

Integration Joint Board Meeting



Thursday, 24 May 2018 at 10:00

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

1 Apologies

Invite intimation of apologies for absence.

2 Declarations of Interest

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

3 Minutes

The accuracy of the Minutes of the meeting held on 19 April 2018 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

3.1 Matters Arising

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

Presentations

**4 Health and Social Care Partnership and Education and Youth
Employment**

Receive a presentation from Mark Inglis, Senior Manager, Intervention Service and Martin McAdam, Team Manager on the partnership working undertaken at Elderbank and Greenwood in relation to reducing the number of accommodated children.

Appointments

5 Appointment of an Interim Section 95 Officer of the Integration Joint Board (IJB)

Resolve, in terms of Standing Order 13, to suspend Standing Order 12.1 to allow consideration of this item.

Submit report by Andrew Fraser, IJB Monitoring Officer, on the appointment of an interim Section 95 Officer of the IJB (copy enclosed).

6 Appointment of Vice-Chair of the IJB Performance and Audit Committee (PAC)

Submit report by Stephen Brown, Director (NAHSCP) on the appointment of a Vice-Chair for the IJB PAC (copy enclosed).

Quality and Performance

7 Director's Report

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

8 Adult Support and Protection - Thematic Inspection Feedback

Submit report by Brenda Walker, Senior Officer – ASP on the findings of the first Joint Thematic Inspection of Adult Support and Protection (copy enclosed).

Strategy and Policy

9 Accounting Policies 2017/18

Submit report by Eleanor Currie, Principal Manager – Finance on accounting policies to be adopted in preparation of the Council's annual accounts for the year to 31 March 2018 (copy enclosed).

10 Strategic Risk Register

Submit report by Eleanor Currie, Principal Manager – Finance outlining the Partnership Strategic Risk Register (copy enclosed).

Tenders

11 Support Service for Adults with Enduring Mental Health Problems

Submit report by Norma Bell, Independent Living Manager seeking approval to tender for a service provider to deliver a support service for adults with enduring mental health problems (copy enclosed).

Minutes of Meetings for Discussion

12 Strategic Planning Group Minutes

Submit the minutes of the Strategic Planning Group meeting held on 25 April 2018 (copy enclosed).

13 Urgent Items

Any other items which the Chair considers to be urgent.

Integration Joint Board

Sederunt

Voting Members

Bob Martin (Chair)	NHS Ayrshire & Arran
Councillor Robert Foster (Vice Chair)	North Ayrshire Council
Councillor Timothy Billings	North Ayrshire Council
Alistair McKie	NHS Ayrshire and Arran
Councillor Christina Larsen	North Ayrshire Council
Dr. Martin Cheyne	NHS Ayrshire and Arran
Dr. Janet McKay	NHS Ayrshire and Arran
Councillor John Sweeney	North Ayrshire Council

Professional Advisors

Stephen Brown	Director North Ayrshire Health and Social Care
Shahid Hanif	Head of Finance
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	Lead Nurse/Mental Health Advisor
Vacant	GP Representative

Stakeholder Representatives

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



**North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 19 April 2018
at 10.00am, Council Chambers, Cunninghame House, Irvine**

Present

Bob Martin, NHS Ayrshire & Arran (Chair)
Councillor Robert Foster, North Ayrshire Council (Vice Chair)
Councillor Timothy Billings, North Ayrshire Council
Dr Martin Cheyne, NHS Ayrshire and Arran
Councillor Christina Larsen, North Ayrshire Council
Dr Janet McKay, NHS Ayrshire & Arran
Alistair McKie, NHS Ayrshire and Arran
Councillor John Sweeney, North Ayrshire Council

Stephen Brown, Director of Health and Social Care Partnership
Shahid Hanif, Interim Head of Finance
Dr Paul Kerr, Clinical Director
David MacRitchie, Chief Social Work Officer - North Ayrshire
Dr Calum Morrison, Acute Services Representative

David Donaghey, Staff Representative – NHS Ayrshire and Arran
Louise McDaid, Staff Representative – North Ayrshire Council
Marie McWaters, Carers Representative
Robert Steel, Chair Kilwinning Locality Forum
Fiona Thomson, Service User Representative
Nigel Wanless, Independent Sector Representative
Heather Malloy, Independent Sector Representative (Depute for Nigel Wanless)
Vicki Yuill, Third Sector Representatives

In Attendance

David Rowland, Head of Service (Health and Community Care)
Eleanor Currie, Principal Manager (Finance)
Isabel Marr, Senior Manager, Long Term Conditions
Michelle Sutherland, Partnership Facilitator
Karen Andrews, Team Manager (Governance)
Diane McCaw, Committee Services Officer

Also In Attendance

Councillor Anthea Dickson, North Ayrshire Council
John Burns, Chief Executive, NHS Ayrshire and Arran

Apologies for Absence

Alistair Reid, Lead Allied Health Professional Adviser
David Thomson, Lead Nurse/Mental Health Advisor

1. Apologies and Chair's Remarks

Apologies were noted.

The Chair thanked Stephen McKenzie for his hard work and dedication and for the contribution he made to the work of the IJB. He welcomed new voting Member Dr Martin Cheyne, Chairman of NHS Ayrshire and Arran, and congratulated Stephen Brown and Donna McKee on their permanent positions.

2. Declarations of Interest

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

3. Minutes/Action Note

The accuracy of the Minute of the meeting held on 15 March 2018 was confirmed and the Minute signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

3.1 Matters Arising

Volunteering Strategy - The Third Sector and North Ayrshire have developed a Draft Volunteering Strategy which will go out to engagement shortly and look towards publication in June. Ongoing action.

Action - V. Yuill

Public Partnership Forum - Officers met with Fiona Thomson and an update on actions going forward was provided, including an outline of ongoing work with CPPs on joint arrangements, how to work together more effectively and on mapping of existing groups across the HSCP. Once all the ongoing work has been carried out a paper will be brought to the IJB. Fiona Thomson has also identified a Depute for herself and is working on the process to allow the Depute to join IJB. Ongoing action.

Action - F. Thomson

Peer Support Services Specification for People with Mental Health Problems in North Ayrshire - The Recovery College is up and running and has been advertised on social media. Uptake is good and an update report will be submitted to IJB after summer. The tender exercise is now at the shortlist process and a report will be provided to IJB on the outcome of the tender once through due process. Action to be removed.

Action - T. Bowers

Veterans First Point Service - The service is located in North Ayrshire and accessed by South and East. Full agreement has now been reached across the 3 Ayrshires and Ayrshire and Arran and agreement re funding. Veterans First Point Service will continue and so far uptake has been greater than any Veterans Service elsewhere. Ongoing action.

Action - T. Bowers

North Ayrshire Citizen's Advice Service - NACAS wound down on 22 March and the website was taken down as of 28 March. Work is ongoing with Economy and Communities to ensure advice services are available at a local level across North Ayrshire through Better Off North Ayrshire and Money Matters. David advised that he would ensure clinicians are made aware of contacts referral details and that independent advice is available. Currently awaiting information on whether there is a need to re-tender or whether our own services can continue to provide. Ongoing action.

Action - D. Rowland

Meeting of Locality Chairs - Meeting took place and Janet McKay advised on discussion around challenges for Chairs of localities, particularly in relation to demands placed on individuals who have other responsibilities. Sharing good practice, a more targeted approach and ensuring learning is transferred to each of the localities was considered. Also considered links between localities and CPP and how to improve. Louise McDaid has asked for new terms of reference. Action to be removed.

Action - Robert Foster

Strategic Plan - The final Plan on Agenda for today's meeting. Action to be removed.

Action - Michelle Sutherland

HSCP Challenge Fund Update - To receive a presentation to a future meeting on the effective savings model undertaken at Elderbank and Greenwood in relation to reducing the number of accommodated children. Ongoing action - May meeting.

4. Carers

The Board received a presentation from Isabel Marr, Senior Manager (Long Term Conditions) on building a carer community in North Ayrshire which included information on:-

- the national picture;
- preparations for the Carers Scotland Act 2016;
- North Ayrshire carers, including young carers;
- the way forward in supporting our carers through empowerment; and
- Carers Week 2018 with events planned within all 6 localities.

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

- work with Children and Families and Education colleagues in relation to safeguarding that young carers declare themselves as carers and that assessments are carried out to ensure young carers are protected;
- a young carer representative having been identified in relation to the North Coast Locality;
- financial implications in relation to carer support plans resulting in savings in the long term; and
- the importance of carers having a voice in the community.

The Board congratulated the Team for the work carried out and were encouraged to hear that North Ayrshire appears to be at the forefront in relation to this.

Noted.

5. West of Scotland Transformation Plan

The Board received a presentation from John Burns, Chief Executive of NHS Ayrshire and Arran on proposals for transforming Care Together for the West of Scotland which included:-

- background information on the population within the West of Scotland;
- how health care is currently split across the West of Scotland;
- the inclusive approach to improving the health and well-being of our population;
- empowerment around an individual's experience of care;
- a proposed model of care;
- achieving the best possible value, both financial and for the patient, in all activities;
- supporting and valuing staff; and
- the next steps for developing the regional approach.

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

- improving individual experiences from a carers point of view, particularly where power of attorney is involved;
- that empowering individuals should also include empowering carers;
- models of care going forward and agreement of key principles to support local areas of priority and delivery;
- that any proposals for West of Scotland would not be directive, only encourage stronger collaboration and sharing of best practice;
- no specific action plans/funding around mental health or any other aspects at present;
- resourcing implications and challenges which will be considered once plans are better developed;
- proposed timescales, scope and status in relation to the Plan and any influence on the work of the IJB;
- that in terms of health and social care, key elements are required to inform or influence transformation; and
- the need to broaden discussions out to third and voluntary sector organisations who play an important role.

Noted.

6. Director's Report

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

The report highlighted works underway in the following areas:-

- West of Scotland Delivery Plan Engagement Event held on 28 March 2018;
- Engagement Event for IJB Voting Members and Chief Officers postponed from 1 March 2018 now to be held on Friday 11 May 2018 at the Golden Jubilee Hotel, Clydebank;
- Emergency Exercise Quattro which took place on 14 March 2018 and simulated a mass casualty event testing resilience to respond;
- North Ayrshire Children's Services Strategic Partnership (NACSSP) development event on 26 March 2018 on progress with Getting it Right for You, North Ayrshire Children's Services Plan (2016-20);
- Corporate Parenting short life working group securing funding for a 12 month full-time co-ordinator Mhari McFadzean to oversee the Family Firm policy and implement the staff "Well Connected" Mentoring Scheme;
- Staff Partnership Awards Event "Breakfast for Champions" which took place on 29 March 2018;
- Progress in North Ayrshire and across Ayrshire and Arran in transforming mental health services; and
- Care Opinion (www.careopinion.org.uk) an independent website about people's personal experiences of registered social services.

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

7. IJB Interim Budget 2018/19 Proposals

Submitted report by Shahid Hanif, Interim Head of Finance on the interim North Ayrshire Health and Social Care Partnership proposals. Appendices A to D provided further detail in connection with the budget proposals, demand pressures, savings and challenge fund projects.

The Board was advised that it would receive a follow-up report with finalised budget proposals once confirmation of the NHS side of the budget is provided. Equality impact assessments have been carried out in respect of all proposed savings.

Martin Cheyne left the meeting at this point.

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

- concerns raised around savings in terms of items 21, 23 and 24 in order to ensure funding is available to cope with pressures;
- that a presentation on the set-aside element of the budget would be beneficial to the Group;
- identified risks and pressures around both sides commissioned services and on required action plans;
- concern around no engagement with trade unions in relation to fine detail on any impact on staff;
- that savings around item 21 related to all services and would be handled sensitively;
- that some mechanism to extend the 35 day respite cap would be helpful; and
- that in terms of items 23 and 24, there are issues around people in hospital not having appropriate care packages in place and that cutting 25 beds does not help this.

The Board agreed (a) to approve the interim budget for 2018/19 for North Ayrshire Health and Social Care Partnership inclusive of all related pressures and savings; and (b) that a presentation be provided to the next meeting on the set-aside element of the budget.

8. NAHSCP Strategic Plan 2018-2021

Submitted report by Michelle Sutherland, Strategic Planning and Transformation Change Lead on the final version of the Strategic Plan. The full and summary versions of the Plan had been emailed out and hard copies were made available at the meeting.

The Board agreed to (a) approve the Plan for publication, distribution and implementation; and (b) support the implementation of the Plan over its three year life.

9. Organisational Development Strategy 2018-2021

Submitted report by Michelle Sutherland, Strategic Planning and Transformation Change Lead on the Organisational Development Strategy for the Partnership for 2018-2021.

The Board agreed to approve the Organisational Development Strategy 2018-2021.

The Meeting ended at 11.55 a.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 19 April 2018

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Volunteering Strategy	15/2/18	Strategy will go out to engagement shortly and look towards publication in June.	Ongoing.	V. Yuill
2.	Public Partnership Forum	15/2/18	Officers will meet with Fiona Thomson and bring forward a paper to a future meeting.	Ongoing.	Officers and F. Thomson
3.	Veterans First Point Service	15/2/18	Full agreement has now been reached across the 3 Ayrshires and Ayrshire and Arran and agreement re funding.	Ongoing.	T. Bowers
4.	North Ayrshire Citizen's Advice Service	15/2/18	NACAS wound down on 22 March – work ongoing with Economy and Communities to ensure advice services are available at a local level across North Ayrshire.	Ongoing.	D. Rowland
5.	HSCP Challenge Fund Update	15/3/18	To receive a presentation to a future meeting on the effective savings model undertaken at Elderbank and Greenwood in relation to reducing the number of accommodated children.	Ongoing - May Meeting.	S. Brown / D. McKee

Integration Joint Board
24 May 2018

Subject: **Appointment of an interim Section 95 Officer of the Integration Joint Board (IJB)**

Purpose: To appoint an interim Section 95 Officer of the IJB.

Recommendation: The Integration Joint Board agrees to:

1. Suspend Standing Orders; and
2. that pending the appointment of the permanent post of Chief Finance and Transformation Office, North Ayrshire Council's Executive Director (Finance and Corporate Support) be appointed as interim Section 95 Officer of the Integration Joint Board (IJB).

Glossary of Terms

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

1.	EXECUTIVE SUMMARY
1.1	To ensure that the IJB Annual Accounts can be signed-off and submitted for audit it is necessary to approve the appointment of an interim Section 95 Officer of the IJB pending the appointment of the permanent post of Chief Finance and Transformation Officer.
2.	BACKGROUND
2.1	On 15 February the IJB agreed to recruit the post of Chief Finance and Transformation Officer. This post will manage finance and transformation for the Health and Social Care Partnership (HSCP) and act as Chief Finance Officer of the Integration Joint Board (IJB) in terms of Section 95 of the Local Government (Scotland) Act 1973. Pending the recruitment of that post the IJB also agreed that the current interim Chief Finance and Transformation Officer for the HSCP Council services be appointed as interim Section 95 Officer of the IJB.
2.2	The current interim Chief Finance and Transformation Officer is employed by the Council on a consultancy basis, meaning that professional insurance is secured through the consultancy rather than through the Council. While the postholder is fully insured when acting as interim Chief Finance and Transformation Officer of the HSCP, unfortunately it has not been possible to secure adequate insurance or indemnity in relation to the Section 95 duties.

2.3	As set out in the report to the IJB on 15 February, to avoid the risks inherent in the IJB operating without proper financial advice, it is essential to ensure the IJB has an interim Chief Finance Officer. The IJB also requires to have a section 95 Officer in place by 30 June to sign the annual accounts. While the interview for the permanent post of Chief Finance and Transformation Officer, including the Section 95 IJB duties, will take place in early June, it is possible that a section 95 officer may not take up post until after 30 June 2018.
2.4	In these circumstances it is proposed that pending the appointment of a permanent Chief Finance and Transformation Officer that North Ayrshire Council's Executive Director (Finance and Corporate Support) be appointed as interim Section 95 Officer of the Integration Joint Board (IJB).
3.	PROPOSALS
3.1	It is proposed that pending the appointment of a permanent Chief Finance and Transformation Officer that North Ayrshire Council's Executive Director (Finance and Corporate Support) be appointed as interim Section 95 Officer of the Integration Joint Board (IJB).
3.2	<u>Anticipated Outcomes</u>
	In terms of good governance it is important that the IJB has a Chief Finance Officer appointed under section 95 of the Local Government (Scotland) Act 1973. This also addresses the risk of the IJB not having a Section 95 Officer in place to sign the accounts.
3.3	<u>Measuring Impact</u>
	In practice the interim Chief Finance and Transformation Officer of the HSCP will still undertake financial work required to inform the advice of the Section 95 Officer
4.	IMPLICATIONS

Financial:	The IJB requires to make arrangements for the proper administration of their financial affairs and ensure that a proper officer of the authority has responsibility for the administration of those affairs. Audit Scotland have been critical of IJBs who have failed or delayed to appoint a Chief Finance Officer.
Human Resources:	No implications.
Legal:	The Council's Executive Director (Finance and Corporate Support) is also the Council's section 95 Officer. In principle there is no issue in this postholder holding both section 95 roles. Indeed, the IJB's Monitoring Officer is also the Monitoring Officer for the Council. However if a clear conflict of interest arises, to the extent that the postholder requires to declare an interest, independent external advice may on occasion be required.
Equality:	No implications.
Children and Young People	No implications.

Environmental & Sustainability:	No implications.
Key Priorities:	Proper financial support for the IJB underlies all of its strategic priorities.
Risk Implications:	No implications.
Community Benefits:	No implications.

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	x

5.	CONSULTATION
5.1	There have been consultation with officers in the Council's Finance, Insurance and Human Resources teams, and with the Chief Executives of the Council and NHS AA.
6.	CONCLUSION
6.1	Agreement of the recommendations in this report will ensure the IJB has sound financial governance arrangements in place to allow its accounts to be closed for 2017/18 and passed to auditors by the end of June 2018.

For more information please contact Andrew Fraser, IJB Monitoring Officer on 01294 324125

Integration Joint Board 24th May 2018

Subject: **Appointment to Performance and Audit Committee**

Purpose: To advise Integration Joint Board members of the resignation of Robert Martin as Vice Chair of the Performance and Audit Committee.

Recommendation: That IJB members nominate and appoint a Member of the Integration Joint Board to the Performance and Audit Committee

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

1.	EXECUTIVE SUMMARY
1.1	In May 2017, Robert Martin was appointed as Vice Chair of the Performance and Audit Committee.
1.2	Following the resignation of Stephen McKenzie, Chair of the Integration Joint Board in April 2018, Robert Martin was appointed to Chair of the IJB. This appointment has created a vacancy for the Vice Chair of the PAC.
2.	BACKGROUND
2.1	The Terms of Reference for the Performance and Audit Committee require that the Committee will consist of not less than six members of the IJB. The Chair of the Committee will be a voting member nominated by the IJB, noting that the Chair of the IJB cannot chair the Performance and Audit Committee.
3.	PROPOSALS
	As Councillor Robert Foster is Chair of Performance and Audit Committee the Vice Chair appointment should be held by an NHS Voting Member.
	Alistair McKie has been nominated as Vice Chair of PAC.

3.2	<u>Anticipated Outcomes</u>
	N/A
3.3	<u>Measuring Impact</u>
	N/A
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 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	Consultation has taken place with voting members of the IJB in seeking nominations for the Performance and Audit Committee.
6.	CONCLUSION
6.1	IJB members are asked to endorse the appointment of Alistair McKie, as Vice Chair, Performance and Audit Committee.

For more information please contact Stephen Brown, Director/Chief Officer on [01294 317725] or [sbrown@north-ayrshire.gcsx.gov.uk]

Integration Joint Board 24th May 2018

Subject: **Director's Report**

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

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
BSL	British Sign Language
IJB	Integration Joint Board

1.	EXECUTIVE SUMMARY
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.
2.	CURRENT POSITION
	National Developments
2.1	<u>British Sign Language (Scotland) Act 2015</u>
	British Sign Language (Scotland) Act 2015 required the Scottish Government to produce a National British Sign Language (BSL) Plan by October 2017 and for all public bodies, including local authorities, to produce their own plans by October 2018.
	Health & Social Care Partnerships are not required to produce their own plan but should provide support to the parent organisations who do.
	The Scottish Government has produced a template local plan for use by local authorities. The template is divided into a number of thematic sections for specific action. One of these is health and social care. A pan-Ayrshire working group has been created to progress this work and a pan Ayrshire plan will be issued for consultation by end April/early May 2018.

2.2	<u>Digital Health and Care Strategy</u>
	The Scottish Government has published the Digital Health and Care Strategy (along with the report of the independent External Expert Panel). The strategy can be accessed via the attached link : http://www.gov.scot/Publications/2018/04/3526/downloads#res-1
	The strategy sets out opportunities around collaborative working to maximise the potential of technology to reshape and improve services, support person-centred care and improve outcomes.
	Ayrshire Developments
2.3	<u>Review of Integration Scheme</u>
	Following East and North's review of the Integration Scheme in the second half of last year, a number of recommendations arose. Whilst there was no view that the Integration Scheme required to be changed it became clear that changes were needed in a number of areas, particularly around Lead Partnership arrangements, governance and finance.
	A meeting of the Chief Executives and Chief Officers took place on 30 th April 2018 and it was agreed that an update report capturing what has been developed subsequent to the Integration Review would be brought back to IJBs, Councils and NHS Boards in June 2018.
	North Ayrshire Developments
2.4	<u>Evidencing Implementation of Self Directed Support : Local Case Studies</u>
	The Scottish Government has advised that they have commissioned research to report in Autumn 2018 on developing a strategic approach to understanding the impact of moving towards self directed support. The research aims to :- <ul style="list-style-type: none"> • identify what is and is not working well, and why; • establish the value and limitations of existing evidence; and • prioritise ongoing monitoring and evaluation activities with national and local partners.
	To build on the work already undertaken by the Scottish Government, North Ayrshire has been chosen as a case study site to explore the ways self directed approaches are being implemented across user groups and the potential for scaling up and fuller implementation. The consultants engaged to undertake the research will interview social workers and service users within North Ayrshire.
2.5	<u>Visit to Wigan Council</u>
	On 25 th April 2018, I visited Wigan Council along with North Ayrshire Council Executive Leadership Team colleagues.
	The reason for the trip was to see what has been happening with Wigan Council and their Health and Social Care colleagues. Over the past few years they have received increasing publicity and plaudits for the great work that is ongoing there and the outcomes they are achieving for the people of Wigan. In many ways the day was very comforting in that many of the things they are doing there are very similar to what

	is happening in North Ayrshire. Engaging with communities, building on individual and community strengths, thinking differently about how best to meet people's needs and using digital technology all feature heavily in some of the success they have achieved. There were, however, some significant differences in their approach to organisational development and that has given myself and the Partnership Senior Management Team some food for thought moving forward.
2.6	<u>Cabinet Secretary Visit to Largs School Campus</u>
	Shona Robison, Cabinet Secretary, MSP will visit the Largs School Campus on 18 th May 2018. The visit will be filmed and used as part of her input to the NHS Scotland Conference on 18 th and 19 th June 2018.
2.7	<u>Inspection Gradings – Care at Home</u>
	<p>Recent unannounced inspections by the Care Inspectorate has awarded grades of 5s across our care at home service.</p> <ul style="list-style-type: none"> • Three Towns, North Coast and Arran was inspected on 28 March. The report (ref CS2008192560) is available at www.careinspectorate.com/ • Irvine, Garnock Valley and Community Alarm was inspected on 28 March. The report (ref CS2008192553) is available at www.careinspectorate.com/
2.8	<u>Carer Positive Employer</u>
	<p>Carer Positive status is awarded to employers who can provide evidence that they meet criteria in 5 areas:</p> <ul style="list-style-type: none"> • Identification of Carers • Policy • Workplace Support • Communication, Awareness Raising & Training • Peer Support
	<p>The award incorporates 3 levels or stages :-</p> <ul style="list-style-type: none"> • Engaged, • Established • Exemplary <p>The stages are cumulative with employers only able to move to the next level once the required criteria at each stage is achieved and maintained.</p>
	NAHSCP, NHSAA and North Ayrshire Council are engaging with Carer Positive to apply for Level 1 : Engaged. Once this is obtained, we will be able to satisfy many elements of level 2 that will allow us to progress relatively quickly through the levels. The timescales for progression between levels has still to be clarified with Carer Positive.
	Further information on Carer Positive Employers can be accessed through this link : http://www.carerpositive.org/become-carer-positive/

2.9	<u>NAHSCP 2017/18 Financial Outturn</u>
	<p>The draft outturn is £3.523m (Council £2.552m, NHS £0.971m) overspent for 2017/18 compared to the projection of £3.433m reported at period 10. Added to the £3.245m deficit brought forward from 2016/17 results in a closing deficit of £6.768m of which £0.971m will be funded by the NHS and £5.797m will require to be repaid to NAC in future years.</p> <p>The main areas of pressure in the year were:</p> <ul style="list-style-type: none"> Looked After and Accommodate Children £2.950m overspent (£0.596m in fostering, adoption and kinship, £1.669m in residential school placements and £0.420m in relation to the delayed closure of the children's unit. LD Care Packages £0.757m Mental Health Inpatients £1.258m of which £0.700m relates to the sale of beds at Woodland View. Rehab & Reablement Ward 1 £0.341m Unachieved savings (NHS) £1.1m <p>These were partially offset by underspends in the following areas:</p> <ul style="list-style-type: none"> Locality Services £0.398m Community Care Service delivery £0.506m Integrated Care Fund £0.659m Children – Intervention Services - £0.219m MH Lead Partnership exc MH inpatients £1.067m.
2.10	<u>Anticipated Outcomes</u>
	Not applicable.
2.11	<u>Measuring Impact</u>
	Not applicable
3.	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 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	

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
24th May 2018

Subject:	Adult Support & Protection - Thematic Inspection Feedback
Purpose:	To update the Integration Joint Board (IJB) in relation to the findings of the first ever, Joint Thematic Inspection of Adult Support & Protection.
Recommendation:	To note the content of this Report

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
ASP	Adult Support and Protection
APC	Adult Protection Committee

1.	EXECUTIVE SUMMARY
1.1	During 2017 North Ayrshire volunteered to be involved in the first ever Joint Thematic Inspection of Adult Support and Protection (ASP). The Inspection was carried out over six Local Authority areas during Autumn 2017.
1.2	The Draft Report for North Ayrshire was received by us at the end of March 2018. Overall, the Report was extremely positive and highlighted numerous areas of good practice in relation to ASP across North Ayrshire.
1.3	<p>The North Ayrshire Report confirmed that the Care Inspectorate (as Lead Inspection Agency) and their Inspection Partners (Health Improvement Scotland and Her Majesty's Inspectorate of Constabulary Services) had agreed with our self-evaluation ratings, as follows:</p> <ul style="list-style-type: none"> • Outcomes for Adults at Risk of Harm: GOOD • Key Processes for ASP: VERY GOOD • Leadership and Governance: VERY GOOD
2.	BACKGROUND
2.1	In May 2017, the Care Inspectorate announced its intention to conduct the first Inspection of ASP. North Ayrshire volunteered to be involved in this Inspection and it was confirmed in July 2017 that North Ayrshire would be one of the six areas inspected. During September 2017 the North Ayrshire Adult Protection Committee (APC) submitted information on redacted ASP cases and a variety of evidence to be read off site, to support our self-evaluation ratings.

2.2	<p>The on-site inspection week commenced at the end of October 2017 and consisted of three days of detailed file reading and two days of 'Scrutiny Sessions'. Fifty Cases (Health and Social Care Partnership and Police Scotland records) which had gone to the formal ASP Investigation stage or beyond, were audited during the first three days. The Care Inspectorate had developed a specialised ASP audit tool for this purpose. During the final two days of the Inspection, several groups met with the inspection agencies, these included:</p> <ul style="list-style-type: none"> • Groups of mixed staff – voluntary sector, NHS staff, Care Homes etc. • North Ayrshire Chief Officer's Group • The Chief Social Work Officer • The Senior Officer – Adult Support and Protection • The Independent Convenor of the North Ayrshire Adult Protection Committee • Specialist Social Workers (Council Officers) and other Social Work professionals, including Team Managers • Advocacy Workers • Frontline Police Officers • Service Users (who have experience of ASP processes) • Carers (of those who have experience of ASP processes)
2.3	<p>The North Ayrshire Report was generally highly complimentary, typical statements included:</p> <ul style="list-style-type: none"> • Outcomes – <i>"Adults at risk of harm whom we met attested that they were treated with dignity and respect at every stage of their adult support and protection journey"</i> • Processes – <i>"All of our evidence pointed to the partnership's decisive and consistent operational management of adult support and protection"</i> • Leadership – <i>"There was ample evidence of a positive culture at all levels in the partnership, from the senior management and leadership teams to the frontline staff. This positive culture was an important contributory factor to the positive safety, support, and protection outcomes that the partnership delivered for adults at risk of harm"</i>
3.	PROPOSALS
3.1	None
3.2	<u>Anticipated Outcomes</u>
	<p>The Adult Protection Committee will consider the implications arising from the Report at its' meeting on 3rd May 2018. There were some areas highlighted in relation to future improvement activity, namely in relation to further improving information sharing between partners (particularly between the HSCP and Police and NHS) and the provision of independent Advocacy for Adults at Risk of Harm. The APC – ASP Improvement Subgroup will incorporate any agreed improvement activity into its' 2018 – 2020 Improvement Work Plan. The 2018 – 2020 APC Continuous Improvement Framework and the proposed APC Key Performance Indicators Report format (incorporating the appropriate ASP improvement measurements, targets and timescales) will be shared with the North Ayrshire Chief Officer's Group at their meeting on 31st May 2018.</p>

3.3	<u>Measuring Impact</u>
	The agreed APC Documentation for the current Biennial period 2018 – 2020 will be shared with the North Ayrshire Chief Officer's Group and quarterly update Reports submitted, in relation to ASP Improvement Work Plans and the Key Performance Indicator Report.
4.	IMPLICATIONS

Financial:	There are potential new revenue costs associated to making more timely Advocacy Support available for Adults at Risk of Harm who require this.
Human Resources:	The APC will continue to deliver its' on-going ASP Training and will continue to encourage all NAHSCP staff to attend as appropriate. The North Ayrshire Draft Inspection Report did comment positively on the doubling of NHS staff making ASP referrals (albeit from a low base) and commented that Chief Officers and the APC were acutely aware of the relatively low number of ASP referrals from Health. Any Health team wishing to access a bespoke ASP input for itself (8 or more minimum delegates) will be supported.
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	All improvement activity will be amalgamated into the North Ayrshire Adult Protection Committee Strategies and Work Plans.
Risk Implications:	None
Community Benefits:	None

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

5.	CONSULTATION
5.1	None
6.	CONCLUSION
6.1	The Chief Officers' Group were pleased with the North Ayrshire Draft ASP Inspection Report and will discuss the subsequently notified evaluation ratings at their next meeting. The overarching national Report covering all six areas is currently awaited.

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

Integrated Joint Board
24th May 2018

Subject: **Accounting Policies 2017/18**

Purpose: To seek IJB approval of the accounting policies which will be adopted in the preparation of the Council's annual accounts for the year to 31 March 2018.

Recommendation: That the IJB approves the accounting policies as detailed in Appendix 1.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IFRS	International Financial Reporting Standards
CIPFA	Chartered Institute of Public Finance and Accountancy
LASAAC	Local Authority (Scotland) Accounts Advisory Committee

1.	EXECUTIVE SUMMARY
1.1	The annual accounts for the 2017/18 financial year summarise the Partnership's transactions during the year and its position at the year-end of 31 March 2018. Under the Local Authority Accounts (Scotland) Regulations 2014, the Council is required to prepare an annual Statement of Accounts and Section 12 of the Local Government in Scotland Act 2003 requires that these accounts are prepared in accordance with proper accounting practices.
1.2	These practices primarily comprise the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18 ("the Code"), supported by IFRS. These are issued jointly by the CIPFA and LASAAC and are designed to give a "true and fair view" of the financial performance of the Council.
2.	BACKGROUND
2.1	Accounting policies are defined in paragraph 3.3.2.1 of the Code as <i>'the specific principles, bases, conventions, rules and practices applied by an authority in preparing and presenting financial statements'</i> .
2.2	Partnerships are required to select accounting policies, and account for changes in accounting policies in accordance with International Accounting Standard 8 - Accounting Policies.

2.3	The Partnership is required to adopt the accounting policies most appropriate to its particular circumstances for the purpose of giving a true and fair view. The accounting policies adopted should be reviewed regularly to ensure that they remain appropriate, and be changed when a new policy becomes more appropriate to the Partnership's particular circumstances. Sufficient information should be disclosed in the financial statements to enable users to understand the accounting policies adopted and how they have been implemented.
3.	PROPOSALS
3.1	<p>For 2017/18 the accounting policies have been reviewed by the Chief Financial Officer in line with the CIPFA Code and there are no changes to the policies approved in 2016/17.</p> <p>The unaudited financial statements are due to be complete by 30 June 2018. It is proposed to apply the accounting policies detailed in Appendix 1 in the preparation of the statements.</p>
3.2	<u>Anticipated Outcomes</u>
	The 2017/18 annual accounts will be prepared in accordance with the relevant accounting policies.
3.3	<u>Measuring Impact</u>
	The 2017/18 annual accounts will be externally audited.
4.	IMPLICATIONS

Financial :	None
Human Resources :	None
Legal :	The Local Government (Scotland) Act 2003 requires accounts to be prepared in accordance with proper practices.
Equality :	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	

5.	CONSULTATION
5.1	None
6.	CONCLUSION
6.1	That the IJB approves the accounting policies as detailed in Appendix 1.

For more information please contact Eleanor Currie, Principal Manager – Finance on Tel. No 01294-317814 or email to eleanorcurrie@south-ayrshire.gcsx.gov.uk

Note 1 – Significant Accounting Policies

A. General principles

The Financial Statements summarise the authority's transactions for the 2017/18 financial year and its position at the year-end of 31 March 2018. The North Ayrshire IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2017/18, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The 2017/18 annual accounts reflect a deficit position for the IJB. A medium term financial plan has been developed for the IJB. Plans are in place to recover this deficit in medium term.

The historical cost convention has been adopted.

B. Accruals of expenditure and income

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

C. Funding

The IJB is primarily funded through funding contributions from the statutory funding partners, North Ayrshire Council and NHS Ayrshire & Arran. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in North Ayrshire.

D. Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

E. Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

F. Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

G. Reserves

The IJB's reserves are Usable and there are no Unusable Reserves. The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can either use or owe in later years to support service provision.

H. Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Ayrshire & Arran and North Ayrshire Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS (Clinical Negligence and Other Risks Indemnity Scheme). The IJB participation in the CNORIS scheme is therefore equivalent to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

Integrated Joint Board
24 May 2018

Subject: **Strategic Risk Register**

Purpose: To outline the Partnership Strategic Risk Register

Recommendation: To approve the Partnership Strategic Risk Register

Glossary of Terms	
IJB	Integrated Joint Board
NHS	National Health Service
PAC	Performance Audit Committee
PSMT	Partnership Senior Management Team

1.	EXECUTIVE SUMMARY
1.1	The partnership's Risk Management Strategy was approved by the IJB on 15 December 2016. This report provides an update on the strategic risk register.
2.	BACKGROUND
2.1	This is the second Strategic Risk Register of the partnership.
2.2	A Strategic Risk Register is a requirement of the Clinical and Care Governance Framework.
2.3	Risk workshops were held during 2017 with each service area to enhance their understanding of the risk strategy and review the strategic risk register.
2.4	The strategic risk templates are more detailed than previously reported and follow the same template used by the NHS.
2.5	The actions required to manage and control the risks have been identified and they will be subject to ongoing monitoring and review by the PSMT with an update to be reported to the Performance and Audit Committee in December 2018.
2.6	The risks identified are as follows and the strategic risk templates outline these in detail in Appendix A:

	Ref	Title	Status	Score pending further controls (highest listed)
	1	Impact of Budgetary Pressures on Service Users	Treat	20 Very High
	2	IT Systems	Treat	12 High
	3	Culture and Practice	Treat	12 High
	4	Delivery of the Change Programme	Treat	15 High
	5	Governance	Tolerate	9 Moderate
	6	Demography and Inequality Pressures	Tolerate	12 High
	7	Workforce	Treat	12 High
2.7	The scoring of the risks is based the severity of the risk multiplied by the likelihood of it happening. Background to this is given in the extract of the approved risk management strategy in Appendix B.			
3.	PROPOSALS			
3.1	It is proposed to approve the risk register detailed in Appendix A including the action required to manage and control the risks.			
3.2	<u>Anticipated Outcomes</u>			
	<p>The implementation of a risk register will allow:</p> <ul style="list-style-type: none"> • Risk information to be collated in a consistent format allowing comparison of risk evaluations • Informed decision-making in relation to prioritising resources 			
3.3	<u>Measuring Impact</u>			
	The risk register will be monitored with the individual risk owner being responsible for keeping the register up to date under the overview of the Principal Manager – Finance.			
3.2	It is recommended that risk assessments be reviewed on an annual basis as a minimum. The register will be monitored quarterly to ensure the actions required to manage and control the risk are being progressed.			
3.3	Risk updates will be provided to the IJB and PAC at least annually.			
4.	IMPLICATIONS			

Financial :	None
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	Appropriate and effective risk management practice will deliver better outcomes for the people of North Ayrshire, protecting the health, safety and wellbeing of everyone who engages with the

	IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.
Risk Implications :	Failure to approve the report would result in a gap in the governance structure of the partnership.
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	

5.	CONSULTATION
5.1	The strategic risks have been reviewed by the NHS and Council risk sections and agreed by the PSMT.
6.	CONCLUSION
6.1	That the IJB approve the risk register including the action required to manage and control the risks.

For more information please contact Eleanor Currie, Principal Manager – Finance on 01294 317814 or Eleanorcurrie@north-ayrshire.gcsx.gov.uk

Appendix A

Risk Templates

Glossary of Terms

Term	Definition	Term	Definition
NAHSCP	North Ayrshire Health and Social Care Partnership	ARG	Allocation of Resources Group
SAHSCP	South Ayrshire Health and Social Care Partnership	ICT	Information and Computer Technology
EAHSCP	East Ayrshire Health and Social Care Partnership	MDTs	Multi-Disciplinary Teams
NHS/ NHS AAA	NHS Ayrshire & Arran	EKSF	Electronic Knowledge and Skills Framework
MTFP	Medium Term Financial Plan	TURAS	Training Management System
CRES	Cash Releasing Efficiency Savings	SPOG	Strategic Planning Officers Group
LD	Learning Disability	ICF	Integrated Care Fund
IJB	Integrated Joint Board	RMP	Records Management Plan
PSMT	Partnership Senior Management Team	CPAG	Child Poverty Action Group
NAC	North Ayrshire Council		

Risk Title	Impact of Budgetary Pressures on Service Users	Assessment No	NAHSCP 2018-01	Risk Manager	Head of Finance and Transformation
Risk Description ¹	Lack of core funding leading to service user assessed needs being unmet, resulting in North Ayrshire Health and Social Care Partnership (NAHSCP) being unable to provide care to meet its Statutory Duty leading to poor service user outcome and adverse publicity.				
Additional comments / Supporting Statement	NAHSCP has experienced significant demand across its services in 2017/18 impacting on the partnerships ability to meet demand with the budget resources available. As a result waiting lists are being used to manage demand and include individuals who have been assessed as having critical and substantial needs resulting in delays in the provision of the support required. Further, the transition to Ward 1 in Woodland View and the modern, fit for purpose single-room environment it offers, requires additional workforce capacity to ensure safe levels of nursing cover and high quality care.				
Mitigation / Control Measures	Reasonably foreseeable risk remaining after taking existing control measures into consideration ²	Solution/Further controls	£	Reasonably foreseeable risk remaining after implementation of solutions/ further controls	
The NAHSCP continues to be proactive in responding to the financial challenge and seeks to ensure that budget and spending decisions are taken in line with key priorities. A Medium Term Financial Plan (MTFP) was developed during 2017 and is	<u>Financial</u> There is still a risk that the partnership will spend over the approved budget if savings identified as part of the budget and MTFP are not delivered. This is evident around the NHS element of the budget which has £2.5M of unachieved CRES savings carried forward into 2018/19.	Work is ongoing with the NHS in relation to unachieved CRES savings. The NHS Corporate Management Team is reviewing all unachieved CRES savings in conjunction with acute services and the three HSCPs to find a solution.		The remaining risks are scored based on current and future controls all being implemented. <u>Financial</u> There is still a risk that the partnership will spend over the approved budget if savings identified as part of the budget and MTFP are not delivered and the mitigating action plan does not address the full amount of the unachieved saving. 5 x 3 = 15 High ■	

¹ Describe the components of the risk in more detail i.e. focus on the leading and result aspect.

² The consequence/likelihood risk matrix should be used taking into consideration each domain. Where a domain is identified as a risk, a brief description should be included

<p>being refreshed to cover 2018/19 – 2020/21. This will provide a framework for monitoring progress against delivering a balanced budget over the medium term. The HSCP actively participates in the budget setting of both partners to ensure that the impact of increasing demand and current funding shortfalls are considered when partners set their budgets and allocate funds to the HSCP.</p> <p>Robust monitoring of the HSCP revenue budget and spending is in place. A budget management audit was undertaken and the action plan is being implemented.</p> <p>The NAHSCP has a well-developed Change Programme which is designed to reconfigure services, secure</p>	<p>5 x 4 = 20 Very High ■</p> <p><u>Patient Experience / Outcome</u> The patients' needs could still be unmet.</p> <p>2 x 4 = 8 Moderate ■</p> <p><u>Adverse Publicity / Reputation</u> There could be adverse publicity and / or damage to the reputation of the partnership due to the failure to meet statutory duties and waiting times.</p> <p>3 x 3 = 9 Moderate ■</p>	<p>Continuation of key risk areas of spend are signed off by the relevant Head of Service.</p> <p>Continue to actively managing the demand for services using professional judgement to determine when care is provided and when it is waitlisted.</p> <p>Continue the operation of managed waiting lists to control demand</p>	<p><u>Patient Experience / Outcome</u> The patients' needs could still be unmet.</p> <p>2 x 3 = 6 Moderate ■</p> <p><u>Adverse Publicity / Reputation</u> There could be adverse publicity and / or damage to the reputation of the partnership due to the failure to meet statutory duties and waiting times.</p> <p>2 x 3 = 6 Moderate ■</p>
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<p>efficiencies through removing duplication and deliver the savings necessary to secure a balanced budget. This includes shifting resource from acute to community care.</p> <p>A £4m Challenge Fund was created in 2017/18 (later reduced to £2.6m as £1.4m was required for mitigation). The projects will generate savings will form part of the 2018/19 and 2019/20 budgets.</p> <p>The Strategic Plan for 2018/19 – 2020/21 was approved in April 2018. This takes cognisance of the reducing resources.</p> <p>Key risk areas of spend are signed off by the relevant Head of Service until the spend is within budget. For LD care packages this is done via the</p>				
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<p>Allocation of Resources Group (ARG).</p> <p>Effective budgetary control is part of the day to day activity in actively managing the demand for services using professional judgement to determine when care is provided and when it is waitlisted.</p> <p>Managed waiting lists should be operated to control demand.</p>				
Status of Risk i.e. Treat/Tolerate	Treat with the implementation of the Medium Term Financial Plan for 2018/19 – 2020/21.			
Assurance Statement on effectiveness of controls and status of action plan if applicable	The budgetary position and levels of service demand are monitored monthly through a range of one-to-one meetings; Team Meetings; and Partnership Senior Management Team, with regular onward reporting to the Integration Joint Board and both Parent Organisations. Based on these discussions control measures are agreed and implemented as far as possible, with areas for additional investment in future years highlighted to inform future budget setting.			
Assessors, Date and Review Date	Eleanor Currie	27/3/18	30/9/18	
Parent organisation for risk	<u>Both</u>			

Risk Title	Infrastructure - ICT System Integration	Assessment No	NAHSCP 2018-02	Risk Manager	Julie Davis
Risk Description ³	Lack of an integrated IT system to meet the needs of NAHSCP leading to non-robust and inefficient information recording and sharing resulting in inefficient business models, duplication of effort and risk to service users, patients and staff.				
Additional comments / Supporting Statement	<p>There are two strands to this risk:</p> <ol style="list-style-type: none"> 1) Technology to support agile working 2) An integrated system to share information <p>The Pan-Ayrshire IT strategy that was agreed in 2016 has been slow in moving forward. Whilst work is ongoing at a national level, local systems continue to be limited in potential solutions</p>				
Mitigation / Control Measures	Reasonably foreseeable risk remaining after taking existing control measures into consideration ⁴	Solution/Further controls	£	Reasonably foreseeable risk remaining after implementation of solutions/ further controls	
<p>Some pockets of agile and remote working have been implemented and evaluated, and work continues to roll these initiatives out to improve efficiency.</p> <p>Access to systems can be requested to allow NHS-Partnership staff access to NAC systems, and NAC-</p>	<p>No overarching strategic action plan for future ICT/Digital developments.</p> <p><u>Objectives and Projects</u> Reduction in scope to roll out agile working and team integration.</p> <p>4 x 3 = 12 High ■</p> <p><u>Patient Experience / Outcome</u></p>	<p>Develop strategic direction with NHSAAA, EAHSCP and SAHSCP.</p> <p>To ensure that there are local arrangements in place to manage local risk.</p>		<p>The remaining risks are scored based on current and future controls all being implemented.</p> <p><u>Objectives and Projects</u> Reduction in scope to roll out agile working and team integration.</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Patient Experience / Outcome</u></p>	

³ Describe the components of the risk in more detail i.e. focus on the leading and result aspect.

⁴ The consequence/likelihood risk matrix should be used taking into consideration each domain. Where a domain is identified as a risk, a brief description should be included

<p>Partnership staff access of NHS systems.</p> <p>An ICT action plan was developed in 2016</p>	<p>Inadequate applications for case management and reporting.</p> <p>There is a risk to service users / patients and staff if they cannot easily access information. E.g. Adult Support and Protection, Child Protection, lone working. .</p> <p>4 x 3 = 12 High ■</p> <p><u>Financial</u> The lack of integrated IT systems reduces the ability to adapt and change the way we work to assist in managing future demand by increased time to care.</p> <p>4 x 3 = 12 High ■</p>	<p>Monitoring of the ICT action plan to give oversight of progress.</p> <p>Action plan to be updated when the National Strategy is confirmed.</p>	<p>Inadequate applications for case management and reporting.</p> <p>There is a risk to service users / patients and staff if they cannot easily access information. E.g. Adult Support and Protection, Child Protection, lone working. .</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Financial</u> The lack of integrated IT systems reduces the ability to adapt and change the way we work to assist in managing future demand by increased time to care.</p> <p>3 x 3 = 9 Moderate ■</p>
Status of Risk	Treat		
Assurance Statement on effectiveness of controls and status of action plan if applicable	Updates will be provided to PSMT. Council wide ICT developments are reported to the Council Transformation Board.		
Assessors, Date & Review Date	Amanda Rose	6/4/18	30/9/18
Parent organisation for risk	Both		

Risk Title	Culture and Practice	Assessment No	NAHSCP 2018-03	Risk Manager	Stephen Brown
Risk Description ⁵	Failure to embed the appropriate culture, standards and positive behaviours of staff across the HSCP leading to failure in transforming the way we work resulting in not achieving the required transformational changes to move services forward.				
Additional comments / Supporting Statement	<p>Whilst we have successfully brought some services together, early lessons learned highlight that if culture, standards and behaviour are not addressed then change can be made more difficult.</p> <p>The Change Programme and Challenge Fund Projects are focused on early intervention and prevention to assist in stemming the impact of future demography increases.</p>				
Mitigation / Control Measures	Reasonably foreseeable risk remaining after taking existing control measures into consideration ⁶	Solution/Further controls	£	Reasonably foreseeable risk remaining after implementation of solutions/ further controls	
The Challenge Fund investment has allowed projects to be developed which transform the way we work with the original proposals having a clear focus on developing a culture of Families First while reviewing eligibility criteria, promotion of Self Directed Support and	<u>Objectives and Projects</u> The transformation of services requires all staff to be on board and changing the culture, standards and behaviours of all staff will take time. 4 x 3 = 12 High ■	Introduce different ways of working including MDTs Individuals and teams will be supported to change the way in which they assess, treat, and care for and support individuals if the principles of Realistic Care are to be delivered and the benefits realised in terms of increased		The remaining risks are scored based on current and future controls all being implemented. <u>Objectives and Projects</u> The transformation of services requires all staff to be on board and changing the culture, standards and behaviours of all staff will take time. 2 x 3 = 6 Moderate ■	

⁵ Describe the components of the risk in more detail i.e. focus on the leading and result aspect.

⁶ The consequence/likelihood risk matrix should be used taking into consideration each domain. Where a domain is identified as a risk, a brief description should be included

<p>refresh as well as consistent application of the Charging Policy.</p> <p>Phase two of the Challenge Fund will look at changing our current culture, practise and models of care with a focus on a reduction in statutory sector care with primacy being given to self-management, familial support and sign-posting to non-statutory alternatives.</p> <p>Full involvement of staff in every individual change programme will be actively encouraged and clearly defined benefits will be outlined and promoted throughout change programme.</p> <p>The organisational development plan will be implemented across the Partnership and will include sessions at varying levels and with all staff groups.</p> <p>PPD and EKSF/TURAS is undertaken with all individual staff on an annual basis.</p>	<p><u>Financial</u> If cultural change is not delivered we will be unable to meet increasing demand.</p> <p>4 x 3 = 12 High ■</p> <p><u>Patient Experience / Outcome</u> There will be an unsatisfactory patient experience if we do not change the culture as current practice will not meet future demand.</p> <p>4 x 3 = 12 High ■</p> <p><u>Staffing and Competence</u> There is a risk that not all staff will fully engage.</p> <p>3 x 3 = 9 Moderate ■</p>	<p>levels of self-management, choice and control. To that end, a programme of practice development will be required ensuring North Ayrshire Health and Social Care Partnership develops:</p> <ul style="list-style-type: none"> • The capacity and capability of frontline staff to support individuals to adopt a self-management approach; • New tools to identify individuals likely to be at risk of admission now and in the future, ensuring prevention and early intervention to mitigate that risk; • The skills, expertise and practise of Practitioners to operate at the top of their licence in engaging with and supporting service users and Carers in a new way. • The use of Technology Enabled Care and emergent technologies. <p>With the evolution of fully integrated, multi-disciplinary teams at the heart of this work, it will be important to ensure that staff and managers from directly</p>	<p><u>Financial</u> If cultural change is not delivered we will be unable to meet increasing demand.</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Patient Experience / Outcome</u> There will be an unsatisfactory patient experience if we do not change the culture as current practice will not meet future demand.</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Staffing and Competence</u> There is a risk that not all staff will fully engage.</p> <p>2 x 3 = 6 Moderate ■</p>
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Continuation of the staff partnership awards to celebrate success. Stress surveys/engagement surveys are undertaken regularly to identify areas for focused improvement.		provided services, as well as from the third and independent sectors have the opportunity to participate in regular inter-disciplinary training and peer support networks to share learning and good practice.		
Status of Risk i.e. Treat/Tolerate	Treat.			
Assurance Statement on effectiveness of controls and status of action plan if applicable	Progress will be monitored via the Challenge Fund and Programme Board which will be created to oversee this change in practice.			
Assessors, Date and Review Date	David Rowland	15/3/18	30/9/18	
Parent organisation for risk	Both			

Risk Title	North Ayrshire Health and Social Care Partnership Transformational Change Programme Delivery	Assessment No	NAHSCP 2018-04	Risk Manager	Michelle Sutherland
Risk Description ⁷	Failure to deliver the Transformational Change programmes across the Partnership, involving North Ayrshire Council (NAC) and NHS Ayrshire & Arran (NHSAA) services may lead to the identified outcomes not being delivered; resulting in financial instability, reduced performance, deteriorating patient outcomes, and reputational damage within North Ayrshire Health and Social Care Partnership (NAHCSP).				
Additional comments / Supporting Statement	The Transformational Change Programme is a complex process of change involving NAC and NHSAA services, including the four Pan Ayrshire NHSAA operational directorates i.e. three H&SCP and Acute. Due to the range of these services and the Partnership integration of services agenda, there is a high degree of connectivity and dependency between the projects within the Transformational Change Programme. Evidence has shown that failure to meet the programme will have an impact on both clinical and social care with increased pressures will affect the standard of care and support being delivered.				
Mitigation / Control Measures	Reasonably foreseeable risk remaining after taking existing control measures into consideration ⁸	Solution/Further controls	£	Reasonably foreseeable risk remaining after implementation of solutions/ further controls	
NAHSCP Change programme steering group reporting to NAHSCP Integration Joint Board, NHSAA Performance Governance Committee which has oversight on behalf of the NHS Board and NAC	<u>Service/Business interruption</u> Elements of the service may not be delivered resulting in sub-optimal service provision e.g. Heart, stroke and Chest Scotland. 3 x 4 = 12 High ■	Review the effectiveness of the governance structure for all programmes within Programme by October 2017 Raising awareness of Programme within the three		The remaining risks are scored based on current and future controls all being implemented. <u>Service/Business interruption</u> Elements of the service may not be delivered resulting in sub-optimal service provision 3 x 2 = 6 Moderate ■	

⁷ Describe the components of the risk in more detail i.e. focussing on the leading and result aspect.

⁸ The consequence/likelihood risk matrix should be used taking into consideration each domain. Where a domain is identified as a risk, a brief description should be included

<p>Extended Leadership Team.</p> <p>Each programme has its own Programme Sponsor, Programme Lead, and Programme Board.</p> <p>Pan Ayrshire SPOG, NHSAA & NAC Scrutiny Groups review and professionally challenge business plan</p> <p>Scheduled meetings with Transformational Change Programme Managers to ensure effective communication throughout the change process on a 6 weekly basis. Cross fertilisation and knowledge transfer of Programme/project Managers.</p> <p>Development of Transformational Change Programme risk register to manage</p>	<p>Programme may lead to adverse scrutiny report from NHSAA, NAC and Scottish Government.</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Adverse Publicity/Reputation</u> Failure of Transformational Change Programme may lead to negative staff morale, wellbeing and public perception of the organisation could lead to political/press involvement.</p> <p>4 x 2 = 8 Moderate ■</p> <p><u>Objectives and Projects</u> Conflicting demands leading to failure of Transformational Change Programme to deliver outcomes on time and increased pressures and negative impact on staff, services and resources.</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Projects and Objectives</u> Ineffective communication and networking (formal and informal) across all levels of the Programme will impact on the success or failure of the Programme.</p> <p>3 x 3 = 9 Moderate ■</p>	<p>parent organisation via communications plan which is written in plain English and accessible to all stakeholders. (With effect June 2016).</p> <p>Raising awareness of Programme within the three partnership organisations political structures e.g. NAC elected members and NHAA non-executive directors</p> <p>Programme and project plans with clear timescales, responsible officers and project support in place.</p> <p>SPOG review of business cases prior to formal submission to corporate parents to highlight negative aspects</p>	<p><u>Inspection / assessment / audit</u> Transformational Change Programme may lead to adverse scrutiny report from NHSAA, NAC and Scottish Government.</p> <p>3 x 2 = 6 Moderate ■</p> <p><u>Adverse Publicity/Reputation</u> Failure of Transformational Change Programme may lead to negative staff morale, well-being and public perception of the organisation could lead to political/press involvement.</p> <p>4 x 2 = 8 Moderate ■</p> <p><u>Objectives and Projects</u> Conflicting demands leading to failure of Transformational Change Programme to deliver outcomes on time and increased pressures and negative impact on staff, services and resources.</p> <p>3 x 2 = 6 Moderate ■</p> <p><u>Projects and Objectives</u> Business Plans reduce the Transformational Change Programme in to defined elements, which may negatively impact on one another in</p>
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<p>risks associated with Programme change strands.</p> <p>Business Plans developed for each programme within Programme which identifies specific requirements for the successful delivery of each programme.</p> <p>Information sharing and lack of a single IT system does not support integrated working</p> <p>Return on investment of the ICF, challenge fund and Change Team cannot be determined.</p>	<p><u>Projects and Objectives</u> Business Plans reduce the Transformational Change Programme in to defined elements, which may negatively impact on one another in the longer-term, rather than creating a whole system solution.</p> <p>3 x 4 = 12 High ■</p> <p><u>Projects and Objectives</u> Information sharing and lack of a single IT system does not support integrated working</p> <p>3 x 5 = 15 High ■</p> <p><u>Financial</u> Mid-term financial plans in place to mitigate financial and investment risks. The change plans track financial savings, release and investment</p> <p>3 x 3 = 9 Moderate ■</p>	<p>Risk registers and mitigation plans in place for the Programme and Projects</p> <p>HSCP has an Information System and Sharing Steering Group in place however the legislative and professional bodies' guidance continues to create a complex environment.</p>	<p>the longer-term, rather than creating a whole system solution.</p> <p>3 x 4 = 12 High ■</p> <p><u>Projects and Objectives</u> Information sharing and lack of a single IT system does not support integrated working</p> <p>3 x 5 = 15 High ■</p> <p><u>Financial</u> Mid-term financial plans in place to mitigate financial and investment risks. The change plans track financial savings, release and investment</p> <p>3 x 3 = 9 Moderate ■</p>
Status of Risk	Treat		
Assurance Statement on effectiveness of controls and status of action plan if applicable	The Change Programme Steering Group meet quarterly, updates are provided to PSMT and the IJB		
Assessors, Date and Review Date	Michelle Sutherland, Partnership Facilitator – Change Programme, 2 nd April 2018		
Parent organisation for risk	NHSAA / NAC / Both ⁹		

Risk Title	Governance	Assessment No	NAHSCP 2018-05	Risk Manager	Karen Andrews
Risk Description ¹⁰	Failure to comply with governance requirements such as Freedom of Information, Complaints and other regulations laid down within the Public Bodies (Scotland) Act. This could lead to a breach of specific regulations resulting in enforcement action from governing bodies, adverse public reaction and/or prosecution.				
Additional comments / Supporting Statement	Clinical and Care Governance arrangements will be streamlined across all three HSCPs and NHS processes. This will include adverse events; complaints; and risk management.				
Mitigation / Control Measures	Reasonably foreseeable risk remaining after taking existing control measures into consideration ¹¹	Solution/Further controls	£	Reasonably foreseeable risk remaining after implementation of solutions/ further controls	
<p>Policies and procedures developed and in place for each function including the introduction of Complaints Handling Procedure for both HSCP and IJB.</p> <p>A Governance Team to support the governance arrangements of the HSCP.</p>	<p><u>Complaints / Claims</u> Despite having the mitigation and control measures in place there is still potential for complaints.</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Adverse Publicity / Reputation</u></p>	<p>Governance updates on complaints, FOIs, Safety Action Notices etc., are reported on a quarterly basis to the HSCP Partnership Management Team.</p> <p>IJB receives 6 monthly updates on Clinical and Care Governance activity including</p>		<p>The remaining risks are scored based on current and future controls all being implemented.</p> <p><u>Complaints / Claims</u> Despite having the mitigation and control measures in place there is still potential for complaints.</p> <p>3 x 3 = 9 Moderate ■</p>	

¹⁰ Describe the components of the risk in more detail i.e. focus on the leading and result aspect.

¹¹ The consequence/likelihood risk matrix should be used taking into consideration each domain. Where a domain is identified as a risk, a brief description should be included

<p>Operational Governance / Delivery groups in place to ensure appropriate action planning and monitoring – these include :-</p> <ul style="list-style-type: none"> • Performance & Audit Committee; • Clinical and Care Governance Group; • Adverse Events Review Group; • Health & Safety Groups • Staff Partnership Forum <p>Agreed the process for making “directions” to North Ayrshire Council and NHS Ayrshire & Arran.</p> <p>Approved a Risk Management and a Strategic Risk Register</p> <p>A Health and Care Governance Framework was agreed by the IJB on 9th March 2017. This also covers governance arrangements in relation to complaints and customer feedback, risk management, health and safety, Internal</p>	<p>Despite having the mitigation and control measures in place there is still potential for adverse publicity if the measures are not fully complied with.</p> <p>2 x 3 = 6 Moderate ■</p>	<p>details of adverse events; significant case review; complaints. This update includes details of outcomes and lessons learned.</p> <p>The Public Records (Scotland) Act 2011 came into force in 2013 and states that named authorities are required to prepare a Records Management Plan (RMP) for the management of the authority’s records, and to submit the plan to the Keeper of the Records of Scotland for agreement. North Ayrshire Integration Joint Board is a named authority under the Act. The Keeper of Records of Scotland will invite IJBs to submit their in November 2018, for plans to be in place by March 2019. Arrangements are in place to meet this deadline.</p>	<p><u>Adverse Publicity / Reputation</u></p> <p>Despite having the mitigation and control measures in place there is still potential for adverse publicity if the measures are not fully complied with.</p> <p>2 x 3 = 6 Moderate ■</p>
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<p>Audit, workforce planning and public protection.</p> <p>Risk workshops were held with each service to improve risk management.</p> <p>North Ayrshire IJB has complied with all legislative requirements for IJBs which were introduced during 2017. These include :-</p> <ul style="list-style-type: none">• Model Publication Scheme• Climate Change Reporting• Records Management Plan• Complaints Handling Procedure				
Status of Risk i.e. Treat/ Tolerate	Tolerate			
Assurance Statement on effectiveness of controls and status of action plan if applicable	Governance is a standing item on the PSMT agenda and any issues can be quickly resolved.			
Assessors, Date and Review Date	Karen Andrews	28/3/18	30/9/18	
Parent organisation for risk	Both			

Risk Title	Demography and Inequality Pressures	Assessment No	NAHSCP 2018-06	Risk Manager	Stephen Brown
Risk Description ¹²	Failure to adequately plan for and respond to changes in our population profile and in the levels of poverty in North Ayrshire will result in more people experiencing higher levels of physical and mental ill health, resulting in increasing demand on services, and an inability of services to provide adequate care.				
Additional comments / Supporting Statement	<p>The population of North Ayrshire is expected to fall over the next 10 years, however, the area is seeing a growth in the number of people aged 65 and over, with percentage of the population expected to increase from 22.3% to 27.5% in 2027. This means there will be a larger proportion of the population considered dependent (not economically active) compared to a shrinking working population (those who are economically active)</p> <p>39% of North Ayrshire's residents live in areas identified as amongst the most deprived in Scotland with levels of multi-morbidity (people with more than one chronic medical condition) being higher in the most deprived areas.</p> <p>The number of children living in poverty is increasing each year: In 2016 the Child Poverty Action Group (CPAG) reported that 7,051 (30.4%) children in North Ayrshire live in poverty, the second highest level of child poverty in Scotland (Glasgow City has the highest).</p>				
Mitigation / Control Measures	Reasonably foreseeable risk remaining after taking existing control measures into consideration ¹³	Solution/Further controls	£	Reasonably foreseeable risk remaining after implementation of solutions/ further controls	
Through delivery of the strategic plan, the Partnership sets out actions to tackle inequality through its Partnership Pledge and across all five of its strategic priorities. The partnership pledge:	<u>Service/Business interruption</u> Elements of the service may not be delivered if we cannot engage effectively with communities resulting in sub-optimal service provision. 3 x 4 = 12 High ■	Raise the profile of the impact of inequalities with our communities, staff, service users and volunteers through implementation of the strategic plan to ensure they have a firm understanding of inequalities		The remaining risks are scored based on current and future controls all being implemented. <u>Service/Business interruption</u> Elements of the service may not be delivered if we cannot engage effectively with	

¹² Describe the components of the risk in more detail i.e. focus on the leading and result aspect.

¹³ The consequence/likelihood risk matrix should be used taking into consideration each domain. Where a domain is identified as a risk, a brief description should be included

<p>The partnership pledge changes the relationship we have with local people and informs them what they can do to help improve the health and wellbeing of people and communities in North Ayrshire. The pledge sets out our commitment to working closer with local people, by working together we can improve health and wellbeing as well as reduce demand on local services. It invites people to consider actions that impact on their health and asks them to support neighbours, family and friends in times of need.</p> <p>In addition to the pledge, we have many actions within each of the strategic priorities including:</p> <ul style="list-style-type: none"> • Tackling Inequalities • Engaging Communities • Prevention & Early Intervention • Improving Mental Health & Wellbeing • Bringing Services Together 	<p><u>Objectives and Projects</u> Conflicting demands leading reduction in ability to meet strategic plan objectives. 4 x 3 = 12 High ■</p> <p><u>Financial</u> Failure to deliver the strategic plan objectives could increase the demand and cost of future care. 4 x 3 = 12 High ■</p> <p><u>Patient Experience / Outcome</u> Potential increase in mental and physical ill health. 4 x 3 = 12 High ■</p>	<p>and its impact on health and wellbeing.</p> <p>Develop teams around the 'family' to help us respond more efficiently to the needs of children at the earliest possible stage</p> <p>Expand Community Link Workers service to assist individuals to understand the full range of formal and informal community based services available to them</p> <p>Programme and project plans with clear timescales, responsible officers and project support in place.</p>	<p>communities resulting in sub-optimal service provision.</p> <p>2 x 3 = 6 Moderate ■</p> <p><u>Objectives and Projects</u> Conflicting demands leading reduction in ability to meet strategic plan objectives. 2 x 3 = 6 Moderate ■</p> <p><u>Financial</u> Failure to deliver the strategic plan objectives could increase the demand and cost of future care. 4 x 3 = 12 High ■</p> <p><u>Patient Experience / Outcome</u> Potential increase in mental and physical ill health. 3 x 3 = 9 Moderate ■</p>
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Full detail of the specific actions against each of the bullet points are in the Strategic Plan.

In addition the Money Matters service will continue to work with vulnerable families, providing them with benefits advice and helping to maximise household incomes. We will continue to support carers through the implementation of the Carers Act and further roll out of the Carer's Appreciation Card which offers local carers discounts and benefits from a number of local businesses.

The Partnership will continue to work closely with partners to deliver the Fair for All pledges and progress the Fairer Food agenda.

Demography increases are factored into the Medium Term Financial Plan.

The Change Programme and Challenge Fund Projects are focused on early intervention and prevention to assist in stemming the impact of future demography

increases.				
Status of Risk i.e. Treat/ Tolerate	Tolerate			
Assurance Statement on effectiveness of controls and status of action plan if applicable	Monitoring systems are in place and responsibility for tackling inequalities are shared across all Community Planning partners.			
Assessors, Date and Review Date	Michelle Sutherland	29/3/18	30/9/18	
Parent organisation for risk	Both			

Risk Title	Workforce	Assessment No	NAHSCP 2018-07	Risk Manager	Stephen Brown
Risk Description ¹⁴	Failure to workforce plan leading to an insufficient workforce (number of staff and competency levels) available resulting in a reduction in capacity to safely and effectively care for local people.				
Additional comments / Supporting Statement	There are historic recruitment difficulties, high rates of turnover and above target rates of sickness absence within directly managed services and an increasingly fragile independent and third sector provision of Care Home and Care at Home services.				
Mitigation / Control Measures	Reasonably foreseeable risk remaining after taking existing control measures into consideration ¹⁵	Solution/Further controls	£	Reasonably foreseeable risk remaining after implementation of solutions/ further controls	
<p>Assiduous application of Health and NAC Absence Management policies.</p> <p>Engagement with the new Supporting Attendance Officers to secure additional help and support in managing absence.</p> <p>Engagement with local secondary schools to expand the range of work experience and modern apprentice options that</p>	<p><u>Staffing and Competence</u> No/lack of suitable applicants as posts alongside competition from neighbouring boards for a limited pool of suitable candidates.</p> <p>4 x 3 = 12 High ■</p> <p><u>Staffing and Competence</u> Potential for inequity across Partnership services if the Minimum Staffing Legislation is only designed to cover nursing or health staff</p> <p>4 x 3 = 12 High ■</p>	<p>Undertake workforce planning for each transformational change programme within services.</p> <p>Develop minimum safe staffing levels across all staff groups and factor this into the Workforce Plan and Medium Term Financial Plan.</p> <p>The creation of pan-Ayrshire Strategic Commissioning plans to move from competitive to collaborative staffing models.</p>		<p>The remaining risks are scored based on current and future controls all being implemented.</p> <p><u>Staffing and Competence</u> No/lack of suitable applicants as posts alongside competition from neighbouring boards for a limited pool of suitable candidates.</p> <p>2 x 3 = 6 Moderate ■</p> <p><u>Patient Experience / Outcome</u> Inability to delivers services.</p> <p>2 x 3 = 6 Moderate ■</p>	

¹⁴ Describe the components of the risk in more detail i.e. focusing on the leading and result aspect.

¹⁵ The consequence/likelihood risk matrix should be used taking into consideration each domain. Where a domain is identified as a risk, a brief description should be included

<p>are available to promote a career in care.</p> <p>Engagement with Ayrshire College to refine and expand the range of options available for students to experience service delivery in North Ayrshire.</p> <p>Conduct exit interviews with all staff to understand reasons for leaving, using this intelligence to improve working conditions and make NAHSCP a more attractive employment prospect.</p> <p>Work with local providers to understand the pressures they face and support them, in the context of the National Care Home Contract and the work underway to develop a Cost of Care calculator.</p> <p>Subject to the outcome of the review of Step-down Care provision, make the</p>	<p><u>Patient Experience / Outcome</u> Inability to delivers services.</p> <p>4 x 3 = 12 High ■</p> <p><u>Patient Experience / Outcome</u> Loss of appropriate skill mix will potentially impact staff morale</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Complaints / Claims</u></p> <p>Potential for complaints due to the inability to deliver services.</p> <p>Score 4 x 3 = 12 High ■</p> <p><u>Service / Business Interruption</u></p> <p>Lack of staff could result in some disruption to service with an unacceptable impact on service user care or temporary loss of ability to provide service.</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Adverse Publicity / Reputation</u></p> <p>Failure to provide a service could result in adverse publicity.</p>	<p>Transforming services towards self care to change the future workforce requirements.</p>	<p><u>Patient Experience / Outcome</u> Loss of appropriate skill mix will potentially impact staff morale</p> <p>3 x 3 = 9 Moderate ■</p> <p><u>Complaints / Claims</u></p> <p>Potential for complaints due to the inability to deliver services.</p> <p>Score 3 x 3 = 9 Moderate ■</p> <p><u>Service / Business Interruption</u></p> <p>Lack of staff could result in some disruption to service with an unacceptable impact on service user care or temporary loss of ability to provide service.</p> <p>2 x 3 = 6 Moderate ■</p> <p><u>Adverse Publicity / Reputation</u></p> <p>Failure to provide a service could result in adverse publicity.</p> <p>3 x 3 = 9 Moderate ■</p>
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<p>case for staffing levels in line with the outcome from the workforce tool to improve working conditions and thereby recruitment and retention, as well as sickness absence.</p> <p>Early identification of vacancies</p> <p>Timeous submission of recruitment paperwork</p> <p>Workforce Planning Group within EAHSCP and SAHSCP</p> <p>Review job plans</p> <p>National workforce plan</p>	3 x 3 = 9 Moderate ■			
Status of Risk i.e. Treat/Tolerate	Treat			
Assurance Statement on effectiveness of controls and status of action plan if applicable	Sickness absence and recruitment / retention is proactively managed and monitored monthly through a range of one-to-one meetings and Team Meetings. Based on these discussions control measures are agreed and implemented as far as possible, with areas for improvement agreed and incorporated into action plans.			
Assessors, Date and Review Date	Assessor – David Rowland Date – 28 March 2018 Review Date – 30 September 2018			
Parent organisation for risk	Both			

Appendix B

Extract from the Risk Strategy on Risk Scoring

SEVERITY CONSEQUENCE MATRIX - Description and definition of the CONSEQUENCE / IMPACT of the risk should it occur (these are a guide)

“Domains”	Severity				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Objectives and projects	<ul style="list-style-type: none"> Barely noticeable reduction in scope / quality / schedule 	<ul style="list-style-type: none"> Minor reduction in scope / quality / schedule 	<ul style="list-style-type: none"> Reduction in scope or quality, project objectives or schedule. 	<ul style="list-style-type: none"> Significant reduction in ability to meet project objectives or schedule. 	<ul style="list-style-type: none"> Inability to meet project objectives, reputation of the organisation seriously damaged and failure to appropriately manage finances.
Injury (physical and psychological) to patients/staff.	<ul style="list-style-type: none"> Adverse event leading to minor injury not requiring first aid. 	<ul style="list-style-type: none"> Minor injury or illness, first-aid treatment needed. No staff absence required. 	<ul style="list-style-type: none"> Significant injury requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> Major injuries or long term incapacity/ disability (loss of limb), requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> Incident leading to death or major permanent incapacity.
Patient experience / outcome	<ul style="list-style-type: none"> Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care. 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery < 1Wk 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome, long term effects - expect recovery > 1Wk 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects.
Complaints / claims	<ul style="list-style-type: none"> Locally resolved complaint 	<ul style="list-style-type: none"> Justified complaint peripheral to clinical care 	<ul style="list-style-type: none"> Below excess claim. Justified complaint involving lack of appropriate care. 	<ul style="list-style-type: none"> Claim above excess level. Multiple justified complaints. 	<ul style="list-style-type: none"> Multiple claims or single major claim.
Staffing and competence	<ul style="list-style-type: none"> Short term low staffing level (< 1 day), where there is no disruption to patient care. 	<ul style="list-style-type: none"> Ongoing low staffing level results in minor reduction in quality of patient care Minor error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> Non delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to insufficient training / implementation of training.

			<ul style="list-style-type: none"> ▪ Ongoing problems with staffing levels 		
Service / business interruption	<ul style="list-style-type: none"> ▪ Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service 	<ul style="list-style-type: none"> ▪ Short term disruption to service with minor impact on patient care. 	<ul style="list-style-type: none"> ▪ Some disruption in service with unacceptable impact on patient care. ▪ Temporary loss of ability to provide service. 	<ul style="list-style-type: none"> ▪ Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked. 	<ul style="list-style-type: none"> ▪ Permanent loss of core service or facility. ▪ Disruption to facility leading to significant “knock on” effect.
Financial	<ul style="list-style-type: none"> ▪ Negligible organisational financial loss (£< 1k). 	<ul style="list-style-type: none"> ▪ Minor organisational financial loss (£1-10k). 	<ul style="list-style-type: none"> ▪ Significant organisational financial loss (£10-100k). 	<ul style="list-style-type: none"> ▪ Major organisational financial loss (£100k-1m). 	<ul style="list-style-type: none"> ▪ Severe organisational financial loss (£>1m).
Inspection / assessment / audit	<ul style="list-style-type: none"> ▪ Small number of recommendations which focus on minor quality improvement issues. 	<ul style="list-style-type: none"> ▪ Minor recommendations made which can be addressed by low level of management action. 	<ul style="list-style-type: none"> ▪ Challenging recommendations but can be addressed with appropriate action plan. 	<ul style="list-style-type: none"> ▪ Enforcement Action. ▪ Low rating. ▪ Critical report. 	<ul style="list-style-type: none"> ▪ Prosecution. ▪ Zero Rating. ▪ Severely critical report.
Adverse publicity / reputation	<ul style="list-style-type: none"> ▪ No media coverage, little effect on staff morale. 	<ul style="list-style-type: none"> ▪ Local Media – short term. ▪ Minor effect on staff morale / public attitudes. 	<ul style="list-style-type: none"> ▪ Local Media – long term. ▪ Impact on staff morale and public perception of the organisation. 	<ul style="list-style-type: none"> ▪ National Media (< 3 days). ▪ Public confidence in the organisation undermined. ▪ Usage of services affected. 	<ul style="list-style-type: none"> ▪ National Media (> 3 days). ▪ MP / MSP Concern (Questions in Parliament).
Organisational / Personal Security, and Equipment	<ul style="list-style-type: none"> ▪ Damage, loss, theft (£< 1k). 	<ul style="list-style-type: none"> ▪ Damage, loss, theft (£1-10k). 	<ul style="list-style-type: none"> ▪ Damage, loss, theft (£10-100k). 	<ul style="list-style-type: none"> ▪ Damage, loss, theft (£100k-1m). 	<ul style="list-style-type: none"> ▪ Damage, loss, theft (£>1m).

	1 Remote	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Probability	<ul style="list-style-type: none"> Will only occur in exceptional circumstances. 	<ul style="list-style-type: none"> Unlikely to occur but definite potential exists. 	<ul style="list-style-type: none"> Reasonable chance of occurring – has happened before on occasions. 	<ul style="list-style-type: none"> Likely to occur – strong possibility. 	<ul style="list-style-type: none"> The event will occur in most circumstances.

Risk Rating

LIKELIHOOD	SEVERITY				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Remote	1	2	3	4	5

Level of Risk	Risk	How the risk should be managed
Very High (20-25)	Immediate Action Required Intolerable	Requires active management to manage down and maintain the exposure at an acceptable level. Escalate upwards. The activity or process should not be started or allowed to continue until the risk level has been reduced. While the control measures selected should be cost-effective, legally there is an absolute duty to reduce the risk. Review every 3 months.
High (10-16)	Immediate Action Required Unacceptable	Contingency plans may suffice together with early warning mechanisms to detect any deviation from the profile. Escalate upwards. If a new activity or process, it should not be started until the risk has been reduced. Considerable resources may have to be allocated to reduce the risk. Where the risk involves an existing activity or process, the problem should normally be remedied within one to three months. Review every 6 months.
Moderate (4-9)	Action Required	Efforts should be made to reduce the risk, but the cost of reduction should be carefully measured and limited. Risk reduction measures should normally be implemented within three to six months. Re-assess frequently
Low (1-3)	Acceptable	No further preventative action is necessary, but consideration should be given to more cost-effective solutions or improvements that impose no additional cost burden. Monitoring is required to ensure that the controls are maintained. Review periodically to ensure conditions have not changed.

Integration Joint Board 24 May 2018

Subject: **Support Service For Adults With Enduring Mental Health Problems**

Purpose: To seek the approval of the Integrated Joint Board to tender for a Service Provider to deliver a support service for adults with enduring mental health problems at the Council's property located at 2a and 2b Nethermains Road, Kilwinning.

Recommendation: The Integrated Joint Board directs North Ayrshire Council, on behalf of North Ayrshire Health and Social Care Partnership, to tender for a Service Provider to deliver support services for adults with enduring mental health problems, meeting their assessed need and outcomes, initially at the property located at 2a Nethermains Road, Kilwinning and then potentially developing the service to cover the property at 2b Nethermains Road, Kilwinning. This recommendation is retrospective to the commencement of the tender process due to emergency nature of the situation.

Glossary of Terms	
NHSAA	NHS Ayrshire & Arran
NAHSCP	North Ayrshire Health and Social Care Partnership

1.	EXECUTIVE SUMMARY
1.1	AAHB will be closing Lochranza Ward at Ailsa Hospital end September 2018. There are currently 4 patients who are residents of North Ayrshire and will require to be repatriated into the community with robust supports in place. There is also a North Ayrshire resident currently located in Woodland View who is ready for discharge when suitable arrangements can be made. There has been a delay in implementing discharge plans and identification of alternative supported accommodation solutions by East/South Ayrshire within the required time frame which will impact on the closure date in 2018.
1.2	The high level vulnerability of these patients and fluctuating nature of their mental ill health, often in response to social circumstances, demands that a safe model of provision is based on a responsive 24/7 service. This is against a general background of increasing demand and complexity of problems faced by adults with a mental health problem resulting in increasing requirements for ongoing care and support in the community.
1.3	Working with North Ayrshire Council Housing the property at 2a Nethermains Road Kilwinning has been identified as a suitable environment into which patients could be supported on a 24 hour basis as a transitional move from a hospital setting. The adjoining property at 2b Nethermains Road Kilwinning may become part of the future

	service for individuals assessed by a multi disciplinary team as being more able to live independently and thereby requiring less intensive support. The service users will have individual support packages and only use the staff in the main base i.e. 2a Nethermain Road, for responsive contact.
1.4	Furthermore, the budget identified to deliver the service from 2a Nethermain Road, is £329k per annum, a saving of £246k per annum over the projected cost to provide an equivalent level of support if delivered in single and dispersed tenancies, £575k.
2.	BACKGROUND
2.1	The service is aligned to AAHB's Transformational Change Improvement Plan that underpins their Local Delivery Plan, the contract between the Health Board and Scottish Government in the funding and delivery of health services. The Local Delivery Plan incorporates direction to rationalise the current estate with intent to decommission and demolish ageing and not fit for purpose buildings located on the Ailsa and Arrol Park sites.
2.2	The plan also highlights the need to change models of care across the range of client groups, building on multi disciplinary team work to enhance the effectiveness and efficiency of the services and to realise better outcomes for the people they serve. In terms of the balance of care, there will be an overall reduction in hospital beds and for that to happen, robust community resources of accommodation models and service delivery need to be developed.
2.3	<p>An emergency situation exists as the complex and chronic conditions of the mental health patients identified for transfer from Ailsa and Woodland View is such that transition to another setting will require planning and time for both:</p> <ul style="list-style-type: none"> ➤ the Service Provider who will require to get a service up and running in a short time scale with skilled staff who have the opportunity to get to know the patients as individuals; and ➤ Patients who will be moving from a hospital setting where they have felt safe and secure in for a number of years and their family/carers who require to build confidence in a new service. <p>The imperative is to get the right supports in place in a very short timescale to enable the successful transition of patients.</p>
3.	PROPOSALS
3.1	<p>The IJB approves the procurement of a Service Provider to support the individuals assessed as suitable for initially 2a and subsequently 2b Nethermain Road Kilwinning.</p> <p>The preferred procurement route to be an Open Tender with a Contract duration of two years with the option to extend for a further period of 12 months.</p>
3.2	<u>Anticipated Outcomes</u>
	<ul style="list-style-type: none"> • Individuals with chronic mental health problems are supported in their recovery from acute episodes of deterioration safely and appropriately in the community.
	<ul style="list-style-type: none"> • Prevention of further episodes of relapse and deterioration, often prompted by social problems, by intervening at an early stage.
	<ul style="list-style-type: none"> • Outcomes will be developed at an individual level through the process of

	<p>assessment, care planning and management by North Ayrshire Council and achieved through the implementation of an agreed personal plan by the Provider and Individual. Plans will be based on conversations with Individuals and/or their carer/Representative as appropriate about individual outcomes and the Provider will deliver facilities and interventions that demonstrably promote the following broad outcomes for Individuals:-</p> <ul style="list-style-type: none"> ➤ To feel safe and secure ➤ To have enjoyable and fulfilling things to do ➤ To have good social contacts and relationships ➤ To stay as healthy as they can ➤ To be supported to challenge stigma/discrimination <p>Examples of individual outcomes may include:</p> <ul style="list-style-type: none"> • Personal development • Running and maintaining a household • Staying Safe • Moving on
3.3	<u>Measuring Impact</u>
	<p><u>At a Service Level</u></p> <p>The Service will be monitored using North Ayrshire Councils' Contract Management Framework for Quality Care and Support Services. Measures will include:-</p> <ul style="list-style-type: none"> • Discontinuation of Service. Has the Service not met the assessed needs of an individual to the extent that an individual has had to be found alternative provision and reasons. • Admissions/re-admissions to hospital and reasons. • Complaints. Frequency and nature of complaints. • At a Service Level achievement of outcomes in Personal Plans and impact on individuals. <p><u>At an Individual Level</u></p> <p>As noted outcomes will be agreed with individuals as part of the assessment and care planning process.</p> <p>Outcomes will be reviewed on a regular basis between individuals, Care Managers and the Provider.</p> <p>Further, the Provider may notify the Council at any time of changes to an individual's personal plan, including a need for increased or decreased support.</p>
4.	IMPLICATIONS

Financial :	The Service has a budget amount of £329k per annum. Of this sum £126k per annum will be funded by AAHB.
Human Resources :	The only Human Resource implications for NAHSCP staff will be in Contract Monitoring. This will be conducted using current staff resources.
Legal :	The Procurement will be carried out in line with the Public Contracts (Scotland) Regulations 2015 and North Ayrshire Councils Standing Orders.
Equality :	There are positive equality impacts in this proposal as the service is for individuals with mental health problems and will support them in a community setting.
Environmental & Sustainability :	There are no environmental/sustainability implications in connection with this proposal.

Key Priorities :	<p>National Health and Well-being Outcomes:-</p> <ul style="list-style-type: none"> • Outcome 2- People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community; • Outcome 4- Health and Social Care services are centred on helping to maintain or improve the quality of life of people who use those services; • Outcome 7- People using health and social care services are safe from harm; and • Outcome 9- Resources are used effectively and efficiently in the provision of health and social care services.
Risk Implications :	<p>This Service is the most cost effective use of resources in meeting the assessed needs of individuals with chronic and enduring mental health problems who have not been able to sustain living in the community on a number of previous occasions.</p> <p>To provide an equivalent level of support in single and dispersed tenancies would be significantly more expensive and intrusive for individuals due to the required presence of a formal carer in the home on a 24/7 basis.</p>
Community Benefits :	These would be non core and revolve around providing employment for local people and community involvement.

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	Consultations have taken place with North Ayrshire Council Housing and NHS Ayrshire & Arran.
6.	CONCLUSION
6.1	<p>The Integrated Joint Board directs North Ayrshire Council, on behalf of North Ayrshire Health and Social Care Partnership, to tender for a Service Provider to deliver support services for adults with enduring mental health problems, meeting their assessed need and outcomes, initially at the property located at 2a Nethermain Road, Kilwinning and then potentially developing the service to cover the property at 2b Nethermain Road, Kilwinning.</p> <p>This recommendation is retrospective to the commencement of the tender process due to emergency nature of the situation.</p>

For more information please contact Norma Bell, Independent Living Manager, Woodland View Development Project on 01294 317760 or nbell@north-ayrshire.gcsx.gov.uk

DIRECTION

From North Ayrshire Integration Joint Board



1.	Reference Number	2018-240518	
2.	Date Direction Issued by IJB	24 May 2018	
3.	Date Direction takes effect	24 th May 2018	
4.	Direction to	North Ayrshire Council	✓
		NHS Ayrshire & Arran	
		Both	
5.	Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)	Yes	
		No	No
6.	Functions covered by the direction	Support services for adults with enduring mental health problems as outlined in the report to the Integrated Joint Board.	
7.	Full text of direction	North Ayrshire Council is directed to procure an intensive support service for adults with enduring mental health problems initially at the property identified at 2a Nethermains Road Kilwinning as a transitional move from a hospital setting; and then, at a later stage, a support service at 2b Nethermains Road Kilwinning for individuals assessed as being able to live independently and thereby requiring less intensive support.	
8.	Budget allocated by Integration Joint Board to carry out direction	<p><i>The budget available to provide the Service at 2a Nethermains Road Kilwinning is: £329K per annum. This has been arrived at as follows:-</i></p> <p><i>£126k from AAHB</i> <i>£196k from the Council 18/19 budget process</i> <i>£7k to be met from within existing resources</i></p> <p><i>The Contract term will be two years with the ability to extend for a further 12 month period.</i></p>	

9.	Performance Monitoring Arrangements	Performance monitoring will take place in line with North Ayrshire Council's Contract Management Framework for Quality Care and Support Services at a Service Level and North Ayrshire Council Care Managers at an Individual Level.
10.	Date of Review of Direction (if applicable)	January 2021

Minutes of North Ayrshire Strategic Planning Group Meeting

Held on Wednesday 25th April 2018, 10.00am

Greenwood Conference Centre, Dreghorn

Present:

Councillor Christina Larsen (Stand in Chair)
Michelle Sutherland, Strategic Planning & Transformational Change Lead, NAHSCP
Brenda Knox, Health Improvement Lead, NHS A&A
Louise McDaid, Staff Representative
David Bonellie, Optical Representative
Norma Bell, Manager, Planning & Performance, Mental Health, NAHSCP
David Donaghey, Partnership Representative, NAHSCP
Vicki Yuill, Operations Manager, Arran CVS
Heather Molloy, Independent Sector Representative
Clive Shephard, NA Federation of Community Associations
Sam Falconer, Community Pharmacist NHS A&A
Dr Janet McKay, Garnock Valley Locality Lead
Fiona Comrie, KA Leisure
Elaine McClure, Portfolio Programme Manager (Transformation and Sustainability)
Shahid Hasif, Head of Finance, NAHSCP
Elaine Young, Assistant Director of Public Health, NHS
Gavin Paterson, Engagement Officer, NAHSCP
Dr Paul Kerr, Clinical Director, NAHSCP
Annie Robertson, Business Planning Manager, NAHSCP
Simon Morrow, Dental Representative
Louise Gibson, Dietetic lead, integrated services, NHS A&A
Sam Falconer, Community Pharmacist NHS A&A
Dr John Taylor, Associate Medical Director
Marion Gilchrist, Interim Manager/Senior Nurse LD Services
Christine Speedwell, Care Centre Manager

In Attendance:

Scott Bryan, Team Manager – Planning, NAHSCP
Louise Harvie, Clerical Officer, NAHSCP
Kimberley Mroz, Team Manager, Self-Directed Support, NAHSCP

Apologies Received:

Councillor Robert Foster, Chair
David Rowland, Head of Service, Health & Community Care, NAHSCP
Thelma Bowers, Head of Service, Mental Health, NAHSCP
Donna McKee, Head of Service, Children & Families & Justice Services, NAHSCP
David MacRitchie, Senior Manager/Chief Social Work Officer NAHSCP
Lynne McNiven, Consultant in Public Health, NHS
Sharon Bleakley, Local Officer, Scottish Health Council
Eleanor McCallum, Partnership Engagement Office, NAHSCP
Laura Barrie, KA Leisure
Mark Gallagher, Alcohol & Drugs Partnership, NAHSCP
Fiona Thompson, Locality Lead, Irvine
David Thomson, Associate Nurse Director/Lead Nurse, NAHSCP
Ruth Betley, Senior Manager, Arran Services, NAHSCP



1.	<u>WELCOME & APOLOGIES</u>	
1.1	<p>Councillor Robert Foster was unable to attend today's meeting, therefore Councillor Christina Larsen kindly agreed to stand in as Chair.</p> <p>Councillor Larsen introduced herself and welcomed all to her first Strategic Planning Group meeting.</p> <p>Apologies were noted and accepted.</p>	
2.	<u>MINUTES/ACTION NOTE OF PREVIOUS MEETING (27.02.18)</u>	
2.1	Minutes of previous meeting dated 27 th February 2018 were agreed as accurate with no amendments required.	
3.	<u>MATTERS ARISING</u>	
3.1	There were no matters arising to be discussed.	
Focus on: Strategic Plan 2018-21 Engagement		
4.	<p>Michelle Sutherland provided an update on the published Strategic Plan and feedback from the Integration Joint Board (IJB).</p> <p>The Strategic Plan was approved by the IJB on 19th April 2018. There was a strong endorsement from IJB, with positive feedback received.</p>	
4.1	<p>Michelle emphasised the importance of the SPG's responsibility in monitoring implementation of the plan moving forward.</p> <p>Michelle asked the group for input and consideration in how we effectively share the plan through all networks.</p> <p>Comments and feedback received:-</p> <ul style="list-style-type: none"> • Link to be shared on Social Media, including local Facebook pages, i.e. West Kilbride/Largs People Page • LPF's to discuss at meetings and share through networks • Link to CPP pages and include at CPP meetings • Idea of sharing via Educations internal GLOW website • Asking chairs of professional committees to cascade • Share at Provider Forums 	
4.2	<p>Further discussion took place with regards to monitoring progress of the plan. Michelle asked the SPG to consider if there is a preferred group approach to monitoring the plan</p> <p>Comments and feedback received:</p> <ul style="list-style-type: none"> • Look at each theme on a service area basis • Sessions on each individual priorities <p>Scott Bryan highlighted that Performance Reports were previously shared at SPG meetings to monitor performance. Although, performance is not part of this group, Scott asked if this is something the SPG wish to re-implement.</p>	



	<p>Janet McKay outlined that having responsibility for the plan, the SPG must have an understanding of performance, it was noted it would be helpful to link the topic and performance together to see an overall picture.</p> <p>Elaine Young advised it would be helpful to review the SPG Terms of Reference to look at the groups remit, commitments and scrutinising performance. The group agreed this would be beneficial, therefore it was agreed that Michelle and Scott bring the Terms of Reference to the next meeting.</p>	M Sutherland/ S Bryan
Focus on: Carers		
5.	Kimberley Mroz, Policy Manager, Self-Directed Support and Unpaid Carers, delivered a presentation on the New Carers Strategy (Carers Scotland Act 2016) that commenced on 1 st April 2018. The provisions in the Act are designed to support Carers health and wellbeing and sit within the vision of a healthier and fairer Scotland.	
5.1	<p>The presentation provided detail on the Act and the National picture. Slides included:-</p> <ul style="list-style-type: none"> • National Picture <ul style="list-style-type: none"> - There are an estimated 759,000 unpaid Carers aged 16+ in Scotland (17% of adult population) - There are an estimated 29,000 young Carers in Scotland aged 4-15 years (4% of child population) - It is thought that Carers, as providers of care, save out Health & Social Care system in Scotland £10.8 billion each year • North Ayrshire Carers <ul style="list-style-type: none"> - According to the last census, just under 14,000 were identified as unpaid carers - 1328 are currently registered with our local carers centre of which 91 are under 18 years old - North Ayrshire's youngest carer is 8 years old and the oldest is 100 years old. - Supporting our carers – way forward - Carers Voices – Consult, Converse, Consider - Empowerment - Carers Appreciation Card <ul style="list-style-type: none"> - Launched in Carers Week 2016 - Carers registered = 400 - Cards issued = 324 - 43 businesses in support 	
5.2	<p>Within the presentation, Kimberley provided detail on Carers Week. Carers Week is an annual campaign to raise awareness of carers, challenges they face and to recognise the contribution carers make to families and communities.</p> <p>Carers Week this year will take place from Monday 11th June 2018.</p>	
5.3	Kimberley highlighted the issue of engaging with Carers in the Garnock Valley area and asked the group for any ideas or actions that could help address this.	

	The issue of transport was raised as a barrier to Carers accessing support groups. Elaine Young proposed the idea of making better use of social media.	
5.4	There was some concern in relation to labelling young people as Carers. Discussion clarified that it is not about labelling, but recognising additional responsibilities that many young people face due to unique circumstances within the home.	
5.5	In addition, Kimberley thanked SPG members for highlighting the importance of Carers within the new Strategic Plan.	
5.6	<p>Following the presentation, the meeting separated into groups and were asked to address the following two questions:</p> <p>1) To better inform the review of the Strategy, what suggestions do you have for effecting Engagement and Consultation?</p> <ul style="list-style-type: none"> • Discussion at CPP • Raise via social media <p>2) How can the LPF Support the Development of the Carers Strategy?</p> <p>Group response:</p> <ul style="list-style-type: none"> • Locality Planning Forums to include carer representation • Highlighting we can all potentially be Carers at some point in our lives 	
Focus on: Engagement Strategy		
6.	<p>Annie Robertson delivered a presentation on 'Our Engagement Journey'.</p> <p>Slides included:-</p> <ul style="list-style-type: none"> • Consultation from the Strategic Plan 2015 • Locality Planning Forums • Strategic Plan Refresh June – August 2016 • Locality Planning Roadshows • CPP Locality Planning Partnerships & Priorities • What Matters to You • Strategic Plan 2018 • Working Better Together • Developing our Engagement 	
6.1	<p>Following the presentation, Annie proposed the following three questions:</p> <ul style="list-style-type: none"> • How can we better use/change existing structures to engage with localities/communities of interest? • How do we enable more effective working/outputs between HSCP Locality Planning and HSCP Strategic Plan? 	

	<ul style="list-style-type: none"> • How can we better work together with CPP Locality Planning? <p>Group feedback received:</p> <ul style="list-style-type: none"> • Feedback to LPFs must be clear and more informative • Find ways to provide information centrally and recognise issues that should feed into Community • Huge commitment needs to be recognised. Needs to link in with CPP • Possible bulletin for LPF - recognised that CPP have newsletter • Potential of single point of contact for info to be fed in • Review participation and engagement • Define existing structure – review membership and Terms of Reference 	
6.2	From the feedback received, Annie reported that East representatives are experiencing the same challenges. Michelle and Annie are planning to visit East and South to find out what other partners are doing and share ideas to see if there is anything we can learn/adopt.	
6.3	Michelle outlined that work is ongoing with Audrey Sutton's team re working closer with CPP. Michelle will feedback on discussions and engage with LPF's to consider better working structures going forward.	M Sutherland
6.4	It was discussed that if a current structure for each LPF was available, it would be helpful in identifying gaps or over-representation in memberships.	
Focus on: Locality Planning Forums		
7.	Review of Locality Planning Forums	
7.1	<p>Michelle Sutherland provided an update on the LPF Development Group.</p> <p>The group referred to the update paper available and Michelle noted next steps. Chairs will continue to meet and look at how we might develop showcase work and how this can effectively move forward.</p> <p>All discussions will be tied together and an update will be provided at the next SPG.</p>	M Sutherland
Update from Locality Planning Forums (LPF)		
7.2	<p><u>Garnock Valley</u></p> <p>The next Garnock Valley Locality Planning Forum is scheduled for the afternoon of 25th April 2018 with social isolation being the next topic for discussion. Ahead of that meeting, the group have been involved in the GV Participatory Budgeting Event and group members are also involved in the Men's Shed project. Janet also highlighted Café Solace is continuing in the Garnock Valley which is another key asset in tackling social isolation.</p> <p>From the last update, a joint Locality and CPP meeting was scheduled and sessions took place to look at priorities. One of the issues raised was the lack of engagement with Education Services. Janet will raise</p>	

	matters with Donna McKee, Head of Service to look at improving engagement with Education Services.	
7.4	<u>Irvine</u> No update from Irvine.	
7.5	<u>Kilwinning</u> Marion Gilchrist reported that the latest Kilwinning LPF was cancelled. There has been no meeting held since January 2018. Marion advised they are now awaiting the evaluation of the Nursing Home project in Buckredden, Care Home. Work continues around establishing OT service within Community Pharmacy.	
7.6	<u>Arran</u> Vicki Yuill highlighted there has been no Arran LPF meeting since September 2017 for various reasons. Members have now been encouraged to regroup and future dates have been arranged. Current membership will be reviewed and refreshed to ensure relevant representation, expertise and skills are available. Vicki updated on the development of Arran PPF. This aims to greatly improve communication and dialogue between patients and operational managers.	
7.7	Louise McDaid outlined that the last North Coast LPF took place in January 2018. Louise reiterated that discussions at the North Coast LPF require to remain focused on the locality priorities. Awaiting Terms of Reference to review membership and who is engaged with. Louise advised that she has agreed to attend the three CPP sub-groups. Louise is very positive that the work of the CPP will support the North Coast priorities.	
8.	Agenda Items for Next Meeting – 20th June 2018	
8.1	Future agenda items should be forwarded to Councillor Foster or Scott Bryan. <u>Agenda Items received to date:</u> <div style="display: flex; justify-content: space-between;"> <div> <p>New GP Contract</p> <p>Change Priorities 2018/19</p> <p>MDT's for Adults</p> <p>Budget Update</p> </div> <div> <p>Dr Paul Kerr</p> <p>M Sutherland</p> <p>D Rowland</p> <p>S Hanif</p> </div> </div>	
9.	AOCB	
9.1	There was no other business to be discussed, therefore the meeting was brought to a close.	
10.	Future 2018 Meeting Dates	



10.1	<ul style="list-style-type: none">• Wednesday, 20th June 2018, at 10:00am, , Greenwood Conference Centre• Wednesday, 15th August 2018, at 10:00am, Greenwood Conference Centre• Wednesday, 10th October 2018, at 10:00am, Fullarton Connexions• Wednesday, 05th December 2018, at 10:00am, Fullarton Connexions
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