation and Communication Support
WRAP	Workshops to Raise Awareness of Prevent

Integration Joint Board 16 May 2019

Subject: **Integration Joint Board Appointments**

Purpose: To note the appointments of (i) Chair and Vice Chair of the Integration Joint Board; (ii) the appointment of new NHS Non-Executive Board members, and (iii) the appointment of Chair and Vice Chair of the Performance and Audit Committee.

Recommendation: The Integration Joint Board (IJB) note the above appointments to IJB.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
SPG	Strategic Planning Group
PAC	Performance and Audit Committee

1.	EXECUTIVE SUMMARY
1.1	The Integration Joint Board is asked to agree the appointment of Councillor Robert Foster as Chair of the Integration Joint Board; and Robert Martin as Vice Chair with effect from 17 May 2019.
1.2	The Integration Joint Board is asked to agree that the Vice Chair of the IJB will be appointed as Chair of the Strategic Planning Group.
1.3	The Integration Joint Board is asked to appoint a Chair and Vice Chair of the Performance & Audit Committee.
2.	BACKGROUND
2.1	In May 2018, the Integration Joint Board appointed Robert Martin as the Chair of the Integration Joint Board.
2.2	The Integration Scheme and Integration Joint Board Standing Orders for meetings state that the appointment of Chairperson and Vice Chairperson is limited to a period of 2 years on a rotational basis between the Council and NHS Board members and, that the Council appointed Chair or Vice Chair shall be the Cabinet Portfolio Holder for Health and Social Care.
2.3	This will result in Robert Martin stepping down as Chair of the IJB and Councillor Robert Foster assuming the role of Chair, IJB with effect from 17 May 2019.

2.4	Section 32 of the Public Bodies (Joint Working)(Scotland) Act 2014 places a duty on the Integration Joint Board to establish a Strategic Planning Group (SPG). The Terms of Reference for the Strategic Planning Group state that the Chair of the SPG should be the Vice Chair of the IJB.
3.	CURRENT SITUATION
3.1	Following the resignation of Alistair McKie, NHS Non-Executive Board Member from the IJB in March 2019, a new Non-Executive will join the North Ayrshire Integration Joint Board from May 2019. Recruitment by NHS Scotland has just been concluded and Jean Ford has been appointed to the North IJB.
3.2	All of the above changes have created vacancies on the Integration Joint Board Performance and Audit Committee.
3.3	The Performance and Audit Committee (PAC) Terms of Reference were approved by IJB in March 2019 states that Committee to consist of no less than six members of the IJB, with a minimum of two voting members. The Chair and Vice Chair appointments of PAC also rotate on a 2 year cycle. IJB are asked to appoint a Chair and Vice Chair of PAC.
4.	PROPOSALS
4.1	It is proposed that in accordance with the Integration Scheme and IJB Standing Orders, Councillor Robert Foster assumes the role of the IJB for a period of 2 years, or until the next ordinary Elections for Local Government Councillors in Scotland, whichever is shorter.
4.2	It is also proposed, that Robert Martin be appointed as Vice Chair of the IJB, and subsequently appointed to Chair of the Strategic Planning Group.
4.3	The Integration Joint Board are asked to nominate an NHS Non-Executive IJB member to be Chair of Performance and Audit Committee (PAC) and an NAC Voting Member as Vice Chair of PAC.
4.4	<u>Anticipated Outcomes</u>
	N/A
4.5	<u>Measuring Impact</u>
	N/A
5.	IMPLICATIONS

Financial:	None
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	None
Community Benefits:	None

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

For more information please contact **Stephen Brown, Director/Chief Officer** on [Tel. No. 01294 317723] or [sbrown@north-ayrshire.gov.uk]

**NORTH AYRSHIRE INTEGRATION JOINT BOARD
PERFORMANCE AND AUDIT COMMITTEE
TERMS OF REFERENCE**

	INTRODUCTION
1.1	The Integration Joint Board (IJB) is required to properly manage its financial affairs, a key component to fulfilling this obligation is to have an Audit Committee.
1.2	The Performance and Audit Committee is identified as a Standing Committee of the IJB. The approved Terms of Reference and information on the composition and frequency of the Committee will be considered as an integral part of the Standing Orders.
1.3	The IJB Performance and Audit Committee will have a key role with regard to: <ul style="list-style-type: none"> • Ensuring sound governance arrangements are in place for the IJB; and • Ensuring the efficient and effective performance of North Ayrshire's Health and Social Care Partnership in order to deliver the outcomes set out in the Integration Scheme and Strategic Plan.
	CONSTITUTION
	Appointments
2.1	The IJB shall make all appointments to the Committee.
	Membership
2.2	The Committee will consist of not less than six members of the IJB, excluding Professional Advisors. The Committee will include a minimum of two voting members, with one from NHS Ayrshire and Arran and one from North Ayrshire Council. There will be a requirement for the IJB to appoint deputy members for the two voting members.
	Chair and Vice-Chair
2.3	The Chair and Vice Chair will be appointed by the IJB. The Chair of the Committee will be a voting Member nominated by the IJB, noting that the Chair of the IJB cannot also chair the Performance and Audit Committee.
2.4	The Chair and Vice Chair appointments will be for a two year term.
	Quorum
2.5	Three Members of the Committee will constitute a quorum, with at least one of the members being the Chair or Vice Chair (or nominated deputy).
	Frequency of Meetings
2.6	The Committee will meet at least four times each financial year. There should be at least one meeting a year, or part therefore, where the Committee meets the external auditor and Chief Internal Auditor without other seniors officers present.

	Attendance at meetings
2.7	The Chief Officer, Chief Finance Officer, Chief Internal Auditor and other Professional Advisors or their nominated representatives will attend meetings. Other persons may attend meetings by invitation of the Committee.
2.8	The IJB external auditor will be invited to attend meetings of the IJB Performance and Audit Committee.
2.9	The Committee may co-opt additional advisors as required.
2.10	The Committee may at its discretion set up working groups for specific tasks. Membership of working groups will be open to anyone whom the Committee considers will be able to assist in the task assigned. The working groups will not be decision making bodies or formal committees but will report findings and recommendations to the Performance and Audit Committee.
	POLICY AND DELEGATED AUTHORITY
3.1	The IJB Performance and Audit Committee is authorised to request reports and to make recommendations to the IJB on any matter which falls within its Terms of Reference.
3.2	The Performance and Audit Committee is responsible for setting its own work programme which will include the right to undertake reviews following input from the IJB or any other IJB Committees. This will include any areas required in order to properly advise the IJB on matters covered by the Performance and Audit Committee Terms of Reference.
3.3	The Committee will report to the Integration Joint Board, the IJB will be informed of the work of the committee through the review of minutes. The Performance and Audit Committee may report to the IJB on any matters.
	REMIT
4.1	The IJB Performance and Audit Committee will review the overall internal control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement and any other matters within its Terms of Reference.
4.2	Performance and Audit Committee areas of responsibility include:
	Performance
	<ul style="list-style-type: none"> i. The monitoring of the strategy for Performance management and reporting, including monitoring the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB. ii. Ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against agreed objectives, levels and standards of service. iii. To consider reports on performance and to review progress against the national outcomes and the outcomes in the Strategic Plan. iv. To review inspection reports for Health and Social Care Services where appropriate on behalf of the IJB, including review of management

	Audit
	<ul style="list-style-type: none"> i. Approve and monitor the annual work programme of Internal Audit. ii. To oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate. iii. To consider matters arising from Internal and External Audit reports and review on a regular basis action planned by management to remedy any weaknesses in controls. iv. To consider matters arising and recommendations from National Audit reports ensuring oversight of appropriate planned actions. v. To have oversight of Information Governance arrangements as part of the Performance and Audit process.
	Risk
	<ul style="list-style-type: none"> i. To review risk management arrangements and receive regular risk management updates and reports. ii. To have oversight of risk management arrangements, including the Risk Management Strategy and assurance for compliance with the strategy and governance arrangements in place for recording and reporting risk within the partnership. iii. Oversight of Strategic Risks for the IJB, with regular review to inform audit activity.
	Annual Accounts
	<ul style="list-style-type: none"> i. To consider the annual financial accounts of the IJB and any related matters before submission to and approval by the IJB. ii. To consider any changes to accounting standards, regulations and guidance in relation to IJB accounts and report as required to the IJB.
	Standards
	<ul style="list-style-type: none"> i. Ensuring that the Partnership Senior Management Team, including Heads of Service, Professional Leads and Principal Managers maintain effective controls within their services which comply with financial procedures and regulations. ii. Promoting the highest standards of conduct and professional behaviour by IJB members. iii. Monitoring and keeping under review the Codes of Conduct maintained by the IJB.

NORTH AYRSHIRE INTEGRATION JOINT BOARD

STRATEGIC PLANNING GROUP

TERMS OF REFERENCE

1	Introduction
1.1	The Public Bodies (Joint Working) (Scotland) 2014 Act (Section 32) requires the North Ayrshire Integration Joint Board to establish a Strategic Planning Group to support the development and review of the Board's Strategic Plan.
1.2	Integration Authorities are obliged to establish a Strategic Planning Group for the area covered by their Integration Scheme for the purposes of preparing the strategic commissioning plan for that area.
1.3	The group will be known as the North Ayrshire Strategic Planning Group (SPG).
2.	Principles
2.1	<p>The integration delivery principles are:</p> <ul style="list-style-type: none">• that the main purpose of services which are provided to meet integration functions is to improve the wellbeing of service-users,<ul style="list-style-type: none">▪ that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible: is integrated from the point of view of service-users▪ takes account of the particular needs of different service-users▪ takes account of the particular needs of service-users in different parts of the area in which the service is being provided▪ takes account of the particular characteristics and circumstances of different service-users▪ respects the rights of service-users▪ takes account of the dignity of service-users▪ takes account of the participation by service-users in the community in which service-users live▪ protects and improves the safety of service-users▪ improves the quality of the service▪ is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)▪ best anticipates needs and prevents them arising▪ makes the best use of the available facilities, people and other resources

2.2	<p>These integration delivery principles must be taken into account in the preparation of the strategic commissioning plan and in the actual carrying out of functions included in integration arrangements. The effect is to ensure a focus on integrated delivery, including consideration of the needs of different service users and different areas, the dignity of service users, the participation by service users in the community in which they live, protecting and improving the safety of service users, improving the quality of services local planning and leadership, the anticipation and prevention of need, and the effective use of resources. Consideration should be given to how adherence to these principles will be given effect in order to demonstrate effective implementation. It will require clinical and care professionals to apply the principles in all that they do in delivering integrated health and social care services.</p>
3.	Remit
3.1.1	<p>The SPG will be concerned primarily:</p> <ul style="list-style-type: none"> a) In helping to shape and define the strategic direction of the Partnership and inform the development of the strategic commissioning plan (North Ayrshire Strategic Plan) b) With oversight of the implementation and impact of the Strategic Plan (section 3.1.2) including performance monitoring c) With overseeing the influence the implementation of the plan has on the five strategic priorities contained in the Strategic Plan d) Having oversight of the Partnerships contribution to the nine National Health and Wellbeing Outcomes e) In ensuring alignment between the Strategic Plan and the plans of each of the services / partner organisations. This will include making recommendations on the commissioning and de-commissioning of service delivery models. f) In overseeing the on-going review of the Strategic Plan g) In providing advice and support on the development of locality planning structures and six Locality Plans, which are informed by Locality profiles and public engagement approaches. h) To undertake any other functions which may be delegated to it by the Integrated Joint Board i) Act as a link to Community Planning Partnership (CPP) structures as required to support the Locality Partnership arrangements
3.1.2	<p>In having oversight of the strategic plan, the SPG will give due consideration to:</p> <ul style="list-style-type: none"> a) The number of people who need service and what type b) The level, quality and cost of current service provision c) How services can improve people's lives d) How we develop services that are affordable and sustainable e) How we procure services for delivery with best impact f) How we monitor and review services

3.2	<p>The SPG will</p> <ul style="list-style-type: none"> a) Influence and shape the strategic plan for the Health & Social Care Partnership b) Provide comment and influence the mid-term refresh of the Strategic Plan. c) Ensure alignment between the Strategic Plan and the plans of each of the services / partner organisations. This will include making recommendations on the commissioning and de-commissioning of service delivery models. d) Review annually the ongoing strategic planning process for the Health & Social Care Partnership, including responding to Scottish Government and other stakeholder feedback. e) Ensure links across all health and social care provision involving other Health Board and Local Authority areas, as required. This will also include discussions in relation to workforce planning f) Manage expectations between stakeholder aspirations of the Strategic Plan and the financial realities dictated by funding and political context g) Display positive behaviors which reflect the Partnership's values and support the integration agenda to peers and other stakeholders h) Provide advice and guidance to the Integration Joint Board when developing responses to emerging Scottish Government Policy and regulations i) Provide an effective conduit and feedback loop to the Integration Joint Board on key proposals and service changes by linking effectively to wide groups of staff, service users, carers, independent sector, third sector, clinical & care professionals and locality members j) Bring forward key issues of concern expressed in North Ayrshire's locality planning arrangements from the communities through robust and engaged membership k) Have final decision on progressing Locality Planning Forum recommendations to Integration Joint Board l) Act as a link to Community Planning Partnership (CPP) structures as required to support the Locality Partnership arrangements
4	Chair
4.1	The Chair for the Strategic Planning Group will be the Vice-chair of the Integration Joint Board. This will rotate in line with the rotation of the IJB chair.
4.2	The Chair will facilitate discussion and consensus within the group and ensure clarity regarding the conclusions reached for each discussion.
4.3	The Chair will hold the casting vote during meetings of the Strategic Planning Group
4.4	Vice Chair
4.4.1	A vice chair will be appointed to ensure continuity of meetings in the chair's absence.
4.4.2	The Vice Chair will be chosen from among the voting membership of the IJB.
5	Membership

5.1	<p>The membership of the SPG will comprise, as a minimum, of members representative of the following groups:</p> <ul style="list-style-type: none"> • The vice-chair of the IJB • Users of health and social care • Carers of users of health and social care • Commercial providers of health care • Non-commercial providers of health care • Health professionals (Nursing, AHPS, Mental Health, Public Health) • Independent health contractors (General Practice, Optometry, Community Pharmacy, Dentistry) • Social care professionals (Children and Families/Criminal Justice and Community Care) • Commercial providers of social care • Non-commercial providers of social care • Non-commercial providers of social housing • North Ayrshire Council elected member • North Ayrshire Housing • Third sector bodies carrying out activities related to health or social care • NHS Staff Side • Local authority unions • The six LPF Chairs and Coordinators <p>The membership is laid out more fully in appendix one.</p>
5.2	The SPG is entitled to co-opt additional members for particular pieces of work as appropriate.
6	Members Roles
6.1	<p>Members will be expected to:</p> <ol style="list-style-type: none"> a) Attend all SPG meetings b) Prepare adequately for all meetings by familiarising themselves with the agenda and reading any associated papers. c) Where appropriate, should discuss forthcoming meeting agendas with the group, sector or professional area they represent. d) Actively contribute to discussions in a way that represent their community of interest, sector or professional area e) Share relevant information to their peers and build effective feedback loops to the SPG. f) ensure the interests of the agreed localities are represented g) develop and maintain the necessary links and networks with groups and individuals in their community of interest to enable views to be sought and represented over the development, review and renewal of the Strategic Plan h) Help ensure the Strategic Plan reflects the needs and expectations (and that there has been an adequate assessment of those needs and expectations).

	<ul style="list-style-type: none"> i) Act as an ambassador for the Health and Social Care Partnership, displaying the values of the Partnership j) Submit apologies ahead of any SPG meeting where attendance is not possible
6.2	Attendance is required of for all members. Should a member be absent from three meetings (consecutively or across a service year) the chair will give due consideration to appointing a new representative. This includes absences covered by a deputy.
7	Deputies
7.1	Each SPG member should, where possible, have a nominated deputy who will attend meetings in their absence
7.2	Deputies should be able to adequately represent their area of interest and be able to vote on any SPG business
8	Terms of Office
8.1	The membership of the SPG will be reviewed every three years in line with Strategic Planning cycles.
8.2	Generally members will be nominated from other organisations and groups and it will be their prerogative who their representative is and how long they should serve.
8.3	As a matter of good practice, it can be helpful to have the insights of new members, notwithstanding the need for continuity. This may occur when a new Strategic Plan has been developed.
8.4	Consequently, it may be helpful if 'feeder' organisations and groups organize representation to allow for regular refreshing of membership.
8.5	If a members wishes to stand down from the SPG at any point, they should notify the Chair who will then make arrangements for the appointment of a new representative.
9	Reporting to Integration Joint Board
9.1	<p>The SPG will provide regular formal reports to the Integration Joint Board via the minutes of the meetings.</p> <ul style="list-style-type: none"> • The Integration Joint Board may request the view of the SPG on specific work areas and developments
9.2	The Strategic Planning Group, in terms of wider governance recognises the vital role of the Performance and Audit Committee in ensuring scrutiny, challenge and accountability for performance to the IJB.
10	Link to HSCP Locality Planning Forums
10.1	Each of the six Locality Planning Forums are a sub-group of the SPG

10.2	The Chair and Locality Coordinator from each LPF will be a member of the SPG
10.3	LPF leads will be responsible for tabling issues and sharing views generated by forums and for disseminating information from the SPG back to groups
10.1	LPF Leads will ensure the content of Locality profiles, Locality plans and any changes thereto are fed into the SPG
11	Expenses
11.1	The Health and Social Care Partnership will reimburse all reasonable expenses associated with members attending the meetings
12	Support for the Group
12.1	<ul style="list-style-type: none"> • The Director of Health and Social Care will ensure adequate officer support for the group • The Director will also ensure the group is assisted by appropriate secretarial support
13	Standing Orders
13.1	Additional Standing Orders are still to be determined including the structure and frequency of meetings and the linked Quorum needed for meetings.

Strategic Planning Group Membership

Name	Representing
Councillor Robert Foster	Chair IJB Vice Chair
Michelle Sutherland	NAHSCP Strategic Planning and Change Lead
David Rowland	HSCP Head of Service Health & Community Care
Donna McKee	HSCP Head of Children & Families & Justice Services
Thelma Bowers	HSCP Head of Mental Health IJB Member (Non-Voting)
Caroline Whyte	Chief Finance & Transformation Officer/Section 95 Officer IJB Member (Non-Voting)
Christine Speedwell	Carers Centre
Clive Shephard	Confederation of North Ayrshire Community Associations
David Bonellie	Optometrist AOPC
David Thomson	Associate Nurse Director – Mental Health IJB Member (Non-Voting)
Dr Paul Kerr	Clinical Director IJB Member (Non-Voting)
Alistair Reid	AHP Lead IJB Member (Non-Voting)
Dr John Taylor	Associate Medical Director – Mental Health

Fiona Thomson	Service User Representative IJB Stakeholder Representative Locality Planning Forum Lead
Simon Morrow	Dental Representative
Vicki Yuill	North Ayrshire Third Sector Interface Arran CVS Locality Planning Forum Lead IJB Member (Non-Voting)
Louise Wilson	GP IJB Member (Non-Voting) Locality Planning Forum Member
Fiona Comrie	KA Leisure
Louise Gibson	Dietetic Lead Integrated Services – North AHP
Louise McDaid	NAC Staff Side Locality Planning Forum Lead
David Donaghey	NHS Staff Side
Mark Gallagher	Alcohol and Drugs Partnership
Jacqui Greenlees	Community Planning Partnership
Heather Malloy	Independent Sector
Elaine Young Lynne McNiven Brenda Knox	NHS Public Health
David MacRitchie	Chief Social Work Officer IJB Member (Non-Voting)
Helen McArthur	Locality Planning Forum Lead
Dr Janet McKay	Locality Planning Forum Lead
Sam Falconer	Pharmacy Locality Planning Forum Lead IJB Member (Non-Voting)
Marion Gilchrist	LD Manager Locality Planning Forum Lead

Isabel Marr	Locality Planning Forum Lead
Norma Bell	Locality Planning Forum Lead
Ruth Betley	Locality Planning Forum Lead
Andrew Keir	Locality Planning Forum Lead
Councillor John Sweeney	Locality Planning Forum Lead
Sharon Bleakley	Scottish Health Council
Elaine McClure	Portfolio Programme Manager
Lorna McGoran	Primary Care
Vacancy	Education Representative
Vacancy	Mental Health Practitioner Representative
Vacancy	Children & Families Practitioner Representative
Vacancy	Health & Community Care Practitioner Representative

In Attendance:	
Scott Bryan	Strategic Planning Officer, NAHSCP
Annie Robertson	Business Planning Manager, NAHSCP
Eleanor McCallum	Partnership Communication Officer, NAHSCP
Gavin Paterson	Partnership Engagement Officer, NAHSCP
Louise Harvie	Governance Assistant (Minutes) NAHSCP



**Minutes of North Ayrshire Strategic Planning Group Meeting
Held on Wednesday 5th March 2019, 10.00am
Fullarton Community Hub, Irvine, KA12 8DF**

Present:

Councillor Robert Foster (Chair)
John Rainey (Vice Chair)
Caroline Whyte, Chief Finance and Transformation Officer, NAHSCP
Christine Speedwell, Care Centre Manager
Brenda Knox, Health Improvement Lead, NHS A&A
Gavin Paterson, Engagement Officer, NAHSCP
David Donaghey, Partnership Representative, NAHSCP
Louise McDaid, Staff Representative
Norma Bell, Manager, Planning & Performance, Mental Health, NAHSCP
Sam Falconer, Community Pharmacist NHS A&A, Kilwinning Locality Planning Lead
Fiona Thomson, Service User Representative
Betty Saunders, Procurement Manager, NAHSCP
Louise McDaid, Unison Representative
Jacqui Greenlees, Policy & Community Planning Officer
Dalene Sinclair, Senior Manager, Universal Years, NAHSCP
Laura Barrie, KA Leisure
David Bonellie, Optical Representative
David MacRitchie, Chief Social Work Officer & Senior Manager, Justice Services, NAHSCP
Dr Paul Kerr, Clinical Director, NAHSCP
Sharon Bleakley, Scottish Health Council
Lorna McGoran, Primary Care Manager, NAHSCP
Heather Molloy, Independent Sector Representative
Andrew Keir, GIRFEC Team Manager, Three Towns Locality Planning Representative
Barbara Conner, Interim Irvine Locality Planning Lead
Scott Bryan, Team Manager, Planning, NAHSCP
Louise Harvie, Governance Assistant (Minutes) NAHSCP

In Attendance:

Stephen Brown, Director, NAHSCP (Presentation)
Julie Barret, Senior Manager, Community Mental Health, NAHSCP (Presentation)

Apologies Received:

Donna McKee, Head of Service, Children & Families and Justice Services, NAHSCP
Thelma Bowers, Head of Service, Mental Health, NAHSCP
Councillor John Sweeney, Three Towns Locality Representative
Michelle Sutherland, Strategic Planning & Transformational Change Lead, NAHSCP
Simon Morrow, Dental Representative
Marion Gilchrist, LD Manager/Locality Lead
David Donaghey, NHS Staff Side
Vicki Yuill, NA Third Sector Interface/Arran CVS/Locality Lead
Eleanor McCallum, Partnership Communication & Engagement Officer, NAHSCP
Clive Shephard, NA Federation of Community Associations
Louise Gibson, Dietetic lead, Integrated Services, NHS A&A
Dr Janet McKay, Garnock Valley Locality Planning Lead
Alistair Reid, Allied Health Professions Lead, NAHSCP
Elaine Young, Assistant Director of Public Health, NHS
David Hammond, Senior Manager, Housing
David Thomson, Associate Nurse Director/Lead Nurse, NAHSCP
Ruth Betley, Senior Manager, Island Services, NAHSCP

1.	<u>WELCOME & APOLOGIES</u>	
1.1	Councillor Foster welcomed all to the meeting. Apologies were noted and accepted.	
2.	<u>MINUTES/ACTION NOTE OF PREVIOUS MEETING (23.01.19)</u>	
2.1	Minutes of the previous meeting dated 23 rd January 2019 were approved as accurate with no amendments required.	
3.	<u>MATTERS ARISING</u>	
3.1	There were no matters arising for discussion.	
4.	<u>Integration Joint Board (IJB) - Feedback</u>	
4.1	Agreed that relevant items from IJB meetings would be shared with group on future basis. <u>Budget</u> Councillor Foster reported that the 19/20 Council budget has been set with Council agreeing to fully fund all pressures identified by the Partnership. Still awaiting NHS budget. A budget briefing will be shared at the next Strategic Planning Group to analyse and discuss in detail when a clearer picture is available re NHS budget.	Agenda – 17.04.19 All
Focus on: Thinking Different, Doing Better		
5.	<u>Strength Based Working</u>	
5.1	Stephen Brown, Director attended the Strategic Planning Group to deliver a presentation on future work associated with Asset-Based Working. Stephen highlighted the need for a change in workforce and shifting the outlook of staff and how we work in the future. Work is being driven by the refreshed Strategic Plan to focus on this approach. As part of this work, 'Thinking Different, Doing Better' sessions are in the process of being arranged to reinforce the Partnership's identity and create an asset-based approach to service delivery. It is anticipated that 150 half-day sessions will run from April 2019 and will focus on the following: 1) What the Health & Social Care Partnership does 2) Reaffirming the Health & Social Care Partnership's identity 3) Delivering clear messages around strategic intent and asset-based approach, i.e. building communities, resilience etc.	
5.2	West Road has been identified as the building to host these sessions and will be transformed in April 2019 to allow roll out in July 2019. The National Art Gallery will assist with transforming the building to fit the vision of the HSCP and to maximise the impact of the experience.	
5.3	Over and above staff sessions, the building will be available on evenings with invitations extended to Community Groups, Mother and Toddler groups, Knitting groups etc. to include them in the experience.	
5.4	Following the above presentation, the group had the opportunity to ask Stephen any questions pertaining to 'Thinking Different, Doing Better'. Group discussion took place: <ul style="list-style-type: none"> Acknowledged this is not an 'overnight solution'; although will hopefully change outlook of staff over period of time. Work will be undertaken to ensure experience and learning continues. 	



	<ul style="list-style-type: none"> • Good opportunity to capture views and expectations of staff without numerous surveys. Fun way of gathering what is important within our communities. • Opportunity for Locality Planning Forums to establish who in the community should be targeted and/or maximised. 	
5.5	Overall, the Strategic Planning Group are highly supportive of the 'Thinking Different, Doing Better' sessions and acknowledge the benefits and learning associated with this.	
Focus on: Bringing Services Together – Services Examples		
6.	Integrated Early Years' Service	
6.1	Dalene Sinclair, Senior Manager, Children & Families Early Years' Service attended the Strategic Planning Group to provide a presentation on 'Better Together' Integrated Early Years' Service.	
6.2	<p>Presentation slides included:</p> <ul style="list-style-type: none"> • Aims <ul style="list-style-type: none"> - Overcoming challenges to help the child get the right help at the right time - Work in Partnership with whoever can help to address needs • Who Are the Team? <ul style="list-style-type: none"> - From Health Visitors, Early Years Social Workers, Family Nurse Partnership, Assistant Nurse Practitioners etc. • Universal Health Visiting Pathway • Team Work Together • Locality Working – New Opportunities <ul style="list-style-type: none"> - Strategic Context - Kilwinning - Co-Location - Teams Around Children 	
6.3	Community Mental Health Services	
6.4	Julie Barrett, Senior Manager, Community Mental Health (CMT) attended the Strategic Planning Group to provide a presentation on 'Bringing Services Together' within North Ayrshire Adult Community Mental Health Services.	
6.5	<p>The presentation covered the following areas:</p> <ul style="list-style-type: none"> • Context • Tackling Locality Priorities <ul style="list-style-type: none"> - Engaging with Communities - Embed Prevention and Early Intervention - Improve Health & Wellbeing - Bring Services Together • Current Statutory Services <ul style="list-style-type: none"> - Adult CMT Service - Health Care Services - Social Care Services - Primary Care Mental Health Team - Community Mental Health Team - Crisis Resolution Team - Social Work Mental Health Team • Third & Independent Sector Services including: <ul style="list-style-type: none"> - Access Ability - Aims Advocacy - Mind and Be Active - Richmond Fellowship Scotland 	



	<ul style="list-style-type: none"> • Service User Feedback • Staff Feedback • Enablers • 'Hard'/'Soft' Organisation Design & Development Issues • Current Demands • Predicted Population Changes • Future Hopes & Aspirations/Commitment of Engagement • Our Vision: <ul style="list-style-type: none"> - Future Service - Future Model - Future Structure 	
6.6	<p>Following the above presentations, the group had the opportunity to ask questions relating to Integrated Early Years' Service and Community Mental Health Services.</p> <p>A lively group discussion took place and overall, the group praised the work ongoing in Bringing Services Together.</p>	
Focus on: Members Input		
7.	SPG Discussion	
7.1	<p>To fit in with the theme of focusing SPG meetings on the HSCP Priorities and in this instance, Bringing Services Together, the following questions were put forward to the group:</p> <p>(1) To what extent do we feel that HSCP services are seamless from the point of view of the service user?</p> <p>(2) What more can we do to improve the experience of service users when accessing our services?</p> <p>Please refer to Appendix 1 for group feedback received.</p>	Appendix 1
Focus on: Locality Planning Forums (LPF)		
8.	Update from LPF Leads	
8.1	<p><u>North Coast</u></p> <p>Louise McDaid provided an update on the most recent North Coast LPF meeting dated 15th February 2019. On reviewing the Terms of Reference, an array of invites were extended to CPN's, staff members and active young people. Louise reported, following an update from Dr Rachel, MSK reports are now more positive within the North Coast locality. Therefore, Priorities within the area were reviewed, and MSK no longer identified as a North Coast priority. 'Physical Activity' will replace this priority.</p> <p>Louise added that she aims to continually broaden the knowledge of the group and is hopeful that people with lived experience of services will join the North Coast LPF. Also, considering proximity to border, group is keen to get representation from Inverclyde HSCP.</p>	
8.2	<p><u>Irvine</u></p> <p>Barbara Conner outlined that the Irvine LPF continues to focus on the priorities identified. Gavin Paterson attended the latest forum to discuss the Engagement Pilot.</p> <p>As part of this discussion, acknowledged a series of 'Chit-Chat Sessions' are been hosted within the Irvine area. To avoid duplication of conversations/questions etc, the Irvine LPF will join up with these sessions and combine discussions to ascertain the needs for the Irvine Locality.</p>	



	Work continues to focus on cross working and linking in with local sewing groups to produce canny cookers. Scott Bryan will be provided with the plans for the canny cookers and will look at rolling this out within other Localities.	
8.3	<u>Arran</u> Vicki Yuill was unable to attend the meeting; however Scott Bryan provided a brief update on the Arran Locality Planning Forum. Since the most recent meeting, the Locality Partnership and the Arran LPF have merged into one Organisation. This structure will be reviewed in 2020 following one year's Pilot. Both groups share a number of priorities and members, therefore integrating will reduce duplication. Note – all other Localities will remain as two separate organisations.	
8.4	<u>Garnock Valley</u> No update from Garnock Valley locality. Update required at next meeting.	
8.5	<u>Three Towns</u> Andrew Keir advised that the Three Towns Locality group are continuing to liaise with Secondary Schools to discuss the Three Towns priorities. Discussions include: <ul style="list-style-type: none"> • Mental Health • Cost of school day • Access to sport • Relationships with Social Media <p>Feedback from Teachers has been extremely positive.</p> <p>Following visits to all Secondary Schools, information will be collated and shared within the Community with productive ideas going forward.</p> <p>The group is also looking at ways to work collaboratively with other Organisations within the Three Towns to look at family inclusion and healthy eating.</p>	
8.6	<u>Kilwinning</u> Work is ongoing within the Kilwinning Locality to confirm relevance of the group. The aims of the group and function against other groups are in the process of being reviewed to verify the impact. Update to be shared at future Strategic Planning Group.	Future Agenda
Focus on: Other Relevant Updates		
9.	Care Home Strategy	
9.1	Scott Bryan provided an update on progress in relation to the new Care Home Strategy. This work is required as a result of the revised National Care Contract which may impact the sustainability of local Care Homes. An early review of data has highlighted some areas for further interrogation, such as the appropriate use of eligibility criteria to identify those whose needs are best addressed by admission to a Care Home as opposed to Community Support. A Reference Group is in the process of being established to look at how this is taken forward. Louise McDaid questioned if staff can sit within this group, to which Caroline advised that full membership has not yet been identified, however noted this would be taken into consideration. A more robust update will be available at a future Strategic Planning Group.	Future Agenda
10.	ADP Conversation	



10.1	Gavin Paterson outlined that wider conversations have commenced in relation to the new ADP Strategy. Several groups will be established to take conversations forward, including peer researches who have experience of addiction with alcohol and drug, young people groups and family affected groups. Gavin asked that the Strategic Planning Group support conversations going forward.	
10.2	<p>Louise McDaid highlighted concerns in relation to gambling addiction not being part of these wider discussions.</p> <p>Louise noted that attendance within Gamblers Anonymous meetings have immensely increased with over 70 people attending the Ardrossan meeting alone. Louise emphasised the importance of tackling gambling addictions within the Community due to this increase.</p> <p>Following a group discussion, it was agreed by Councillor Foster that concerns around gambling addictions would be tabled at a future Strategic Planning Group.</p>	Future Agenda
11.	What Matters to You (2019)	
11.1	As well as an Ayrshire Wide Steering Group, Gavin reported that a North Ayrshire specific Steering Group has been established this year for 'What Matters to You 2019' (WMTY). SPG members to contact Gavin should they wish to be involved in this work.	
12.	AOCB	
12.1	<p><u>International Social Prescribing Day</u></p> <p>Lorna McGoran reminded the group of the International Social Prescribing Day scheduled for Thursday 14th March 2019. Lorna asked the SPG to help promote and share the work involved, including videos/quotes on Social Media and Stalls within Libraries etc.</p>	
12.2	<p><u>Future Agenda Items</u></p> <p>Any agenda items to be forwarded to Scott Bryan or Louise Harvie for inclusion within future agenda.</p> <p>Agenda items received to date:</p> <ul style="list-style-type: none"> • Budgets • Performance Review 18/19 • Kilwinning Locality Work • Gambling Addiction 	
12.3	There was no other business to be discussed, therefore the meeting was brought to a close.	
13.	Future Meetings	
13.1	Wednesday 17 th April 2019, at 10:00am within Greenwood Conference Centre, Dreghorn, Irvine.	

Bringing Services Together

Feedback received from the Strategic Planning Group in response to:

- 1) **To what extent do we feel that HSCP services are seamless from the point of view of the service user?**
- 2) **What more can we do to improve the experience of service users when accessing our services?**

Table 1

- Service user doesn't know what HSCP is.
- Addictions – Integrated Team and one point of referral/entry
- People want service – but frustrations of retelling their personal stories.
- Differing terms confuse public, e.g. Primary Care or GP
- GP Receptionist can advise what service is best
- Link Workers – excellent example
- Trust in System – People 'lose' services e.g. lack of funding and 'lose trust in system'

Table 2

- Each service being open to be first point of contact – then refer on if not appropriate (saves retelling of stories constantly)
- Service users to be contacted by the most appropriate service
- First service takes responsibility to see through (e.g. SPSO approach to complaints)
- To make clearer communication about what each service does to allow service user to self-refer appropriately
- For each service to understand each other's roles and remit
- MDT within Localities

Table 3

- Perception they are not seamless
- Bad experiences – need to spread good stories
- Explaining services beforehand with better communication
- High expectations

Table 4

- Depends on how many services are being accessed/what service is being accessed
- Single Point of Contact supports seamless service – prevents duplication
- Different services when accessing not sharing info therefore having to repeat stories
- Info System – crucial to allow person to be signposted or relevant service contact person
- It is important, as the service user, to be contacted by the most appropriate person