Integration Joint Board Meeting

NORTH AYRSHIRE
Health and Social Care Partnership

Thursday, 13 September 2018 at 10:00

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

1 Apologies

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

3 Minutes/Action Note
The accuracy of the Minutes of the meeting held on 16 August 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.

Quality and Performance

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

Strategy and Policy

5 Budget Monitoring: Period 4
Submit report by Caroline Whyte, Chief Finance and Transformation Officer providing an update on Budget Monitoring for Period 4 (copy enclosed).

6 Audited Annual Accounts

Submit report by Caroline Whyte, Chief Finance and Transformation officer on Deloitte's final report to the Members of the Board and the Controller of Audit on the 2017/18 audit (copy enclosed).

7 Participation and Engagement Strategy

Submit report by Michelle Sutherland, Strategic Planning and Transformational Change Lead on progress with the participation and engagement with stakeholders which has informed the draft NAHSCP Participation and engagement Strategy (copy enclosed).

8 Pan-Ayrshire Enhanced Model for Intermediate Care and Rehabilitation

Submit report by Alistair Reid, Lead Allied Health Professional on the work being undertaken to meet the Pan-Ayrshire Enhanced Model for Intermediate Care and Rehabilitation as part of new models of care for older people and people with complex care needs (copy enclosed).

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

Submit report by Thelma Bowers, Head of Services (Mental Health) on the high level Action 15 Plan to develop and build capacity of the mental health workforce in key settings in alignment with national commitments for the delivery of the Mental Health Strategy (copy enclosed).

10 Progress Update on the Implementation of the Review of Psychological Services

Submit report by Janet Davies, Professional Lead of Psychological Services on progress of the implementation of the Review of Pan-Ayrshire Psychological Services (copy enclosed).

11 Mental Welfare Commission Themed Visit to People with Dementia in Community Hospitals

Submit report by Thelma Bowers, Head of Service (Mental Health) on feedback from the Mental Welfare Commission (MWC) on their announced inspection visits to people with dementia in community hospitals, highlighting areas of good practice noted and recommendations made for areas of required improvement (copy enclosed).

12 Strategic Planning Group Terms of Reference

Submit report by Scott Bryan, Team Manager (Planning) on the revised Terms of Reference for the Strategic Planning Group (copy enclosed).

13 Locality Planning Forum - Review

Submit report by Scott Bryan, Team Manager (Planning) on the Locality Planning Forum review with key stakeholders (copy enclosed).

14 Urgent Items

Any other items which the Chair considers to be urgent.

Integration Joint Board

Sederunt

Voting Members

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

Professional Advisors

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

Stakeholder Representatives

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

North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 16 August 2018
at 2.00 p.m., Council Chambers, Cunninghame House, Irvine

Present

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

Stephen Brown, Director of Health and Social Care Partnership
Caroline Whyte, Chief Finance and Transformation Officer
Dr Paul Kerr, Clinical Director
David MacRitchie, Chief Social Work Officer
Alistair Reid, Lead Allied Health Professional Adviser
Dr. Louise Wilson, GP Representative

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

In Attendance

Eleanor Currie, Principal Manager (Finance)
Donna McKee, Head of Service (Children, Families and Justice Services)
Thelma Bowers, Head of Service (Mental Health)
Michelle Sutherland, Strategic Planning Lead
Kate McCormack, Interim Service Manager, Community Mental Health
Mhari Gibbons, Senior Manager Mental Health
Julie Davis, Principal Manager, Business Administration
Karen Andrews, Team Manager (Governance)
Diane McCaw, Committee Services Officer

Apologies for Absence

Councillor Christina Larsen
Dr. Calum Morrison, Acute Services Representative
Marie McWaters, Carers Representative
Clive Shephard, Service User Representative (Depute for Fiona Thomson)
David Thomson, Associate Nurse Director/IJB Lead Nurse

1. Apologies

Apologies were noted.

The Chair welcomed Caroline Whyte, Chief Finance and Transformation Officer to the IJB.

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 21 June 2018 was confirmed and the Minute signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

3.1 Matters Arising

Volunteering Strategy - Engagement timeline has been created involving focus groups and H&SC representatives. Anyone interested in joining focus groups get in touch with Vicki Yuill. Evaluation will be carried out then feedback collated in October. Ongoing Action.

Action - V. Yuill

Public Partnership Forum - Action to be removed from Agenda.

Action - F. Thomson

North Ayrshire Citizen's Advice Service – Recruitment has taken place and posts filled. Action complete and to be removed from Agenda.

Action – S. Brown

Adult Support and Protection – National report has been published. Report to IJB on key findings and improvements to adult protection services across North Ayrshire to next IJB meeting on 13 September 2018.

Action – B. Walker/S. Brown

4. Wellbeing and Recovery College

Submitted report by Kate McCormack, Interim Service Manager, Community Mental Health on the development of a Wellbeing and Recovery College in North Ayrshire (NAWARC). The IJB also viewed a short video presentation.

The Board was advised that evaluation information identified that the recovery college pilot has been accessed more by some groups than by others within the community. Statistics show that further work is required to engage with different groups to ensure the development of the recovery college is appropriate to meet community needs and is accessible to everyone affected by mental health problems.

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

- that this is a direct access facility and anyone can self-refer;
- learning is ongoing in terms of areas of low uptake for development of future courses;
- assistance which can be provided through community groups, and engagement with each of the locality forums, to assist with disseminating information and raising awareness;
- how to make courses attractive to men as well as women;
- that the way forward requires to meet the need within specific communities while having an appreciation of what is already available;
- that a website will be developed to share information and provide online courses and to operate as a portal to reach rural areas;
- membership and funding in relation to the pubic social partnership;
- reconfiguring of funding which is already available; and
- evaluation prior to commissioning of the service.

The Board agreed to approve the ongoing development of a Wellbeing and Recovery College in North Ayrshire through the steps detailed at section 3.1 of the report.

5. 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:-

- new inspection approaches in care settings;
- establishment of a public reference group for the new National Secure Adolescent Inpatient Service (NSAIS);
- the wellbeing and recovery college pilot sharing event which took place on 27 June 2018;
- development of a North Ayrshire peer support service;
- new opportunities for care leavers;
- continuation of the SAMH service for a further 3 years;
- development of a draft Participation and Engagement Strategy; and
- collaboration between Rosemount Project and National Galleries Scotland on art of the future.

There was discussion on the lack of feedback responses in connection with the Participation and Engagement Strategy and on whether to extend the response deadline to allow for a final promotion period through social media and other outlets.

The IJB (a) agreed to extend the deadline for feedback on the Participation and Engagement Strategy for a further 2 week period; and (b) noted the ongoing developments within the North Ayrshire Health and Social Care Partnership.

6. 2018/19 Budget

Submitted joint finance report by the Chief Finance and Transformation Officer, Principal Manager (Finance) and the Strategic Planning Lead which provided an update on the current budget position and the 2018-19 transformational change priorities. Appendix A gave a detailed summary of the 2018-19 final budget and core finding streams while Appendix B identified pressures and savings. Appendix C updated on the current position with regard to the 2018-19 Challenge Fund.

The Board was advised that further clarity is required around the Health Board funding and in relation to pay awards but that this will be monitored throughout the year. Section 3.9 of the report identified Cash Releasing Efficiency Savings (CRES) and section 3.15 identified actions to ensure the successful delivery of the transformation programme.

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

- the criteria for integrating APHs across the Partnership;
- the need to ensure financial balance while recognising the need to deliver services;
- whether the £1.858m Scottish Government funding will be sufficient to match demand; and
- the financial risk to the Health and Social Care Partnership and the Health Board around CRES savings.

The Board agreed to approve the proposed budget for 2018-19 for the North Ayrshire Health and Social Care Partnership, inclusive of the transformational change priorities and savings as detailed in the report.

7. Budget Monitoring – Month 3 (June 2018)

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

The Board was advised that future budget monitoring reports will be submitted monthly to the IJB.

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

- the close monitoring around savings attributed to vacancies;
- the carrying out of impact assessments to ensure vacant posts do not impact on patients or carers; and
- the continuing demand for care placement and emergency respite in terms of the care home budget and the shift in the balance of care.

Martin Cheyne left the meeting at this point.

The Board agreed to note (a) the projected year-end overspend of £1.4m; (b) the actions proposed to mitigate the overspend; (c) the savings gap in relation to Health budgets and plans to further develop proposals; (d) that the financial position will continue to be closely monitored with (i) a further update report to the IJB in September 2018; and (ii) presentation of a recovery plan if the Partnership is still projecting a year-end overspend at that time; and (e) that future budget monitoring reports will be submitted monthly to the IJB.

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

Submitted report by David Thomson, Associate Nurse Director / Lead Nurse providing an update in relation to the North Ayrshire Health and Social Care Partnership's Clinical and Care Governance Group (CCGG). The Appendix 1 Spotlight Report detailed activity in terms of Mental Health, Learning Disabilities and Addiction Services.

The Board was advised that the information within section 3.2.8 of the report in terms of workforce management regarding training and development was in relation to nursing services. The next update will also include information from a Pharmacy representative.

Noted.

9. The Future of the Third Sector Interface

Submitted report by Vicki Yuill, Third Sector Representative, on Scottish Government developments around the future direction of the Third Sector Interface (TSI).

A closer more direct working relationship will be developed between the Scottish Government and the TSI. The Scottish Government wish to strengthen the role of the TSIs to play a vital role in progressing National Outcomes for people and communities across Scotland. Evaluation Support Scotland will support TSIs to develop a framework for future outcomes. A draft framework will be produced by September 2018 which will set out new National Outcomes and expectations.

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

- a further 12 months of funding will take TSIs to September 2019
- engagement with the third sector through Chief Officer meetings, information sharing and gathering of feedback; and
- that the 32 TSIs all function differently and all manage their own teams in different ways.

Noted.

10. Volunteer Policy

Submitted report by Michelle Sutherland, Strategic Planning and Change Team Lead on the volunteer policy which recognises the valuable role that volunteers play in supporting HSCP services. The Policy was detailed in Appendix 1 to the report.

The Board was advised that the new policy will undergo an initial testing using two volunteers supporting the Alcohol and Drug Partnership. The implementation and monitoring of the policy will be undertaken by the Livid Experience Group.

The Board agreed to approve the implementation of the Volunteer Policy.

11. Maximising Attendance

Submitted report by Julie Davis, Principal Manager, Business Administration on the current position relating to absence and proposing a comprehensive, supportive and positive way forward to reducing staff absences. Appendix 1 to the report detailed performance information in relation to Quarter 4 for year 2017/18.

Both partner organisations face a problem in relation to staff absences and the report provided costs in relation to these trends. Tackling staff absences is not a single approach issue and support from Line Managers is key to tackling this matter.

The Board was advised on methods for supporting staff and on a proposal for a reward incentive scheme to be piloted over a 12 month period around quarterly

attendance figures. Financial commitment for the pilot reward incentive would be funded from the Challenge Fund.

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

- how implementation of the maximising attendance policy is managed around trigger points;
- the need to ensure consistency in application of the policy;
- implications for the workforce in terms of the pilot reward incentive should staff attend work when they are unfit;
- how the pilot reward incentive scheme would be managed;
- assurances that no-one will be discriminated against and that the remote working flexibility will be classed as attendance;
- the support and training available for line managers; and
- that the infographic on the Appendix to the report should contain percentage information in relation to NHS contracted staff.

The Board agreed to endorse the implementation of a positive and proactive approach to support staff and provide a pilot reward incentive to encourage 100% attendance as detailed in the report.

12. Integration Joint Board (IJB) Appointments

Submitted report by Stephen Brown, Director (NAHSCP) on appointments for the IJB in relation to the Section 95 Officer and the Chair of the Kilwinning Locality Forum.

On 24 May 2018, the IJB endorsed the appointment of an Interim Section 95 Officer pending the appointment of Caroline Whyte as Chief Finance and Transformation Officer to ensure the IJB Annual Accounts were signed off and submitted for audit purposes. Caroline Whyte has now commenced her post which is responsible for the management of finance and transformation for the Partnership and to act as Chief Finance Officer of the IJB in terms of Section 95 of the Local Government (Scotland) Act 1973.

On 21 June 2018, the IJB agreed the interim proposal to ask the Kilwinning Locality Partnership Forum to nominate a new Chair who would attend future IJB meetings as a non-voting member. Sam Falconer has since been appointed to this role.

The Board agreed to endorse the appointment of (a) Caroline Whyte as Section 95 Officer for the IJB; and (b) Sam Falconer as Chair of the Kilwinning Locality Partnership Forum.

13. Strategic Planning Group Minutes

Submitted the minutes of the Strategic Planning Group meeting held on 20 June 2018.

Noted.

14. Urgent Items

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

15. Exclusion of the Public

The Board resolved in terms of Section 50(A)4 of the Local Government (Scotland) Act 1973, to exclude from the Meeting the press and the public for the following item of business on the grounds indicated in terms of Paragraph 3 of Part 1 of Schedule 7A of the Act.

16. Private Briefing

The Board received a private briefing to make them aware of a matter of concern which may require a decision to a future meeting of the Board.

The Meeting ended at 12.00 p.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 16 August 2018

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Volunteering Strategy	16/8/18	Engagement timeline has been created involving focus groups and H&SC representatives. Anyone interested in joining focus groups get in touch with Vicki Yuill. Evaluation will be carried out then feedback collated in October.	Ongoing.	V. Yuill
2.	Adult Support and Protection	16/8/18	National report has been published. Report to IJB on key findings and improvements to adult protection services across North Ayrshire to next IJB meeting on 13 September 2018.	Ongoing	B. Walker/ S. Brown

Agenda Item 4

Integration Joint Board
13 September 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

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	The Scottish Government are hosting a series of events across Scotland to examine clinical and care governance arrangements within health and social care services and explore whether more needs to be done nationally to support the local delivery of clinical and care governance, in line with the messages and principles set out in the Clinical and Care Governance Framework (2015).
	The events are targeted at senior leads within partnerships with responsibility for delivering clinical and care governance for services within an integrated HSCP. It is hoped that these events will support leads to meet the challenges of delivering effective clinical and care governance and contribute to a conversation on what could be done nationally to help support staff and professionals at all levels across partnerships.
	The events are taking place on :
	25th September 2018, 10:00 – 16:00, Assembly Halls, George Street, Edinburgh
	8th October 2018, 10:00 – 16:00, West Park Conference Centre, Dundee
	10th October 2018, 10:00 – 16:00, 200 St. Vincent Street, Glasgow

	Ayrshire Developments
2.2	Palliative and End of Life Care
	North Ayrshire HSCP hosted an event on 3rd August 2018 which brought together Health and Social Care professionals as well as colleagues from the Third and Independent Sector across Ayrshire and Arran to discuss how we continue to improve our approaches to Palliative and End of Life Care. Approximately 85 people attended the event to spend the day talking about a subject that still remains very difficult for many. The event highlighted the passion and commitment of attendees to make a difference to individuals, families and carers at what is arguably the most difficult of times.
2.3	The Ayrshire Mental Health Conversation – Make Your Voice Heard In Future Of Mental Health
	A public consultation is underway across Ayrshire for people to have their say in plans to develop a mental health strategy for Ayrshire and Arran. Engagement is being undertaken through public events arranged to allow local people to have a direct input on the new plan. The Ayrshire Mental Health Conversation will help shape the future of mental health services across North, East and South Ayrshire. The three Health and Social Care Partnerships from North, South and East Ayrshire are working together to develop the new mental health strategy for Ayrshire and Arran. The aim is to ensure the Ayrshire Mental Health Strategy includes the views of people who use services, their family members, carers, the local workforce and people and communities in Ayrshire. So far, over 300 people have told us their views. There are various ways to engage: Three face-to-face engagement events have been organised, namely : • Volunteer Rooms, Irvine - Tuesday ,11 September, 2pm-3.30pm and 5pm-6.30pm • Walker Hall, Kilbirnie – Thursday, 13 September, 2pm-3.30pm and 5pm-6.30pm • Saltcoats Town Hall – Friday, 14 September, 2pm-3.30pm and 5pm-6.30pm Partner organisations will also be hosting their own ‘conversations’ with people who currently access mental health services, their carers and families. If you’d like to hold your own mental health conversation, please call 01294 317843 for a copy of the engagement pack. This includes how to host a conversation and how to capture people’s responses. People can also offer their views via an online questionnaire at https://www.surveymonkey.co.uk/r/TDTSBPG Paper copies of the questionnaire are available at your local North Ayrshire library. If you live in North Ayrshire and would like us to send you a paper copy of the questionnaire, please call 01294 317843.

	The engagement period runs until Monday, 17 September, and all feedback received will be used to inform the final Ayrshire Mental Health Strategy.
	North Ayrshire Developments
2.4	Collaborative Partnership Working in Action
	Sarah Watts, our Choose Life Manager, along with three suicide prevention trainers from the Mental Health Crisis team, and a Justice Services team under Cheryl Martin, have worked together to devise and develop bespoke Suicide Prevention and Crisis Intervention Training.
	The training, initially developed following feedback from current suicide prevention training, has core elements plus specific aspects that were adapted after discussion with Mental Health Crisis team. The training is currently being assessed and NHS Ayrshire & Arran hope to use it as part of their basic risk assessment framework. (It has also been submitted to NHS Health Scotland as part of a Knowledge Into Action story.)
	There is strong potential to adapt and tailor this newly created training for other Partnership teams. If you'd like more information, please contact Sarah Watts (SWatts@north-ayrshire.gcsx.gov.uk / 01505 685657).
	Inspection of Adult Health and Social Care Services in North Ayrshire
	The Care Inspectorate and Healthcare Improvement Scotland wrote to Chief Executives, John Burns and Elma Murray on 8th August 2018 advising them of their intention to jointly inspect the strategic planning, commissioning, performance and leadership of health and social work services in North Ayrshire Health and Social Care Partnership. The inspection report will have graded evaluations on all of the areas inspected, including leadership.
	Inspectors will commence their on-site scrutiny on Monday 8th October 2018, and will consider how well the partnership has :
	• Improved performance in both health and social care; • Developed and implemented operational and strategic planning arrangements, and commissioning arrangements; • Established the vision, values and culture across the partnership, and the leadership of strategy and direction.
	The first professionals meeting took place on Thursday 23rd August 2018, hosted by Amelia MacDonald, Lead Inspector. This session included introductions, scene setting and detailed briefing for the co-ordinator. The Lead Co-ordinator for North HSCP is Brenda Walker, Senior Officer (Adult Support & Protection), with input from NHS and NAC colleagues.

2.5	Travelling Cabinet – Monday 27th August 2018 – Isle of Arran
	The First Minister and her Cabinet regularly hold their weekly meetings outside of Edinburgh, in towns and cities across Scotland.
	The First Minister and eleven Cabinet Secretaries visited Arran High School on Monday 27th August 2018. They visited a number of teams and projects, held their Cabinet meeting and then a public meeting, where the public was given the opportunity to ask the First Minister, and her Cabinet, questions and to give their views on current and local issues.
	The new Cabinet Secretary for Health, Jeanne Freeman visited Arran War Memorial and met with some of our senior leaders responsible for health and care services on the island. The First Minister also took time, along with the Council Leader, to meet with some of our care experienced young people. Indeed, our young people persuaded the First Minister to pose for a photograph holding up a t-shirt from their art exhibition at the National Galleries and the Harbour Arts Centre. On the day, I was also able, along with Donna McKee, Caroline Whyte and Thelma Bowers, to visit Montrose House.
2.6	General Data Protection Regulations (GDPR)
	During the last few months our Business Support staff were busy ensuring that the partnership was ready for the introduction of the GDPR regulations on 25th May 2018. As part of the new regulations the partnership established an Information Asset Register and a new Health and Social Care Partnership Drive. Approximately 12,000 service-user folders have been created which was a great achievement in a very short period of time.
	Work continues to data cleanse the service-user and corporate information and many teams have also taken this opportunity to look at how processes are managed, how corporate information is organised, to reduce paperwork where appropriate, minimising duplication across teams and generally being more mindful about what information is being collected, shared and kept. Streamlining our processes is critical to ensure we continue to deliver a high level of service and to be compliant to the relevant legislation.
2.7	Telecare
	Following a tendering exercise early 2018 Hanover Scotland were awarded, in February 2018, the contract to deliver NA's Telecare Call Monitoring and Alarm Receiving Service from 1 September 2018. Cordia, the current provider of the Service, did also submit a tender but they were unsuccessful.
	Since February 2018 there has been a high level of implementation and decommissioning activity within Community Care Services to ensure the digital transfer of 4,500 service users, who have a range of Telecare and Community Alarm peripherals within their Homes, is completed by 31 August 2108.
	The implementation has not gone smoothly or to timescale, due to the incoming provider's own operational and strategic difficulties, which they did not share at any of the implementation meetings as timeously as they should have. Indeed if it had not been for the Digital and Telecare supplier, Tunstall, stepping in to assist, then the incoming provider would not have been able to deliver the contract they were awarded.

	As a result of the situation it's left just under two weeks for all three partners, Hanover, Tunstall and Community Care Services NA, to implement and deliver the entire project. As it stands, at the time of writing this report, the transfer to Hanover Scotland will take place at 12noon on Wednesday 29 August leaving a two day contingency arrangement with Cordia available prior to Cordia's contract finishing.
	It is testament to the working relationships between Community Care Services and Tunstall coupled with the incredibly hard work of many people within Tunstall and the Implementation team within Community Care Services that this is the position and that the project will deliver on target. A further update on the outcome of the transfer switchover will be provided in the next Directors report.
3.2	**Anticipated Outcomes**
	Not applicable.
3.3	**Measuring Impact**
	Not applicable
4.	**IMPLICATIONS**

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

Direction 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

NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
13 September 2018

Subject:	**Budget Monitoring – Month 4 (July 2018)**
Purpose:	To provide an update on the projected financial outturn for the financial year as at July 2018.
Recommendation:	It is recommended that the IJB: a) Notes the projected year-end overspend of £1.770m; b) Notes the remaining unidentified savings balance; c) Approves the mainstreaming of services funded from the Integrated Care Fund; d) Approves the financial recovery plan; and e) Notes the financial position will continue to be closely monitored with a further update to the IJB in October.

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

1.	**EXECUTIVE SUMMARY**
1.1	This report reflects the position as at 31 July 2018. The report provides an overview of the financial position and outlines the projected year-end outturn position informed by the projected expenditure and income commitments, these have been prepared in conjunction with relevant budget holders and services. It should be noted by the IJB that although this report refers to the position at the July period end that further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn is a year-end overspend of £1.770m for 2018-19, taking account a number of mitigating actions outlined in the report. It remains to be relatively early in the financial year therefore there is scope for this positon to fluctuate due to in-year cost and demand pressures and assumptions in relation to funding and the achievement of savings. The position as at June was a projected overspend of £1.4m and it was noted at that time if there was no improvement that a financial recovery plan would be developed and presented to the IJB for approval. This is required by the Integration Scheme and a financial recovery plan is included in this report.

1.3	The main areas of pressure continue to be care homes including respite placements, looked after children, Learning Disability care packages, elderly and adult in-patients within the lead partnership and the unallocated NHS CRES savings. The main adverse movements from period 3 are in relation to care homes (respite), care at home and physical disability care packages. The main favourable movements are in relation to care homes (permanent placements), LD care packages and income from charging orders.
1.4	The projected financial position assumes that the remaining balance of unallocated CRES for 2018-19 (£1.632m) will not be met in 2018-19. Work is ongoing with NHS AA to identify appropriate savings against this target. The Health Board indicated that this will be taken forward on a corporate basis, however the budget has been delegated to the IJB and on that basis this is being taken forward by the HSCP and will be co-ordinated by the Transformation Board with any decisions being referred to the IJB.
1.5	It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on this basis. Financial balance has not been delivered in previous years and in the new financial year there is a projected overspend position. More needs to be done to ensure the financial sustainability of the partnership and to deliver financial balance for the current year. The service transformation programme and the delivery of the those service changes will require to be at the forefront as this will have the greatest impact on the delivery of financial balance and the ongoing sustainability and safety of services The current arrangements are in the process of being reviewed to ensure that the HSCP can operate effectively in a way to positively support delivery and the IJB will be kept up to date on progress with this work.
2.	**BACKGROUND**
2.1	The report follows on from the approval of the budget to monitoring the delivery against those plans. The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery, actions required to work towards financial balance and a recovery plan.
3.	**FINANCIAL PERFORMANCE**
3.1	Against the full-year budget of £230.917m there is a projected overspend of £1.770m (0.8%). Appendix A provides the financial overview of the partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets with detailed analysis provided in Appendix B.

3.2	**Health and Community Care Services**
	Against the full-year budget of £65.427m there is a projected overspend of £1.042m (1.6%). The main reasons for the projected overspend are: a) Care home placements including respite placements – projected to overspend by £1.693m. This is an adverse movement of £0.097m from period 3 due to increased use of respite placement (£0.326m adverse movement) offset by a reduction in the projected spend for permanent placements (favourable movement £0.229m). b) Independent Living Services are projected to overspend by £0.305m. c) Over-recovery of Charging Order income of £0.290m. d) Packages of care are projected to overspend by £0.236m due to the high use of supplementary staffing. e) Care at home (purchased and in house) projected underspend of £0.513m. The underspend has reduced due to recruitment of staff, which will provide capacity in community services. The projection currently assumes that £0.228m of Challenge Fund savings will not be made but work is ongoing to achieve this saving. f) Long Term Conditions **–** projected overspend of £0.132m which is mainly due to an overspend in employee costs of £0.345m in Ward 1 to ensure staffing levels are at a safe level. This is a recurring pressure for which funding requires to be identified.
3.3	**Mental Health Services**
	Against the full-year budget of £72.290m there is a projected overspend of £0.173m (0.2%). The main reasons for the projected overspend are: a) Learning Disabilities – projected overspend £0.501m which is mainly due to care packages. b) Community Mental Health – is projected to underspend by £0.316m mainly due to vacancy savings an underspend in care packages. c) Lead Partnership – projected overspend of £0.148m which consists of: i. Adult inpatients – projected overspend of £0.312m which is mainly due to the delay in generating income from other areas in respect of forensic beds. All of the beds are expected to be sold and in use by the end of 2018. ii. UNPACS – is projected to underspend by £0.230m on the assumption that there will be two new care packages in year and the charge for the three year service level agreement for Rowanbank. The underspend is partially attributable to the availability and use of beds in ward 6 which have prevented more costly external placements.

	iii. Elderly Inpatients – is projected overspend by £0.200m, accounting for an anticipated reduction in the use of supplementary staffing. iv. Learning Disabilities – is projected to underspend by £0.231m due to a delay in the transfer of an UnPACs patient. v. Psychiatry – is projected to overspend by £0.207m primarily due to locum costs and an unfunded EMH liaison post. There is an increased use of locum staff in the absence of being able to recruit permanent posts.
3.4	**Children's Services and Criminal Justice**
	Against the full-year budget of £35.191m there is a projected underspend of £0.217m (0.6%). The main reasons for the projected underspend are: a) Residential Schools and Community Placements – projected overspend of £0.345m. The projection is based on the current number of placements and estimated discharge dates for each placement based on targeting the support from the Challenge Fund investment. There is a risk that the overspend will increase if the discharge dates are delayed. b) Looked After Children Placements – projected underspend of £0.280m due to the current demand for fostering, adoption and kinship payments. c) Early Years – are projected to underspend by £0.142m mainly due to the level of vacancies with heath visiting and the assumed level of recruitment.
3.5	There are a number of areas across all services which have been reported as variances for a period of time. A review of the budget allocations across services is being progressed to ensure budgets are aligned to current and future spending plans and to ensure that the financial reporting is enabling those operationally managing budgets, Heads of Service and ultimately the IJB are focussed on the main issues.
3.6	**Primary Care - Prescribing** Against a full year budget of £49.875m primary care prescribing and general medical services are projected to be on-line. The GP prescribing uplift is an interim figure based on NRAC and will change once the detailed practice level budgets have been calculated.
3.7	**CRES update**

	Permanent or Temporary	**£ 000's**
CRES Saving brought forward		**2.557**
Arrol Park employee costs	T	(0.250)
Payroll turnover target increase	T	(0.215)
Addictions	P	(0.400)
Children's services employee costs	P	(0.060)
Balance still to be achieved in 2018-19		**1.632**

	Of the £1.632m still to be achieved £0.986m is allocated to the Lead Partnership for Mental Health and the balance of £0.646m is aligned across all other services and is reported against Management and Support costs. The financial projections currently assume that these savings will not be identified, however work is underway to identify opportunities for both recurring and non-recurring savings to offset the remaining target. Any further savings identified would reduce the overall partnership projected overspend. Delivery of the recovery plan outlined in appendix E will partly offset the balance still to be achieved, where there are opportunities to convert financial recovery actions to recurring savings.
3.8	**Integrated Care Fund**
	The Integrated Care Fund was additional funding allocated to IJBs through Health Boards from 2015-16 onwards, this funding was to be directed to projects and initiatives to support the delivery of the service change required to achieve the Strategic Plan priorities and outcomes. The funding was intended to be non-recurring investment and therefore was directed at a number of initiatives and tests of change and the financial allocations were tracked and managed separately to mainstream budgets.
	A process has been in place to assess the priority of projects and the impact to ensure the best use of the resource, a number of projects have been delivered over an extended period of time and are delivering good outcomes. The Scottish Government previously baselined the funding through the NHS budget, and therefore to IJBs. A report was presented to the IJB in December 2017 which outlined the outcome of a review of a number of projects where recommendations were made on the continuation of funding and a number of initiatives were baselined at that time.
	A summary of the services being supported by the funding is provided in Appendix D. It has become apparent that many of the services are no longer initiatives or projects and are now part of business as usual for the partnership. Services have a number of similar service delivery arrangements in place as part of core business which are not subject to the same separate reporting arrangements.
	It is recommended that the IJB approve that as the ICF funding is no longer ring fenced that it is treated as part of the mainstream budget and the reporting and monitoring of expenditure and outcomes will be monitored as part of the normal course of business. The services will be monitored and managed in the same way as other services, i.e. through the commissioning process or as part of overall service re-design and change programme. Affording services the flexibility to manage as part of mainstream service delivery will allow services to give partner organisations clarity in relation to future funding allocations and will provide assurance to a number of staff employed on fixed term contracts.
3.9	**Lead Partnerships**
	North Ayrshire HSCP Services managed under Lead Partnership arrangements by North Ayrshire Health and Social Care Partnership are projected to be £0.051m underspent, this includes the allocation of the unachieved CRES target carried forward.

	South Ayrshire HSCP Services managed under Lead Partnership arrangements by South Ayrshire Health and Social Care Partnership are projected to be on-line. The Allied Health Professions budget will be managed differently from 2018-19 with the budget delegated back to the three Partnerships. The split of the AHP budget (approximately £20.0m) has still to be finalised and a report on this will be presented to all three IJBs in due course.
	East Ayrshire HSCP Services managed under Lead Partnership arrangements by East Ayrshire Health and Social Care Partnership are projected to overspend by £1.108m. The overall Primary Care Lead Partnership projected overspend is £1.211m and this mainly relates to additional payments within Primary Medical Services to GP practices currently experiencing difficulty. This pressure was offset in the previous financial year by non-recurring savings.
	Further work is being taken forward to develop a framework to report the financial position and impact of risk sharing arrangements across the 3 partnerships in relation to hosted or lead service arrangements. This is to ensure the IJB are fully sighted on the impact for the North Ayrshire partnership. The IJB will be kept informed of progress with this work which is being progressed by the Ayrshire Partnership Finance Leads.
3.10	**Set Aside** The Integration Scheme makes provision for the Set Aside Budget to be managed in-year by the Health Board with any recurring over or under spend being considered as part of the annual budget setting process. The 2018-19 set aside budget for North HSCP is £28.055m, based on expenditure in 2017-18. The acute directorate, which includes the areas covered by the set aside budget, is overspent by £4.7m after 4 months. The projected year-end position information has not been made available. 129 additional and unfunded beds were open at the 31st March 2018. This had reduced to 35 by the 31st July 2018. There are clear plans in place to reduce these in a phased manner ensuring continuation of service and patient safety. During 2017-18 the North Partnerships use of the set aside resources was £28.055m against the NRAC 'fair share' of £26.563m which is £1.492m above the 'fair share'. There is an expectation that the North Partnership will move towards its 'fair share'. Further work is required to ensure that the Set Aside budget is operating in line with Scottish Government expectations and is operating in the way required to ensure the IJB can have the desired impact on the whole pathway of care.

3.11 **Savings Progress**

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

BRAG Status	Position at Budget Approval £m	Position at Period 4 £m
Red	3.148	2.928
Amber	0.519	0.419
Green	2.893	1.097
Blue	0.000	2.116
TOTAL	**6.560**	**6.560**

b) The projected year-end outturn position assumes that the following savings will not be delivered as planned and this is reflected in the overall projected outturn position.

i. Reduction in care home places £0.391m
ii. Challenge Fund – physical disability care packages £0.200m
iii. Challenge Fund – reablement £0.181m
iv. Business Support Review, seconded posts and planning and development team £0.144m
v. Capping of respite £0.070m
vi. NHS CRES savings carried forward £1.692m

TOTAL £2.678m

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

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

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

3.12 **Financial Recovery Plan**

The projected outturn at June was an estimated year-end overspend of £1.4m, when reported to the IJB it was noted that a financial recovery plan would require to be implemented if there was no improvement to that position. Given that the forecast year-end overspend has increased a recovery plan has been prepared for approval by the IJB.

The Integration Scheme requires the preparation of a recovery plan if an overspend position is being projected to plan to bring overall service delivery back into line with the available resource.

	The financial recovery plan is included in Appendix E. This includes specific targeted actions with a focus on addressing pressure areas, for these actions there is an estimated financial impact or benefit of £1.2m. The plan as it currently stands would not impact on front line service delivery in terms of any policy changes and can be implemented as part of day to day management of services. There are a number of additional actions noted on the plan for which the financial impact cannot be quantified at this stage but these actions are expected to contribute positively to the financial position. The plan will be an iterative document to remain under review. Progress with the financial recovery plan will be monitored against to ensure it has the required impact and this will feature in future reporting to the IJB. There is a risk that if the planned impact is not achieved that further actions will require to be added to the plan and these may include actions that would impact on the quality and performance of front line services.
3.13	The IJB are aware of the deficit from previous years totalling £5.807m which has been carried forward into 2018-19. This amount represents cumulative overspends from previous years which have not been funded by North Ayrshire Council. This amount is effectively a debt to the Council which requires to be repaid. An approach to this repayment is essential to ensure the ongoing financial sustainability of the partnership. As part of the budget process for 2017-18 a challenge fund totalling £4m was created in partnership with the Council for investment to assist with delivery of service change. Of this £1.497m represented investment by the partnership on a recurring basis, funded through the delivery of savings. This resource remains available to the HSCP and will be applied to effectively repay the debt. Repayment will commence in 2018-19, and assuming financial balance is delivered by the partnership, this will mean the debt will be fully repaid over the next 4 years. This will remove the requirement to include additional savings in the budget outlook for future years to accommodate the repayment and provides some assurance re the financial sustainability of the partnership.
3.14	**Partnership Wide Actions** A number of immediate actions/priorities are being taken forward to manage the financial position, including: • continuing to work with services in relation to unidentified funding; • the medium term financial strategy will be refreshed and presented to the IJB; • the action plan from the budget management audit is being rolled out to ensure operational budget management arrangements are tightened to improve financial performance; • scrutiny and assurance over the projected outturn position for 2018-19, ensuring the reliability of financial projections and that all management action is identified and implemented to improve the position where possible; • implement the financial recovery plan and monitor progress against this; • establishing the Transformation Board; • prioritise and align programme management support from the change team on areas with the greatest financial impact / benefit; • reviewing finance support to services;

	• develop effective reporting of progress with service change programmes, with clear timescales and targets; and • commencement of planning for the 2019-200 budget.
4.	**<u>Anticipated Outcomes</u>**
4.1	Continuing to closely monitor the financial position will allow the IJB to take correction action where required to ensure the partnership can deliver services in 2018-19 from within the available resource, thereby limiting the financial risk the funding partners, i.e. NAC and NHS AA. The transformational change programme will have the greatest impact on the financial sustainability of the partnership, the IJB require to have a clear understanding of progress with plans and any actions that can be taken to bring the change programme into line.
5.	**<u>Measuring Impact</u>**
5.1	Updates to the financial position will be reported to the IJB throughout 2018-19.
6.	**IMPLICATIONS**

Financial :	The financial implications are as outlined in the report. Against the full-year budget of £230.917m there is a projected overspend of £1.770m (0.8%). The report outlines the action being taken and proposed action to reduce the projected overspend. The recovery plan totals £1.255m and a number of other actions are being progressed to reduce the overspend further. There is a financial risk to the IJB in relation to Lead Partnerships managed by East and South but this is unclear at this stage.
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	None
Risk Implications :	If the financial recovery plan does not deliver the required improvement to the financial position there is a risk that further actions will require to be identified and service quality and performance may be compromised to achieve financial balance.
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	X

7.	**CONSULTATION**
7.1	This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team. The report is shared with the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.
8.	**CONCLUSION**
8.1	It is recommended that the IJB: a) Notes the projected year-end overspend of £1.770m; b) Notes the remaining unidentified savings balance; c) Approves the mainstreaming of services funded from the Integrated Care Fund; d) Approves the financial recovery plan; and e) Notes the financial position will continue to be closely monitored with a further update to the IJB in October.

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

Appendix A

Partnership Budget - Objective Summary	2018/19 Budget									2018/19	
	Council			Health			TOTAL				
	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Over/ (Under) Spend Variance at Period 3	Movement in projected budget variance from Period 3
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	**53,740**	**54,560**	**820**	**11,687**	**11,909**	**222**	**65,427**	**66,469**	**1,042**	**245**	**797**
: Locality Services	24,756	26,297	1,541	4,178	4,266	88	28,934	30,563	1,629	1,237	392
: Community Care Service Delivery	25,793	25,239	(554)	0	0	0	25,793	25,239	(554)	(989)	435
: Rehabilitation and Reablement	1,150	1,119	(31)	1,435	1,335	(100)	2,585	2,454	(131)	(140)	9
: Long Term Conditions	1,736	1,603	(133)	4,316	4,581	265	6,052	6,184	132	174	(42)
: Integrated Island Services	305	302	(3)	1,758	1,727	(31)	2,063	2,029	(34)	(37)	3
MENTAL HEALTH SERVICES	**23,342**	**23,865**	**523**	**49,948**	**49,598**	**(350)**	**73,290**	**73,463**	**173**	**494**	**(321)**
: Learning Disabilities	18,000	18,620	620	477	358	(119)	18,477	18,978	501	701	(200)
: Commmunity Mental Health	4,057	3,995	(62)	1,925	1,671	(254)	5,982	5,666	(316)	(267)	(49)
: Addictions	1,285	1,250	(35)	1,226	1,173	(53)	2,511	2,423	(88)	(88)	0
: Lead Partnership Mental Health NHS Area Wide	0	0	0	46,320	46,396	76	46,320	46,396	76	148	(72)
CHIDREN'S AND JUSTICE SERVICES	**31,677**	**31,609**	**(68)**	**3,514**	**3,365**	**(149)**	**35,191**	**34,974**	**(217)**	**(103)**	**(114)**
: Intervention Services	3,743	3,751	8	303	322	19	4,046	4,073	27	(145)	172
: Looked After & Accomodated Children	15,980	16,050	70	0	0	0	15,980	16,050	70	178	(108)
: Fieldwork	4,588	4,493	(95)	0	0	0	4,588	4,493	(95)	24	(119)
: CCSF	319	291	(28)	0	0	0	319	291	(28)	(18)	(10)
: Justice Services	2,898	2,898	0	0	0	0	2,898	2,898	0	0	0
: Early Years	321	306	(15)	2,838	2,711	(127)	3,159	3,017	(142)	(128)	(14)
: Policy & Practice	3,828	3,820	(8)	0	0	0	3,828	3,820	(8)	27	(35)
: Lead Partnership NHS Children's Services Area Wide	0	0	0	373	332	(41)	373	332	(41)	(41)	0
PRIMARY CARE	0	0	0	49,875	49,875	0	49,875	49,875	0	0	0
MANAGEMENT AND SUPPORT COSTS	5,057	5,243	186	145	654	509	5,202	5,897	695	689	6
CHANGE PROGRAMME	658	661	3	1,274	1,348	74	1,932	2,009	77	75	2
TOTAL	**114,474**	**115,938**	**1,464**	**116,443**	**116,749**	**306**	**230,917**	**232,687**	**1,770**	**1,400**	**370**

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

Appendix B

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	**65,427**	**66,469**	**1,042**	
Locality Services	28,934	30,563	1,629	**Older People permanent care homes** - permanent placements are projected overspend of £1.181m based on 849 placements (587 Nursing and 262 Residential) and an assumption that placements are on a one in one basis to the end of the year. Favourable movement of £0.229m, reduction of 15 places from prior month. Respite care projected overspend of £0.512m, adverse movement of £0.326m based on the spend to date and £0.130m expected reduction from reducing days. **Independent Living Services :** * Direct Payment packages projected underspend of £0.074m on 63 current packages. * Indirect Payment packages no charges to date, projected underspend £0.045m based on prior year spend. * Adult respite care projected overspend £0.067m based on current spend to date. * Residential Packages projected underspend of £0.093m based on 32 current packages and an expected net decrease in packages of 1. * Community Packages (physical disability) overspend of £0.450m based on 64 current packages, and an increase of £0.022m expected in year from new packages. **Equipment Budget** - £0.318m for equipment- projected online. **Employee costs** - projected £0.199m underspend: Money Matters structure approved resulting in part year vacancies. **NHS Packages of Care** - projected overspend of £0.236m due to high use of supplementary staffing. **District Nursing** - projected underspend of £0.112m assuming Band 6 vacancies are filled. **Income from Charging Orders** - over recovery of £0.290m expected as per previous 3 years trends.
Community Care Service Delivery	25,793	25,239	(554)	**Care at home** **- in house service -** projected underspend of £0.329m based on current average costs continuing to the end of the year due to £0.227m of reablement savings removed and an increase in weekly hours of 534 from June. The prior projection assumed no increase in staff levels as per service . - **Purchased Care at home** - projected underspend of £0.184m based on current level of spend continuing to end of year. **Direct Payments** - projected underspend of £0.050m based on 31 current packages plus a projected increase of placements in year of £0.008m less 10% expected recovery from underspent balances. **Transport costs** - projected overspend of £0.040m due to increase in staff mileage within care at home and ferry charges. **Supplies & Services -** projected overspend of £0.044m mainly due to CM2000 charges **Admin costs -** projected overspend of £0.070m mainly due to mobile phone equipment. **Voluntary Organisations** - projected overspend £0.064m (CLASP HOPE project £0.020m overspend and Alzheimer costs £0.044m overspend). **Income** - projected over recovery £0.135m based on current receipts increase in Community Alarm income. **Other Employees** - projected underspend of £0.046m

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
Rehabilitation and Reablement	2,585	2,454	(131)	**Employee costs -** projected underspend £0.106m due to vacancies
Long Term Conditions	6,052	6,184	132	**Carers Centres** - projected £0.107m underspend based on additional funding of £0.532m for Carers Strategy and no spend to date resulting in a projected underspend of 0.100m. **Ward 1 -** projected overspend of £0.345m assuming slight reduction in staffing levels continue. **Ward 2 -** projected underspend of £0.020m, assuming funding from East HSCP for Kirklandside Ward. **Elderly CMHT -** projected underspend of £0.058m assuming £0.020m of recruitment.
Integrated Island Services	2,063	2,029	(34)	**Various minor over and underspends**
MENTAL HEALTH SERVICES	**73,290**	**73,463**	**173**	
Learning Disabilities	18,477	18,978	501	**Residential Packages-** projected underspend of £0.126m based on current 37 packages £2.348m less 2% invoice variances. **Community Packages -** projected overspend of £0.526m based on current 336 packages less 9.75% invoice variances and a net movement in year of 10 new packages. Savings of £0.256m expected to be achieved. **Direct Payments -** projected overspend of £0.215m based on 41 current packages less 10% underspent balances and an expected increase of 7 packages in year. **Employee costs -** projected underspend £0.193m mainly due to vacant posts **Income -** projected under recovery of £0.100m based on current receipts and no income from Other LA's for use of Taigh Mor respite service.
Community Mental Health	5,982	5,666	(316)	**Community Packages -** projected underspend of £0.108m based on 100 packages less invoice differences plus a net increased of 1 package. **Employee costs** - projected underspend £0.254m mainly due to vacant posts **Income -** projected over recovery of £0.090m of charges to users, based on current YTD charges.

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
Addictions	2,511	2,423	(88)	**Addictions Team -** projected underspend of £0.088m due to in year vacancies
Lead Partnership (MHS)	46,320	46,396	76	**Adult Community** - projected underspend of £0.078m due to vacancies in the crisis team. **Adult Inpatients**- projected overspend of £0.312m assumes one bed sale from September, two from October and a further bed from January. **UNPACs** - projected to underspend by £0.230m. Assumption that there will be no change to NHS GG&C charge and there will be 2 new care packages in-year. **LDS -** projected to underspend by £0.231m due to delay in UNPACs transfer. **Elderly Inpatients** - projected to overspend by £0.200m. Projection assumes improvement from current position of £0.213m due to bed closures resulting in decrease in supplementary staffing spend. **CAMHS** - projected underspend is £0.209m, and assumes £0.050m of recruitment in-year. **MH Admin** - projected underspend of £0.94m. This figure may decrease with transfer of services to East and South. **Psychiatry** - projected to overspend by £0.207m, primarily due to locums. EMH Liaison post remains unfunded. **MH Pharmacy** - projected to underspend by £0.098m mainly within substitute prescribing due to the benefit on over-accrual in 2017-18. **Psychology**- projected to underspend by £0.380m, assuming £0.100m recruitment in-year. **CRES target** - projected overspend of £0.986m in relation to savings still to be identified. **Projected underspends in other areas -** include Associate Nurse Director budgets £0.042m, slippage on mental health allocations of £0.070m and resource transfer reserve £0.098m.
CHIDREN'S SERVICES AND CRIMINAL JUSTICE	**35,191**	**34,974**	**(217)**	
Intervention Services	4,046	4,073	27	**Employee costs -** projected underspend of £0.100m due part year vacancies, **Careleavers -** projected overspend of £0.048mbased on supporting 9 leavers for rent payments and 25 for weekly payments.. **Supported Carers Scheme -** projected overspend of £0.035m based on 5 carers supporting 6 children. **Supplies and Services -** £0.055m projected underspend based on prior year spend **Third party payments -** projected overspend £0.067m including Children 1st advocacy and Functional Family Therapy costs.

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
Looked After & Accom Children	15,980	16,050	70	**Looked After Children placements - projected underspend of £0.280m based on the following:-** **Kinship - p**rojected overspend of £0.166m. Budget for 302 placements, currently 310 placements and projecting 330 by the year end. **Adoption -** projected underspend of £0.047m. Budget for 75 placements, currently 69 placements and projecting 71 by the year end. **Fostering** - projected underspend of £0.111m. Budget for 140 placements, currently 128 placements and projecting 140 placements by the year end. **Fostering Xtra** - projected underspend of £0.153m. Budget for 32 placements, currently 29 placements and projecting 32 by the year end. **Private fostering - p**rojected underspend of £0.113m. Budget for 16 placements, currently 10 placements and projecting to remain at 10 for the year. **Fostering respite-** projected underspend of £0.011m due to lower than anticipated respite. **IMPACCT carers** - projected underspend of £0.007m based on 3 carers providing support for full year. **Adoption Fees** - projected overspend of £0.070m due to external agency fees and 2 placements from other Councils. **Residential School placements including community packages -** projecting an overspend of £0.0345m. Projection based 2 current secure placements, one projected to November, one projected to December. 23 residential and community placements projected to leave, 1 in August, 1 in September, 5 in October, 4 in December, 4 in January with 8 placements to March 19. Remand budget of £100k, at present projection assumes this will be spent **Employee Costs - p**rojected underspend of £0.076m due to vacancies.
Fieldwork	4,588	4,493	(95)	**Employee costs -** projected underspend of £0.038m due to vacancies. **Staff training -** projected £0.028m underspend based on prior year spend. **Family Respite Services -** projected underspend of £0.127m based on current usage. **Standby Service -** projecting a £60k overspend, as per prior year spend.
CCSF	319	291	(28)	**Various minor over and underspends**
Criminal Justice	2,898	2,898	0	**Expected to come in line with budget**
Early Years	3,159	3,017	(142)	**Employee costs -** projected underspend of £0.143m due to vacancies.
Policy & Practice	3,828	3,820	(8)	**Children with Disabilities community packages -** projecting an underspend of £0.100m pending a review of the projections. **Private Foster placements -** projected overspend of £0.056m. **Direct Payment packages -** projecting overspend of £0.020m based on 40 packages and a 10% recovery of underspent balances.
Lead Partnership (CS & CJ)	373	332	(41)	**Immunisation** - projected underspend of £0.041m which assumes unavailability of staff to undertake the schools flu programme this winter.

	Budget £000's	Projected Outturn £000's	Projected Over/ (Under) Spend Variance £000's	
PRIMARY CARE	49,875	49,875	0	No expenditure information available for 2018-19 so assumption is break-even until later in the year.
Management & Support Services	5,202	5,897	695	**CRES savings -** projected overspend of £0.646m relating to CRES savings still to be identified.
CHANGE PROGRAMME and challenge Fund	1,932	2,009	77	Projected overspend of £0.077m due to redeployed staff
TOTAL	**230,917**	**232,687**	**1,770**	

North Ayrshire Health and Social Care Partnership
2018/19 Savings

Appendix C

Council Commissioned Services

Service	Description	RAG Status at budget setting	Updated Rag Status	Gross Saving 2018/19 £000's	Net Saving 2018/19 £000's	Net Saving Projected to be Achieved at Period 4 £000's	Projected Shortfall
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - Investment in Universal Early Years	Green	Amber	100	47	47	-
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - School-based Approach to Reducing Looked After (LAC)/Looked After and Accommodated Numbers(LAAC)	Green	Green	200	106	106	-
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - Reduction in Needs for Residential School placements enhancing our community supports with a new team.	Green	Green	536	340	340	-
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - Expansion of the Multi Agency Assessment and Screening Hub (MAASH)	Green	Amber	37	26	26	-
Children & Criminal Justice	Reallocation of Partnership Forum budget with associated savings	Green	Green	40	40	40	-
Children & Criminal Justice	To reduce the Learning and Development team	Amber	Blue	75	75	75	-
Children & Criminal Justice	Reduction in Staffing	Green	Blue	25	25	25	-
Children & Criminal Justice	To discontinue the mentoring project for young people	Green	Green	25	25	25	-
Community Care & Health	Community Care & Health Challenge Fund Projects - Physical Disabiliites	Green	Red	200	200	-	200
Community Care & Health	Community Care & Health Challenge Fund Projects - Reablement	Green	Red	228	181	-	181
Community Care & Health	Reduction in staff from the Arran social work team	Amber	Blue	13	13	13	-
Community Care & Health	Withdrawl of funding to Crossroads, Largs	Green	Blue	14	14	14	-
Community Care & Health	Additional projected income	Green	Green	155	155	155	-
Community Care & Health	Harbour Centre Day Service, Alzheimers - closure of weekend service	Green	Amber	8	8	8	-
Community Care & Health	Reduction in Care Home Placements - proposal to reduce 25 placements.	Red	Red	391	391	-	391
Community Care & Health	Reduction in Care at Home	Red	Blue	200	200	200	-
Mental Health	Mental Health - Challenge Fund Projects	Green	Green	226	226	226	-
Mental Health	Redesign and recommission a mental health support service at a reduced cost.	Amber	Blue	30	30	30	-
Mental Health	Reduction in Caley Court Learning Disability Team.	Amber	Green	48	48	48	-

Service	Description	RAG Status at budget setting	Updated Rag Status	Gross Saving 2018/19 £000's	Net Saving 2018/19 £000's	Net Saving Projected to be Achieved at Period 4	Projected Shortfall
Mental Health	Reduction in staff at Hazeldene Day service	Amber	Green	35	35	35	-
Management & Support	Review all support secondments/posts which could be provided by parent organisations to the HSCP.	Amber	Red	50	50	-	50
Management & Support	Operational savings generated by the business support review.	Amber	Amber	150	150	93	57
Management & Support	Planning and Performance Team - reduction in staffing	Green	Red	37	37	-	37
Cross Service	Pilot Sickness Absence Taskforce within the HSCP	Green	Amber	100	75	75	-
Cross Service	Staff Mileage - 10% reduction across the partnership	Green	Amber	40	40	40	-
Cross Service	Bring forward phase 2 Challenge Fund savings from 2019/20 to 2018/19	Green	Red	250	250	250	-
Cross Service	Cap respite across all services to 35 days	Green	Amber	200	200	130	70
Change and Improvement	Change Team Restructure	Green	Blue	108	108	108	-
Change and Improvement	Integrated Care Fund - reduction in spend and discontinued projects	Green	Blue	218	218	218	-
		TOTAL		**3,739**	**3,313**	**2,327**	**986**

NHS Commissioned Services **Appendix C**

Service	Description	RAG Status at budget setting	Updated Rag Status	Gross Saving 2018/19 £000's	Net Saving 2018/19 £000's	Net Saving Projected to be Achieved at Period 4 £000's	Projected Shortfall
Change and Improvement	Integrated Care Fund - reduction in spend and discontinued projects	Green	Blue	242	242	242	-
Planning and Performance	Change Team Restructure	Green	Blue	108	108	108	-
Mental Health	Review of Psychology Services - Phase 2	Green	Blue	47	47	47	-
Mental Health	Prescribing - Secondary 1%	Amber	Blue	7	7	7	-
Mental Health	Add UNPACS 1%	Amber	Blue	23	23	23	-
Mental Health	Psychiatry 1%	Amber	Blue	55	55	55	-
Mental Health	Addictions 1%	Amber	Blue	13	13	13	-
Community Care & Health	Arran	Amber	Blue	20	20	20	-
Community Care & Health	Delayed Discharge Funding	Green	Blue	53	53	53	-
Community Care & Health	District Nursing Supplies	Green	Green	7	7	7	-
Community Care & Health	Reduction in staffing - Arran	Green	Green	30	30	30	-
Cross Service	Supplies	Green	Green	80	80	80	-
Cross Service	Transport	Green	Green	5	5	5	-
Cross Service	Savings carried forward from 2017/18	Red	Red	2,557	2,557	865	1,692
		TOTAL		**3,247**	**3,247**	**1,555**	**1,692**
	GRAND TOTAL			**6,986**	**6,560**	**3,882**	**2,678**

INTEGRATED CARE FUNDING **APPENDIX D**
2018/19 ALLOCATION

Service	Budget Allocation	Update
British Red Cross - Home from Hospital	93,848	Previously mainstreamed.
TSI Capacity	36,000	Proposed to mainstream.
Independent Sector Development	21,000	Proposed to mainstream.
TSI Community Development	60,000	Proposed to mainstream.
Recovery Café	7,500	This work has been incorporated into the ADP programme.
Community Connectors	189,000	Mainstream 6 NAC Community Connector.
Community Connectors	31,500	Mainstream TSI Community Connector.
Early Intervention from Custody	22,500	Provision of part time rather than full time post, mainstream funding.
Hepatitis C Support	41,000	Now incorporated into the Alcohol and Drug Partnership Programme using peer worker support, award winners at HSCP awards.
Medication for Carers	15,774	Previously mainstreamed.
Post Diagnostic Support - Dementia	61,532	Previously mainstreamed.
Rehab Health and Wellbeing (HARP)	151,000	Enhance range of preventative approaches, including HARP, GP exercise referral, Falls Prevention, Social Hub exercise and Mind and Be Active. Amalgamate into a single Health and Wellbeing Programme. This will provide support to additional diabetes patients, multimorbidity referrals, HARP classes
Mind and be Active (KA Leisure)	121,220	
Dementia Training	39,189	Mainstream post as high demand for training to meet Dementia Strategy. East and South also fund similar role.
Falls Co-ordinator	10,866	Mainstream NHS Pan Ayrshire post
Falls trainer	14,000	Previously mainstreamed.
Medication for ICES	20,076	Previously mainstreamed.

Service	Budget Allocation	Update
LOTS Resource Workers	104,000	Administrative support play a key role in both the Local Operational Teams at locality level and the new Multidisiplinary Team development, roles are to be mainstreamed.
Telecare Technician	26,000	Mainstream post as continued growth in number of users of telecare technology and a speedier response being provided which is reducing risk.
Heart Failure Nurse (One third)	17,814	Pan Ayrshire role continues to deliver telecare for people affected by heart failure as a preventative and early intervention approach, role to be mainstreamed.
Engagement (Primary Care) / GP	8,000	Previously mainstreamed.
Locality Forums	35,000	Previously mainstreamed.
Participatory Budgeting	30,000	Previously mainstreamed.
Design Costs	10,000	Previously mainstreamed.
Advanced Nurse Practitioners x 2	95,112	Mainstream Ward 1 ANP and Rehabilitation ANP to support new model of care.
Services to Redburn	12,000	Work exclusively with traveller women and children who find accessing mainstream services challenging, proposed to mainstream.
Pan Ayrshire Sensory Impairment Service	15,800	Work with people experiencing complex sensory issues in their local communities rather than a hospital site. East and South also support this approach. Proposed to mainstream.
Arran District Nurse	30,000	Previously mainstreamed.
Community Phlebotomy Service	68,432	Proposed to mainstream.
Buckreddan Care Centre - GP sessions	33,000	Evaluation report demonstrates significant impact, mainstream and continue to work with the Primary Care team in East Ayrshire to explore as a Pan Ayrshire approach.
Joint Store - Project Manager	2,000	Funding ceased June 2018.
Hearing Aid Service	8,400	Proposed to mainstream.
Chest, Heart and Stroke	17,000	Proposed to mainstream.
See and Treat service	82,838	Propose mainstream 2 Mental Health Practitioners (1 three towns and 1 Kilwinning). The role out of ANP capacity is now part of the implementation plan for new GP contract.
Townhead / Fullarton / Eglinton Patient Transfer Support	34,000	Previously mainstreamed.
Change Team	607,707	Previously reduced, proposed to mainstream.
PCMH MDT pilot	8,411	New for 18-19 - to fund a team test site which integrates allocation and referral processes.
TOTAL	**2,181,519**	

Financial Recovery Plan (IJB Sept 2018)

Appendix E

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

Other actions being taken:

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

2018/19 Budget Reconciliation

Appendix F

COUNCIL	**Period**	**Permanent or Temporary**	**Budget £000's**
Initial Approved Budget	2		92,353
Resource Transfer	2	P	22,219
ICF Procurement Posts - Transfer to Procurement	2	T	(89)
Additional Pension Costs	4	P	(9)
Period 4 reported budget			**114,474**

HEALTH	**Period**		**Budget £000's**
Initial Approved Budget (including estimated pay award funding)	2		138,638
Resource Transfer	2	P	(22,219)
GIRFEC – Health Visitors	3	P	47
Remove estimated pay award			(1,496)
Actual pay award			1,462
Specialist Pharmacist upgrade			11
Period 4 reported budget			**116,443**

GRAND TOTAL	**230,917**

DIRECTION

From North Ayrshire Integration Joint Board

1.	**Reference Number**	13092018-01		
2.	**Date Direction Issued by IJB**	13th September 2018		
3.	**Date Direction takes effect**	14th September 2018.		
4.	**Direction to**	**North Ayrshire Council**		
		NHS Ayrshire & Arran		
		Both		X
5.	**Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)**	**Yes**		
		No	X	
6.	**Functions covered by the direction**	All NAHSCP delegated functions		
7.	**Full text of direction**	North Ayrshire Council and NHS Ayrshire & Arran are directed to: a) deliver services within financial resources delegated to partner bodies and should implement the financial recovery plan which has been approved by the IJB. b) take the appropriate action to baseline and delegate projects funded from the Integrated Care Fund to services, as approved by the IJB.		
8.	**Budget allocated by Integration Joint Board to carry out direction**	North Ayrshire Council £114.474m NHS Ayrshire & Arran £116.443m TOTAL £230.917m		
9.	**Performance Monitoring Arrangements**	Regular financial updates will be reported to the IJB during 2018/19, the financial recovery plan may require to be reviewed depending on progress and impact.		
10.	**Date of Review of Direction (if applicable)**	n/a		

Integration Joint Board
13th September 2018

Subject:	**Audited Annual Accounts 2017-18**
Purpose:	The Board is required to approve the audited annual accounts for 2017-18 for issue by 30 September 2018 and to consider the report from External Audit.
Recommendation:	That the Board: (a) note that Deloitte LLP have completed their audit of the annual accounts for 2017-18 and have issued an unqualified independent auditor's report; (b) approve the Audited Annual Accounts to be signed for issue.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MTFP	Medium Term Financial Plan

1.	**EXECUTIVE SUMMARY**
1.1	The Integration Joint Board (IJB) were required to produce a set of annual accounts for 2017-18. These accounts were produced within the statutory timescale and have been subject to independent audit by the Integration Joint Board's external auditors, Deloitte LLP. The audit process has been completed and external audit have issued an unqualified independent auditors report. The annual accounts were submitted to Deloitte LLP for audit in accordance with the agreed timetable. The external auditor is required to report on certain matters arising to those charged with governance in sufficient time to enable appropriate action to be taken before the financial statements are approved and certified.
1.2	The Audited Annual Accounts require to be approved by the IJB prior to 30 September 2018. As part of the independent audit there were some minor changes required, these were mainly presentational and to provide additional information or clarification and there are no changes to the financial position reported to the IJB in June. Deloitte LLP's External Audit Annual Audit Report includes the findings of the

	audit and an action plan outlining recommendations for improvement identified during the course of the audit.
2.	**BACKGROUND**
2.1	The Integration Joint Board is subject to the audit and accounts provisions of a body under section 106 of the Local Authority Government (Scotland) Act 1973. This requires annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations. The requirements are proportionate to the number of transactions of the Integration Joint Board whilst complying with the requirement for transparency and true and fair reporting in the public sector.
2.2	The audited annual accounts have been prepared in accordance with the Code of Practice on Accounting for Local Authorities in the United Kingdom 2017-18. Additional guidance was issued by the Scottish Government Integrated Resources Advisory Group (IRAG) and CIPFA LASAAC and this guidance has been followed to produce the unaudited accounts. In addition support was provided by CIPFA and Audit Scotland to ensure a consistency of approach and shared best practice across Integration Joint Boards.
2.3	The Audited Annual Accounts for 2017-18 are included as Appendix 1, these incorporate the independent auditors report. Deloitte LLP are able to conclude that the Integration Joint Board's accounts present a true and fair view of the IJB.
2.4	Appendix 2 includes a covering letter from Deloitte LLP which incorporates their ISA260 letter "report to those charged with governance" together with their proposed Independent Auditor's Report and the letter of representation to be signed by the Chief Finance Officer (NAHSCP) as responsible officer for North Ayrshire Health and Social Care Partnership. Deloitte LLP's External Audit Annual Audit Report to members, which summarises the findings of the audit is attached at Appendix 3.
2.5	Deloitte LLP have given an unqualified opinion that the 2017-18 financial statements give a true and fair view of the financial position and expenditure and income of the IJB for the year, concluding that the accounts have been properly prepared in accordance with relevant legislation, applicable accounting standards and other reporting requirements. No monetary adjustments have been identified and the overall financial position remains as reported to the IJB on 21 June 2018.
2.6	As part of their audit work, alongside the audit of the annual accounts, Deloitte LLP assessed the key financial and strategic risks being faced by the IJB, reviewing the IJB's financial position and aspects of financial management, sustainability, transparency, governance and value for money. Included in the Deloitte LLP annual report is an action plan with recommendations for improvement, these have been agreed with management and planned actions and timescales have been aligned to each recommendation. Representatives from Deloitte LLP will provide an overview and further feedback on

	the report at the meeting.
2.7	The Integration Joint Board are required to formally approve the Audited Annual Accounts prior to 30 September 2018, the IJB are asked to approve the accounts for signature and issue. Thereafter they will be published on the partnership website.
3.	**PROPOSALS**
3.1	The Board is invited to :- (a) note that Deloitte LLP have completed their audit of the annual accounts for 2017-18 and have issued an unqualified independent auditor's report; (b) approve the Audited Annual Accounts to be signed for issue.
3.2	**Anticipated Outcomes**
	The annual accounts are a key statutory reporting requirement and can be a useful way to join up financial and service delivery performance information in a readily available public document, the IJB has a statutory responsibility to approve the Audited Accounts for issue by 30 September 2018. Implementing the action plan agreed with External Audit will allow the IJB to evidence further improvements to financial planning, sustainability, governance and reporting, demonstrate value for money and improve the experience of members.
3.3	**Measuring Impact**
	Progress against the action plan will be monitored by the Performance and Audit Committee during 2018-19.
4.	**IMPLICATIONS**

Financial :	The IJB are required to consider and approved the Audited Annual Accounts for 2017-18 by 30 September 2018.
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	None
Risk Implications :	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 unaudited annual accounts were advertised and made publicly available for inspection, the audited accounts will require to be published by 30 September 2018. There were no objections noted from the public inspection. The Chief Officer and other officers of the IJB have been consulted during the audit process.
6.	**CONCLUSION**
6.1	Deloitte LLP have issued an unqualified opinion on the 2017-18 annual accounts, as part of their annual report they have included a number of areas for improvement which will be taken forward during 2018-19.

For more information please contact:

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

Annual Report and Financial Statements 2017–18

Delivering care together

North Ayrshire
Integration Joint Board

CONTENTS

Management commentary

This publication contains the financial statements of North Ayrshire Integration Joint Board (IJB) for the year ended 31 March 2018.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2017-18 and how this has supported delivery of the IJB's strategic priorities. This commentary also looks forward, outlining the future financial plans for the IJB and the challenges and risks that we will face as we strive to meet the needs of the people of North Ayrshire.

North Ayrshire IJB

Each of the three Ayrshire health and social care partnerships established their Integration Joint Boards on 1 April 2015. The IJB's purpose is to improve the health and wellbeing of local people, create support within our communities and deliver joined-up care pathways for people who use health and social care services, particularly those who have complex care needs.

North Ayrshire Health and Social Care Partnership (NAHSCP/the Partnership) is the name given to the service delivery organisation for functions which have been delegated to the IJB.

NAHSCP is facing significant challenges.

In 2016, NAHSCP launched a refreshed strategic plan, *The way ahead*, outlining our ambitions for 2016–2018. The plan sets the key strategic priorities that will ensure that we deliver our vision. It seeks to address the increasing health inequalities in North Ayrshire and focuses on improving the efficiency and quality of the services being provided, putting individuals, families and communities at the heart of the plan.

North Ayrshire Health and Social Care Partnership vision is:

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

This vision is supported by five strategic priorities:

NAHSCP priorities

North Ayrshire Council and NHS Ayrshire and Arran delegate responsibility for the planning of services to the IJB. The IJB commissions services from North Ayrshire Council and NHS Ayrshire and Arran and is responsible for the operational oversight of integrated services. NAHSCP Chief Officer is responsible for the operational management of integrated services.

The Chief Officer is supported by heads of service for each service area and the senior management team. A dedicated Chief Finance and Transformation Officer for NAHSCP was introduced during 2017–18, with the post filled on an interim basis until a permanent appointment is made.

NAHSCP structure

The IJB Strategic Plan is supported by day to day management plans and individual service strategies. These plans and strategies provide greater detail on how the IJB will deliver on its key priorities and identifies the resources required for implementation. Further, implementation of the strategic plan is key for the Partnership to achieve the nine National Health and Wellbeing Outcomes set by the Scottish Government.

The strategic plan also complements North Ayrshire Community Planning Partnership's Local Outcome Improvement Plan (LOIP) and the NHS Ayrshire and Arran Local Delivery Plan. This is vital to ensure that our limited resources are targeted in a way that makes a significant contribution to our priorities.

North Ayrshire today

North Ayrshire is home to 136,000 people and covers an area of 340 square miles and includes the islands of Arran, Great Cumbrae and Little Cumbrae.

The area provides a number of opportunities for those who live and work here. However we also face a number of significant challenges as North Ayrshire is one of the most deprived areas of Scotland. We have high levels of unemployment, significant number of people on low income and almost a third of our children live in poverty.

We know that the population of North Ayrshire is expected to fall over the next 10 years, and we expect that there will be fewer people aged 65 and under, reducing the number of working age adults. We also expect that the number of people aged 65+ will increase by 20%, with the highest increase (38%) in those aged 75 or over.

According to Scottish Index of Multiple Deprivation (SIMD) 2016, **39%** of North Ayrshire's residents live in areas identified as amongst the **most deprived in Scotland**;

39% equates to almost **53,000** people.

Levels of multi-morbidity

(people with more than one chronic medical condition) are higher in the most deprived areas. For example North Coast locality has lower levels of deprivation compared with other areas in North Ayrshire and as such, have lower levels of people with multi-morbidities (**11% for those 65 and over**) compared with areas with higher levels of deprivation, such as Three Towns, where multi-morbidity levels are much higher (**36% for those 65 or older**).

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 lived in poverty, the second highest level of child poverty in Scotland (Glasgow City has the highest).

A snapshot of achievements

cafe solace

now in Ardrossan, Garnock Valley, Irvine

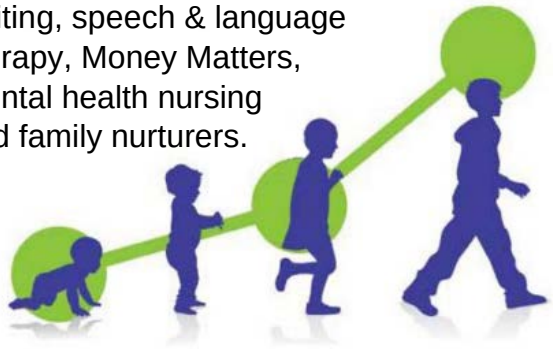
Developing an integrated on-island service on Arran including, GP, Social Work and Care at Home.

Carers Appreciation Card, entitles local carers to receive, discounts, offers and concessions with a range of local businesses.

Distributed **£50,000 to 42 local projects** via the Partnership's first participatory budgeting event.

Collaborated with the **National Galleries of Scotland** to provide learning experiences to young people.

Enhanced our **Universal Early Years Team** to include, social work, health visiting, speech & language therapy, Money Matters, mental health nursing and family nurturers.



Rolled out **Partnership Community Link Workers** to 17 GP practices across North Ayrshire.

Launched the Partnership's integrated drug and alcohol service, **NADARS.**

Supported more people to stay at home, following 999 calls, thanks to joint working with our **Community Alert Team** and **Scottish Ambulance Service.**

Since 2015, the Change Team has **enabled 36 projects** across the Partnership. This work has **generated an additional £3.378million investment**, **saved an estimated £1.192million** and generated costs avoidance (of an estimated £1.299million) through work to better manage demand.

We engaged with 2500 people in North Ayrshire on 6 June 2017 #WMTY17

The financial plan

Strong financial planning and management is paramount to ensure that our limited resources are targeted to maximise the contribution to our objectives. Delivery of services in the same way is not financially sustainable. The updated strategic plan approved for 2018–21 is underpinned by the need to transform care models to find new solutions as the partnership might not always be the first source of support.

The ability to plan based on the totality of resources across the health and care system to meet the needs of local people is one of the hallmarks of integrated care. Medium term financial planning is key to supporting this process and identifying the transformation which is required to provide sustainable services to the local community over the medium term.

The Medium Term Financial Plan (MTFP) is currently being refreshed and will be key to supporting the delivery of the strategic plan. It sets out our plans to start to deliver a shift in care from a hospital setting to a community setting within the resources available.

Organisational performance

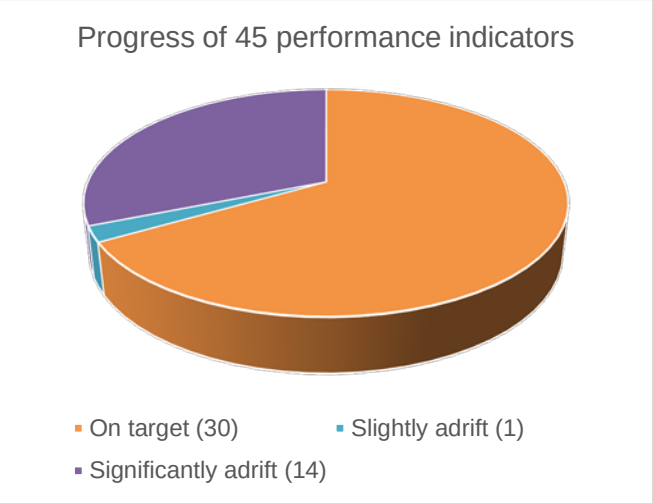
Changes to services have to make a difference to people's lives and North Ayrshire Health and Social Care Partnership continually monitor our services, report and review them in various ways.

It is important that we report the right level of performance information at the right level of the organisation. In all of our performance monitoring and reporting, we show trends over time, where we are against target and how we compare with other geographical areas, where available. We monitor against all the agreed national indicators, including Local Government Benchmark Framework (LGBF), Ministerial Steering Group Indictors, the NHS' Local Delivery Plan HEAT targets, HSCP national indicators, as well as a range of local defined measures.

All reports comprise of a series of key performance indicators and key actions, which link directly back to our strategic plan. Where an indicator or action is off-track, a commentary is provided on steps being taken to improve performance.

Performance is reported at a number of levels within the organisation including Performance and Audit Committee, the IJB, the Joint Review with North Ayrshire Council and NHS Ayrshire and Arran Chief Executives, and ASPIRE (All Service Performance, Information, Review and Evaluation) reviews within each service area.

The latest Joint Review Report (October 2017 – March 2018) showed the progress of the 45 measurable performance indicators:



This compares to 2016–17, where 30 were on target and 10 were significantly adrift.

As part of our commitment to continuous improvement, we recognise this as an area where we could do more and the indicators which are significantly adrift will be the focus of attention. Example of these indicators are:

- Number of days people spend in hospital when they are ready to be discharged
- Number of working days lost due to staff sickness absence
- Admissions from Emergency Department (rate per 1000) into acute hospital

- Care at home capacity (hours) lost due to cancelled hospital discharges
- Number of hospital patients waiting for care at home services
- Number of people delayed, at point of discharge from hospital to a care home, after funding has been confirmed
- Number of people waiting for community mental health support for more than 18 weeks
- Amount of time people wait for psychological therapies treatment

We have produced our third annual performance report (July 2018). This captures our main achievements in 2017–18, our performance against national outcomes and outlines what we need to do to improve. Click this link to access our annual performance report (www.nahscp.org/wp-content/uploads/sites/101/2018/08/NAHSCP-APR-2017-18-270718.pdf)

Annual report and financial statements 2017–18

The annual financial statements report the financial performance of the IJB. The main purpose is to demonstrate the stewardship of the public funds that have been entrusted to the IJB for the delivery of its vision and strategic priorities. The requirements governing the format and content of IJB annual financial statements are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The annual financial statements 2017–18 have been prepared in accordance with this Code.

Financial performance

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

Partnership revenue expenditure 2017–18

The year-end position was a £3.533m overspend (£2.562m Council and £0.971m NHS) which was after one off funding from the Challenge Fund of £1.4m to alleviate in year demand pressures and £1.130m investment from the NHS for prescribing. The NHS have agreed to increase the funding to the IJB by £0.971m to bring their element on-line resulting in a final overspend of £2.562m.

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

NAHSCP financial performance 2017–18

During the year mitigating action was taken to reduce the projected overspend by £1.1m:

- Savings delivered from Challenge Fund projects
- Review of learning disability care packages
- Review of mental health care packages
- Spending freeze on non-essential non payroll spend not linked to care
- Reduction in overtime
- Review of management and support functions
- Equipment budget – waitlist new clients based on need
- Care at home – delay in the recruitment of staff

The main areas of variance during 2017-18 are given below:

Health and Community Care – underspend of £0.829m mainly relates to mitigating action in relation to equipment spend, additional charging order income and care at home. Care homes (including respite provision) overspent after using £0.977m of Challenge Fund monies to alleviate mitigating action and rehab and reablement also overspent.

Mental Health– overspend of £1.011m is mainly within Learning Disability Community Packages. The Lead Partnership for Mental Health did not achieve the projected bed sale income but this was offset by underspend in other areas like psychology, child and adolescent mental health services (CAMHS), unplanned activities (UnPACs) and funds not required in 2017–18.

Children, Families and Justice – overspend of £2.461m is mainly within Children's Services and reflects an increased requirement to place children within fostering, adoption and kinship placements as well as residential school placements. There was also a delay in closure of a children's home, which resulted in less savings than had been anticipated.

Management and Support Costs – overspend of £1.532m mainly relates to the unachieved NHS CRES (cash releasing efficiency saving) of £1.165m.

Lead Partnership

Each of the three Ayrshire IJBs reported a balanced position on their lead/ hosted service. This position was achieved by a range of actions including vacancy management; additional funding from NHS Ayrshire and Arran, application of non-recurring funding and delivery of cost reductions. The specific approach in each partnership was agreed by the relevant IJB.

The table (*NAHSCP financial performance, page 7*) reflects the budget managed by the IJB during the year, and excludes the net impact of Lead Partnership services of £1.935m. This is the difference between what NAHSCP charges to South and East Ayrshire for the Lead Partnership services it provides on their behalf and what South and East Ayrshire charge us for the Lead Partership services they provide on our behalf. This is reflected within the financial statements (see page 23).

Challenge Fund

North Ayrshire Council, during the 2017–18 budget setting process, approved the development of an innovative approach for the establishment of a 'Challenge Fund'. This is an 'invest to change' programme which is an innovative approach in Scotland and has attracted attention of Scottish Government.

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

However, during 2017–18 the IJB approved use of £1.4m of the Challenge Fund to alleviate in year cost pressures. £0.977m was allocated to care home placements and £0.423m to learning disability care packages leaving £2.6m for Challenge Fund projects.

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

Set Aside Budget

The table (*NAHSCP financial performance, page 7*) reflects the budget managed by the IJB during the year. It excludes the large hospital Set Aside Budget of £28.055m which was allocated at the end of the year to the IJB. The set aside budget is reflected within the financial statements (see page 23).

The deficit of £2.562m relates solely to social care and will be carried forward. Added to the £3.245m deficit brought forward from 2016–17 results in a cumulative deficit of £5.807m.

The Integration Scheme outlines the roles and responsibilities of the partners and the IJB in respect of overspends. In the case of a forecast overspend a recovery plan should be developed. If it is not successful the partners can consider making interim funds available with potential repayment in future years.

North Ayrshire Council has confirmed that there will be no further funding made available in respect of 2017–18 and the cumulative deficit will require to be repaid.

The financial challenges facing the partnership outlining a high level plan to start to bridge the financial gaps including the deficit which have been identified.

Strong financial leadership will be required to ensure that future spend is contained within the budget resources available. Moving forward the plan for 2018–19 is to ensure the following actions are implemented:

- Transformation and change will figure at the forefront of the IJB and NAHSCP agenda throughout 2018–19 and beyond
- Financial governance will be enhanced across those authorised to approve budgets to ensure robust control of expenditure
- Financial performance monitoring will be enhanced via a detailed financial framework allowing early detection and corrective action of adverse spend
- All savings, including the Challenge fund projects will be delivered per the agreed timetable to realise appropriate savings for 2018–19 and beyond
- Refresh of the Medium Term Financial Plan (MTFP) in 2018–19
- Phase 2 of the Challenge Fund will be implemented

Financial outlook, risks and plans for the future

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

In March 2017 the IJB approved the first Medium Term Financial Plan. This is being refreshed and will be presented to the IJB in early 2019. The Partnership will continue to face high levels of demand for services, however, it is fundamental that services are commissioned within the resources made available and this will be the highest priority during 2018–19.

Availability of funding for public services correlates with economic growth which continues to be weak with continuing uncertainty on the impact of Brexit.

Other factors impacting on funding for local government services include the protection of other public sector portfolios, implementation of new policy initiatives and the lifting of the public sector pay cap.

The most significant risks faced by the IJB over the medium to longer term, alongside mitigation, are summarised below.

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

Impact of budgetary pressures	Delivery of the Change Programme	Culture and practice
•Mitigation	**•Mitigation**	**•Mitigation**
•Medium Term Financial Plan	•Change Programme Steering Group	•Challenge Fund Phase 2
•Strategic Plan	•Programme Leads	•Multi Disciplinary Teams
•Change Programme	•Strategic Planning Officers Group (SPOG)	•Families First
•Challenge Fund	•Change Programme Risk Register.	•Organisation Development Plan
•Active Demand Management		•Engagement Surveys

NAHSCP risks

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

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

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

Conclusion

The third year as an integrated Health and Social Care Partnership has been both challenging and rewarding.

Our significant transformation programme will continue into 2018–19 with delivery of the Challenge Fund Projects and service redesign.

The IJB has a deficit of £5.807m as it moves into 2018–19. This presents us with a number of challenges, however we are clear that the deficit will need to be recovered over the medium term to deliver financial sustainability for the Partnership. The IJB recognises it must deliver services within its financial envelope for 2018–19.

The scale and pace of change requires to be accelerated. This will be challenging so, while the potential for improvement over the next year is significant, we will need to ensure plans are staged to ensure sustainability and deliverability.

Where to find more information

If you would like more information on IJB strategies, plans and policies and our performance and spending, please refer to the Partnership's website www.nahscp.org

Stephen Brown
Chief Officer

13 September 2018

Bob Martin
IJB Chair

13 September 2018

Caroline Whyte
Section 95 Officer

13 September 2018

Statement of responsibilities

Responsibilities of the IJB

The IJB is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the chief financial officer
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets
- Ensure the annual financial statements are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003)
- Approve the annual financial statements

I confirm that the unaudited annual financial statements were approved for signature at a meeting of the IJB on 21 June 2018.

Bob Martin
IJB Chair

13 September 2018

Responsibilities of the Chief Financial Officer

The chief financial officer is responsible for the preparation of the IJB's annual financial statements in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the annual financial statements, the chief financial officer has:

- Selected suitable accounting policies and then applied them consistently
- Made judgements and estimates that were reasonable and prudent
- Complied with legislation
- Complied with the local authority Code (in so far as it is compatible with legislation)

The chief financial officer has also:

- Kept proper accounting records which were up to date
- Taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the North Ayrshire IJB as at 31 March 2018 and the transactions for the year then ended.

Caroline Whyte
Section 95 Officer

13 September 2018

Annual governance statement

The Annual Governance Statement explains how North Ayrshire IJB complies with the Code of Corporate Governance and meets the requirements of the CIPFA / SOLACE Framework 'Delivering Good Governance in Local Government 2016' and the 'Code of Practice for Local Authority Accounting in the UK: A Statement of Recommended Practice', in relation to the Statement on the System of Internal Financial Control.

Scope of responsibility

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

The IJB is also responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which includes the system of internal control. Reliance is placed on these controls which are designed to manage risk to a reasonable level, but cannot eliminate the risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable but not absolute assurance of effectiveness.

Purpose of the governance framework

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

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of North Ayrshire IJB's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

Governance framework

The main features of the governance framework that was in place during 2017-18 are summarised below:

- The IJB, comprising all IJB Board members, was the key decision making body. The Performance and Audit Committee considered all matters in relation to Internal and External Audit, Risk Management and Performance
- Strategic decision-making is governed by the IJB's key constitutional documents including the Integration Scheme, standing orders, scheme of administration, scheme of delegation to officers and financial regulations
- The Integration Scheme sets out financial contributions by partners to Integration Joint Boards. This includes the Health Board and Council each considering funding their pay cost pressures and contracted inflation with shared responsibility for demographic cost pressures
- The IJB's purpose and vision are outlined in the IJB Strategic Plan which links closely to the vision of the North Ayrshire Community Planning Partnership and the Local Outcome Improvement Plan (LOIP) and is underpinned by an annual action plan and performance indicators. Regular progress reports on the delivery of the Strategic Plan were provided to the Performance and Audit Committee and the IJB
- The Performance Management Strategy focuses very firmly on embedding a performance management culture throughout the IJB. Regular reporting to Board Members takes place
- A risk management strategy and strategic risk register is in place for the IJB
- A Health and Care Governance Framework was agreed by the IJB on 9 March 2017. This covers governance arrangements in relation to complaints and customer feedback, risk management, health and safety, Internal Audit, workforce planning and public protection
- The IJB has adopted a 'Code of Conduct' for all of its Board Members and employees, a register of interests is in place for all Board members and senior officers
- The IJB has in place a development programme for all Board Members, the Senior Management Team and senior managers across the Partnership. Performance and Personal Development (PPD) schemes are in place for all staff, the aim of which is to focus all staff on their performance and development that contributes towards achieving service objectives
- The IJB has established six locality planning forums, reflecting the previously agreed local planning areas. These provide Board Members, health and social care staff and local community representatives with the opportunity to be involved in considering the priorities for each area
- A Change programme is in place, covering four main themes of building teams around children, developing a wider range of primary care services, supporting older people and people with complex care needs and creating mental health and learning disability services to better support people to stay well. A Change Programme Board, chaired by the Chief Officer and with senior representation from all IJB services as well as third and independent sector partners, has oversight of all the IJB's significant transformation projects

The governance framework was in place during the year ended 31 March 2018.

System of internal financial control

The system of internal financial control is based on a framework of regular management information, financial regulations, administrative procedures (including segregation of duties), management supervision, and a system of delegation and accountability. Development and maintenance of these systems is undertaken by NHS Ayrshire and Arran and North Ayrshire Council as part of the operational delivery of the Health and Social Care Partnership. In particular, these systems include:

- Financial regulations and codes of financial practice
- Comprehensive budgeting systems
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts
- Setting targets to measure financial and other performance
- Formal project management disciplines

The IJB's financial management arrangements conform to the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2010)'.

Review of effectiveness

North Ayrshire IJB has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Senior Management Team who have responsibility for development and maintenance of the governance environment, the annual report by the Chief Internal Auditor and reports from Audit Scotland and other review agencies.

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2017–18.

The internal audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2017–18, the service operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards.

The Chief Internal Auditor is responsible for forming an annual opinion on the adequacy and effectiveness of the systems of internal control.

It is the opinion of the Chief Internal Auditor that the systems of internal control relied upon by the IJB continue to provide reasonable assurance against loss.

Governance developments during 2017–18

Membership of the Integration Joint Board changed following Local Government Elections in May 2017, and due to the resignation of key members.

New appointments were made as follows:

Chair and Vice Chair, IJB

Chair and Vice Chair, Performance and Audit Committee

Chair, Strategic Planning Group

Chair, Health and Care Governance Group

Service User and Carer Representative

Third Sector Representative

NHS Board Voting Member

New reporting responsibilities were placed on Integration Joint Boards by the Public Bodies (Joint Working) (Scotland) Act 2017, during 2017, including:

- **Complaints handling procedure**
  Scottish Public Services Ombudsman Complaints Standard Authority required all IJBs in Scotland to adopt their own model Complaints Handling Procedure.
- **Model publication scheme**
  The Freedom of Information (Scotland) Act 2002 (FOISA) requires Scottish public authorities to produce and maintain a publication scheme. North Ayrshire IJB adopted the Model Publication Scheme produced by the Scottish Information Commissioner.
- **Climate change reporting**
  Scottish Government issued guidance to Integration Joint Boards in May 2017 setting out the duty to produce an annual Climate Change report. This report will be submitted on the Sustainable Scotland Network (SSN) online portal by 30 November each year. North Ayrshire IJB submitted their report by the deadline of 30 November 2017. North Ayrshire IJB report was published on the Sustainable Scotland Network on 31 January 2018.North Ayrshire Integration Joint Board has no responsibility for employees, buildings or fleet vehicles and therefore the IJB Climate Change report does not include detail of these but instead reference is made to the two respective parent bodies plans as they have retained responsibility for these.

Health and Care Governance
The IJB agreed proposals submitted by the Chair of the Health and Care Governance Group to provide regular updates on clinical and care governance activity for North Ayrshire HSCP.

Annual Performance Report
The IJB endorsed the Annual Performance Report at the meeting in July 2017. This report, highlighted IJB's operations in 2016-17, outlined the good performance of the Health and Social Care Partnership and how it delivered against the strategic priorities and the national outcomes.

Review of Integration Scheme
A report was presented to the NHS Board, East Ayrshire and North Ayrshire Councils in June 2017 seeking approval to consult on and review the Ayrshire Health and Social Care Integration Schemes to explore whether there was a need for change to further improve the delivery of health and social care locally.

The consultation indicated that there is no clear case for changing the Integration Scheme at present. Indeed, there are elements within the existing scheme that have not been fully implemented and there are a number of issues which could be improved upon.

Carer's (Scotland) Act 2016
The Integration Schemes have been amended to reflect the requirements of the Carers (Scotland) Act 2016. The revised Integration Schemes for East Ayrshire, North Ayrshire and South Ayrshire IJBs were submitted to Scottish Government in March 2018 and approved by the Cabinet Secretary on 3 April 2018.

Risk

Risk workshops were held with each service to improve risk management.

Finance

The 2016–17 and 2017–18 overspend will require to be recovered by the IJB and this will be reflected in the updated Medium Term Financial Plan.

The IJB agreed to appoint a full-time Chief Finance and Transformation Officer to assist with the monitoring of financial performance and to drive transformational change in support of the future financial challenge.

Strategic Plan

Work was carried out to refresh the Strategic Plan for the period 2018–2021 and this was approved by the IJB in April 2018.

Clinical and Care Governance

Arrangements in relation to the Health and Care Governance Group were strengthened during 2017–18.

Further actions

The IJB has identified the following actions for 2018–19 that will assist with the further strengthening of corporate governance arrangements:

Records Management Plan

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 RMPs in November 2018, for plans to be in place by March 2019. Arrangements are in place to meet this deadline.

Financial Management

A new financial framework involving enhanced financial reporting and service performance is being implemented to ensure effective financial planning and management alongside robust governance and control measures to deliver services within the financial envelope.

Change and Transformation

The Change Programme Board will establish more robust arrangements to secure delivery of change and transformation at scale and pace.

Assurance

Subject to the above, and on the basis of the assurances provided, we consider the governance and internal control environment operating during 2017–18 to provide reasonable and objective assurance that any significant risks impacting on the achievement of our actions will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to continually review and improve the governance and internal control environment and action plans are in place to address identified areas for improvement.

Stephen Brown
Chief Officer

13 September 2018

Bob Martin
IJB Chair

13 September 2018

Remuneration report

This remuneration report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The explanatory text in the Remuneration Report is reviewed by the external auditor to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice Chair

The voting members of the IJB are appointed through nomination by North Ayrshire Council and NHS Ayrshire and Arran. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses paid by the IJB. Therefore no remuneration disclosures are provided for the Chair or Vice Chair.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer adheres to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

Other Officers

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total remuneration 2016-17 £	Name and post title	Salary, fees and allowances £	Taxable expenses £	Total remuneration 2017-18 £
105,848	**Iona Colvin, Chief Officer**	0	0	0
0	**Stephen Brown, Chief Officer**	106,906	0	106,906
4,863	**Margaret Hogg, Chief Finance Officer**	3,479	0	3,479*

** This relates solely to the post of Chief Finance Officer. Margaret Hogg was remunerated separately by North Ayrshire Council for the post of Head of Finance.*

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

	In Year pension contributions		Accrued pension benefits		
	Year to 31/3/17 £	Year to 31/3/18 £		Difference from 31/3/17	as at 31/3/18
Iona Colvin, Chief Officer from April 2016 to March 2017	20,429	0	Pension Lump Sum	n/a n/a	0 0
Stephen Brown, Interim Chief Officer from April 2017 to March 2018	0	0	Pension Lump Sum	0 0	0 0
Margaret Hogg, Chief Finance Officer from April 2016 to December 2017	0	0	Pension Lump Sum	n/a n/a	n/a n/a

n/a – both the Chief Officer and Chief Finance Officer were not in post at 31/3/18

Disclosure by pay bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of employees in band 2016-17	Remuneration band	Number of employees in band 2017-18
1	**£105,000-£109,999**	1

Exit packages

There were no exit packages during 2017-18.

Stephen Brown
Chief Officer

13 September 2018

Bob Martin
IJB Chair

13 September 2018

Financial statements

The **Comprehensive Income and Expenditure Statement** shows the cost of providing services for the year according to accepted accounting practices.

2016-17				2017-18		
Gross Expenditure £000	**Gross Income £000**	**Net Expenditure £000**		**Gross Expenditure £000**	**Gross Income £000**	**Net Expenditure £000**
60,960	0	60,960	Community Care and Health	63,268	0	63,268
25,070	0	25,070	Mental Health	26,730	0	26,730
30,213	0	30,213	Children's Services and Criminal Justice	35,535	0	35,535
47,929	0	47,929	Primary Care	49,518	0	49,518
5,040	0	5,040	Management and Support Costs	5,566	0	5,566
3,284	0	3,284	Change Programme	3,430	0	3,430
70,565	0	70,565	Lead Partnership and Set Aside	76,665	0	76,665
243,061	**0**	**243,061**	**TOTAL NET EXPENDITURE**	**260,712**	**0**	**260,712**
0	(82,382)	(82,382)	North Ayrshire Council Funding	0	(89,346)	(89,346)
0	(157,434)	(157,434)	NHS Ayrshire and Arran Funding	0	(168,804)	(168,804)
0	**(239,816)**	**(239,816)**	**TOTAL TAXATION AND NON-SPECIFIC GRANT INCOME (note 5)**	**0**	**(258,150)**	**(258,150)**
243,061	**(239,816)**	**(3,245)**	**SURPLUS/(DEFICIT)**	**260,712**	**(258,150)**	**(2,562)**

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these annual financial statements.

The **Movement in Reserves Statement** shows the movement in the year on the reserves held by the IJB. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices. In 2017-18 there were no statutory adjustments.

Total Reserves 2016-17	Movement in reserves during 2017-18	General Fund Balance 2017-18	Unusable Reserves 2017-18	Total Reserves 2017-18
0	Opening balance at 31 March 2017	(3,245)	0	(3,245)
	Total Comprehensive Income and Expenditure			
0	Adjustments between accounting basis and funding basis under regulations	0	0	0
(3,245)	Increase or decrease in 2017-18	(2,562)	0	(2,562)
(3,245)	Closing Balance as 31 March 2018	**(5,807)**	**0**	**(5,807)**

The **Balance Sheet** shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2017 £000		Notes	31 March 2018 £000
(3,245)	Creditors – due to North Ayrshire Council	6	(5,807)
0	Liabilities		**0**
(3,245)	**Net Assets**		**(5,807)**
(3,245)	Reserves – IJB General Fund		(5,807)
(3,245)	**Total Reserves**		**(5,807)**

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2018 and its income and expenditure for the year then ended.

The unaudited financial statements were authorised for issue on 21 June 2018 and the audited financial statements will be authorised for issue on 13 September 2018.

Caroline Whyte
Section 95 Officer

13 September 2018

Notes to the financial statements

Note 1 – Significant Accounting Policies

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 financial statements 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 financial statements 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 the medium term from 2019/20.

The historical cost convention has been adopted.

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.

Funding

The IJB is primarily funded through contributions from the statutory funding partners, North Ayrshire Council and NHS Ayrshire and 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.

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.

Employee Benefits

The IJB does not directly employ staff. Staff are 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.

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.

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.

Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Ayrshire and 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.

Note 2 – Critical Judgements and Estimation Uncertainty

The critical judgements made in the Financial Statements relating to complex transactions are:

- The IJB has considered its exposure to possible losses and made adequate provision where it is probable that an outflow of resources will be required and the amount of the obligation can be measured reliably. Where it has not been possible to measure the obligation, or it is not probable in the IJB's opinion that a transfer of economic benefits will be required, material contingent liabilities would have been disclosed in a note, however, there are no material contingent liabilities.

The Financial Statements include some estimated figures. Estimates are made taking into account the best available information, however actual results could be materially different from the assumptions and estimates used.

Note 3 – Events after the Reporting Period

The audited annual financial statements will be authorised for issue by the Chief Financial Officer on 13 September 2018. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2018, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

Note 4 – Expenditure and Income Analysis by Nature

2016-17 £000's		2017-18 £000's
105,033	Services commissioned from North Ayrshire Council	114,099
138,001	Services commissioned from NHS Ayrshire and Arran	146,589
27	Auditor Fee: External Audit Work	24
(239,816)	Partners Funding Contributions and Non-Specific Grant Income	(258,150)
(3,245)	**Deficit on the Provision of Services**	**(2,562)**

Note 5 - Taxation and Non-Specific Grant Income

2016-17 £000's		2017-18 £000's
(82,382)	Funding Contribution from North Ayrshire Council	(89,346)
(157,434)	Funding Contribution from NHS Ayrshire and Arran	(168,804)
(239,816)	**Taxation and Non-specific Grant Income**	**(258,150)**

The funding contribution from the NHS Board shown above includes £28.055m (2016-17 £23.406m) in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

There were no other non-ring-fenced grants or contributions.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement. In 2017-18 there was no ring-fenced funding.

Note 6 – Creditors

31 March 2017 £000's		31 March 2018 £000's
(3,245)	Funding: due to North Ayrshire Council	(5,807)
(3,245)	**Creditors**	**(5,807)**

This represents the amount owed to North Ayrshire Council in relation to cumulative overspends. This will require to be repaid in future years but the schedule has still to be determined.

Note 7 – Usable Reserve: General Fund

The IJB holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

There are no usable reserves as at 31 March 2018 and the table below shows the movements on the General Fund balance which results in a deficit position.

2016-17		2017-18		
Balance at 31 March 2017		Transfers Out 2017-18	Transfers In 2017-18	Balance at 31 March 2018
(3,245)	General Fund	0	(2,562)	(5,807)

Note 8 – Agency Income and Expenditure

On behalf of all IJBs within the NHS Ayrshire and Arran area, the IJB acts as the lead manager for Mental Health Services and Children's Services. It commissions services on behalf of the other IJBs and reclaims the costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the IJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the agency arrangement is shown below.

2016-17 £000		2017-18 £000
30,574	Expenditure on Agency Service	29,685
(30,574)	Reimbursement for Agency Services	(29,685)
0	**Net Agency Expenditure Excluded from the CIES**	**0**

Note 9 – Related party transactions

The IJB has related party relationships with NHS Ayrshire and Arran and North Ayrshire Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's financial statements are presented to provide additional information on the relationships.

2016–17 £000	Transactions with NHS Ayrshire and Arran	2017–18 £000
(157,434)	Funding Contributions received from NHS Board	(168,804)
0	Service Income received from NHS Board	0
137,961	Expenditure on Services Provided by NHS Board	146,548
53	Key Management Personnel: Non Voting Board Members	53
0	Support Services	0
(19,420)	**Net Transactions with NHS Board**	**(22,203)**

31 March 2017 £000	Balances with NHS Ayrshire and Arran	31 March 2018 £000
0	Debtor Balances: Amounts due from NHS Board	0
0	Creditor Balances: Amounts due to NHS Board	0
0	**Net Balances with NHS Board**	**0**

2016–17 £000	Transactions with North Ayrshire Council	2017–18 £000
(82,382)	Funding Contributions received from the Council	(89,346)
0	Service Income received from the Council	0
104,994	Expenditure on Services Provided by the Council	114,058
53	Key Management Personnel: Non Voting Board Members	53
0	Support Services	0
22,665	**Net Transactions with the Council**	**24,765**

31 March 2017 £000	Balances with North Ayrshire Council	31 March 2018 £000
0	Debtor Balances: Amounts due from the Council	0
(3,245)	Creditor Balances: Amounts due to the Council	(5,807)
(3,245)	**Net Balances with the Council**	**(5,807)**

Key Management Personnel: The non-voting Board members employed by the Council and recharged to the IJB include the Chief Officer; representatives of primary care, nursing and non-primary services; and a staff representative. Details of the remuneration for some specific post-holders is provided in the Remuneration Report.

Support services were not delegated to the Integration Joint Board through the Integration Scheme and are instead provided by NHS Ayrshire and Arran and Council free of charge as a 'service in kind'. The support services provided is mainly comprised of: provision of the Chief Financial Officer, financial management, human resources, legal, committee services, ICT, payroll, internal audit and the provision of the Chief Internal Auditor.

Note 10 – VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

The VAT treatment of expenditure in the IJB's financial statements depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts related to VAT, as all VAT collected is payable to H.M. Revenue and Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as Income from the Commissioning IJB.

Note 11 – Accounting standards issued not adopted

The Code requires the disclosure of information about accounting changes that will be required by new accounting standards that are not yet due to be adopted. There are none which are relevant to the IJB financial statements.

Independent auditor's report

Independent auditor's report to the members of North Ayrshire Integration Joint Board and the Accounts Commission

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of North Ayrshire Integration Joint Board for the year ended 31 March 2018 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2017–18 (the 2017–18 Code).

In our opinion, the accompanying financial statements:

- Give a true and fair view in accordance with applicable law and the 2017/18 Code of the state of affairs of the North Ayrshire Integration Joint Board as at 31 March 2018 and of its income and expenditure for the year then ended
- Have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2017/18 Code
- Have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)). Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of North Ayrshire Integration Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you, where:

- The use of the going concern basis of accounting in the preparation of the financial statements is not appropriate, or
- The Chief Finance Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about North Ayrshire Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Responsibilities of the Chief Finance Officer and North Ayrshire Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing North Ayrshire Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

North Ayrshire Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Other information in the annual accounts

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with our audit of the financial statements, our responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is

materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In our opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In our opinion, based on the work undertaken in the course of the audit;

- The information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003
- The information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- Adequate accounting records have not been kept; or
- The financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- We have not received all the information and explanations we require for our audit; or
- There has been a failure to achieve a prescribed financial objective.

We have nothing to report in respect of these matters.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Pat Kenny
CPFA (for and on behalf of Deloitte LLP)
110 Queen Street, Glasgow, G1 3BX

13 September 2018

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All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.

Comments or questions about this document, including request for support information or documentation, should be made to:
North Ayrshire Health and Social Care Partnership,
Cunninghame House, Friars Croft, Irvine KA12 8EE

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NORTH AYRSHIRE
Health and Social Care Partnership

Delivering care together

DIRECTOR (North Ayrshire Health & Social Care Partnership): Stephen Brown
5th Floor West Wing, Cunninghame House, Friarscroft, Irvine KA12 8EE

Our Ref: PK/KW/2018

13 September 2018

Deloitte LLP
110 Queen Street
GLASGOW
G1 3BX

Dear Sirs

This representation letter is provided in connection with your audit of the financial statements of the North Ayrshire Integration Joint Board (IJB) for the year ended 31 March 2018 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view of the financial position of the North Ayrshire IJB as of 31 March 2018 and of the results of its operations, other comprehensive net expenditure and its cash flows for the year then ended in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom.

In addition to the above, this representation letter is provided in connection with your audit of the Management Commentary, Remuneration Report and Annual Governance Statement for the following purposes:

* Expressing an opinion on the auditable part of the Remuneration Report as to whether it has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014;

* Expressing an opinion as to whether the information given in the Management Commentary is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

* Expressing an opinion as to whether the information given in the Annual Governance Statement is consistent with the financial statements and that the report has been prepared in accordance with the Delivering Good Governance in Local Government Framework (2016).

I am aware that it is an offence to mislead a Boards auditor.

As Responsible Financial Officer and on behalf of the Board, I confirm, to the best of my knowledge and belief, the following representations.

Financial statements

1. I understand and have fulfilled my responsibilities for the preparation of the financial statements in accordance with proper practices as set out in the Code of Practice on Local Authority Accounting in the United Kingdom (the Code), which give a true and fair view, as set out in the terms of the audit engagement letter.

2. We have provided you with all relevant information and access as agreed in the terms of the audit engagement letter with Audit Scotland. We acknowledge our responsibilities for the design, implementation and operation of internal control to prevent and detect fraud and error.

3. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.

4. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of *IAS24 "Related party disclosures"*.

5. All events subsequent to the date of the financial statements and for which the applicable financial reporting framework requires adjustment of or disclosure have been adjusted or disclosed.

6. The effects of uncorrected misstatements and disclosure deficiencies are immaterial, both individually and in aggregate, to the financial statements as a whole.

7. We confirm that the financial statements have been prepared on the going concern basis. We do not intend to liquidate the Board or cease trading as we consider we have realistic alternatives to doing so. We are not aware of any material uncertainties related to events or conditions that may cast significant doubt upon the Board's ability to continue as a going concern. We confirm the completeness of the information provided regarding events and conditions relating to going concern at the date of approval of the financial statements, including our plans for future actions.

8. We confirm that all of the disclosures within the Management Commentary, Remuneration Report and the Annual Governance Statement have been prepared in accordance with the relevant legislation and guidance.

Information provided

9. We have provided you with all relevant information and access.

10. All transactions have been recorded and are reflected in the financial statements and the underlying accounting records.

11. We acknowledge our responsibilities for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

12. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

13. We are not aware of any fraud or suspected fraud that affects the entity and involves:
    (i) management;
    (ii) employees who have significant roles in internal control; or
    (iii) others where the fraud could have a material effect on the financial statements.

14. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators or others.

15. We are not aware of any instances of non-compliance, or suspected non-compliance, with laws, regulations, and contractual agreements whose effects should be considered when preparing financial statements

16. We have disclosed to you the identity of the entity's related parties and all the related party relationships and transactions of which we are aware.

17. No claims in connection with litigation have been or are expected to be received.

We confirm that the above representations are made on the basis of adequate enquiries of management and staff (and where appropriate, inspection of evidence) sufficient to satisfy ourselves that we can properly make each of the above representations to you.

Yours faithfully

Caroline Whyte
Section 95 Officer
North Ayrshire Health and Social Care Partnership

Signed as Responsible Financial Officer, and on behalf of the Board

Deloitte.

NORTH AYRSHIRE
INTEGRATION JOINT BOARD
(North Ayrshire Health and Social Care Partnership)

Delivering care together

Final report to the Members of the North Ayrshire IJB and the Controller of Audit on the 2017/18 audit

Issued on 4 September for the meeting on 13 September 2018

Contents

Introduction

The key messages in this report

Audit quality is our number one priority. We plan our audit to focus on audit quality and have set the following audit quality objectives for this audit:

- A robust challenge of the key judgements taken in the preparation of the financial statements.
- A strong understanding of your internal control environment.
- A well planned and delivered audit that raises findings early with those charged with governance.

I have pleasure in presenting our final report to the Integration Joint Board (IJB) for the 2017/18 audit. The scope of our audit was set out within our planning report presented to the Performance and Audit Committee in March 2018.

This report summarises our findings and conclusions in relation to:

- The audit of the **financial statements**; and
- Consideration of the **four audit dimensions** that frame the wider scope of public sector audit requirements as illustrated in the following diagram. This includes our consideration of the Board's duty to secure best value.

Introduction (continued)

The key messages in this report – financial statements audit

I would like to draw your attention to the key messages of this paper in relation to the audit of the financial statements:

Conclusions from our testing

- The significant risks, as identified in our audit plan, related to:
  - completeness and accuracy of income; and
  - management override of controls.
- A summary of our work on the significant risks is provided in the dashboard on page 9.
- We have identified no audit adjustments from our procedures to date.
- The management commentary and annual governance statement comply with the statutory guidance and proper practice and are consistent with the financial statements and our knowledge of the IJB. As highlighted at page 14 we have also found that North Ayrshire IJB accounts are a good example of best practice in line with the Good Practice note for IJBs published by Audit Scotland during the year.
- The auditable parts of the remuneration report have been prepared in accordance with the relevant regulation.
- Based on our audit work, we expect to issue an unmodified audit opinion.

Insights

- We have tested 100% of the journal entries posted through the IJB ledger in the year. No issues were noted from this testing.
- Other insights obtained through our audit work have been collated into an action plan for improvement on pages 34-38.

Status of the audit

- The audit is substantially complete subject to the completion of the following principal matters:
  - finalisation of annual accounts;
  - finalisation of our internal quality control procedures;
  - receipt of signed management representation letter; and
  - our review of events since 31 March 2018.

Introduction (continued)

The key messages in this report – audit dimensions

The following two pages set out the key messages of this paper in relation to the four audit dimensions:

Financial sustainability

In line with the last three years, the IJB has not achieved short term financial balance and continues to face a significant challenge for 2018/19. Added to the deficit of £3.245m carried forward from 2016/17, the IJB has closed 2017/18 with a cumulative deficit position of £5.807m which needs to be recovered in future years. In the medium term, the IJB is faced with an extremely challenging financial position. In developing its first Medium Term Financial Plan (MTFP) in March 2017, the IJB estimated a cumulative funding gap of £30.8 million over the period 2018/19-2019/20 if no changes were made. The IJB is in the process of refreshing its MTFP to determine the current expected gap taking into account changes since this was initially prepared.

It is positive to note that the IJB plans to review its MTFP and has recently appointed a dedicated Chief Finance and Transformation Officer as the Section 95 for the IJB. It is critical that the IJB identify how services can be transformed and recurring savings can be made to ensure that the IJB can be financially sustainable over the long term.

Operationally, the IJB are performing well as a partnership in several areas. However, increased focus must be given to achieving a financially sustainable position. The IJB needs to consider a fully integrated budget to allow effective resource planning. In addition, the set aside budget needs to be fully integrated into the IJB budget process. It is also important that future funding from the NHS is agreed in advance of the start of the financial year to ensure sufficient lead in time to implement any changes required.

2017/18 final outturn position reported an over spend against budget of **£2.562m (1.12%).** This had been added to the brought forward deficit. This final position was achieved following additional funding of £0.971m from the NHS and the use of £1.4m of the Challenge Fund to alleviate in year demand pressures.	At 31 March 2018, the IJB held a cumulative deficit position of **£5.807m in reserves**. This needs to be recovered in future years, which is extremely challenging.	The **2018/19 budget** is projecting a balanced position. This included £11.766m of pressures and £5.070m of savings. £2.557m of Cash Releasing Efficiency Savings have been carried forward from previous years, £925k of which has been identified and £1.632m is yet to be identified. The IJB recognise that this is a significant financial risk of not achieving a balanced position at a time of increasing demand for services. In addition, the lack of a confirmed funding position from NHS Ayrshire and Arran at the start of the financial year increases this risk. It is critical that increased focus is given to commissioning services within the funding available.

Introduction (continued)

The key messages in this report – audit dimensions (continued)

Financial Management

In view of the projected funding gap and year end overspend for 2017/18, it is critical that the IJB ensure that the assumptions underpinning the MTFP are reflective of demand, taking into account the funding available and risks faced by the IJB. We note that, through the newly appointed Chief Finance and Transformation Officer, plans are in place to improve the financial governance arrangements in 2018/19. Robust control of expenditure and monitoring will be enhanced via a detailed financial framework allowing early detection and corrective action of adverse variances. We will monitor the effectiveness of this over the coming year through review of how the IJB is working towards financial balance and attendance at the Board.

The IJB relies on the financial systems of both the Council and NHS and no material weaknesses have been identified from our work. We have noted, however, that there is a disparity in the quality and level of detail in the financial information available to the IJB for services commissioned from the Council and NHS, with information available from the Council being of notably higher quality. It is important that clear and consistent information is provided to the Board for the partnership as a whole to allow the Board to perform its governance role effectively.

Governance and transparency

We have reviewed the governance arrangements, the level of scrutiny, challenge and transparency of decision making and the quality and timeliness of financial and performance reporting. The current governance and reporting arrangements for the Lead Partnership arrangements are not as clear as for those areas under the direct control of the IJB. We have therefore recommended that these be reviewed to ensure that complete and consistent information is provided to the Board to allow it to fulfil its governance responsibilities effectively. We note that this has been incorporated into the agreed Internal Audit Plan for 2018/19.

We have also recommended that increased training is provided to IJB members to ensure they fully understand their roles and responsibilities and they are provided with sufficient support in areas where they do not have the required level of knowledge.

We have no concerns around the arrangements with internal audit. We have reviewed the reports issues by internal audit and considered the impact of these on our audit approach.

Value for Money

The Board had a performance management framework in place, with performance regularly considered by management and the Performance and Audit Committee. Reporting is clearly linked to strategic priorities, however, improvements could be made to how the IJB shows that spending makes a difference in these areas. We recognise that this is a national issue.

We are satisfied that the performance is appropriately discussed within the Management Commentary in the Annual Accounts and management have introduced plans to address areas where progress has not been satisfactory.

Our audit explained

Area dimensions

In accordance with the 2016 Code of Audit Practice, we have considered how you are addressing the four audit dimensions:

- Financial sustainability
- Financial management
- Governance and transparency
- Value for money

Final audit report

In this report we have concluded on the audit risks identified in our planning report and any other key findings from the audit.

Key developments in your business

As noted in our planning report, the IJB continues to face significant financial challenges due to an increase in costs whilst facing increased demand for services.

Materiality

The materiality of £3.649m and performance materiality of £2.736m has been based on the benchmark of gross expenditure.

We have used these as the basis for our scoping exercise and initial risk assessment. We have reported to you all uncorrected misstatements greater than £0.182m.

Significant risks

Our risk assessment process is a continuous cycle throughout the year. Page 9 provides a summary of our risk assessment of your significant risks.

Quality and Independence

We confirm we are independent of North Ayrshire IJB. We take our independence and the quality of the audit work we perform very seriously. Audit quality is our number one priority.

Scope of the audit

We will audit the financial statements for the year ended 31 March 2018 of North Ayrshire IJB.

Timeline 2017/18

November 2017 – February 2018
Meetings with management and other staff to update understanding of the processes and controls.

8 March 2018
Presented planning paper to the Performance & Audit Committee

March 2018
Year end

June – August 2018
Review of draft accounts, testing of significant risks and performance of substantive testing of results.

13 September 2018
Audited accounts signed and final audit report presented at the Board meeting.

Financial statements audit

Significant risks
Dashboard

Risk	Material	Fraud risk	Planned approach to controls testing	Controls testing conclusion	Consistency of judgements with Deloitte's expectations	Comments	Page no.
Completeness and accuracy of income	✓	✓	D+I	Satisfactory	●	Satisfactory	10
Management override of controls	✓	✓	D+I	Satisfactory	●	Satisfactory	11

Overly prudent, likely to lead to future credit

Overly optimistic, likely to lead to future debit.

D+I: Testing of the design and implementation of key controls

Significant risks (continued)

Risk 1 – Completeness and accuracy of income

Risk identified

ISA 240 states that when identifying and assessing the risks of material misstatement due to fraud, the auditor shall, based on a presumption that there are risks of fraud in income recognition, evaluate which types of income, income transactions or assertions give rise to such risks.

The main components of income for the IJB are contributions from its funding partners, namely North Ayrshire Council and NHS Ayrshire & Arran. The significant risk is pinpointed to the recognition of this income, being completeness and accuracy of contributions received from the Council and the Health Board.

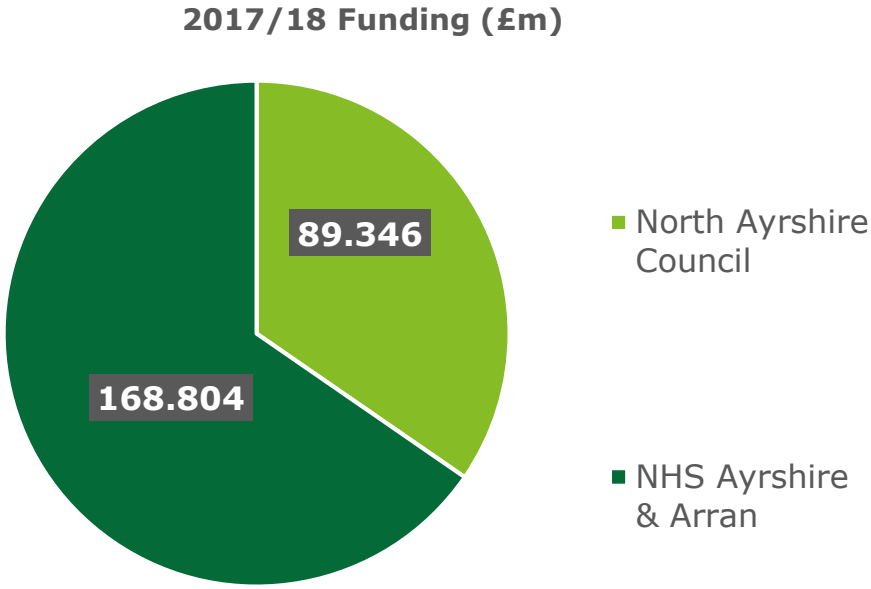
Key judgements and our challenge of them

Funding available from the funding partners is primarily driven by the approved delegated budgets from each partner, however actual income can vary to budget. Additional income of £0.971m was received from NHS Ayrshire & Arran in the year to fund overspend on NHS commissioned services. The deficit carried forward by the IJB is due to a £3.245m overspend incurred on Council commissioned services in 2016/17 and a £2.562m overspend in 2017/18. We have reconciled actual income to budgeted income from each funding partner and tested any reconciling items.

Deloitte response

We have performed the following:

- tested the income to ensure that the correct contributions have been input and received in accordance with that agreed as part of budget process and that any additions/reductions have been appropriately applied;
- tested the reconciliations performed by the IJB at 31 March 2018 to confirm all income is correctly recorded in the ledger;
- confirmed that the reconciliations performed during 2017/18 have been reviewed on a regular basis; and
- assessed management's controls around recognition of income.



Deloitte view

We have concluded that income has been correctly recognised in accordance with the requirements of the Local Authority Code of Audit Practice.

Significant risks (continued)

Risk 2 - Management override of controls

Risk identified

In accordance with ISA 240 management override is a significant risk. This risk area includes the potential for management to use their judgement to influence the financial statements as well as the potential to override the Board's controls for specific transactions.

The key judgements in the financial statements are those which we have selected to be the significant audit risks around recognition of income. This is inherently the areas in which management has the potential to use their judgement to influence the financial statements.

Deloitte view

We have not identified any significant bias in the key judgements made by management.

The control environment is appropriate for the size and complexity of the Board.

Deloitte response

We have considered the overall sensitivity of judgements made in preparation of the financial statements, and note that:

- the IJB projected to overspend against budget, although this was closely monitored by the Board throughout the year and the Board was open and transparent with its funding partners regarding potential overspend, albeit the corrective action was not delivered; and
- senior management's remuneration is not tied to particular financial results.

We have considered these factors and other potential sensitivities in evaluating the judgements made in the preparation of the financial statements.

Significant transactions

We did not identify any significant transactions outside the normal course of business or any transactions where the business rationale was not clear.

Journals

We have made inquiries of individuals involved in the financial reporting process about inappropriate or unusual activity relating to the processing of journal entries and other adjustments.

We performed design and implementation testing of the controls in place for journal approval. We have tested 100% of the journal entries processed through the IJB ledger during the year with no issues noted.

Accounting estimates

In addition to our work on key accounting estimates discussed above, our retrospective review of management's judgements and assumptions relating to significant estimates reflected in last year's financial statements has been completed with no issues noted.

Our audit report

Other matters relating to the form and content of our report

Here we discuss how the results of the audit impact on other significant sections of our audit report. The revisions to ISA (UK) 700 have changed the form and content of the audit report, including how different sections are presented.

Our opinion on the financial statements

Our opinion on the financial statements is unmodified.

Material uncertainty related to going concern

We have not identified a material uncertainty related to going concern and will report by exception regarding the appropriateness of the use of the going concern basis of accounting.

While the IJB has ended the year with a cumulative deficit position, the Code of Practice on Local Authority Accounting requires authorities to prepare its financial statements on a going concern basis unless there is an intention by government that the services provided by the authority will no longer be provided.

Emphasis of matter and other matter paragraphs

There are no matters we judge to be of fundamental importance in the financial statements that we consider it necessary to draw attention to in an emphasis of matter paragraph.

There are no matters relevant to users' understanding of the audit that we consider necessary to communicate in an other matter paragraph.

Other reporting responsibilities

The Annual Report is reviewed in its entirety for material consistency with the financial statements and the audit work performance and to ensure that they are fair, balanced and reasonable.

Our opinion on matters prescribed by the Controller of Audit are discussed further on page 13.

Your annual accounts

We welcome this opportunity to set out for the Board our observations on the annual accounts. We are required to provide an opinion on the remuneration report, the annual governance statement and whether the Management Commentary has been prepared in accordance with the statutory guidance.

	Requirement	Deloitte response
Management Commentary	The Management Commentary comments on financial performance, strategy and performance review and targets. Deloitte note that the Management Commentary has been prepared in line with issued guidance. The commentary included both financial and non financial KPIs and made good use of graphs and diagrams. The IJB also focuses on the strategic planning context.	We have assessed whether the Management Commentary has been prepared in accordance with the statutory guidance and have included recommendations for clear presentation in the good practice guide in the next page. We have also read the Management Commentary and confirmed that the information contained within is materially correct and consistent with our knowledge acquired during the course of performing the audit, and is not otherwise misleading. The good practice note published by Audit Scotland was provided to the IJB for consideration in preparation of the annual accounts. We found from our reviews that the IJB accounts have been prepared in line with the guidance offered per the good practice note, and as a result these accounts are a good example of best practice.
Remuneration Report	The remuneration report has been prepared in accordance with the 2014 Regulations, disclosing the remuneration and pension benefits of the Chief Officer.	We have audited the disclosures of remuneration and pension benefit and pay bands and confirmed that they have been properly prepared in accordance with the regulations.
Annual Governance Statement	The Annual Governance Statement reports that the IJB's governance arrangements provide assurance, are adequate and are operating effectively.	We have assessed whether the information given in the Annual Governance Statement is consistent with the financial statements and has been prepared in accordance with the regulations. No exceptions noted.

Your annual report (continued)

Audit Scotland has issued a series of Good Practice notes to highlight where annual reports can be improved. A Good Practice note covering IJB's was published in April 2018 from a review of the 2016/17 annual accounts of IJBs and all IJBs were encouraged to use the findings to assess and enhance their own disclosures to ensure they provide high quality information to stakeholders in their annual accounts,

We have provided below some extracts which should be considered by the Board in drafting future annual reports. It should be noted that the findings we have identified for the North Ayrshire IJB accounts were limited as the Good Practice Note has clearly been considered when drafting the accounts. As a result, the IJB's accounts are a good example of best practice in action.

Management commentary

The following areas for improvement were identified when reviewing the Board's annual report and have subsequently been updated for:

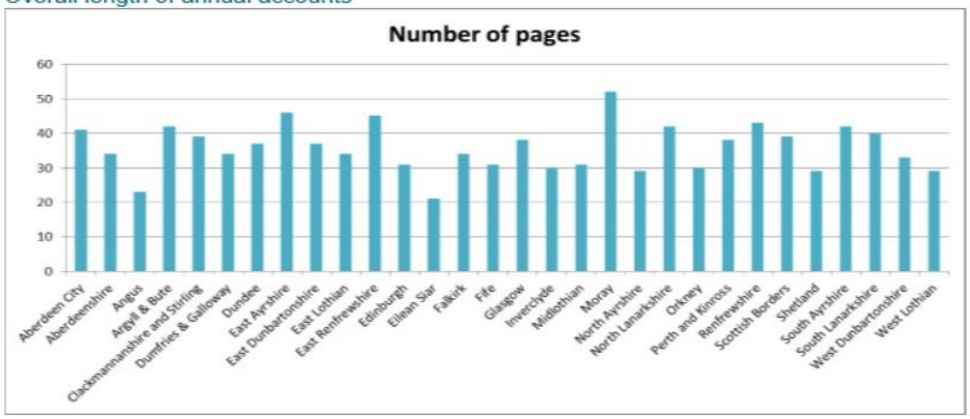
- Additional narrative should be added to give clarity and context with regards to performance indicators where the IJB's performance is 'significantly adrift'; and
- More explicit referencing or signposting with regards to particular areas where readers would likely require additional information e.g. performance indicators, lead partnership agreement.

Governance statement

The following areas for improvement were identified when reviewing the Board's annual report:

- Any actions noted under 'Further Actions' in the prior year accounts should be followed up to clarify what action has been taken during the year in order to address each point.

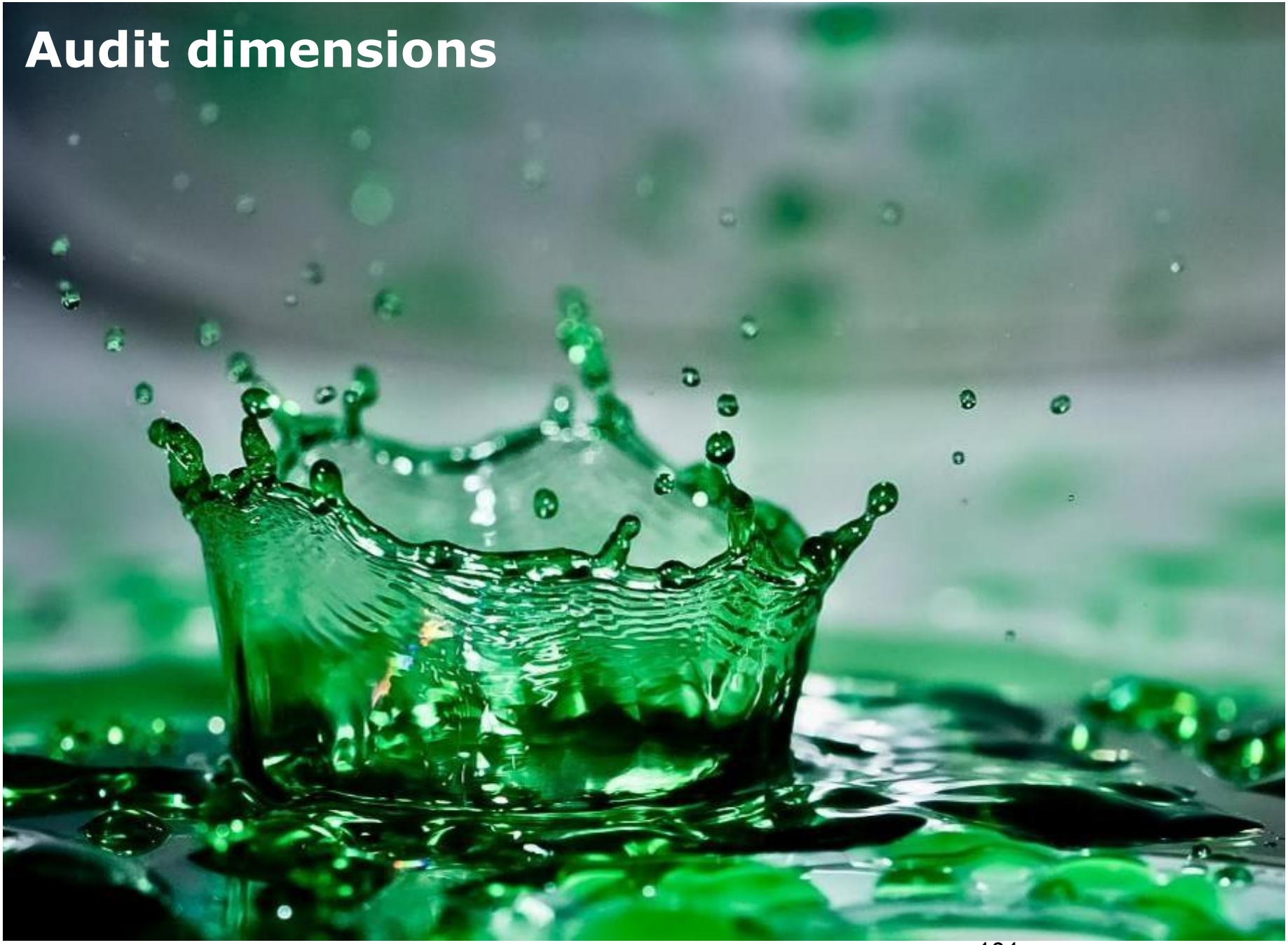
Overall length of annual accounts



From the analysis of the length of all IJB annual accounts for 2016/17, North Ayrshire's annual accounts were of average length.

The IJB should continue to balance the volume and relevance of information provided, whilst considering best practice points discussed above.

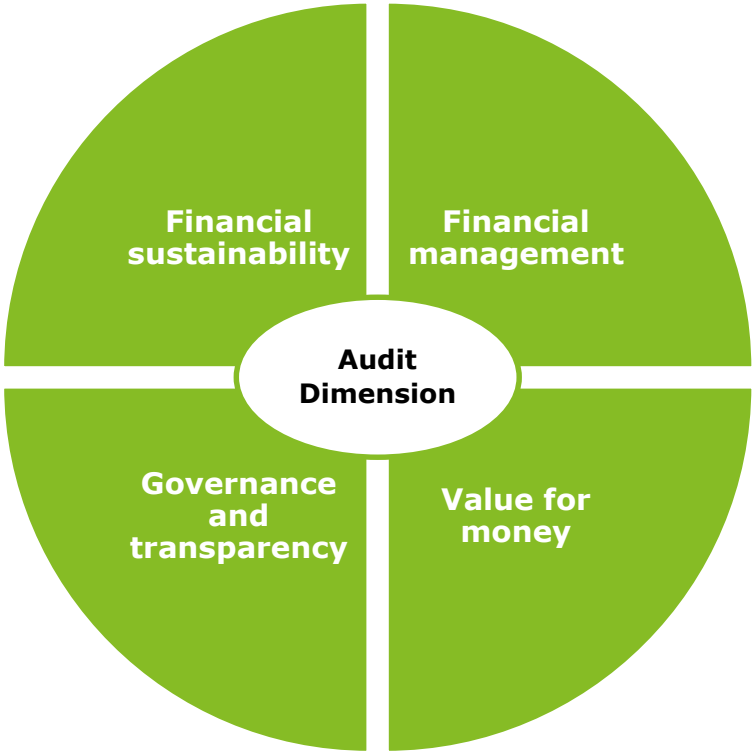
Audit dimensions



Audit dimensions

Overview

Public audit in Scotland is wider in scope than financial audit. This section of our report sets out our findings and conclusion on our audit work covering the following area. Our report is structured in accordance with the four audit dimensions, but also covers our specific audit requirements on best value and specific risks as summarised below.



Best Value (BV)
It is the duty of the IJB to secure BV as prescribed in the Local Government (Scotland) Act 1973.

We have considered the Board's duty to secure BV as part of the governance arrangements considered as part of the audit dimensions work.

Specific risks (SR)
As set out in our Annual Audit Plan, Audit Scotland had identified a number of specific risks (SRs) faced by the public sector which we have considered as part of our work on the four audit dimensions.

SR 1 – EU Withdrawal
SR 2 – New Financial Powers
SR 3 – Ending public sector pay cap
SR 4 – Cyber security risk
SR 5 – Openness and transparency

Audit dimensions (continued)

Financial sustainability

Audit dimension

As part of the annual audit of the financial statements, we have considered the appropriateness of the use of the going concern basis of accounting. Going concern is a relatively short-term concept looking forward 12 to 18 months from the end of the financial year. Financial sustainability interprets the requirements and looks forward to the medium (two to five years) and longer term (longer than five years) to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

Areas considered

- The financial planning systems in place across the shorter and longer terms.
- The arrangements to address any identified funding gaps.
- The affordability and effectiveness of funding and investment decisions made.
- Workforce planning.

Deloitte response

From our work in 2016/17 we found that the IJB was forecasting considerable annual funding gaps in the short to medium term, with the projected funding gap reaching £39.2m over the period 2017/18-2020/21. Whilst some progress had been made in terms of identifying savings within the Medium Term Financial Plan, and also through the establishment of the Challenge Fund in partnership with the Council, further progress was required in order to achieving sustainable spending in future periods. We have reviewed the progress made by the IJB over the last year within its medium and long term financial plans.

Deloitte view

In line with the last three years, the IJB has not achieved short term financial balance and continues to face a significant challenge for 2018/19. Added to the deficit of £3.245m carried forward from 2016/17, the IJB has closed 2017/18 with a cumulative deficit position of £5.807m which needs to be recovered in future years. In the medium term, the IJB is faced with an extremely challenging financial position. In developing its first Medium Term Financial Plan (MTFP) in March 2017, the IJB estimated a cumulative funding gap of £30.8 million over the period 2018/19-2019/20 if no changes were made. The IJB is in the process of refreshing its MTFP to determine the current expected gap taking into account changes since this was initially prepared.

It is positive to note that the IJB plans to review its MTFP and has recently appointed a dedicated Chief Finance and Transformation Officer as the Section 95 for the IJB. It is critical that the IJB identify how services can be transformed and recurring savings can be made to ensure that the IJB can be financially sustainable over the long term.

Operationally, the IJB are performing well as a partnership in several areas. However, increased focus must be given to achieving a financially sustainable position. The IJB needs to consider a fully integrated budget to allow effective resource planning. In addition, the set aside budget needs to be fully integrated into the IJB budget process. It is also important that future funding from the NHS is agreed in advance of the start of the financial year to ensure sufficient lead in time to implement any changes required.

Audit dimensions (continued)
Financial sustainability (continued)

Short term financial position

For **2017/18**, the IJB approved an initial balanced budget of £227.6m (2016/17: £233.3m). This required savings of £9.8m to be made to deliver a balanced budget. The final position of the IJB was an overspend of £2.562m relating to services commissioned from the Council. This is after additional funding was provided by the NHS (see below) and use of £1.4m of the Challenge Fund to alleviate in year demand pressures. Added to the deficit of £3.245m from 2016/17 results in a deficit carried forward of £5.807m which needs to be recovered in future years.

The Integration Scheme outlines the roles and responsibilities of the partners and the IJB in respect of overspends. In the case of a forecast overspend, a recovery plan should be developed. If it is not successful the partners can consider making interim funds available with the potential repayment in future years.

North Ayrshire Council has confirmed that no additional funding will be made available to fund 2017/18 expenditure on services commissioned from the Council. As such, the IJB will carry forward the overspend as part of the deficit to be repaid to the Council in future periods. NHS Ayrshire and Arran has agreed to provide an additional £971k to offset the overspends in the services commissioned from the NHS.

The Integration Scheme also sets out that whilst Primary Care prescribing budgets are delegated to the IJB, prescribing is managed by NHS Ayrshire and Arran. The NHS has allocated the additional sum of £1.13m to the IJB to bring the Primary Care prescribing budget into balance for 2017/18.

	2017/18 budget (£'000)	2017/18 actual (£'000)	2018/19 draft budget (£'000)
Total expenditure	227,581	232,657	230,991
Total income	(227,581)	(230,095)	(230,991)
Set Aside Budget		28,055	28,055
Set Aside Funding		(28,055)	(28,055)
Total Expenditure		**260,712**	**259,046**
Total Income		**(258,150)**	**(259,046)**

At present, the IJB budget is still monitored against "NAC" and "NHS A&A" managed budgets, rather than a genuine pooled budget for the IJB as a whole. The IJB needs to consider a fully integrated budget to allow effective resource planning. In addition, the set aside budget is not fully integrated into the IJB budget process. In 2017/18, the North Ayrshire share of the set aside resource was £28.055m, however, due to recurring budget pressures as a consequence of increased activity within institutional settings, no element of the set aside resource has been released to facilitate the movement in the balance of care towards community based services. As is the case across Scotland, the IJB should continue to work to resolve funding issues around shifting the balance of care between institutions and communities.

The IJB recognise that there is a significant financial risk of not achieving a balanced position at a time of increasing demand for services. In addition, the lack of a confirmed funding position from NHS Ayrshire and Arran at the start of the financial year increases this risk. It is critical that the IJB has confirmed funding in advance of the start of the year and has savings plans agreed early to ensure that it has sufficient lead in time to implement any changes required. It is critical that increased focus is given to commissioning services within the funding available.

Audit dimensions (continued)

Financial sustainability (continued)

Short term financial position (continued)

An indicative balanced budget for **2018/19** was reported to the IJB in April 2018, however, was not finalised as NHS Ayrshire and Arran had yet to confirm its delegated budget. A final balanced budget of £259.046m (inclusive of the estimated set aside budget of £28.055m) was approved in August 2018. This assumes that the repayment on the carried forward deficit will not commence until 2019/20.

The balanced budget is net of pressures and savings, as summarised below:

	Cost and Demand Pressures (£'000)	Savings (£'000)
Health and Community Care Services	1,290	1,097
Mental Health Services	1,351	484
Children and Justice Services	2,774	704
System wide and across Services	3,150	1,718
Prescribing	3,201	1,067
Total	**11,766**	**5,070**

The balanced budget does not include planning to address the previously carried forward Cash Releasing Efficiency Savings (CRES) target from 2016/17 and 2017/18. The CRES savings not achieved in the prior years total £2.557m and this has been carried forward into 2018/19. To date £925k savings have been identified, therefore the balance of £1.632m poses a significant financial risk. It is critical that the IJB work with the NHS to identify appropriate savings.

Reserves

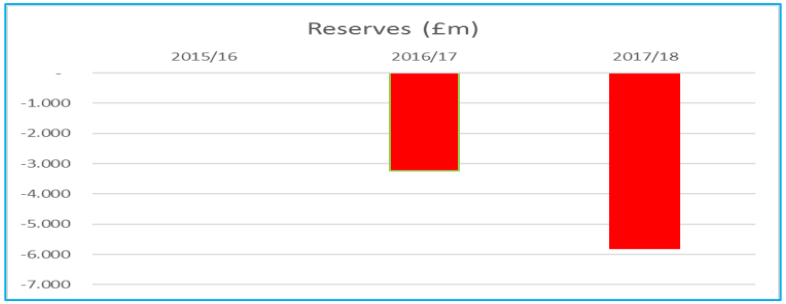
While the IJB has the powers to hold statutory usable reserves, North Ayrshire Council currently does not hold any. Due to the overspends in the last two years, the IJB has ended the year with a negative reserves position of £5.807m which will need to be recovered in future years.

In recognition of the financial challenges facing health and social care services and the imperative to implement radical change, North Ayrshire Council approved the establishment of a '**Challenge Fund**' of £4m. This is an 'invest to change' programme which is an innovative approach in Scotland and has attracted attention of the Scottish Government.

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

However, during 2017/18, the IJB approved the use of £1.4m of the Challenge Fund to alleviate in year cost pressures. £0.977m was allocated to care home placements and £0.423m to learning disability care packages leaving £2.6m for Challenge Fund projects.

Whilst a number of the projects in phase 1 are on track and delivering the transformation and savings anticipated, a number of them have not happened in the timelines planned or realised the amounts envisaged. This is an area of focus for the IJB during 2018/19 to ensure that phase 1 projects are delivered and phase 2 is developed.



Audit dimensions (continued)
Financial sustainability (continued)

Medium to long term financial sustainability

The IJB recognise that the delivery of services in the same way is neither financially or operationally sustainable. The updated strategic plan, approved for 2018-2021, is underpinned by the need to transform care models to find new solutions as the partnership might not always be the first source of support.

In developing its first Medium Term Financial Plan in March 2017, the IJB estimated a cumulative funding gap of £30.8 million over the period 2018/19-2019/20 if no changes were made. The IJB is in the process of refreshing its MTFP to determine the current expected gap taking into account changes since this was initially prepared.

Given the carried forward deficit position of £5.807m, this is extremely challenging and it is critical that the IJB consider how services are going to look in the future. We understand that the Medium Term Financial Plan is being refreshed and will be a key to supporting the delivery of the strategic plan. This needs to include scenario planning to determine a "worst case" and "best case" scenario based on assumptions on funding and demand for services.

Following the approval of the new Strategic Plan for 2018-2021, the priorities and actions identified in the plan have been reviewed to identify the key transformational change priorities for 2018/19 which were set out in the approved budget reported to the Board in August 2018.

Given the extremely challenging financial position, it is critical that these transformational plans start to shift care from an institutional setting to a community setting within the resources available. Given the level of change required, the Board also needs to consider the supporting infrastructure required to deliver on transformation such as:

- Its change management approach;
- Tools and templates to assess whether intended benefits of change have been achieved; and
- Whether it requires external specialist support for any aspects of its Plan.

Best Practice examples

In our 2016/17 annual report, we provided the Board with some case study data where Deloitte has been involved in cost reduction work with a number of NHS bodies in England. We recommended that the Board reviews these case studies and considers them as opportunities for improvement going forward as potential areas for cost reduction.

From our experience, public sector bodies that have successfully delivered and sustained transformational change have tended to focus on six key requirements, which are discussed further on page 28. The overarching aspect throughout a transformation programme is having strong leadership that believes in, and can drive, transformational change.

We would encourage the IJB to consider best practice from other similar entities to help develop its sustainable plans. We would be happy to share examples from our work across the country.

Audit dimensions (continued)

Financial management

Audit dimension

Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.

Areas considered

- Budgetary control system.
- Systems of internal control.
- Financial capacity and skills.
- Arrangements for the prevention and detection of fraud.

Deloitte response

We have reviewed the budget and monitoring reporting to the Board during the year to assess whether financial management and budget setting is effective. From our audit work in 2016/17 we concluded that in view of the funding gaps in 2016/17 and 2017/18, the IJB needed to ensure that the assumptions underpinning the MTFP are reflective of demand, taking into account the funding available. We also recommended that the IJB should review the effectiveness of its operational budget management in order to secure the delivery of services within the budget set.

We have also assessed the capacity of the finance team in view of the departure of the Chief Finance Officer in December 2017, the subsequent interim appointment of a Head of Finance for the Council commissioned services of the IJB and the permanent appointment of the Chief Finance and Transformation Officer in July 2018.

Our fraud responsibilities and representations are detailed on pages 39.

The final outturn for 2017-18 was an in-year overspend of £3.533m, compared to the budget. The NHS has agreed to increase funding by £971k to bring their element within budget, resulting in a final overspend of £2.562m.

As discussed further on page 18, this was achieved following additional funding of £1.4m from the Challenge Fund to alleviate in year demand pressures and £1.13m investment from the NHS for additional prescribing costs.

Deloitte view

In view of the projected funding gap and year end overspend for 2017/18, it is critical that the IJB ensure that the assumptions underpinning the MTFP are reflective of demand, taking into account the funding available. We note that, through the newly appointed Chief Finance and Transformation Officer, who is the appointed Section 95 Officer for the IJB, plans are in place to improve the financial governance arrangements in 2018/19. Robust control of expenditure and monitoring will be enhanced via a detailed financial framework allowing early detection and corrective action of adverse variances. We will monitor the effectiveness of this over the coming year through review of how the IJB is working towards financial balance.

The IJB relies on the financial systems of both the Council and NHS and no material weaknesses have been identified from our work. We have noted, however, that there is a disparity in the quality and level of detail in the financial information available to the IJB for services commissioned from the Council and NHS, with information available from the Council being of notably higher quality. It is important that clear and consistent information is provided to the Board for the partnership as a whole to allow the Board to perform its governance role effectively.

Audit dimensions (continued)

Financial management (continued)

Budgetary control systems

As reported in our 2016/17 report, and in view of the year end overspend for 2017/18 and the projected cumulative overspend, it is critical that the IJB ensure that the assumptions underpinning the MTFP are reflective of demand, taking into account the funding available. The IJB should also ensure effective governance and management arrangements are in place to allow delivery of services within the budget set. We note that management plan to improve the financial governance arrangements in 2018/19 to ensure robust control of expenditure and monitoring will be enhanced via a detailed financial framework allowing early detection and corrective action of adverse variances. We will monitor the effectiveness of this over the coming year.

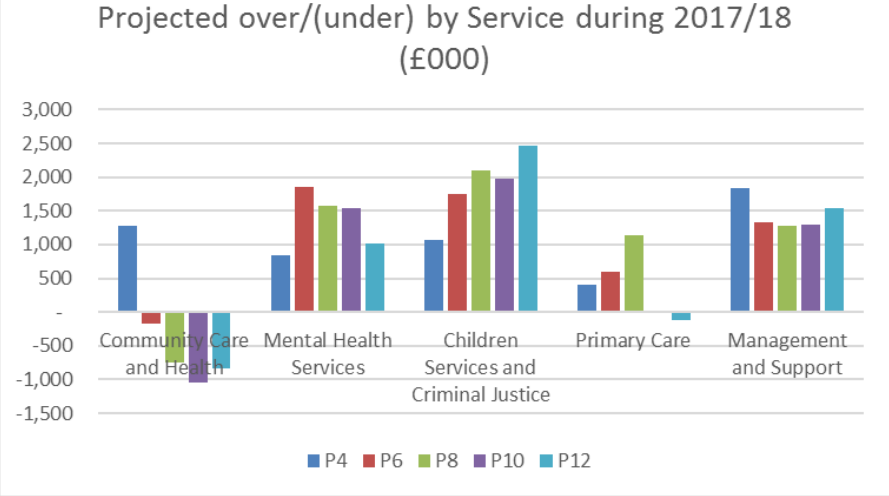
Up to December 2017, the finance team was led by the Chief Finance Officer who also had the role of Head of Finance with North Ayrshire Council. Following the departure of the Head of Finance, the IJB approved the position of a dedicated Chief Finance and Transformation Officer for the partnership (who is the appointed Section 95 Officer), recognising the importance of the role. This post was filled on an interim basis and a permanent appointment has recently been made.

From discussion with a sample of Board members, we note that concerns have been raised around the disparity between the financial information provided to them for Council commissioned services and NHS commissioned services. In particular, we have found that information available to the Board by the Council has been of notably higher quality than that provided by the NHS. It is important that clear and consistent information is available to the Board for the IJB as a whole to allow the Board to perform its governance role effectively.

Financial performance

Variances were reported to the IJB throughout the year, with a final report being presented on 21 June 2018. The overall variance is a combination of under and overspends on expenditure. The final position reported a total overspend of £3.533m, however, this was offset by additional funding of £0.971m, resulting in a final overspend of £2.562m. The expenditure variances can be analysed further as follows:

- **Health and Community Care** – final underspend of £0.829m against budget. Locality Services underspent by £0.398m due to additional income of £0.378m, a planned underspend of £0.2m in equipment agreed as part of mitigating plans, offset by an overspend of £0.3m in care home placements due to additional pressures on respite beds. Community Care Service Delivery also underspent by £0.504m, largely from an underspend of £0.927m due to agreed mitigation to delay the recruitment of posts.
- **Mental Health Services** – final overspend of £1.011m against budget, mainly due to care packages.
- **Children's Services and Criminal Justice** – final overspend of £2.461m. This is largely as a result of an overspend in residential schools and community placements.
- **Management and Support Costs** – final overspend of £1.532m. This mainly relates to NHS savings targets which have still to be agreed.



Audit dimensions (continued)
Financial management (continued)

Systems of internal financial control

We have evaluated the IJB's key financial systems and internal control to determine whether they are adequate to prevent misstatements in the annual accounts. The audit included consideration of internal control relevant to the preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of internal control.

As auditors of both the Council and Health Board, we have also obtained assurance from our work undertaken as part of these audits regarding the systems and internal controls used to produce the transactions and balances recorded in the IJBs financial statements.

No material weaknesses have been identified from our audit work performed.

Fraud and irregularity

We have reviewed the IJBs arrangements for the prevention and detection of fraud and irregularities. Overall we found the arrangements, which are closely linked to the arrangements in place at each partner bodies, to be operating effectively.

Audit dimensions (continued)

Governance and transparency

Audit dimension

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making, and transparent reporting of financial and performance information.

Areas considered

- Governance arrangements.
- Performance & Audit Committee.
- Scrutiny, challenge and transparency on decision making and financial and performance reports.
- Quality and timeliness of financial and performance reporting.
- Accountable officers' duty to secure Best Value.

Deloitte response

We have reviewed the financial and performance reporting to the IJB during the year as well as minutes of all IJB and Performance and Audit Committee meetings to assess the effectiveness of the governance arrangements. Our attendance at Performance and Audit Committees has also informed our work in this area.

Deloitte view

We have reviewed the governance arrangements, the level of scrutiny, challenge and transparency of decision making and the quality and timeliness of financial and performance reporting. The current governance and reporting arrangements for the Lead Partnership arrangements is not as clear as for those areas under the direct control of the IJB. We have therefore recommended that these be reviewed to ensure that complete and consistent information is provided to the Board to allow it to fulfil its governance responsibilities effectively.

We have also recommended that increased training is provided to IJB members to ensure they fully understand their roles and responsibilities and they are provided with sufficient support in areas where they don't have the required level of knowledge.

We noted that the June 2018 Performance and Audit Committee was unable to go ahead due to insufficient members of the Committee in attendance to constitute a quorum. It is important the IJB ensures that the Committee has sufficient capacity to allow it to operate effectively.

We have no concerns around the arrangements with internal audit. We have reviewed the reports issues by internal audit and considered the impact of these on our audit approach.

Audit dimensions (continued)

Governance and transparency (continued)

Leadership and vision

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

The IJB updated its Strategic Plan and published the 2018-21 plan in 2017/18. This built on the progress that had been made to date and lays out the key strategic priorities over the next three years. The Plan recognises that integration is still in its infancy and there is much to do in order to create services that will support the people of North Ayrshire.

Decision making is transparent and subject to both scrutiny and challenge. However, the agenda and papers for the Performance and Audit Committee are not publicly available on the IJB's website and only minutes are available. We understand that this is due to a decision at the time of setting up the Committee as a result of the availability of some performance data. We recommend that this is reviewed to establish if some of the papers could be made available online to improve transparency.

The voting membership for the Board comprises four elected members from the NAC and four non-executive directors from the NHS. As a result of the local government elections in May 2017, there have been some changes to the IJB membership in the year. We consider there to be sufficient diversity to provide effective balance and scrutiny in leadership. However, given the recent cancellation of the Performance and Audit Committee due to not being quorate, the IJB needs to ensures that the Committee has sufficient capacity to allow it to operate effectively.

From meeting with a sample of members, we noted some concern that members who have no previous healthcare or council experience may find the reports difficult to understand. In addition, we noted from discussion a general lack of understanding from some IJB members of their roles and responsibilities. We have therefore recommended that appropriate training be provided for members.

From these meetings, concern was also expressed about the governance and reporting arrangements for those areas that were being led by one of the other Ayrshire IJBs or NHS Ayrshire and Arran as part of the Leadership arrangement. We noted that the level of detail provided to the Board is not equivalent to the areas under their direct control. We therefore recommend that the reporting arrangements are reviewed to ensure that complete and consistent information is provided to Board members to allow them to fulfil their governance responsibilities effectively.

Internal Audit

North Ayrshire Council's Chief Internal Auditor provides the Internal Audit function for North Ayrshire IJB. Internal Audit concluded that reasonable assurance can be placed upon the adequacy and effectiveness of the framework of governance, risk management and control in the year to 31 March 2018.The objectives of internal control have been substantially met.

We have performed a review of the Internal Audit Annual Report 2017/18 in order to inform our work. However, in line with Deloitte's established arrangements, we have not placed any specific reliance on the work performed by internal audit.

On the basis of the audit work undertaken during the year, the Chief Internal Auditor is able to conclude that reasonable assurance can be placed upon the IJB's overall adequacy and effectiveness of the organisation's framework of governance, risk management and control in the year to 31 March 2018.

Audit dimensions (continued)
Value for money

Audit dimension

Value for money is concerned with using resources effectively and continually improving services.

Areas considered

- Value for money in the use of resources.
- Link between money spent and outputs and the outcomes delivered.
- Improvement of outcomes.
- Focus on and pace of improvement.

Deloitte response

From our 2016/17 audit work we concluded that the performance management framework put in place by the IJB was integral to delivery of quality and effective management, governance and accountability.

During 2017/18 we have reviewed how the IJB is addressing areas where targets are not being met, and also how the implementation of strategic change is impacting on how the IJB's performance is measured and reported.

Deloitte view

The Board had a performance management framework in place, with performance regularly considered by management, and the Board. Reporting is clearly linked to strategic priorities, however, improvements could be made to how the IJB shows that spending makes a difference in these areas.

We are satisfied that the performance is appropriately discussed within the Management Commentary in the Annual Accounts and management have introduced plans to address areas where progress has not been satisfactory.

Audit dimensions (continued)
Value for money (continued)

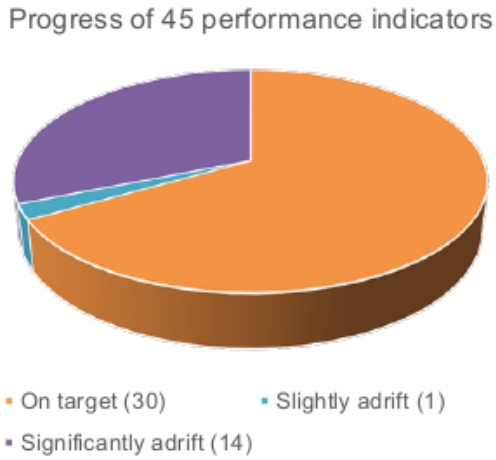
Performance Management

The IJB has embedded a performance management culture throughout the Partnership. It has created a wider range of performance information to manage services and target improvements for the people of North Ayrshire. This is supported by its performance management systems which analyse data, track progress and identify actions.

Regular performance information is provided to the Performance and Audit Committee, IJB members, operational managers and is publicly reported. Benchmarking is used to compare performance with other organisations to support change and improvement.

Reporting is clearly linked to strategic priorities, however, improvements could be made to how the IJB shows that spending makes a difference in these areas. We recognise that this is a national issue.

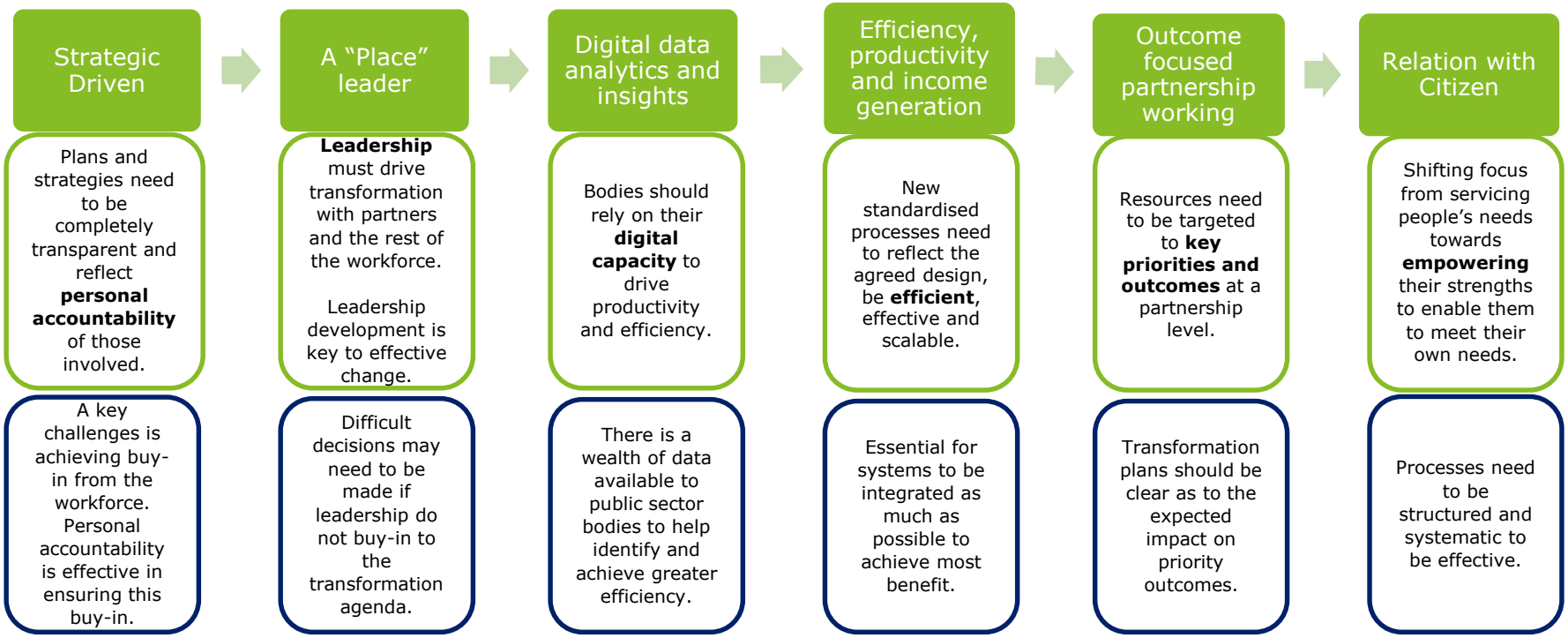
The Annual Performance Report will be published in August 2018. The following summary is included in the Annual Report and Accounts based on the latest Joint Review Report (October 2017-March 2018) showing the progress of the 45 measurable performance indicators:



Audit dimensions (continued)
Sharing best practice

In our 2016/17 annual report, we provided the Board with some case study data where Deloitte has been involved in cost reduction work with a number of NHS bodies in England. We recommended that the Board reviews these case studies and considers them as opportunities for improvement going forward as potential areas for cost reduction.

From our experience, public sector bodies that have successfully delivered and sustained transformational change have tended to focus on the following six key requirements. The overarching aspect throughout a transformation programme is having strong leadership that believes in and can drive transformational change.



Audit dimensions (continued)

Specific risks

In accordance with our Audit Plan, we have considered the specific risks identified by Audit Scotland as part of our audit as follows:

Risk identified	Response
EU Withdrawal	The UK is expected to leave the European Union (EU) on 29 March 2019, followed by a transition period to the end of 2020. There are still a lot of uncertainties surrounding the terms of the withdrawal agreement but the outcome will inevitably have significant implications for devolved governments in Scotland and for Scottish public sector bodies. Given the scale of the potential implications and possible timescales for implementing changes, it is critical that public sector bodies are working to understand, assess and prepare for the impact on their organisation. This is likely to include consideration of three areas: **Workforce**: the extent to which potential changes to migration and trade policies are likely to affect the availability of skilled and unskilled labour. **Funding**: the extent to which potential changes to funding flows including amounts anticipated under existing EU funding programmes, are likely to affect the finances of the organisation and the activity that such funding supports. **Regulation**: the extent to which potential changes to regulation across a broad range of areas currently overseen at an EU level are likely to affect the activity of the organisation. The uncertainty around the EU withdrawal has been recognised in the IJBs MTFP and is also being considered by the Council and NHS. NHS Ayrshire & Arran is taking part in a national exercise with the Scottish Government's health workforce directorate to assess the potential impact on the workforce. The Council is much less reliant on EU nationals, but the services commissioned from external providers could be impacted. It should continue to monitor any potential impact as the details develop. Funding and regulation of the IJB is devolved to the Scottish Government and EU withdrawal is not expected to have major impacts in these areas.
New financial powers	The Scottish Parliament's new financial and social security powers and responsibilities from the 2012 and 2016 Scotland Acts are fundamentally changing the Scottish public financials. The Scottish Government will publish its medium-term financial strategy in 2018 in response to recommendations in the Budget Process Review Group final report, and has made a number of other commitments to improve financial management and help Parliamentary scrutiny of decisions. As a result of this, there is an expectation that public bodies will be seen before subject committees of the Parliament more often. The IJB should therefore use this as an opportunity to make comment within their annual reports beyond the compliance requirements to clearly articulate their achievements against outcomes and future plans.

Audit dimensions (continued)
Specific risks (continued)

Risk identified	Response
Ending public sector pay cap	The 2018/19 budget includes pay awards which have been aligned to the thresholds set out by the Cabinet Secretary in the Stage 1 debate on 31 January 2018. It has been agreed by Scottish Government that any additional costs of the pay increase in excess of 1% will be met by central funding for the NHS, whilst there is no confirmation that the Scottish Government will meet the additional cost for the Council.
Cyber security risk	The IJB do not have a specific cyber security policy in place as they use the ITC strategy of both the NHS Ayrshire & Arran and North Ayrshire Council. Both the NHS and Council have passed the Scottish Government's Cyber Essentials Pre-assessment which contained some remedial actions which are common across all boards. The approach to cyber security for both NHS Ayrshire & Arran and North Ayrshire Council has been assessed as part of their respective audits – we have found that both bodies have capable and qualified digital security functions in place to combat security threats.
Openness and transparency	From our audit work, we are satisfied that the IJB is appropriately open and transparent in its operations and decision making. The IJB follow the council's guidance and very little is held back. All meetings are public, and therefore minutes and agendas are available online. We have recommended that the IJB consider making the Performance and Audit Committee papers available on line to increase transparency. As discussed further on page 24, there is, however, scope for improvements in the level of detail reported in relation to areas where the IJB is not the Lead Partner and the consistency of information for both NHS and Council commissioned services should be reviewed.

Appendices

Purpose of our report and responsibility statement

Our report is designed to help you meet your governance duties

What we report

Our report is designed to help the Board discharge their governance duties. It also represents one way in which we fulfil our obligations under ISA 260 (UK and Ireland) to communicate with you regarding your oversight of the financial reporting process and your governance requirements. Our report includes:

- Results of our work on key audit judgements and our observations on the quality of your Annual Report.
- Our internal control observations
- Other insights we have identified from our audit

What we don't report

As you will be aware, our audit was not designed to identify all matters that may be relevant to the IJB.

Also, there will be further information you need to discharge your governance responsibilities, such as matters reported on by management or by other specialist advisers.

Finally, our views on internal controls and business risk assessment should not be taken as comprehensive or as an opinion on effectiveness since they have been based solely on the audit procedures performed in the audit of the financial statements and the other procedures performed in fulfilling our audit plan.

We welcome the opportunity to discuss our report with you and receive your feedback.

The scope of our work

Our observations are developed in the context of our audit of the financial statements.

This report has been prepared for the Board, as a body, and we therefore accept responsibility to you alone for its contents. We accept no duty, responsibility or liability to any other parties, since this report has not been prepared, and is not intended, for any other purpose.

Pat Kenny, CPFA

for and on behalf of Deloitte LLP

Glasgow

4 September 2018

Audit adjustments

Corrected misstatements

- No corrected misstatements have been identified from our audit work performed.

Uncorrected misstatements

- No uncorrected misstatements have been identified from our audit work performed.

Disclosure misstatements

- Auditing standards require us to highlight significant disclosure misstatements to enable the Board to evaluate the impact of those matters on the financial statements. We have noted no material disclosure deficiencies in the course of our audit work.

A verbal update will be provided to the Board if anything arises from any outstanding work before the financial statements are signed.

Action plan

Follow up of 2016/17 recommendations

Area	Recommendation	Management response	Responsible person	Target date	Priority	2017/18 update
Budgeting Process	The Board should ensure that when the Medium Term Financial Plan is updated, that the assumptions which underpin the budget are reflective of demand, taking into account the funding available to deliver services.	The Medium Term Financial Plan is being updated to cover 2018-19 to 2020/21. All assumptions will be reviewed as part of this refresh.	Chief Financial Officer	31 March 2018	High	As part of 2017/18 recommendations (see page 35) we have recommended the following in relation to the Medium Term Financial Plan:- • Scenario planning should be performed to assess the funding gap when key assumptions are adjusted. • Further savings plans are identified in order to reduce the projected funding gap. *Not implemented.*
Financial Management	The Board should assess the effectiveness of operational budget management to secure delivery of services within the budget which has been set.	A review of operational budget management will be undertaken focused on high risk areas and the outcome will be reported to the Performance & Audit Committee.	Chief Financial Officer	31 March 2018	High	The HSCP carried out an internal review of budget management arrangements and the outcome of this was reported to the PAC. From this recommendations and actions were identified including additional support and training, guidance, communication and delegation and approval. Actions have been taken forward to reinforce operational budget management arrangements. *Implemented however see additional financial management recommendation on page 35.*

Action plan (continued)

Recommendations for improvement

Area	Recommendation	Management Response	Responsible person	Target Date	Priority
Financial Management	The Board should ensure effective governance and management arrangements are in place to ensure services can be delivered from within the available budget (see page 22).	Delivery of the transformational change and service re-design programme is key to delivering financial balance and also future sustainability. Arrangements are being reviewed in relation to governance, monitoring, investment and project management support to align all these to support delivery.	Chief Finance and Transformation Officer	September 2018	High
Medium Term Financial Plan	The Medium Term Financial Plan (MTFP) should be refreshed to determine the current expected funding gap. As part of this plan, we would expect it to include: • Scenario planning to assess the funding gap when key assumptions are adjusted. • Detailed savings plans are identified in order to reduce the projected funding gap. • A fully integrated budget to allow effective resource planning. • Integration of the set aside budget	Budget outlook to be presented to the IJB to inform planning for 2019-20 to 2021-22. Medium Term Financial Plan for the same period will be presented to IJB to align the resources available with the service change required to deliver services within the available budget. The integration of set-aside will require to be taken forward separately pan-Ayrshire with the support of the Health Board.	Chief Finance and Transformation Officer	March 2019	High

Action plan (continued)

Recommendations for improvement (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority
Financial Planning	The Board should have confirmed funding from the NHS in advance of the start of the year to ensure that it has sufficient lead time to implement any changes required (see page 18).	This issue is not unique to North Ayrshire and has been subject to discussion between the Scottish Government and the IJB Chief Finance Officers Group where it is recognised that the timescale for confirmation of Scottish Government grant funding to NHS Boards is detrimental to the ambition for IJBs to set a balanced budget by 31 March. The IJB will be presented with a budget outlook which will include scenario planning in relation to Health funding for future years, this would support the IJB to take decisions in advance of funding confirmation. However, clarity re funding would support the IJB to have confidence re decision making.	NHS Board Director of Finance / Chief Finance and Transformation Officer	March 2019	High
Strategic/ Transformational Planning	There should be a clear link between the Board's Strategic Plan and the MTFP to demonstrate what transformational work is to be carried out to achieve long term financial sustainability. A corporate workforce plan needs to be integral to this strategy. A change management programme should then be put in place, with appropriate tools and templates to allow the IJB to demonstrate that the benefits are being achieved.	Service change will be aligned with the delivery of Strategic Plan outcomes as part of the development of the MTFP for 2019-22. An approach to workforce planning is emerging, building on the work that the Council and NHS are undertaking, acknowledge that an integrated workforce plan should be developed alongside, however this is likely to take longer to develop. A consistent approach to project and change management is in place and Transformation Board recently established to ensure governance and accountability.	Chief Finance and Transformation Officer	March 2019 (integrated workforce plan TBC)	High

Action plan (continued)

Recommendations for improvement (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority
Governance and Reporting Arrangements	For those areas led by one of the other IJBs or NHS Ayrshire & Arran, the level of detail provided to the Board is not equivalent to the areas under their direct control. We therefore recommend that the reporting arrangements are reviewed to ensure that complete and consistent information is provided to Board members to allow them to fulfil their governance responsibilities effectively (see page 25).	This issue was recognised in the review of the Integration Scheme carried out in 2017. It has been agreed across Ayrshire by the 3 IJBs that the use of "Directions" for commissioning services could be improved. Information is shared between the 3 partnerships re financial performance of lead arrangements and the risks are noted, however there is further clarity required in relation to the risk sharing. For 2017-18 overspends in lead services were balanced by non-recurring funding by NHS A&A. Further work is required to clarify and formalise risk sharing arrangements from 2018-19 onwards. Work is planned to be taken forward through the Ayrshire Finance Leads group which meets on a monthly basis. Joint work is also being undertaken by Ayrshire Finance Leads / Ayrshire Planning Leads to refine 'fair share' charging methodology for lead partnership services. The in-year financial position will be reported to the IJB through the financial monitoring reports. In addition the North Ayrshire IJB Internal Audit Plan includes a review of the governance for Lead Partnership arrangements, the outcome of this will be reported to the PAC.	IJB Chief Officer, Chief Finance & Transformation Officer, Ayrshire Finance Leads Group	March 2019	Medium
Experience of Members	There is concern that members who have no previous healthcare or council experience may find internal reports difficult to understand. In addition, we noted a general lack of understanding from some IJB members of their roles and responsibilities. We therefore recommend that appropriate training be provided for members (see page 25).	Development sessions have been held with IJB members to support new IJB members, however it is acknowledged that this needs to be revisited and a programme of continuous learning and development requires to be developed.	Chief Officer	December 2018	Medium

Action plan (continued)

Recommendations for improvement (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority
Openness and Transparency	Whilst decision making is transparent and subject to scrutiny and challenge, we recommend that the IJB consider how performance information could be made more publicly available on the IJB's website. This would improve levels of openness and transparency (see page 25).	The Annual Performance Report is published each year. The Performance and Audit Committee receive quarterly reports on performance, however these are not publicly available as the Performance and Audit Committee papers are not published. The IJB are not currently able to publish these due to NHS information which is not currently in the public domain. Consideration will be given to elements of the performance and audit information which could be more openly shared and published to further support an approach to openness and transparency.	Chief Officer / Chief Finance & Transformation Officer	December 2018	Low

Fraud responsibilities and representations

Responsibilities explained

Responsibilities:

The primary responsibility for the prevention and detection of fraud rests with management and those charged with governance, including establishing and maintaining internal controls over the reliability of financial reporting, effectiveness and efficiency of operations and compliance with applicable laws and regulations. As auditors, we obtain reasonable, but not absolute, assurance that the financial statements as a whole are free from material misstatement, whether caused by fraud or error.

Required representations:

We have asked the Board to confirm in writing that you have disclosed to us the results of your own assessment of the risk that the financial statements may be materially misstated as a result of fraud and that you are not aware of any fraud or suspected fraud that affects the entity or group.

We have also asked the Board to confirm in writing their responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

Audit work performed:

In our planning we identified the risk of fraud in recognition of income and management override of controls as a key audit risk for your organisation.

During the course of our audit, we have had discussions with management, internal audit and those charged with governance.

In addition, we have reviewed management's own documented procedures regarding fraud and error in the financial statements

We have reviewed the paper prepared by management for the Performance & Audit Committee on the process for identifying, evaluating and managing the system of internal financial control.

Deloitte view:

From out year-end audit procedures and discussions with management, we have noted no cause for concern around the fraud arrangements in place.

Independence and fees

As part of our obligations under International Standards on Auditing (UK), we are required to report to you on the matters listed below:

Independence confirmation	We confirm that we comply with APB Ethical Standards for Auditors and that, in our professional judgement, we and, where applicable, all Deloitte network firms are independent and our objectivity is not compromised.
Fees	The audit fee for 2017/18 is £24,000 as detailed in our Audit Plan. No non-audit fees have been charged by Deloitte in the period.
Non-audit services	In our opinion there are no inconsistencies between APB Ethical Standards for Auditors and the company's policy for the supply of non-audit services or any apparent breach of that policy. We continue to review our independence and ensure that appropriate safeguards are in place including, but not limited to, the rotation of senior partners and professional staff and the involvement of additional partners and professional staff to carry out reviews of the work performed and to otherwise advise as necessary.
Relationships	We are required to provide written details of all relationships (including the provision of non-audit services) between us and the organisation, its board and senior management and its affiliates, including all services provided by us and the DTTL network to the audited entity, its board and senior management and its affiliates, and other services provided to other known connected parties that we consider may reasonably be thought to bear on our objectivity and independence. We are not aware of any relationships which are required to be disclosed.

Events and publications

Our publications and insights to support the IJB

Publications

The State of the State 2017-18
Citizens, government and business

This year's report finds the UK government amid the complex challenge of leaving the EU. Inevitably, this early phase of EU exit is taking place under intense media scrutiny and passionate political debate. But while EU exit issues may dominate headlines, the public services face more local challenges as they address rising demand, budget restraint and renewed levels of concern about social inequality.

The State of the State 2017-18 explores government through three lenses – the citizen lens, the public sector lens and the business lens.

Download a copy of our publication here:
https://www2.deloitte.com/uk/en/pages/public-sector/articles/state-of-the-state.html

Sharing our informed perspective
We believe we have a duty to share our perspectives and insights with our stakeholders and other interested parties including policymakers, business leaders, regulators and investors. These are informed through our daily engagement with companies large and small, across all industries and in the private and public sectors.

Recent publications relevant to the local authorities are shared opposite:

Perspectives: Do you have a digital mindset?
Accelerating health and care integration
Digital technology is helping to transform the way citizens interact with service providers across all other service industries. The time is now ripe for changing the relationship between health and social care commissioners and providers and service users.

Read the full blog here:
https://www2.deloitte.com/uk/en/pages/public-sector/articles/do-you-have-a-digital-mindset.html

Article: Public sector transformation
Five lessons from the private sector
An analysis of private sector global companies, including high-tech start-ups, manufacturers, banks, retailers and insurance firms, reveal five valuable lessons for the public sector.

Read the full article here:
https://www2.deloitte.com/uk/en/pages/public-sector/articles/public-sector-transformation.html

Deloitte.

NORTH AYRSHIRE
Health and Social Care Partnership

Agenda Item 7

Integration Joint Board
13 September 2018

Subject:	**Participation and Engagement Strategy**
Purpose:	For the IJB to note the process of participation and engagement with stakeholders which has informed the draft NAHSCP Participation and Engagement Strategy.
Recommendation:	That the IJB : - Approve the Participation and Engagement Strategy

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
NAHSCP	North Ayrshire Health and Social Care Partnership (The Partnership)
Co-production	'Co-production is about combining our mutual strengths and capacities so that we can work with one another on an equal basis to achieve positive change' - Scottish Community Development Centre

1.	**EXECUTIVE SUMMARY**
1.1	The North Ayrshire Integration Scheme sets out how NHS Ayrshire and Arran and North Ayrshire Council will work together to deliver health and social care services. Section nine outlines our commitment to participation and engagement and requires the development of a Participation and Engagement Strategy.
1.2	The Partnership recognises that effective participation and engagement will be an important foundation for the success of the Partnership. Successful participation and engagement will ensure that all stakeholders will have meaningful input to the way services are planned and provided and will create the framework within which the vision for co-production can be delivered.
2.	**BACKGROUND**
2.1	The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Integration Joint Board to produce a Participation and Engagement Strategy to ensure that there is effective engagement with all communities and partners, in order to ensure that services are planned and led locally in a way which is engaged with the community, including service-users, those who look after service-users and those who are involved in the provision of health or social care.

2.2	After an external review of engagement structures by Community Renewal, on the 17 September 2015, the IJB agreed to support a move towards a more dynamic and focussed approach to engagement where our citizens can choose to work collaboratively with us on issues and services that are of significance to them, this included: • Developing Locality Planning Forums • Developing an engagement calendar • Working more closely with existing engagement networks • Undertaking "Velcro partnerships" (small working groups) for specific engagement
2.3	Since then the Partnership have made considerable progress in our approach to participation and engagement including, the establishment of Locality Planning Forums with local priorities and locality engagement events. A calendar on engagement for all stakeholders and made clear links with other engagement partners including the Community Planning Partnership. We have undertaken a number of events to engage in a different way with local people, these have included our Mental Health Participatory Budget events and What Matters To You Day (2017 and 2018) which has captured the views of 3500 local people. Peer researchers have been trained and supported to reach marginalised groups and a Volunteering Strategy has been developed to support the growth of volunteering throughout the Partnership. Engagement and participation of staff has taken place through the organisational and development change process. The Partnership is committed to further developing the role of LPFs as conduits for community engagement and are about to commence a pilot to further enhance locality engagement through the development of engagement and communication volunteer roles.
2.4	As the partnership has developed, we have continued to expand the range of methods of communication. This has included the development of the @NAHSCP twitter profile, the NAHSCP webpage and the development of a range of communication and engagement networks to ensure a far wider reach. The engagement around the NAHSCP Strategic Plan in 2018 had a far wider reach and range of communication and engagement than the previous strategic plan engagement – as described at Appendix Two.
2.5	In June 2017, we established the Engagement Development Group with a range of local and national representatives (see Appendix Three) from a range of sectors including the public, independent and third sector. The purpose of this group was to continue to build on the participation and engagement structures already in place as well as ensure that we, as a Health and Social Care Partnership, engage with our stakeholders purposefully and meaningfully. The group also added a level of scrutiny and accountability in relation to participation and engagement. The first task of the group was to design and develop a comprehensive participation and engagement strategy which will be the foundation of our future engagement work.
2.6	The Engagement Development Group has met 9 times over the last 18 months to help further develop and challenge our plans for engagement and assist with the design of our Participation and Engagement Strategy. In addition, the Strategy has been circulated and discussed with the Strategic Planning Group and wider representatives,

	to ensure it provides a clear framework for participation and engagement of our stakeholders.
2.7	The Partnership undertook 6 weeks on consultation from 3 July 2018 to 17 August 2018 with feedback from 18 different individuals. It was noted this Strategy had been developed overtime and along with the Engagement and Development Group and therefore a large response was not expected. At its meeting on the 16 August the IJB requested a 2 week extension for the consultation closing on 31 August. No further responses have been received and the collation of responses is filed under appendix 4 – You said – We did and the Participation and Engagement Strategy amended accordingly.
3.	**PROPOSALS**
3.1	That the IJB notes and approves The Participation and Engagement Strategy (included in Appendix One).
3.3	**Anticipated Outcomes**
	The North Ayrshire Health and Social Care Partnership Participation and Engagement Strategy will help improve outcomes for local people by ensuring effective engagement with all stakeholders and partners, in order to ensure that services are planned and led locally in a way which is engaged with the community.
3.4	**Measuring Impact**
	The implementation of the North Ayrshire Health and Social Care Partnership Participation and Engagement Strategy and how we are engaging with all our stakeholders, including, local communities, people who use our services, their carers and families and people who are involved in the provision of health or social care, will be reported every year through North Ayrshire Health and Social Care Partnership's Annual Performance Report. In addition, each significant piece of engagement will be reviewed to ensure we develop and learn in accordance with the needs of local people and informs our future strategies.
4.	**IMPLICATIONS**

Financial:	In order to effectively engage with a wide range of stakeholders, across a range of methods, we will incur small but on-going costs in order to purchase the appropriate resources.
Human Resources:	As one of our stakeholders, staff will be included in the planning and design of local services.
Legal:	In undertaking this strategy, the Partnership will meet its requirements in terms of the Public Bodies (Joint Working) (Scotland) Act 2014.
Equality:	This proposal will create the opportunities for service users, carers and the public to have a greater say in how services are developed to meet the needs of all communities, ensuring a reduction in inequalities.

Children and Young People	This proposal will create the opportunities for children and young people to have a greater say in how services are developed.
Environmental & Sustainability:	There are no environmental and sustainability implications
Key Priorities:	This proposal will enable the IJB to further progress work under its key priority; engaging communities
Risk Implications:	True participation and engagement should help reduce risks to the organisation in terms of planning for local services. However, it is recognised that at times, despite the outcomes of engagement, we cannot undertake the findings of the activity.
Community Benefits:	This is not applicable.

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	This Participation and Engagement Strategy was developed in partnership the Engagement Development Group who were keen to avoid writing a strategy with little input from stakeholders. As a result, the development of this strategy had been achieved over some time to ensure comprehensive input from partners. A public consultation ran for 8 weeks between July and August 2018. By this time, the strategy had already been amended 17 times as a result of our engagement with a wide range of stakeholders. Therefore it was expected that only a small number of people would take the opportunity to feedback at this stage. Copies of the draft strategy, including feedback questionnaires were made available in every local library and on our website. This was promoted via our usual channels and networks. It is worth noting that this was not a formal consultation as such, rather an added method to further improve the strategy. In addition, consultation was undertaken with the Strategic Planning Group, including Locality Planning Forum representatives and specific feedback from Dr Audrey Sutton, Head of Service (Connected Communities). Feedback focused on removing some of the jargon and making the strategy more reader friendly. This has resulted in the language being altered to ensure a more easily digestible strategy document. More specific comments were made in relation to engagement and these will be addressed individually in the post-consultation report. Encouragingly, when asked if the strategy would help ensure that people were more involved in decision making 80% of respondents agreed that it would.
6.	**CONCLUSION**
6.1	We have undertaken considerable development of our approach to participation and engagement. As part of this journey we have worked with a range of local and national engagement representatives to develop our Participation and Engagement Strategy.

	However, we recognise that effective participation and engagement requires continual review and evaluation to ensure it develops in line with needs of our stakeholders.

For more information please contact Michelle Sutherland, Strategic Planning & Transformational Change Lead **on** 01294 317751 **or** msutherland@north-ayrshire.gcsx.gov.uk

Appendix one

North Ayrshire
Health and Social Care Partnership

Doing what matters, together

Participation and Engagement Strategy 2018-2021

In partnership with

North Ayrshire Council
Comhairle Siorrachd Air a Tuath

TSI North Ayrshire

scottishcare
The voice of the independent care sector in Scotland

NHS Ayrshire & Arran

Document Control

Document Name	Participation and Engagement Strategy
Directorate	Partnership
Prepared by:	Annie Robertson
Authorised by:	Michelle Sutherland
Other documents referenced	Participation and Engagement Toolkit Participation and Engagement Framework Participation and Engagement Action Plan Volunteer Policy
Related documents	North Ayrshire Health and Social Care Partnership - Communications Strategy

Version Control

Version Number	Date Issued	Author	Update Information
v0.18	22/5/2018	Annie Robertson	Draft version for consultation
V1.0	04/09/18	Annie Robertson	Update from feedback for consultation

Contents

1. Who are we and what do we do?

North Ayrshire Health and Social Care Partnership (the Partnership) provides community-based health and social care services for people throughout their life: from birth through childhood, teenage years and adulthood.

Our services areas include:

- Adult health and community care services
- Children, families and justice services
- Mental health, learning disability and addictions services

Our teams include: allied health professionals (dieticians, physiotherapists, occupational therapists, speech and language therapists), addictions, care at home, care homes, child immunisation, community alarm and digital health, community link workers, money matters, nurses (including specialist nurses), psychologists and psychiatrists, social workers (across all age groups), residential child care and volunteers.

In addition, Dentists, GPs, optometrists and pharmacists (primary care professionals) work hand-in-hand with us. We also work closely with local councillors, Housing Services, NHS Acute Hospitals, Police Scotland and many others.

We want to ensure people in North Ayrshire can contact the right health and social care professional, at the right time. We work together to provide high quality, safe and sustainable care, as seamlessly as possible.

Our vision is that all people who live in North Ayrshire are able to have a safe, healthy and active lifestyle.

The work we do focuses on five key priorities to help us reach our vision:

- Tackling inequalities
- Engaging communities
- Early Intervention and Prevention
- Bringing services together
- Mental health and wellbeing

You can find out further information about our priorities in our Strategic Plan and how well we are achieving them in our Annual Performance Reports.

2. Our Participation and Engagement Strategy

North Ayrshire Health and Social Care Partnership understand that meaningful participation and engagement is an important part of enabling healthier and more empowered communities. Since the Partnership began (2015), we have worked hard to evaluate how we engage (talking, listening and working) with you and our local communities.

This Participation and Engagement Strategy (the strategy) outlines the range of ways we will meaningfully involve our **stakeholders**, particularly including people who may access services, unpaid carers and families and the staff and volunteers who are involved in the provision of health or social care across all sectors including public, third and independent sectors to help improve health and wellbeing outcomes for local people.

We will use 5 key type of participation and engagement; inform, consult*, involve, collaborate and empower (co-produce), through four key levels of engagement; individual, local, strategic and national to ensure we engage effectively and consistently. This will ensure your ideas and opinions have helped us to define, plan, design and deliver services and supports in our local communities.

We plan to build on our current approaches and what is working well. Over the next three years we will deliver our Participation and Engagement Strategy working with you, our staff and our key partners. Our Participation and Engagement Strategy seeks to:

- Work with the assets and strengths within our communities to enable them to identify and address local priorities;
- Involve individual and community stakeholders in the defining, planning, design and delivery of services and supports in our local communities;
- Support consultation, engagement and participation in localities, contributing effectively to other consultation activity and local plans across the Community Planning Partnership;
- Undertake a tailored and inclusive approach to participation and engagement by using a variety of methods;
- Ensure consultation, engagement and participation activity provides opportunities for everyone to take part including areas of inequalities, deprivation and/or communities of interest;
- Recognise that all health, social care and partner staff have a key role in promoting, supporting and taking part in stakeholder involvement as part of their work.
- Support the cultural change required to achieve co-production, by developing and improving relationships with local people and communities.

3. The types of participation and engagement activities

Participation and engagement covers a range of activities whose wording is often confusing and misleading. For the purpose of this strategy we will use the definitions provided by the International Association of Public Participation (IAP2) to help clarify the range and **types of participation and engagement** activities we will undertake. Please note these **types of participation and engagement** are not linear and any participation and engagement activity may use more than one **type of participation and engagement**.

	Inform	Consult*	Involve	Collaborate	Empower
				Co-production	
Public participation Goal	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
Promise to the public	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

* We will undertake all consultation in line with guidelines from our partners in North Ayrshire Community Planning Partnership.

We will use a range of appropriate methods to engage with stakeholders depending on the activity, message and the audience. These will be further detailed in our **Participation and Engagement Toolkit.**

4. Our approach to participation and engagement

To achieve meaningful participation and engagement across the partnership, we recognise four key **levels of involvement** at individual, local, strategic and national levels to ensure people are involved as widely as possible including people from groups organisations often find hard to reach:

- **Individual** – Enable people to be fully involved in decisions about their care and support and are empowered to feed back about the services they receive in order to inform on-going improvement

- **Local** – Ensure communities, including communities of interest (which may cover multiple localities), are involved in active dialogue with locality planning and support communities to identify and inform local health and care priorities.

- **Strategic** – Enable stakeholders to contribute to the setting of strategic direction, organisational policy and governance through engagement or stakeholder representation in strategic groups, such as the Integration Joint Board or Strategic Planning Group.

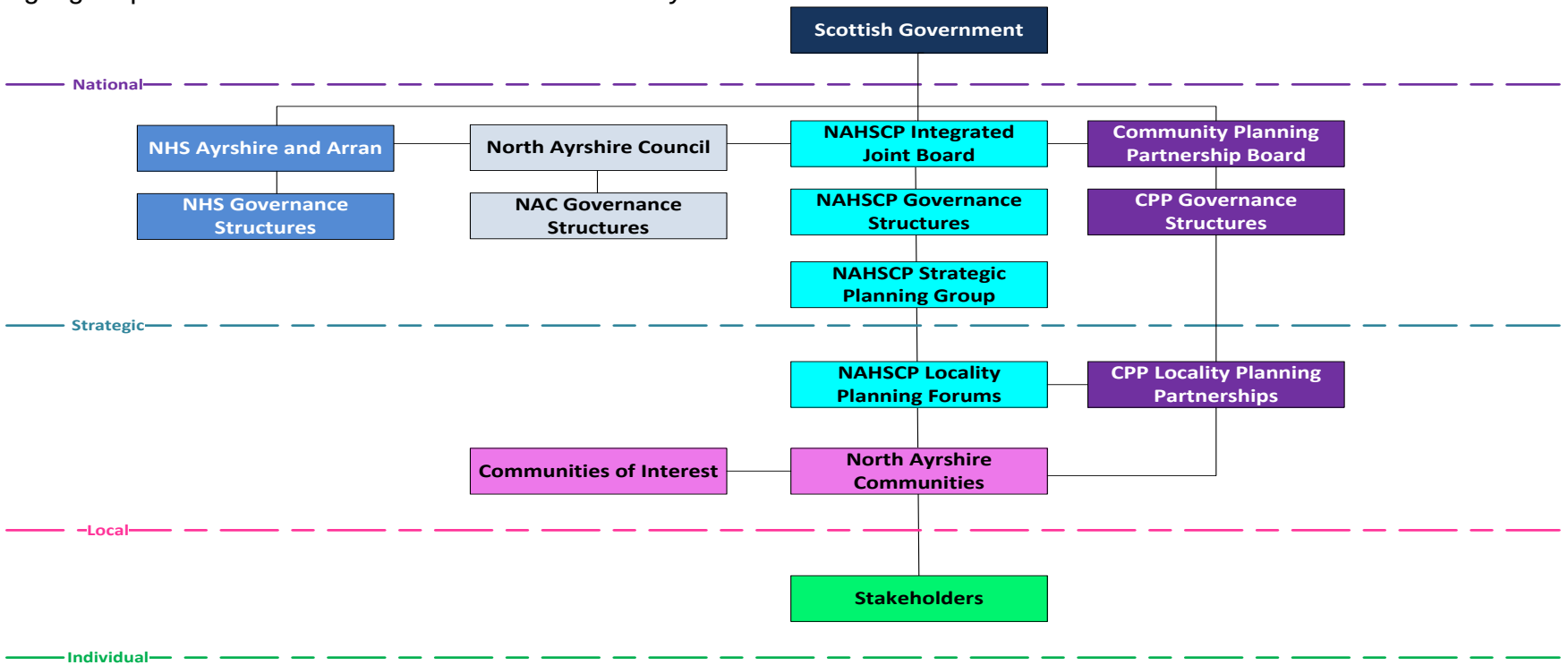
- **National** – Enable opportunities for local people to engage in national policy by involving as wide a range of people as possible in order to improve services and drive national policy.

NAHSCP recognise it is 'everyone's role' to promote and support stakeholder involvement. Effective participation and engagement should be on-going, and develop from everyday communication and conversation with all our stakeholders, at all **levels of involvement** and **types of participation and engagement**.

We will continue to develop a range of methods for participation and engagement, where individuals can contribute meaningfully at the level, pace and method that suits them best, in order to promote better health and care outcomes for the people of North Ayrshire. These will be developed in our **Participation and Engagement Toolkit.**

The Strategic Planning and Transformational Change Team will provide additional support where participation and engagement is at **strategic** or **national** level. Where it is **individual** or **local** level, the Strategic Planning and Transformational Change Team will provide advice and guidance.

A graphic representation of our levels of involvement is outlined below with key participation and engagement structures. Please note this highlights potential connections and is not necessarily linear.



Version 0.3

We will develop a **Participation and Engagement Framework**, this will outline the key groups and structures we will engage with depending on the type of engagement, the stakeholder group and the purpose of engagement, in line with our key principles for participation and engagement.

In addition, we will work more closely with the North Ayrshire Community Planning Partnership to ensure that we operate within the wider context of Community Empowerment. We will ensure we make the most of local engagement by identifying opportunities for joint working with Locality Planning Partnerships to help improve local outcomes for the people of North Ayrshire.

5. Key principles for participation and engagement

We will undertake all engagement and participation in line with the National Standards for Community Engagement. However before undertaking participation and engagement – it is important to consider the following key points:

What type of engagement are you undertaking?

- What is the goal of your participation and engagement?
- What type of engagement do you require to take (are there any statutory provision stipulating how you should engage?)
- What is being asked? (General questions to inform, specific questions to check out)?
- What can or cannot be influenced?
- What other information is required to inform the engagement?

What stakeholders do you want to engage with?

- Which stakeholder groups/structures do you need to engage with?
- Is the information provided in an accessible format/method for the audience (locations, method, resources)
- Is the language simple and consistent?
- What barriers to engagement could there be and how can you remove them?

Are the timescale reasonable?

- Are there specific legislative or local requirements for the duration of engagement?
- Stakeholders should be given at least 6-8 weeks' notice of the engagement
- Full and effective engagement should take place for at least 4-6 weeks
- Have you taken account of holiday's periods, etc.?

How will the engagement activity and outputs be documented?

- Have you got the capacity to respond to the feedback and issues raised?
- A contact should be provided for coordinating the engagement activity and feedback
- You must explain how you will be using the information from the start
- You must document the interaction (There should be a summary of those who attended/responded to each engagement activity, a summary of views and any other significant comments). Where this is strategic or national in nature, this must be sent to the Strategic Planning & Transformational Change Team who have an overarching view of participation and engagement

- How will you publish individual responses and has consent been given to share it?
- Information gathered must comply with General Data Protection Regulations

What changes are made due to the engagement and participation?

- What is the decision making process for considering the views of the engagement?
- How will responses be analysed (method)
- How will recommendations be made and accepted? (governance structures)

How will the findings of engagement be fed back?

- How and where will feedback be provided?
- A feedback report should be compiled; to inform stakeholders of the outcome of engagement and any changes that are made, explain how views were taken into account and why they couldn't be (you said-we did, you said-we didn't)
- When a decision goes against public opinion the reasons for this decision also need to be clearly communicated – the Communications and Engagement Officer should be notified of any such engagement
- The information should be accessible and in a reasonable time following the end of the engagement activity.

6. How we have already engaged

We already have examples of effective stakeholder participation and engagement across many areas of the Partnership.

Individual
Our services regularly review what care and support is provided and how people can be better supported to meet their outcomes and often have focus groups or development sessions to continually improve what they do.

We undertook What Matters to You? Day 2017, where we asked people 'What matters to you about health and social care services gathered the views of over 2500 local people on our health and care services.

Local
We have developed Locality Planning Forums (LPFs) which have identified clear priorities for each of our six locality areas. Our LPFs held 6 local events 'Local Connections, Better Outcomes' around the priorities and improving local networking.

Strategic
We undertook Ayrshire wide consultation and engagement on the development and delivery of our new mental health hospital Woodland View. We have undertaken significant consultation and engagement on our strategic plan supported by our Strategic Planning Group and ratified by our Integrated Joint Board.

National
We have held events for the national conversation on Creating a Healthier Scotland and have held a number of consultation and engagement events on national strategies for instance The Mental Health Strategy and the Carers (Scotland) Act 2016. We gave evidence to the Health and Sport Committee on the extent to which stakeholders are being involved effectively in the work of Health and Care Partnerships.

We will continue to build on existing good practice in order continually improve participation and engagement across the partnership.

7. Enhancing our participation and engagement approach

Whilst we acknowledge that we have made good progress with consultation over the last three years, we recognise that our approach to participation and engagement will continue to grow as the Partnership develops.

As a result, we will develop a Participation and Engagement Action Plan to build robust consultation, participation and engagement approaches, whilst delivering our long-term goal of co-production, where possible. Our action plan highlights the key steps which are required to achieve a level of meaningful engagement across the Partnership across the following **levels of engagement.**

Individual

- To develop effective feedback loops to ensure that individual and service feedback is represented at an organisational level
- To continue to support What Matters to You Day to ensure the dialogue continues to develop within the organisation
- To develop the website and social media presence to extend the reach of participation and engagement

Local

- To work more closely with Community Planning Partners to improve Locality Planning and sharing of common goals
- To create Locality Plans incorporating needs, priorities and action plans
- To create locality plan priority reporting, to ensure localities are aware of progress towards priorities

Strategic

- To develop clearer governance between the Strategic Planning Group and Locality Planning Forums
- To develop clearer links between wider governance groups and structures to ensure more effective engagement
- To capture on-going dialogues for the next strategic plan

National

- To continue to consultation and engagement on national strategies
- To develop clearer links with the national citizen voice ‘hub’ and national citizens panels

Each significant piece of engagement will be reviewed to ensure we develop and learn in accordance with the needs of local people and that it informs our future strategies. In addition we will be capture engagement examples for the ‘Library of Good Practice.

We will keep a participation and engagement register of all engagement undertaken at strategic and national level. The implementation of the North Ayrshire Health and Social Care Partnership (NAHSCP) Participation and Engagement Strategy and how we are engaging with all our stakeholders, including, our partners, local communities, people who use our services, their carers and families and people who are involved in the provision of health or social care, will be reported every year through North Ayrshire Health and Social Care Partnership's performance report.

Each significant piece of engagement will be reviewed to ensure we develop and learn in accordance with the needs of local people and that it informs our future strategies. In addition, we have devised nine actions to ensure that we, as a Partnership are engaging with people as well as we can be.

Locality focus
Our six Locality Planning Forums (LPFs) will provide a direct link between communities and NAHSCP. Therefore, they will be central to any future engagement with communities. Our LPFs will work alongside the Locality Planning Partnerships and in time, provide an on-going opportunity for communities to have their say on health and social care matters within their locality.

Engagement Audit
An Engagement Audit tool will be developed to support the Partnership, organisations, individuals and groups to measure where they are on an engagement scale, based on the National Community Engagement Standards. The Engagement Audit will provide a helpful marker when we evaluate the impact of our engagement in the future. The audit will also serve to raise awareness of the National Community Engagement Standards.

Engagement Pathway
An easy to read engagement pathway will enable local people, our stakeholders and ourselves to identify the process for engagement and involvement – such as what happens to someone's views once they are shared, or where someone's suggestion goes to and also who is responsible for taking it forward. This in turn provides the transparency and accessibility necessary for effective and meaningful participation and engagement.

Engagement Development Group
This steering group would be working towards a long term goal of co-production in North Ayrshire, with a wide ranging and inclusive membership. The group will initially focus on our engagement agenda. However, the long term aim of the group would be to drive a long term co-production agenda within NAHSCP. This group meets every six weeks and ensures that the Partnership is held accountable for participation and engagement efforts. It should not attempt to be an accurate representation of the people of North Ayrshire, but rather a voice for all.

Capacity Building
Design and deliver effective workshops, which will provide our staff and partners with a comprehensive understanding of engagement and our desired journey towards co-production.

Vision for Co-production
The partnership will adopt a clear, long-term vision for co-production. Setting out goals and key milestones, aiming to ensure NAHSCP adopts co-production approaches across all work streams. This is something which should be communicated to people at an early stage and involve all sections of the partnership.

Volunteer Policy
A clear and robust volunteer policy will be developed, detailing how expenses should be paid, how much should be paid, the training that should be provided for volunteers and opportunities for further engagement. Those who volunteer their time and engage with NAHSCP should feel appreciated and should not be out of pocket for doing so. In addition, a Volunteering Strategy for North Ayrshire is being developed, recognising best practice for engaging, supporting and resourcing volunteers. This will be linked to in our **Participation and Engagement Toolkit.**

Library of Good Practice
Recognising some of the great examples of engagement, co-design and co-production which already exists within NAHSCP, a collection of good practice examples will be compiled and shared to facilitate learning.

Align Our Work to the National Community Engagement Standards
Inclusion, Support, Planning, Working Together, Methods, Communication and Impact. However, we will also recognise the principles of co-production: Assets, Facilitating rather than delivering, Reciprocity and mutuality, Peer support networks, Blurring roles, Building on people's existing capabilities.

8. Participation and engagement for all

We have both a moral and legal duty to ensure that everyone in our communities, has the opportunity to be involved in engagement should they wish to and that some might face particular barriers.

We will, wherever possible, undertake an inclusive approach to participation and engagement by providing information in a range of accessible formats and using plain English to reduce barriers around language. In addition, where language is unavoidably technical or complex we will provide explanations or diagrams to help promote understanding.

We will try to ensure we reduce everyday barriers to meaningfully involve our communities, particularly people who may access services, unpaid carers and families and the staff and volunteers who are involved in the provision of health or social care across all sectors including public, third and independent sectors. This will include considering travel and the cost of participation, how to support people with caring or other roles to participate, the time and day when we undertake engagement, ensuring adequate time, notice and support to undertake meaningful engagement and using a range of engagement methods and tools, ranging from local networks, to social media, to one-to-one opportunities for individual feedback.

We will provide specific focus to those whose voices who are not always heard or organisations find hard to reach for instance people with protected characteristics and those who may face barriers e.g. unpaid carers, homeless people, people and families affected by addiction. We will provide people with an equal opportunity to participate in things which will affect them, because health and social care involves everyone at some time or other, it is crucial for us to involve as many different communities as possible[1].

We will use participation and engagement processes that are in line with the type, scale and pace of what we are doing. This means that often we will engage differently depending on what we are doing, who we want to involve and what we are trying to achieve.

[1] https://www.shapingourlives.org.uk/documents/BTUSReport.pdf

9. Communication and engagement – a joined up approach

Effective messages and ways of communicating these messages plays a significant role in making sure we are engaging meaningfully with our stakeholders and communities. We don't use a 'one size fits all' approach. We use a wide variety of communication methods.

The Partnership must communicate effectively to enable joint working with the residents of North Ayrshire. It is vital that we communicate as clearly and as often as possible, enabling a two-way communication process. It is important for us to listen. It is important for us to share what we are doing and create an ongoing conversation with people who access our services and their carers.

The Partnership communication objectives are to:

- Ensure the organisation informs and involves staff, local people and communities and other key stakeholders before, during and after changes and improvements to services
- Publicise opportunities for engagement and involvement
- Provide information for key audiences in a format appropriate for their needs
- Identify key organisational messages and appropriate channels
- Ensure staff and other key stakeholders are aware of the objectives of the organisations, services etc. and their roles, if any, in achieving them
- Reassure stakeholders of continuity of care and improving quality of service
- Feedback the outcome of any consultation, participation or engagement in a way that is accessible to everyone

The key principles of our communication:

- Planned
- Consistent
- Fit for purpose
- Targeted
- Two-way
- Accessible

The key methods of our communication:

- Social media @NAHSCP
- Websites www.nahscp.gov
- Public events, including locality-based events
- Local and national media (newspaper, radio and television)
- Literature including posters, leaflets and newsletters, strategies, plans and reports

Further information on how we communicate is available from our North Ayrshire Health and Social Care Partnership - Communications Strategy.

10. Evaluation and Review

The partnership's Strategic Planning Group will be responsible for the direction, implementation and review of our Participation and Engagement Strategy. This group provides a basis for stakeholder representation within the Partnership and makes recommendations to the Integration Joint Board.

We will regularly review our participation and engagement methods against the National Community Engagement Standards and undertake an on-going annual review of the Participation and Engagement Action Plan to ensure we continually develop the best ways to engage with local people.

The strategy and action plan will be reviewed annually, with a process for monitoring and evaluating the effectiveness of individual participation and engagement undertaken. This progress will be reported through the Strategic Planning Group and highlights captured through the Annual Performance Report.

Appendix Two

Strategic Plan Engagement: Comparison between 2015 and 2018

	2015	2018
Electronic responses	82	207
Face to Face Events	1 with 46	2 with 85
Peer Research	279	WMTY 2500+
Locality Sessions - Face	0	6 sessions in libraries - 60+
Hard to Reach Groups – Face to Face	0	4 sessions – 50+

Wider reach - both electronically (we now have the website and twitter and have good connections to other sites) - particularly to harder to reach groups and different approaches e.g. cards this time.

	2015	2018
Websites	NAHSCP	NAHSCP, NHS Ayrshire & Arran, Community Planning Partnership (CPP), Carena
	Daily Digest (NHS) and Staff News (North Ayrshire Council (NAC))	Daily Digest (NHS) and Staff News (North Ayrshire Council (NAC))
	None	Facebook (Carena, CPP localities, NAC libraries, The Ayrshire Community Trust (TACT))
	None	Twitter (NAHSCP, TACT, NAC libraries, Independent Sector) Media statement in local newspapers Radio interview on Irvine Beat FM Display on TownCentre TV, Bridgegate Irvine Display on monitors in Primary Care public spaces Display on monitors in NAHSCP public facing spaces Posters in NAHSCP public facing spaces and staff shared spaces Posters in libraries, day centres, public offices, carers centre Posters circulated via list below with request to print and display
Email with consultation link sent to	Elected members Integration Joint Board Strategic Planning Group	Elected members Integration Joint Board Strategic Planning Group Locality Planning Forum members Locality Planning Partnership members

	TACT Independent Sector via Heather Molloy and Nigel Wanless CPP_ partners via Linda Brough TSI via Vicki Yuill Money Matters Mental Health Reference Group via Geoff Coleman Public Partnership Forum (PPF) via Kenny Milne Carers via Kerryanne Owens Scottish Health Council	Ayrshire and Arran Self Management Network via Alison Anderson TACT Independent Sector via Heather Molloy and Nigel Wanless CPP_ partners via Linda Brough North Ayrshire Council libraries via Alison McAllister Primary Care networks via Lorna McGoran North Ayrshire Carers Centre Equalities networks via Elaine Savoury (NHS) TSI via Vicki Yuill Money Matters Mental Health network via Kate McCormack Learning Disability (LD) network via Carly Nesvat Justice network via David McRitchie Recovery at Work (RaW) (including Cafe Solace, Fitba 4U etc) via Cheryl Gilmour Refugee networks via Zoe Clements Housing, Homeless/Hostels via Jill O'Rourke Housing via Tracey Wilson Alcohol and Drug Partnership (ADP) network via Mark Gallagher Centre Stage via kim.black@centrestagecommunities.org.uk Mental Health Reference Group via Geoff Coleman CPP Locality Coordinators Disability networks via Isabel Marr and Nanette Masterton Public Partnership Forum (PPF) via Kenny Milne Carers via Kerryanne Owens Scottish Health Council
Info cards distributed	None	Woodland View (Isabel Marr) Anam Cara (Isabel Marr) Bridgegate House (Tony Fisher & Michelle Sutherland) All day centres (Tony Fisher) Dirrans, Intermediate Care Team (ICT) teams (Stuart Gaw) Justice Services (David MacRitchie) Ayrshire Central (Carly Nesvat) LD teams (Carly Nesvat) Caley Court (Carly Nesvat) Portal (Michelle Sutherland) District Nurses (David Thomson) Independent Sector (Heather Molloy)

Appendix Three

Engagement Development Group: Current membership

Name	Organisation	Job Title
Annie Robertson	NAHSCP	Business Planning Manager
Eleanor McCallum	NAHSCP	Engagement & Communications Officer
Gavin Paterson	NAHSCP	Partnership Engagement Officer
Barbara Hastings	The Ayrshire Community Trust	Chief Executive
Brenda Knox	NHS Public Health	Health Improvement Lead
Kerryanne Owens	NAHSCP	Self-directed Support/Carers Project Assistant
Tracey Wilson	NAC Housing Services	Tennent Participation Manager
Heather Molloy	Independent Sector	Local Integration Lead
Sharon Bleakley	Scottish Health Council	Local Officer
Cheryl Gilmour	North Ayrshire ADP	Policy Officer
Aaran Mcdonald	Scottish Youth Parliament	Member of Scottish Youth Parliament
Gill Rogers	NHSAA	Person Centred Care Officer - Volunteering
Barbara Conner	LPF - Irvine	Locality Representative
Louise McDaid	LPF – North Coast	Locality Representative
Leona Dallas	LPF - Kilwinning	Locality Representative
Jacqueline Greenlees	CPP	Policy and Community Planning Officer
Anne-Marie Hunter	CPP	Engagement and Participation Officer
Kenny Milne	NHSAA	Person Centred Care Officer - Involvement

Appendix Four

Participation and Engagement Strategy Feedback

You Said	We Did
Include Addiction Services on p4 under mental health and learning disability (they always seem to get left out and just tagged on)	We added this to the list of services on page 4 as suggested
Query over how to reach further and engage with marginalised sector/sections of community not normally known to engage willingly with public bodies	The strategy itself will not ensure how we reach marginalised groups that organisations find hard to reach. However, it does highlight our intent to do this more. As we have developed our engagement processes, we have expanded our participation and engagement with hard to reach groups – but we recognise we can always do more and will learn from each participation and engagement we undertake.
I think that there are still phrases and words used that may make it harder to follow for people not normally involved in the world of Health and Social Care	We have tried to use plainer language throughout the document.
I would have made it a lot more user friendly, especially for the purpose of disseminating the information to a very broad audience. it is lengthy and time consuming at times	We have tried to use plainer language throughout the document and tried to keep the document as short as possible without losing too much content.
Use plainer language	We have tried to use more plain language throughout the document
It is clear the strategy serves a purpose but will that purpose support the people whose lives have been changed by the budget cuts to life saving programmes?	The strategy will not support the people whose lives have been changed by the budget cuts to life saving programmes However, indirectly we hope the intent of the strategy will give people the opportunity to have more of a voice.
I believe, for some members of the community, that the language used may be confusing and a little jargony.	We have tried to use more plainer language throughout the document
On p8 - too many groups and forums	The landscape of health and social care within North Ayrshire and Scotland can often be confusing. We have highlighted some key participation and engagement structures. We are committed to ensuring we maximise opportunities to undertake

	participation and engagement in a more streamlined way.
Concern over strategy for reaching unpaid carers / family carers at home with little time to engage	The strategy itself will not ensure we reach reaching unpaid carers / family carers. However, it does highlight our intent to do this more. However, we recognise we can always do more and will learn from each participation and engagement we undertake. In addition, a new Volunteering Policy should make it easier for carers to engage by providing out of pocket expenses.
Some of the strategy is easy to follow but there are elements that could be clarified	We have tried to use more plain language throughout the document and make it simpler to follow.
The document states that you will measure yourself against the National Community Engagement Standards AND the nine actions. The ninth action is to align with National Community Engagement Standards - is measure against and align the same? If that being the case it should either be 8 actions plus measuring against or 9 actions including this.	We have removed the wording to state that “We will measure our work against the National Community Engagement Standards” as this is implicit in the last point.
Page 9 - section 5 - Key principles for participation and engagement: Could this be included in the toolkit as a checklist rather than in the strategy?	We did consider this could form part of the toolkit. However we felt they were key questions to consider when deciding the level and type of engagement and therefore felt it should be included.
Page 14 section 7 - Enhancing our participation and engagement approach, action 7 - Volunteer Policy: We felt that, in keeping with the strategy that is being written for Community Planning Partners, perhaps the wording could be as follows: Volunteering Strategy for North Ayrshire Recognising best practice for engaging, supporting and resourcing volunteers. The Volunteer Policy could then be included as part of the toolkit	We have added it under volunteer policy on page 14
On P5 third paragraph the document starts to talk about the types of engagement and I wondered if this could be done with a visual using colour similar to other diagrams i.e. on P8. Using the same colours then using these same colours on P6 where you show the activity against each of the elements of	We updated the colours on the diagram to be more clear but as they charts are not related it was too difficult to use the cross themes

engagement? It may or may not work but just a suggestion.	
Please use this space to give us any other feedback relating to our Participation and Engagement Strategy.	
Previous feedback of 2500 is good from individuals/stakeholders but measured against population of North Ayrshire area does not seem substantial. Did this feedback cover all demographics? Going forward how to obtain greater feedback from all demographics in area	In 2017, the population of North Ayrshire was 135,790. Given that 'What Matters To You' 2017 was to gather views of local people in order to inform the partnership's new strategic plan, it was important that the response rate was large enough to be considered significant and as such represent the wider views of the North Ayrshire population. No sample target was set for WMTY engagement. However, post event analysis identified that the number of responses received was large enough to be considered statistically significant. At 2,500 (approx.) responses, we exceeded the recommended sample size for a 95% confidence interval (2,360 for North Ayrshire's population). That is to say, that the information gathered from responses has a 95% probability of reflecting the views of the wider population. The demographics used for WMTY 17 were age, gender and locality. This was to provide key information and ensure the face to face questions weren't time consuming. Whenever we undertake participation or engagement we will clarify who we need to focus on in terms of the specific piece of engagement. We have also widened the scope of who we engage with and how but recognise we can always do better.
I feel it is very slow and hardly noticeable for the private sector in progress. When reading it these are very longstanding issues it is trying to address but the reality is that it is even after some time still just a read not reality.	We have taken some time to create a Participation and Engagement Strategy that is reflective of the organisation and its stakeholders. Engagement and Participation is an on-going journey and we are committed to continuous improvement as we recognise we can always do better.
More than one day notice of public feedback meetings would be a start.	The strategy outlines an optimum 6-8 weeks' notice for engagement and participation, to ensure people get a chance to participate, if they wish.

The coloured chart on P.8 is difficult to read, especially the bottom boxes in green and turquoise.	We have amended the colour schemes to try and make the chart clearer.

NORTH AYRSHIRE
Health and Social Care Partnership

Agenda Item 8

Integrated Joint Board
13 September 2018

Subject:	**Pan-Ayrshire Enhanced Model for Intermediate Care and Rehabilitation**
Purpose:	To provide an overview of the work being undertaken to meet the Pan-Ayrshire Enhanced Model for Intermediate Care and Rehabilitation as part of New models of Care for Older People and People with Complex Care Needs
Recommendation:	The Integrated Joint Board is asked to note the progress of the Pan-Ayrshire Model for Intermediate Care and Rehabilitation.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
WTE	Whole Time Equivalent
TLG	Transformational Leadership Group
SPOG	Strategic Planning Operational Group
ICT	Intermediate Care Team
HSCP	Health and Social Care Partnership

1.	**Introduction**
1.1	It has been widely reported that people are living longer than ever before but with multiple and often complex conditions. In addition, improvements in medicines, treatments and technologies mean an increasing number of younger adults will require support with complex health and social care needs. This means, now more than ever before, we need to review our services and systems in order to be able to respond to these future needs, and keep people well and independent for as long as is possible.
1.2	The New Models of Care for Older People and People with Complex Needs Programme has been underway since October 2015. Led by NAHSCP, this Pan – Ayrshire work has been overseen by the New Models of Care for Older People and People with Complex Needs Programme Board (Programme Board).
1.3	The Models of Care work initially covered 5 key areas of work; Community Care, Elderly Mental Health, Rehabilitation and Intermediate Care, Acute Interface and End of Life. However, due to the scale and complexity of the New Models of Care for Older People and People with Complex Needs, it was agreed at the NHS Scrutiny meeting on 14 March 2017 to divide the programme into key components beginning with the Pan-Ayrshire Enhanced Model for Intermediate Care and Rehabilitation (The Model).

2.	**Current Position**
2.1	Over the past 12 months the Intermediate Care and Rehabilitation Network (The Network), a range of representatives from across the three partnerships and acute services have helped to design a four tier model for Intermediate Care and Rehabilitation across Ayrshire. The model was developed around Intermediate Care and Rehabilitation Hubs (Hubs) which provide a single point of access in each HSCP area, with screening and clinical triage, ensuring the person is seen by the right service, first time.
2.2	The model supports people at different stages of their recovery journey and will link up and build on existing intermediate care and rehabilitation services; reducing duplication and fragmentation of services across Ayrshire and Arran, offering more timely access to rehabilitation, and better outcomes for people. Further detail of the model can be seen in Appendix one, the Implementation plan
2.3	The proposed benefits and impacts from the model were described within a business case reflecting the cumulative impact of all aspects of the model working together to ensure the reduction in occupied bed days, drawing on sound local and national evidence. The business case proposes a 30% increase (approx. 2486 referrals) to Intermediate Care and Rehabilitation, which would result in cost avoidance of £4,052,014 for a required investment of £2,516,175 to employ an additional 51.4 WTE staff across Ayrshire and Arran. This equates to 24,860 Bed days avoided, which is the equivalent of the closure of 28 beds in University Hospital Ayr and 39 beds in University Hospital Crosshouse. This model was signed off by TLG in February 2018.
2.4	It was agreed through the Programme Board that The Intermediate Care and Rehabilitation Network (The network) would be re-configured as a work stream to support implementation of the Model. The Network has developed an Implementation Plan and work has been programmed in for the rest of the year. This work has been very positive, constructive, and action focussed to date, with a clear commitment to improve outcomes for the people of Ayrshire and Arran.
2.5	The Implementation Plan outlines the specific pieces of work required in order to meet the proposals outlined the business case. The following key areas of work have been agreed: • Workforce • Clinical Pathways • Outcome Focus/Digital • Communication and engagement • Intermediate Care and Rehabilitation Hubs • Operations Sub-group The Implementation Plan outlines in detail the work supported by these groups with a detailed programme schedule.
2.6	Key areas of work to date have focussed around the development of a communication plan, the recruitment for the 50 new intermediate care and rehabilitation posts and move to seven day working required to develop the Intermediate care and rehabilitation Hubs all key to the new model of intermediate care and rehabilitation.
2.7	Recruitment for the posts has been underway since 6 July 2018 with a rigorous recruitment campaign shared with the Primary Care Programme. In addition, a Recruitment Information Evening was held on 24 July 2018 with over 180 prospective

	applicants in attendance and supported. Interest in the posts is high and we are confident the first wave of recruitment will fill many of the posts needed. Further recruitment will be needed to cover internal backfill and any posts that were not suitably filled. These are linked to national recruitment issues and were highlighted in the risks of the business case.
2.8	Implementation of the key parts of the Model is planned for the end of October 2018, with the Intermediate Care and Rehabilitation Hubs moving to seven day working to provide alternatives for unnecessary acute hospital admission over the weekends.
3.	**Proposals**
3.1	The Integrated Joint Board is asked to note the progress of the Pan-Ayrshire Model for Intermediate Care and Rehabilitation.
3.2	**Anticipated Outcomes**
	The model will ensure a reconfiguration of existing services and structures is undertaken to increase access to Intermediate Care and Rehabilitation services, reduce system wide inefficiency, develop the interface with Acute Hospital Services, improve service user experience which will help to meet the increased demand for health and social care in Ayrshire and Arran.
3.3	**Measuring Impact**
	The proposed benefits and impacts from the model were described within a business case reflecting the cumulative impact of all aspects of the model working together to ensure the reduction in occupied bed days, drawing on sound local and national evidence. The business case proposes a 30% increase (approx. 2486 referrals per year across Ayrshire) to Intermediate Care and Rehabilitation, which would result in cost avoidance of £4,052,014 for a required investment of £2,516,175 to employ an additional 51.4 WTE staff across Ayrshire and Arran. This equates to 24,860 Bed days avoided, which is the equivalent of the closure of 28 beds in University Hospital Ayr and 39 beds in University Hospital Crosshouse.
4.	**IMPLICATIONS**

Financial:	This additional funding has been agreed through NHS Ayrshire and Arran revenue budget for 2018/19.
Human Resources:	The new Model will require an additional 51.2 staff, this will see a strengthening of existing ICT and Community Rehab services. In addition, the Organisational Change process has commenced to transition the existing ICT workforce to a work pattern which supports seven day operation of the service. .
Legal:	No issues
Equality:	No issues
Children and Young People	No issues
Environmental & Sustainability:	No Issues

Key Priorities:	The model will ensure a reconfiguration of existing services and structures is undertaken to increase access to Intermediate Care and Rehabilitation services, reduce system wide inefficiency, develop the interface with Acute Hospital Services, improve service user experience which will help to meet the increased demand for health and social care in Ayrshire and Arran. This is in line with our priorities for Prevention and Early Intervention and Bringing Services Together.
Risk Implications:	Risk to recruiting all staff as with some professions there are national recruitment issues e.g. Physiotherapists and GP's.
Community Benefits:	Implementation of this model supports timely access to rehabilitation, provides alternative to hospital admissions, and supports self management – all in line with the ambitions of keeping people independent and at home, or in a homely setting.

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	There has been on-going consultation with the Models of Care Steering Group and the Intermediate Care and Rehabilitation Network, as well as updates to SPOG and TLG.
6.	**CONCLUSION**
6.1	It is anticipated that the outcomes from the Pan-Ayrshire Enhanced Model for Intermediate Care and Rehabilitation will enable people to stay at home or a homely setting and reduce the need for Acute Hospital Care

For more information please contact Alistair Reid, Lead Allied Health Professional on Alistair.Reid@aapct.scot.nhs.uk or telephone 07825227834

Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation

Implementation Plan

Version 0.3

1 Version Control Record

1.1 Document Sign Off

Programme Name	Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation		
Directorate	Pan-Ayrshire		
Programme Reference	OPCC-ICREH-1718-8		
Programme Lead	David Rowland	Sign off Date	
Clinical Lead	Billy McLean	Sign off Date	
Finance Lead	Eleanor Currie	Sign off Date	
Programme Manager	Annie Weir	Sign off Date	
Executive Sponsor	Eddie Fraser	Sign off Date	

1.2 Revision History

Version Number	Date	Status	Description of Changes	PMO/QIA comments (If applicable)	PMO date	PMO Status
0.1	14/6/18	Initial Document	Initial draft			
0.2	25/6/18	Feedback from group	Second draft			
0.3	27/6/18	Feedback from Edie Fraser	Page 15 – first paragraph Page 12 – key linkages Page 14 – table headings			

2 Contents

3 Purpose of the document

This Implementation Plan describes how the three Ayrshire Partnerships and the Acute Services will work together through the New Models of Care for Older People and People with Complex Needs Programme to deliver the Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation.

The Implementation Plan (the plan) sets out shared definitions and commitments for how the Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation will provide a common framework across a range of services including Falls/frailty; delirium, stroke; orthopaedic; respiratory; neurological disease.

It outlines how the proposals outlined in the business case for the Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation will be operationalised through effective governance processes across the following key areas of work:

- Workforce
- Clinical Pathways
- Outcome Focus/Digital
- Communication and engagement
- Intermediate Care and Rehabilitation Hubs
- Operations Sub-group

Finally, it outlines a clear and agreed shared schedule of work in order to release the capabilities of the model and realise the proposed benefits as outlined in section seven, in order to enable more people to remain at home and ensure the provision of high quality care delivered by the right person, at the right time in the right place.

4 Background

Within Ayrshire and Arran, in line with the rest of Scotland, we continue to live longer than ever before. We know the older we get, our health needs tend to become more complicated and we may need support with a range of multiple and potentially complex conditions. In addition, advances in medicines, treatments and technologies provide the opportunity to transform how and where people can live their lives. However, we recognise, in its current fragmented form, the health and social care system is financially unsustainable and we are challenged to work more effectively within existing resources.

The three Ayrshire Partnerships and the Acute Services have been working together through the **New Models of Care for Older People and People with Complex Needs** programme to design an overarching response to some of these key issues. The high level model is outlined on page seven. This has been to develop a common framework to ensure a consistent approach that could be applied locally to reflect the differing needs, ambitions and operational arrangements of the different partnerships. However, the following shared principles were agreed in order to:

- Place the older person and those with complex care needs at the heart of decision-making about their assessment, treatment, care and support, with a focus on maximising independence;
- Create a fully integrated, community-based physical health, mental health, and social care team within each Partnership;
- Focus on preventative care and early intervention to support the effective management of long-term conditions;
- Establish home or homely setting as the norm for the delivery of specialist health and social care service delivery;
- Offer consistency and continuity of care for individuals at home, in a homely setting and in hospital; and
- Make use of technological advances to support the older person and those with complex care needs in managing their long-term condition(s) with rapid support, when required, from the integrated team.
- Support the individual receiving care and their family in planning, securing and delivering the highest quality of person-centered end of life care.
- Connect people to a local community based support network

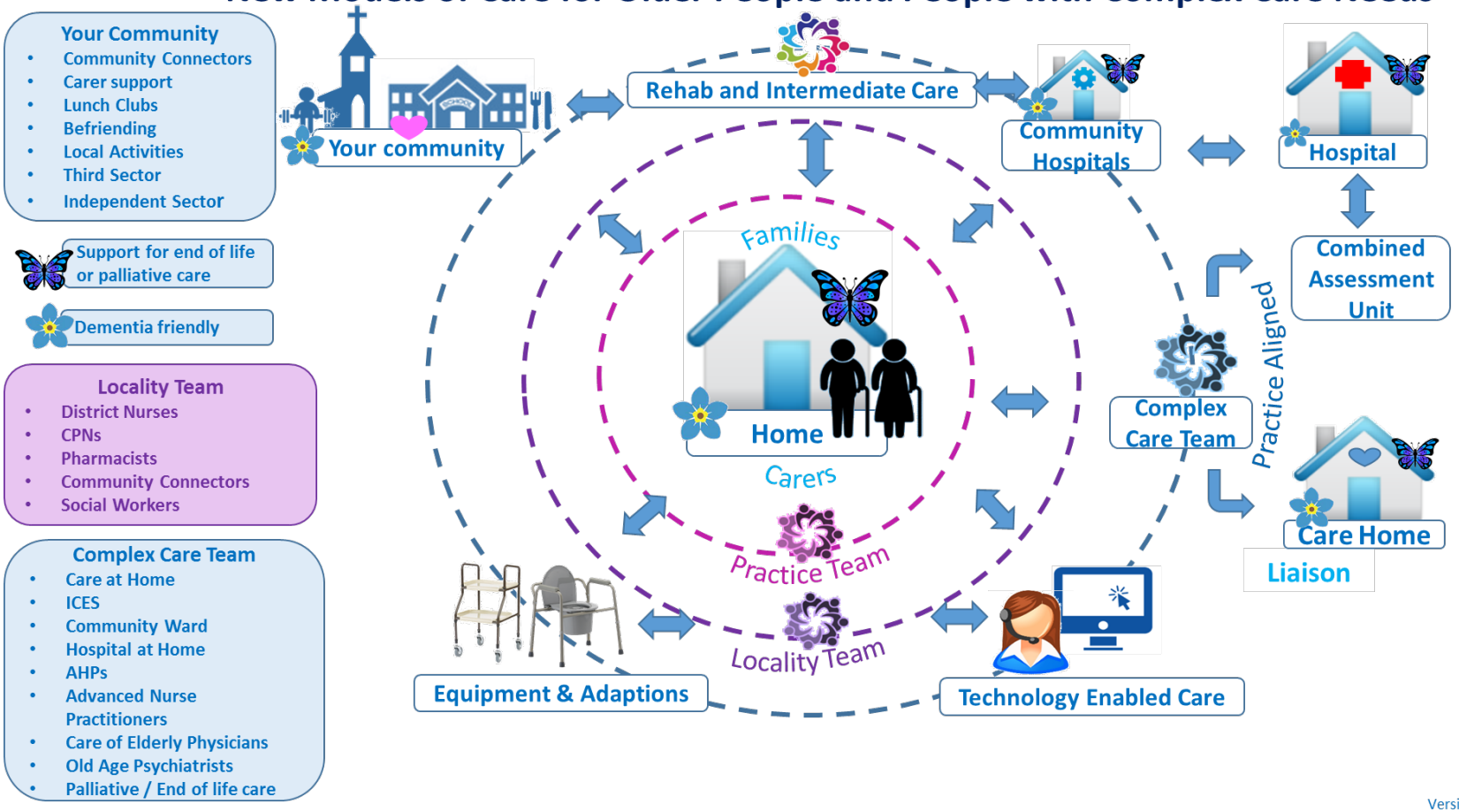
The programme has five key components of care.

- Supporting people to stay at home or a homely environment (including Care at Home, Care Homes, GP and community services),
- Supporting older people with mental health issues

- Supporting people to regain independent living through rehabilitation
- Supporting people with hospital care, when appropriate
- Supporting people towards the end of their life

In order to identify key areas the work has been focused on components of care focused around the needs of older people and people with complex needs rather than service structures. This is the first of these components of care for supporting people to regain independent living through rehabilitation and is presented as the Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation.

New Models of Care for Older People and People with Complex Care Needs



Version 0.11

5 Definitions and Principles for Intermediate Care and Rehabilitation

Intermediate care can best be described as a continuum of integrated primary and community-based services for the assessment, treatment, rehabilitation and support for older people and adults with long term conditions at times of transition in their health and support needs [Scottish Government, 2012].

The components of Intermediate Care across Ayrshire are best delivered as a continuum of integrated local services with pathways that enable continuity of care for service users, blurring of roles for practitioners, trusting relationships between staff in different settings, and opportunities for staff to rotate across teams and care settings.

Core Principles that underpin Intermediate Care in Ayrshire and Arran:

- Delivered at home, if safe and appropriate, or as locally as possible
- Accessible, flexible and responsive through Intermediate Care and Rehabilitation Hubs that ideally operate 7 days a week, ideally 24 hours a day
- Focused on rehabilitation, reablement and recovery
- Targeted at people at risk of emergency admission, or re-admission, to hospital, or to avoid premature permanent admission to a care home.
- Based on holistic assessment to maximise independence, confidence and personal outcomes sought by the individual
- Linked with, and complementary to, local community, health, and specialist services
- Co-ordinated support (either on site or in reach) from multi-professional and multi-agency team with the required expertise in providing support to people with complex needs
- Time limited, with anticipatory care and discharge planning from day one
- Jointly commissioned by the partnership, in collaboration with the Care Inspectorate (if there are to be new roles for care providers)
- Managed for improvement, gathering information on experience and outcomes and using this to inform service improvement.
- Assistive technology and digital health and care solutions enable service users to remain independent, safe and confident in managing their health and wellbeing
- Supported by information systems that ensure users, carers and professionals can access and share the information, advice and care plans required to deliver and evidence high quality person centred care

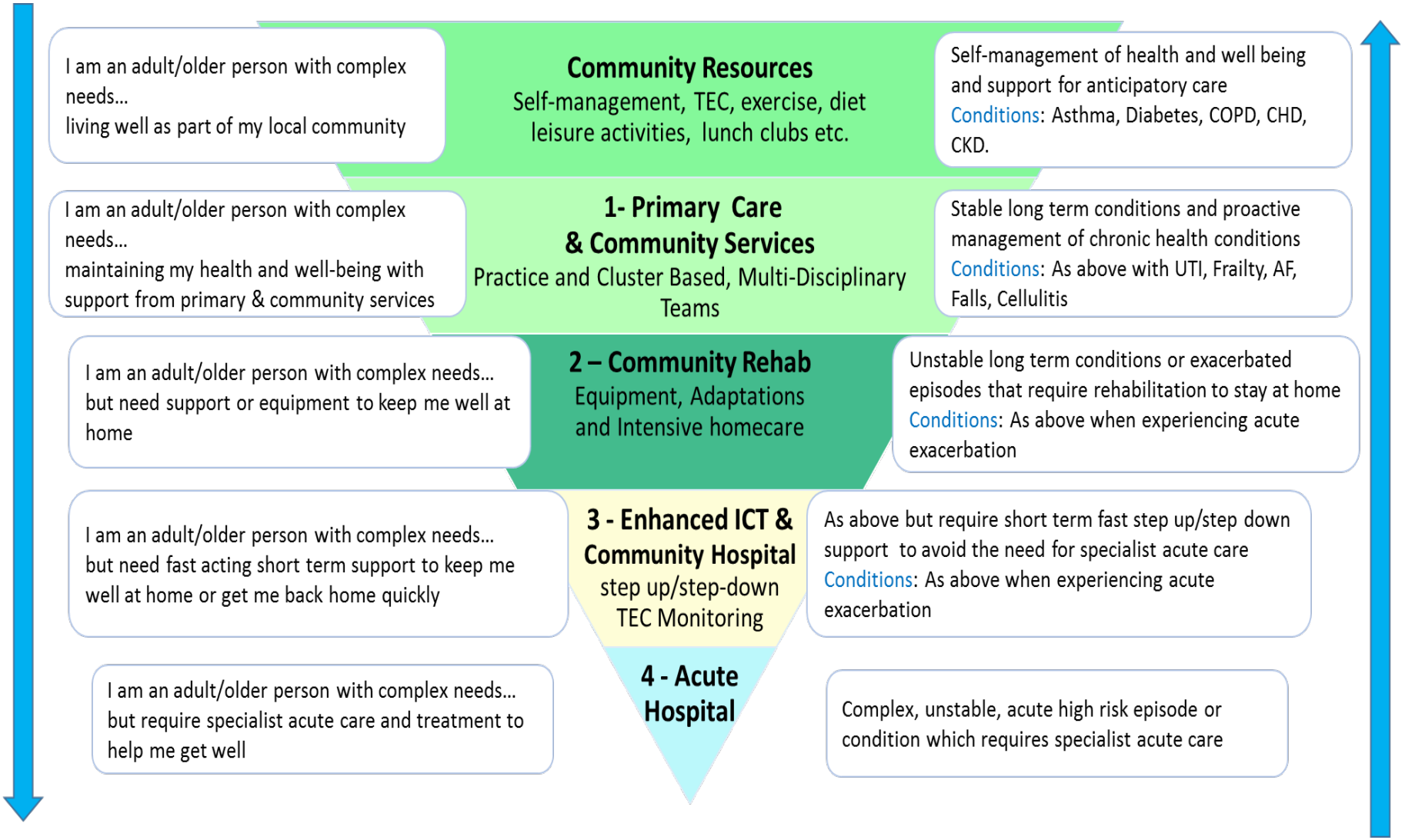
In addition there are great opportunities to support individuals across Ayrshire to stay healthy for longer and to improve their ability to self-manage their own conditions through the implementation of telehealth, better access to information and professional support, peer support and coaching, technology and online courses and education.

The Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation will provide a common framework across a range of services including Falls/frailty; delirium, stroke; orthopaedic; respiratory; neurological disease. The model has been developed by the Intermediate Care and Rehabilitation Network and is built around four tiers:

1. Individual requires support as part of primary and community services but can remain at home. (This includes intensive medical support, rapid response and the use of remote clinical monitoring in the home with technology).
2. Individual requires Community Rehabilitation in order to stay at home
3. Individual requires quick responding short term Enhanced Intermediate Care or step up/step down into community hospital
4. Individual is complex / unstable and requires acute hospital care

Within Ayrshire and Arran all services and partners are starting from different parts of their journey towards the model and therefore some aspects of the model will require more development than others in certain areas, and this may vary across the partnerships. It is important to highlight that each tier is dependent on a whole system approach to function effectively. It will be the cumulative effect of the components working together as part of the New Models for Care for Older People and People with Complex Needs to improve outcomes for patients and carers and reduce reliance of acute hospital care.

In addition, further development of multi-disciplinary locality teams and how they will work alongside practice aligned teams and complex care teams (specifically Enhanced ICT) will be developed to ensure people are supported appropriately. Practice and locality teams will provide proactive management of chronic health conditions whilst Enhanced ICT will provide fast acting, short term support to people with unstable, long term conditions, or exacerbated episodes to enable them to remain at home whenever possible. How individuals will be supported, by which team and the most beneficial conditions are outlined in the graphic below. A glossary or the key service components agreed across Ayrshire and Arran are included in section eleven and explained throughout the model.



* Please note fluid application of the model relies on case planning/management between the services at time of handover/discharge

6 The Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation

The Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation (the model), focusses on providing high quality care and support through early intervention and preventative action to help stop older people and people with complex needs becoming unwell in the first place, or supporting them to manage their conditions more effectively at home, or a homely environment. The enablers for this will include Technology Enabled Care (TEC) and locality based Multi-disciplinary teams.

The model is developed around Intermediate Care and Rehabilitation Hubs (Hubs) which provide a single point of access, with screening and clinical triage, ensuring the person is seen by the right service, first time. The hubs will operate 9am-5pm, 7 days per week. The model supports people at different stages of their recovery journey and will link up and build on existing intermediate care and rehabilitation services (see page 13). This will reduce duplication and fragmentation of services across Ayrshire and Arran.

Tier 1 – Individual is supported at home – by primary and community services

The new multi-disciplinary Intermediate Care and Rehabilitation Teams based around the Hubs will work alongside Primary Care colleagues and existing locality based teams to provide more extensive, proactive, and anticipatory management of chronic health conditions to enable people to stay at home.

Tier 2 - Individual is supported at home – with community rehabilitation

Community rehabilitation will support individuals to live independent, healthy lives in their own home /homely setting. It will be available 9am-5pm, 5 days per week, via early intervention approaches, self-management programmes and co-ordinated through the Hub. Community rehabilitation will support people to achieve personal health and wellbeing goals. The model will require investment in community rehabilitation in order to meet the additional demand from Integrated Care Teams (ICT) and Acute Care of Elderly (ACE) practitioners, in order to support slower, longer term rehabilitation, which is goal focussed rather than time limited.

Tier 3 - Individual is supported at home – by Enhanced Intermediate Care Teams (ICT)

ICT provide rapid access to time limited assessment, rehabilitation and support by multi-disciplinary health and social care teams, co-ordinated through the hubs, 9am-5pm, 7 days per week. The teams reduce admission to hospital and enable early supported discharge supported by an appropriate clinical specialist that provides an alternative to hospital (hospital at home) through specialist, coordinated and comprehensive care and treatment of people in their own homes. In addition, this approach will improve the flow of people currently staying in hospital over the weekend. The development of the model was supported by Dr Anne Hendry (Clinical Lead for Integrated Care) who was instrumental in the success of NHS Lanarkshire Hospital at Home Service.

Tier 3 - Individual cannot be supported at home – and requires step up/step down care

Step up/Step down care recognises that sometimes people do not require acute hospital care. They may be either:

- Not ready to return home and require time to rebuild confidence and regain abilities (via a reablement approach), or
- Due to deterioration in health and wellbeing, they are at risk of avoidable admission to hospital.

The step up/step down services provide a 24/7 time limited episode of intermediate care provided in a community hospital or a dedicated care home setting. (A separate business case is developing this aspect of the model.)

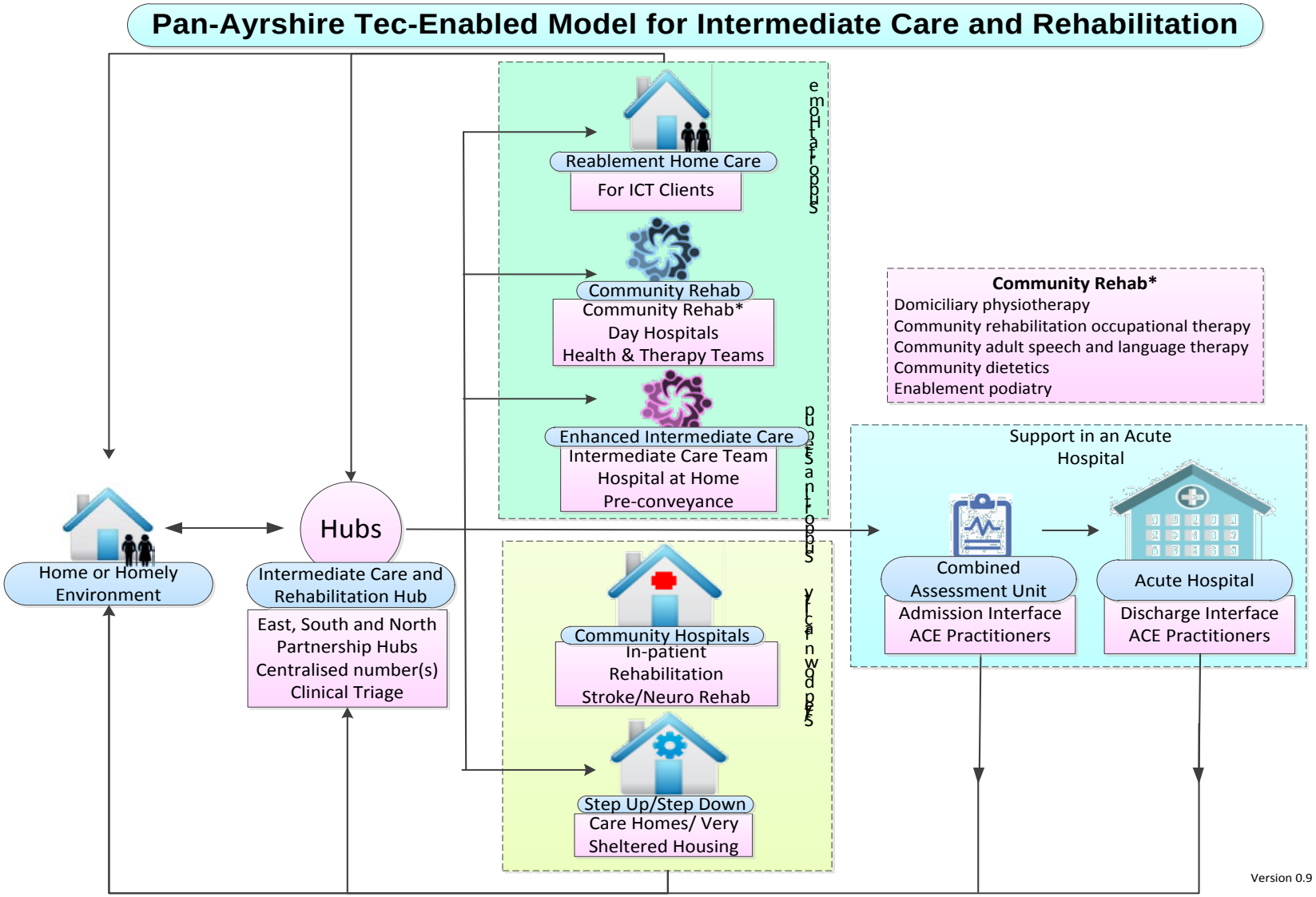
Tier 4 - Individual cannot be supported at home – and requires acute hospital care

Intermediate care and rehabilitation teams will work more closely with specialist staff in acute hospitals who are based in the Emergency Departments and the Combined Assessment Units (ACE Practitioners, Advanced Nurse Practitioners and the Frailty Unit). They identify and assess older people who are frail or have complex support needs and work together to get the person home or to step down, or specialty bed (e.g. stroke). This will help prevent avoidable hospital admissions and enable people to remain safe and independent in their own homes.

In addition, once people's immediate acute needs have been met in the acute hospital, teams will ensure that people are discharged from hospital to their own home or community environment as soon as they are medically fit.

Key linkages

It is worth noting that many elements of the Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation have key linkages with other Transformation Programmes. In the case of the Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation there are critical interdependencies with the Acute Frailty Pathway, Respiratory Primary Care Improvement-Ambitious for Ayrshire, Mental Health Strategy: Action 15 – to increase the mental health workforce.


Pan-Ayrshire Tec-Enabled Model for Intermediate Care and Rehabilitation
Home or Homely Environment
Hubs
Intermediate Care and Rehabilitation Hub
East, South and North Partnership Hubs
Centralised number(s)
Clinical Triage
Reablement Home Care
For ICT Clients
Community Rehab
Community Rehab*
Day Hospitals
Health & Therapy Teams
Enhanced Intermediate Care
Intermediate Care Team
Hospital at Home
Pre-conveyance
Community Hospitals
In-patient Rehabilitation
Stroke/Neuro Rehab
Step Up/Step Down
Care Homes/ Very Sheltered Housing
Community Rehab*
Domiciliary physiotherapy
Community rehabilitation occupational therapy
Community adult speech and language therapy
Community dietetics
Enablement podiatry
Support in an Acute Hospital
Combined Assessment Unit
Admission Interface
ACE Practitioners
Acute Hospital
Discharge Interface
ACE Practitioners
Version 0.9

7 Benefits

The proposed Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation offers a faster and more co-ordinated response to deterioration/crisis by preventing unnecessary acute hospital admission and where possible supporting people's recovery at home or a homely environment, through Intermediate Care and Rehabilitation Hubs, 9am-5pm, 7 days per week. This will smooth the flow of individuals requiring acute / bed based care and improve the flow of people home from hospital, particularly over the weekend period. This will enable more people to remain at home and ensure the provision of high quality care delivered by the right person, at the right time in the right place. Proposed benefits from the tiers – are outlined below:

Ref	Description	Owner	Frequency or Measurement	Current Performance	Additional Performance	Target	Timescale
	Re-design of Existing Services Through Hubs						
1	Increased activity for East Hub	EAHSCP	Annual 5%	3036	152	3188	By March 19
2	Increased activity for North Hub	NAHSCP	Annual 10%	1355	136	1491	By March 19
3	Increased activity for South Hub	SAHSCP	Annual 7.5%	1020	77	1097	By March 19
	Additionality from Investment in New Model						
4	Increased activity for East Tier 1	EAHSCP	Annual 15%	3036	607	3491	By March 19
5	Increased activity for North Tier 1	NAHSCP	Annual 20%	1355	271	1626	By March 19
6	Increased activity for South Tier 1	SAHSCP	Annual 20%	1020	204	1224	By March 19
7	Increased activity for UHA Tier 3	UHA	Referrals annually	0	520	520	By March 19
8	Increased activity for UHC Tier 3	UHC	Referrals annually	0	520	520	By March 19

These potential impacts reflect the cumulative impact of all aspects of the model working together to ensure the reduction in occupied bed days, drawing on sound local and national evidence. The business case proposes a **30% increase (approx. 2486 referrals)** to Intermediate Care and Rehabilitation, which would result in **cost avoidance of £4,052,014** for a required **investment of £2,516,175** to employ an **additional 51.4 WTE staff** across Ayrshire and Arran. This equates to **24,860 Bed days avoided,** which is the equivalent of the closure of **28 beds in University Hospital Ayr** and **39 beds in University Hospital Crosshouse**.

8 Governance

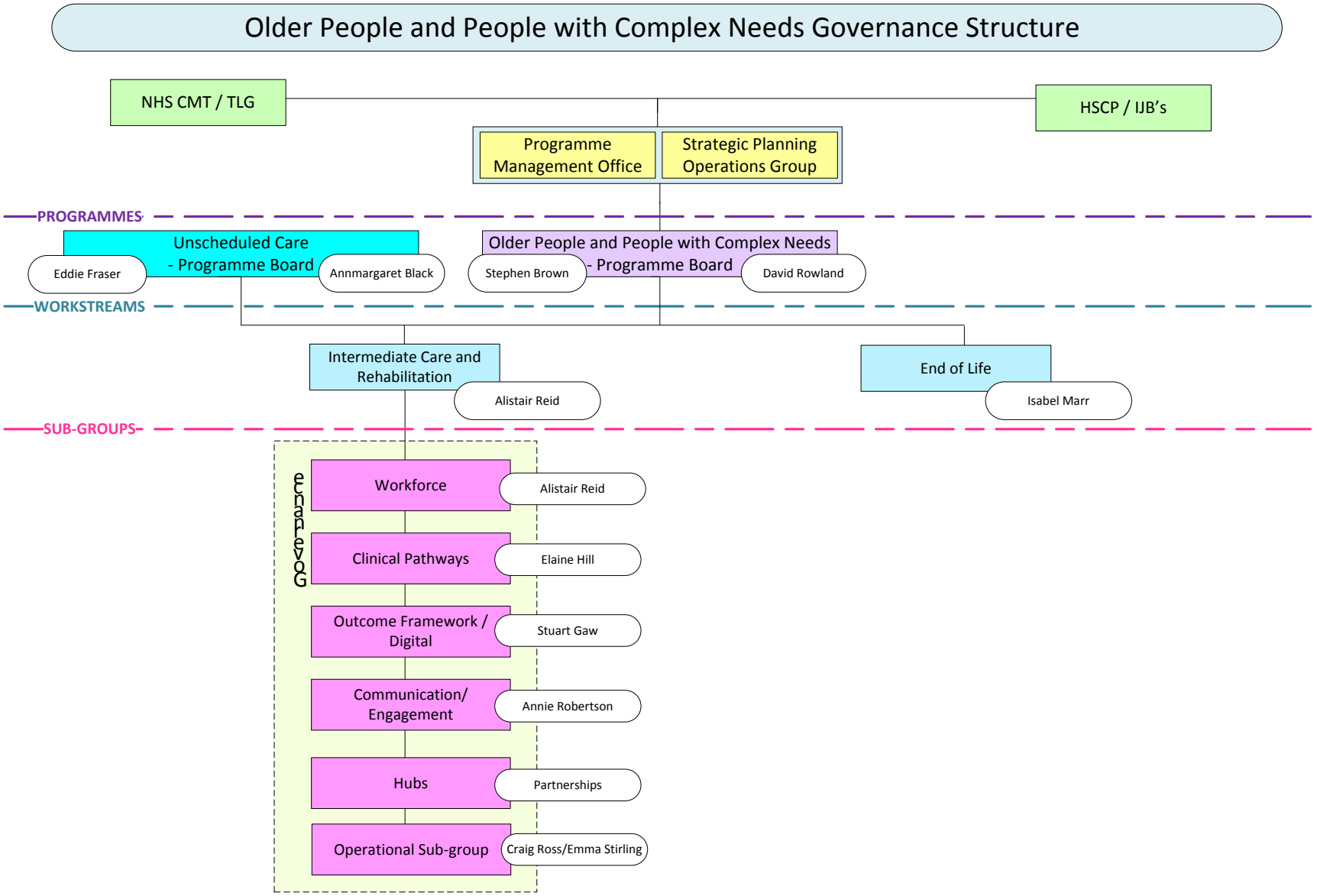
The business case for the Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation was led by Stephen Brown Director of NAHSCP – as part of the wider **New Models of Care for Older People and People with Complex Needs Programme**. The TLG agreed that the Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation would be an area of focus as part of the Delivery Plan for 2018/19. However, as this is moving to the implementation phase – it would now form a key strand alongside the **Unscheduled Care Programme** and therefore report to Eddie Fraser Director of EAHSCP, with on-going information provided to the **New Models of Care for Older People and People with Complex Needs Steering Group (steering group)**. The governance structure is outlined below.

It was agreed the Intermediate Care and Rehabilitation Network (the network) will form the work stream for the implementation work. The following key areas of focus have been agreed:

- Workforce
- Clinical Pathways
- Outcome Focus/Digital
- Communication and engagement
- Intermediate Care and Rehabilitation Hubs
- Operations Sub-group

These would all be underpinned by governance, which will be dealt with nearer the end of the outputs from the work streams. Effective clinical and care governance provides assurance around the quality of services and safeguarding high standards of care across a range of services and sectors and to ensure continuous learning and improvement. The proposed outline operating model will support professional governance assured through professional leadership structures and their corresponding professional governance groups ensuring adherence to standards and guidelines, and a consistent pan–Ayrshire approach.

Further details of responsibilities of the Intermediate Care and Rehabilitation Network and governance process are available in the Intermediate Care and Rehabilitation Network Terms of Reference.


Older People and People with Complex Needs Governance Structure
NHS CMT / TLG
HSCP / IJB's
Programme Management Office
Strategic Planning Operations Group
PROGRAMMES
Unscheduled Care - Programme Board
Eddie Fraser
Annmargaret Black
Older People and People with Complex Needs - Programme Board
Stephen Brown
David Rowland
WORKSTREAMS
Intermediate Care and Rehabilitation
Alistair Reid
End of Life
Isabel Marr
SUB-GROUPS
Enablers
Workforce
Alistair Reid
Clinical Pathways
Elaine Hill
Outcome Framework / Digital
Stuart Gaw
Communication/ Engagement
Annie Robertson
Hubs
Partnerships
Operational Sub-group
Craig Ross/Emma Stirling
Version 0.5

9 Implementation

9.1 Workforce

The Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation depends upon an integrated, multi-disciplinary and responsive team. This will require that all Intermediate Care and Rehabilitation teams and the Acute Hospital interface, who are employed across the three Ayrshire Partnerships and Acute Services, to come together under a shared framework to operate more effectively and improve outcomes for local people. In order to deliver the model as described, this requires two key elements examined in more detail below:

- transitioning the existing workforce to a 7 day working model
- ability to recruit necessary workforce

The **Workforce Subgroup** has taken responsibility for recruitment readiness, and the workforce transitions towards seven day working. In anticipation of funding being realised by NHS Ayrshire and Arran in June 2018, it created a pack for the NHS Workforce Scrutiny Group with the Rehabilitation and Intermediate Care Vacancies required for the model, this was approved at its meeting on 16 May 2018.

It is recognised in order to recruit the **51.4** FTE additional posts across Ayrshire and Arran an attractive, innovative and streamlined process will be required. These posts are outlined in appendix one. Where possible, recruitment will be shared across other programmes in the Strategic Services Change Programme – to reduce cost and promote the scale of transformation underway in Ayrshire and Arran. This will link to a Communication Plan to ensure messaging about recruitment is shared as extensively as possible.

The **Workforce Subgroup** will tackle the following key pieces of work (these are linked to the Implementation schedule)

Transitioning the existing workforce to a 7 day working model

- general consultation with employees and representatives re move to 7 day working
- individual staff meetings with representatives
- clinical governance requirements
- implementation of seven day working

Ability to recruit necessary workforce across Ayrshire

- create job descriptions/advert for Workforce Scrutiny panel
- undertake shared recruitment across Ayrshire
- manage recruitment gaps and backfill
- develop competency framework/skills development
- clinical governance requirements

In addition, once the workforce is recruited and seven day working is in place the **Workforce Subgroup** will work with other programmes to ensure a shared induction, clear service orientation, on-going training and competency are embedded as part of a clear clinical governance framework to ensure safe and effective practice.

9.2 Clinical Pathways

The Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation has a clear role in providing alternatives to admission, however, in addition, supporting condition specific earlier discharges from acute beds for individuals requiring recuperation and/or re-ablement after a period of specialist inpatient rehabilitation such as:

- pulmonary
- respiratory
- HARP
- Stroke

The Clinical Pathways Sub group will ensure clear transitions for people when they transfer between services to ensure the best possible outcome for each individual and ensure that existing and emerging local specialist clinical pathways align and interface effectively with the approach agreed for intermediate care and rehabilitation in Ayrshire.

9.3 Outcome Focus/Digital

In order to describe the benefits outlined in the business case the **Outcome Focus/Digital Sub group** agreed to develop a shared outcomes and performance framework to ensure all 3 Ayrshire's are recording and reporting progress in the same manner through the same case management systems where possible. This would include monitoring of key data including number of referrals, bed days saved, cost avoidance and unfunded beds that can be closed within Acute.

In addition, the Outcome Focus/Digital Sub group will take responsibility for ensuring all-digital, IT and TEC related solutions are undertaken on a shared basis across Ayrshire to ensure systems support partnership working and improved outcomes for local people, where possible.

9.4 Communication and engagement

In order to ensure the Pan-Ayrshire Model for Enhanced Intermediate Care and Rehabilitation is properly understood amongst all stakeholders we will develop a detailed Communications Plan. Effective implementation of communication messaging and public engagement will greatly enhance the understanding required to ensure the effective roll out and implementation of the model.

The Communication Plan will outline:

- Audiences
- Key messages
- Methods
- Timescales

As part of the Communications Plan we will develop a communications log to undertake shared communication across the key stakeholder groups and ensure consistent messaging.

9.5 Intermediate Care and Rehabilitation Hubs

The Intermediate Care and Rehabilitation Hubs (the Hubs) will provide a single point of access, screen and clinical triage and signposting via centralised telephone number(s) to a range of locality based services in each Partnership. As a minimum, these will include; Intermediate Care Team, Day Hospitals (Health & Therapy Teams); Community rehabilitation (Domiciliary Physiotherapy, adult Community SLT, Community OT rehabilitation, Podiatry enablement pathway, Dietetics, Adaptations); Pharmacy, Community hospitals; Falls Service and Reablement/homecare. Each individual partnership will be responsible for their own hub development work, reporting back through the **Network** and **Steering Group**.

Each Partnership is starting from a different point in their journey when it comes to development of the Hubs however, the work will include 7 day working and include establishing a base for the Hubs, developing the associated infrastructure and developing partnership specific pathways and protocols outlining a clear plan for when people transfer between services, or when the

intermediate care service ends. This will also incorporate any partnership specific issues around workforce e.g. partnership specific induction, service orientation and on-call arrangements.

9.6 Operational Subgroup

The Operational Subgroup aims to develop improved understanding of all partnership IC&R service models through a collaborative shared approach, to achieve following objectives:

- Agree operational approaches for issues affecting all areas, such as:
    - Minimum dataset terms and definitions
    - Developing a standardised approach to triage where possible
    - Assessment and recording
- Provide a forum for sharing & developing best practice and prior learning
- Develop shared collaborative solutions to common challenges

Membership includes operational and service leads from all partners, comprising health and social care practitioners, clinicians and administrative staff.

10 Schedule

Work area Ref	Area of Work	Risk Ref	Owner	Start	Finish	May 18 1	June 18 2	July 18 3	Aug 18 4	Sept 18 5	Oct 18 6	Nov 18 7	Dec 18 8	Jan 19 9	Feb 19 10	Mch 19 11
1	**Intermediate Care and Rehabilitation Workforce**															
1a	**Recruitment Planning for all New Posts (HSCPs)**		**Heads of Service**	**June 2018**	**July 2018**											
	Develop Job Descriptions/Person Spec to HR Scrutiny Panels		Alistair Reid	June 2018	June 2018											
	Develop recruitment plans		Alistair Reid	June 2018	July 2018											
1b	**Transition Existing Workforce**	R9	**Alistair Reid**	**May 2018**	**September 2018**											
	Review Existing ICT Contracts - (5 Over 7)		Partnership Leads	June 2018	June 2018											
	Develop Workforce Engagement Plans		Partnership Leads	May 2018	June 2018											
	Consultation of existing workforce/representation		Partnership Leads	June 2018	July 2018											
	Individual staff discussions		Partnership Leads	July 2018	July 2018											
	Develop Weekend Working Protocols: Staffing Requirements		Partnership Leads	July 2018	July 2018											
	Start Date for Existing workforce		Partnership Leads	October 2018	October 2018											
	MDT shadow working /skills development /training in local processes/systems		Partnership Leads	September 2018	October 2018											
	Gateway Review (SPOG)		David Rowland	September 2018	September 2018					◆						
1bi	**Phase 1 - Recruitment - all posts**		**Alistair Reid**	**May 2018**	**September 2018**											
	Recruit posts		Partnership Leads	May 2018	July 2018											
	Start New Posts		Partnership Leads	August 2018	August 2018											
	MDT shadow working /skills development /training in local processes/systems		Partnership Leads	August 2018	September 2018											
1bii	**Phase 2 - Recruitment (Medical Cover, Physio, internal staff changes)**	R12	**Alistair Reid**	**August 2018**	**November 2018**											
	Recruit posts		Partnership Leads	August 2018	October 2018											
	Start New Posts		Partnership Leads	October 2018	October 2018											
	MDT shadow working /skills development /training in local processes/systems		Partnership Leads	October 2018	November 2018											
	Gateway Review (SPOG)		David Rowland	November 2018	November 2018							◆				
1biii	**Phase 3 - Recruitment (Medical Cover, Physio, internal staff changes)**	R12	**Alistair Reid**	**November 2018**	**February 2019**											
	Recruit posts		Partnership Leads	November 2018	January 2019											
	Start New Posts		Partnership Leads	January 2019	January 2019											
	MDT shadow working /skills development /training in local processes/systems		Partnership Leads	January 2019	February 2019											
	Gateway Review (SPOG)		David Rowland	March 2019	March 2019											◆
2	**Clinical Pathways and Governance**															
2a	**Develop Clear Governance and Support Structures**		**Elaine Hill**	**July 2018**	**September 2018**											
	Map Existing Governance structures		Professional Leads	July 2018	August 2018											
	Identify Professional skills / knowledge and link to pan-Ayrshire workforce planning		Professional Leads	August 2018	August 2018											
	Review of local on-call arrangements to ensure robust cover		Professional Leads	August 2018	August 2018											
	Develop links to local and Pan-Ayrshire Governance structures		Professional Leads	August 2018	September 2018											
	Review and monitoring of all governance mechanisms		Professional Leads	August 2018	September 2018											
	Gateway Review		David Rowland	September 2018	September 2018					◆						
3	**Outcomes Framework and Digital**															
3a	**Develop and Outcomes/Performance Framework**			**May 2018**	**August 2018**											
	Develop shared KPIs and dashboards		Stuart Gaw	May 2018	August 2018											
	Develop local SOPs and pathways		Stuart Gaw	May 2018	August 2018											
	Develop additional local KPIs and pathways		Stuart Gaw	May 2018	August 2018											
3b	**Develop TEC Enabled Models**		**Kathleen McGuire**	**July 2018**	**December 2018**											
	Develop Clear pathways, governance and support structures		Kathleen McGuire	July 2018	September 2018											
	Scope and identify digital opportunities within each pathway		Kathleen McGuire	August 2018	October 2018											
	Scope and identify Hub call operating systems for single point of access and triage		Partnership Leads	October 2018	October 2018											
	Identify ICT and ehealth process requirements and link to eHealth planning and agile		Partnership Leads	October 2018	October 2018											
	Identify and review workforce digital skill, knowledge and link to workforce planning		Kathleen McGuire	November 2018	November 2018											
	Develop links to local pan ayrshire TEC hub and governance structures		Kathleen McGuire	December 2018	December 2018											
	EAHSCP - Develop Business Contingency Plan/ Link To Existing Continuity Plan		Maggie V/ Fiona M	October 2018	October 2018											
	Gateway Review		Kathleen McGuire	December 2018	December 2018								◆			
4	**Communication and Engagement**															
4a	**Develop communications and awareness**		**Alistair Reid**	**May 2018**	**January 2019**											
	Develop shared communication plan		Annie Robertson	May 2018	June 2018											
	Communication re phase 1 recruitment		Comms Leads	June 2018	July 2018											
	Communication re phase 2 recruitment		Comms Leads	August 2018	October 2018											
	Report shared pathways and KPIs to Delivery Groups		Heads of Service	September 2018	September 2018											
	Communication re changes in intermediate care and rehabilitation		Comms Leads	September 2018	September 2018											
	Communication re responsibilities of hubs and contact numbers		Comms Leads	September 2018	October 2018											
	Communication re phase 3 recruitment		Comms Leads	November 2018	January 2019											
1	**Intermediate Care and Rehabilitation Hubs**															
1a	**Develop Intermediate and Rehabilitation Hubs**		**Heads of Service**	**June 2018**	**September 2018**											
	Clarify Core Services Into "Hub" Model		Partnership Leads	June 2018	July 2018											
	Develop Service Pathways		Partnership Leads	June 2018	July 2018											
	Develop Business/ Admin Processes		Partnership Leads	June 2018	July 2018											
	Align staff to new service model		Partnership Leads	September 2018	October 2018											
	Gateway Review (SPOG)		David Rowland	October 2018	October 2018						◆					

◆ Milestone

11 Glossary

The definitions below have been agreed on a Pan-Ayrshire basis to give shared understanding and meaning to different aspects of Intermediate care and rehabilitation:

Intermediate Care and Rehabilitation Hubs – The Hubs provides a single point of access, screen and triage and signpost 7 days per week via a centralised telephone number(s) to a range of services. For example; Intermediate Care Team, Day Hospitals (Health & Therapy Teams); Pharmacists; Community rehabilitation (Domiciliary Physiotherapy, SLT, Community OT, Podiatry, Dietetics, Adaptations); Community hospitals – step up/stepdown facility; Falls Service; Reablement / homecare; Social Work, Complex cases; Telehealth Care. The services work with people who require assessment, treatment, rehabilitation and care, to provide an alternative to hospital admission, enable them to be discharged as early as possible from hospital, maximise health & well-being ensuring they stay as independent as possible.

Reablement - a time limited episode of enabling support at home with an individual and their family to build confidence and encourage independence after an illness or decline in function.

Intermediate care at home (provided by Intermediate Care Teams / Intermediate Care and Enablement Teams) – To provide rapid access to time limited assessment, rehabilitation and support by a multi-disciplinary health and social care team, to provide an effective alternative to unnecessary hospital admission, facilitate early supported discharge and to support people to be as independent as possible in their home or homely setting at times of transition in their health or support needs.

Hospital at Home (H@H) / Community Ward) - a time limited episode of enhanced specialist care at home as an alternative to being treated in an acute hospital environment and where the care is overseen by a consultant / equivalent specialist (eg GPs with an interest). In addition, proactive, coordinated, anticipatory care management for people with complex chronic disease or frailty at high risk of future exacerbations and emergency admissions to hospital or to a care home. Care and support are coordinated for each individual by a lead professional generally for a number of months. The episode is generally overseen by a specialist practitioner working with a community Multi-Disciplinary Team.

Enhanced intermediate care at home (provided by Intermediate Care Teams / Intermediate Care and Enablement Teams) – To provide rapid access to time limited assessment, rehabilitation and support by a multi-disciplinary health and social care team, as an alternative to being treated in an acute hospital environment and facilitate early supported discharge overseen by a consultant / equivalent specialist (e.g. GPs with a special interest) working with a multi-disciplinary team. In addition, the team will provide

proactive, coordinated, anticipatory care management for people with complex chronic disease or frailty at high risk of future exacerbations and emergency admissions to hospital or to a care home and support people to be as independent as possible in their home or homely setting.

Community Rehabilitation Teams - Community Rehabilitation will support individuals and communities to live the healthiest lives possible in their home /homely setting. This is delivered through early intervention approaches, self-management programmes and may be uni-professional, or coordinated multi-disciplinary rehabilitation. Community Rehabilitation will support people to be as independent as possible by enabling achievement of individual health and wellbeing goals. Community rehabilitation includes the following services; domiciliary physiotherapy; Community rehabilitation occupational therapy; Community adult speech and language therapy; Community dietetics; Enablement podiatry and Health and Therapy Team/Day Hospitals

Appendix 1

	North			South				East			
Staff Group	Enhanced Intermediate Care North	Community Rehab North	Hub North	Enhanced Intermediate Care South	Community Rehab South	Hub South	CAU South	Enhanced Intermediate Care East	Community Rehab East	Hub East	TOTAL
NURSING STAFF	1.0	-	-	1.0	-	-	-	-	-	-	2.0
PHYSIO STAFF	1.0	1.0	-	1.0	1.0	-	-	1.0	1.0	-	6.0
OCCUPATIONAL THERAPY	1.0	1.0	-	1.0	1.0	-	-	1.0	1.0	-	6.0
PODIATRY	-	-	-	-	-	-	-	-	-	-	-
DIETETIC	-	0.5	-	1.0	0.5	-	-	-	0.5	-	2.5
SPEECH & LANGUAGE THERAPY	-	0.5	-	-	0.5	-	-	-	1.0	-	2.0
ADMINISTRATION	-	-	2.0	2.0	-	2.0	-	-	-	2.0	8.0
PHARMACY	1.0	-	-	1.0	-	-	-	1.0	-	-	3.0
MEDICAL / SERVICE MANAGER	-	-	-	-	-	-	-	-	-	-	-
TECHNICAL INSTRUCTOR	3.0	-	-	1.0	-	-	-	-	-	-	4.0
TEAM LEADERS	-	-	-	-	-	-	-	-	-	-	-
HOMECARERS	-	-	-	-	-	-	-	6.9	-	-	6.9
SOCIAL WORK	-	-	-	-	-	-	-	-	-	-	-
GP (10 SESSIONS)	1.0	-	-	-	-	-	-	-	-	-	1.0
PRACTITIONER	2.0	-	-	2.0	-	-	-	-	-	-	4.0
ANP	1.0	-	-	2.0	-	-	-	3.0	-	-	6.0
GRAND TOTAL	**11.0**	**3.0**	**2.0**	**12.0**	**3.0**	**2.0**	**-**	**12.9**	**3.5**	**2.0**	**51.4**

NORTH AYRSHIRE
Health and Social Care Partnership

Agenda Item 9

Integration Joint Board
13th September 2018

Subject:	**Ayrshire and Arran Proposal for Action 15 of the National Mental Health Strategy**
Purpose:	To seek IJB approval for the high level Action 15 plan to develop and build capacity of the mental health workforce in key settings in alignment with national commitments for the delivery of the mental health strategy.
Recommendation:	That IJB provides retrospective approval of the draft plan and proposal submitted to the Scottish Government.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
SPOG	Strategic Planning & Operational Group
NRAC	NHS Scotland Resource Allocation Committee
TLG	Transformation Leadership Group
CAMHS	Child and Adolescent Mental Health
CRT	Crisis Resolution Team
IST	Intensive Support Team
cCBT	
A&E	Accident and Emergency
GP	General Practitioner
HMIPS	Her Majesty's Inspectorate for Prisons in Scotland

1.	**EXECUTIVE SUMMARY**
1.1	As part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons. The funding will be available from this year (£12 million, of which £11 million is the subject of the attached letter at Appendix 1) and will rise to £35 million in 2021-22.
1.2	The allocations for all boards are laid out in the letter attached at Appendix 1 and are further broken down by NHS Scotland Resource Allocation Committee (NRAC) formula. However, a large proportion of the services described here are provided on a pan Ayrshire basis such as prison healthcare, police custody suites and Accident and Emergency services.
1.3	The Scottish Government required Integration Authorities to develop a high level proposal/plan by 31st July 2018 that sets out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy setting out:

	• How it contributes to the broad principles set out in the letter under 'Local Improvements' • How it takes account of the views of local justice and other Health Partners in the area about what improvements should be introduced • How it fits with other local plans in development • Initial scoping of potential staff changes over the next four years as a result of this additional funding, towards the committed 800.
1.4	North Ayrshire Health and Social Care Partnership has the lead responsibility for Mental Health and will therefore lead on the development of action planning and monitoring of the investment and spend. Governance and monitoring will be through the Pan Ayrshire Strategic Change Mental Health Programme Board, North Ayrshire Health & Social Care Partnership Transformation Board and ultimately through Strategic Planning Operational Group (SPOG) and the Transformational Leadership Group (TLG).
2.	**BACKGROUND**
2.1	The three Health and Social Care Partnerships, North, South and East Ayrshire are working together to develop and implement a Pan-Ayrshire Mental Health Strategy that will deliver on the actions and aspirations outlined in the Scottish Mental Health Strategy 2017-2027. (See timeline in Appendix 2, page 10).
2.2	In Ayrshire and Arran a significant programme of change and transformation was launched in 2015 with the establishment of a Pan Ayrshire mental health change and strategy programme board to ensure delivery of key strategic objectives in relation to improving mental health and wellbeing across the whole system in alignment with national strategy and local health and social care partnership strategic plans. The aim of all change programmes and tests of change has been to align and integrate services, extending capacity to provide appropriate prevention and early intervention services within community settings, enhancing pathways for service users across community and hospital services.
2.3	A Pan Ayrshire Mental Health strategy Engagement team is currently working together to develop a Pan Ayrshire Mental Health Strategy. This is currently in development and engagement stage and is required in order to ensure both consistent and coherent alignment with the principles and vision of the national mental health strategy in the context of Ayrshire and Arran. This will also ensure that the significant programme of Transformational change and new ways of working are delivered and embedded. This will enable the development of an overarching strategic framework to set the context and future vision for mental health services across three health and social care partnerships enabling the development of locality partnership driven mental health strategies tailored to population needs.
3.	**PROPOSALS**
3.1	The North health and social care Partnership as the lead partnership for Mental Health has been responsible for engaging with all key interested parties and stakeholders to ensure development and collation of proposals and the high level plan for submission to the Scottish Government.

3.2	There was a requirement by the government to provide an outline proposal by July 31st 2018. Given the short timescales and the summer recess of the IJB, a proposal was drawn up and agreed by all SPOG members before submission and submitted with the caveat that it would be subject to IJB approval (See submitted high level proposal at Appendix 2).
3.3	Funding from the Mental Health Innovation Fund, CAMHS and Psychological therapies allocation and the Primary Care Transformation Fund to date has allowed various 'tests of change' to take place. These include; • Police Triage Pathway linking to the crisis resolution team (CRT) • Community link workers and mental health practitioners in GP practices • The intensive support team (IST) for CAMHS • Development of MDT approaches, membership and roles wrapping services around GP practices • cCBT roll out and implementation in Primary care • Neurodevelopment diagnosis pathway via multidisciplinary working • Increasing access to psychological therapies and new ways or working
3.4	Action 15 monies will enhance and enable earlier implementation of key work in primary care which will dovetail with current Pan Ayrshire redesign of Primary and Community based Mental Health Services.
3.5	Action 15 of the mental health strategy is specifically related to improving access to treatment and the development of accessible, joined up services by *'increasing the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings'.*
3.6	Action 15 proposals must be able to demonstrate additional workforce in these key settings delivering or ensuring that: • There are appropriate mental health professionals, accessible in emergency departments and through out of hours crisis services • Access to the most effective, safe care and treatment that follows clinical guidelines accessed in a timely way • Services that promote and support recovery based approaches • Multi-disciplinary teams in Primary care to ensure every GP practice has staff who can support and treat patients with mental health issues
3.7	The proposal identifies the following key areas of work force development over the next two years 2018/19 & 2019/20 and is in alignment with building work force capacity in key service areas noted by Action 15 in Crisis services, Police triage, A&E, GP practices, justice services and Prison services

	Crisis Response Team/Police triage:	Well-developed change programme and business case with proven outcomes. Key areas of priority namely Emergency departments and Police. To support the realisation of Action 15 £1 million has been set aside nationally from the total £12 million available to pilot a national project to improve the care pathway for people suffering from mental illness/mental distress and poor mental wellbeing who are being supported by Police Scotland and the Scottish ambulance service.
		The Ayrshire and Arran crisis team/police triage change programme project implemented from 2016 to present funded with national mental health innovation funding allocation is well established and in significant advancement of the current national project. Permanent funding will enable this approach to be consolidated enabling further future scoping of the ambulance service interface.
	Prison Health Care	Workforce development to ensure safe and effective treatment to be accessed in a timely way. Proposals based on 2 HMP Kilmarnock inspections of 'Her Majesty's Inspectorate of Prisons for Scotland' (HMIPS) and MWC report in 2018 highlighting the lack of Clinical Psychology and Psychological interventions available and also lack of OT input/counselling support for individuals who have been victims of sexual abuse.
	Forensic Inpatient services	Building capacity for Mental Health Officer/social work workforce within Low secure inpatient and Justice services.
	Primary Care	Building Mental Health workforce capacity in Primary care and consolidating existing tests of change/pilot work to secure robust future model. This proposal is in alignment with the priorities set out in the current Primary Care Improvement Plan.
3.8	The proposed plan enables a foundation for continual collaboration and Partnership working to ensure that the future re-design and development of work force meets people needs across health, social care and justice settings in key areas. It is recognised that this initial proposal will be subject to further detailed development particularly in years three and four as local evidence and service response improves over time and mental health strategic priorities and ambitions are fulfilled and realised.	

3.9 A full breakdown of the financial allocation and additional workforce is noted in the proposal in Appendix 2.

The financial impact of each of the areas of investment is summarised below:

	Year 1 2018-19	Year 2 2019-20	Year 3 2020-21	Year 4 2021-22
Crisis Response Team	£201,000	£402,000	£402,000	£402,000
Prison Healthcare	£133,000	£266,000	£266,000	£266,000
Forensic Inpatient Services	£25,000	£50,000	£50,000	£50,000
Primary Care	£211,500	£786,061	£786,061	£786,061
To be determined	£0	£0	£274,135	£866,866
TOTAL	**£570,500**	**£1,504,061**	**£1,778,196**	**£2,370,927**

The financial plan is informed by a realistic assessment of timescales for implementation and takes advantage of the pragmatic approach taken by Scottish Government in relation to the flexibility and protection for the additional investment and therefore will require unallocated funding from Year 1 to be allocated in Year 2, as illustrated below.

	Year 1 2018-19	Year 2 2019-20	Year 3 2020-21	Year 4 2021-22
Funding Allocation	£815,006	£1,259,555	£1,778,196	£2,370,927
Financial Plan	£570,500	£1,504,061	£1,778,196	£2,370,927
Difference	£244,506	-£244,506	£0	£0

3.2 **Anticipated Outcomes**

An increase in the number of staff being able to signpost or deliver mental health interventions in the key settings identified in Action 15 of the mental health strategy which will allow demonstrable progress against the national mental health strategy commitment.

3.3 **Measuring Impact**

The high level plan for Ayrshire and Arran clearly demonstrates a trajectory towards the national commitment for 800 additional mental health workers. National oversight of implementation and monitoring arrangements for workforce development and spend has yet to be determined. We will await guidance from the government.

4. IMPLICATIONS

Financial:	The Plan will be monitored throughout the year and the funding requirements may change as service developments are progressed. The funding is noted to be earmarked recurring funding.
Human Resources:	Building capacity and additional workforce in alignment with the national mental health strategy commitment. This will require robust and extensive work force planning and development to ensure effective delivery over the four year period
Legal:	None
Equality:	This will provide extra resource to help support some of the most vulnerable individuals in the community.

Children and Young People	N/A
Environmental & Sustainability:	There are no environmental implications in connection with this proposal
Key Priorities:	Strategic priority for building the mental health work force in key settings in alignment with Action 15 of the national Mental Health Strategy.
Risk Implications:	The proposals and funding investment in mental health work force will build whole systems capacity, increase prevention and early intervention approaches, improve timely access to services.
Community Benefits:	Build community capacity to develop prevention and early intervention approaches and improve access to services.

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

5.	**CONSULTATION**
5.1	Action 15 proposals have been developed through a variety of Pan-Ayrshire meetings with oversight by Directors via the Strategic Planning and Operational Group. The pan Ayrshire Mental Health Planning and Strategy Board will have responsibility for operational implementation on behalf of the Ayrshire IJBs. Alignment will be developed with the Primary Care Improvement Plan. Engagement with professional, clinical and staff governance groups will take place as plans develop to ensure support.
5.2	The pan-Ayrshire Mental Health Strategy will be completed by December 2018 which will enable strategic links to the national ambitions and further consolidation of specific action 15 areas for further development and scoping as reflected in this high level plan.
6.	**CONCLUSION**
6.1	There was a requirement by the Scottish Government for IJB's to provide and submit an outline proposal/plan for the Action 15 of the National Mental Health Strategy funding allocation by July 31st 2018. Given the short timescales and the summer recess of the IJB, a proposal was drawn up and agreed by all SPOG members before submission and submitted with the caveat that it would be subject to IJB approval (See submitted high level proposal at Appendix Two). It is recommended that IJB: • Provide retrospective approval for the high level plan and proposal submitted to the Scottish Government on 31st July 2018. The IJB is asked to support the continued development of the plans over the next four years.

For more information please contact Thelma Bowers, Head of Mental Health on (01294) 317849 or thelmabowers@north-ayrshire.gcsx.gov.uk

Population Health Directorate
Mental Health and Protection of Rights Division

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Chief Officers, Integration Authorities

cc: Chief Executives, NHS Boards
Directors of Finance, NHS Boards
Chief Executives, Local Authorities
Angiolina Foster, Chief Executive, NHS24
Caroline Lamb, Chief Executive, NES
Colin McKay, Chief Executive, MWC
Health & Justice Collaboration Improvement Board

Your ref:
Our ref:

23 May 2018

Dear Colleague

ACTION 15 OF THE MENTAL HEALTH STRATEGY – PLANNING AND FUNDING FROM 2018/19

As part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons. The detail is set out in Action 15 of the Mental Health Strategy. The funding will be available from this year (£12 million, of which £11 million is the subject of this letter) and will rise to £35 million in 2021-22.

Background

You will know that last year, Ministers established the *Health & Justice Collaboration Improvement Board* (HJCIB). The Board draws together some of the most senior leaders from Health, Justice and Local Government. Its purpose is to lead the creation of a much more integrated service response to people whose needs draw upon the work of our Health and Justice services. As you might expect, our mutual response to people who suffer mental illness and distress is a significant theme in the Board's interests. Membership of the Board is set out an Annex A.

Ministers asked the Board to consider how our commitment to additional mental health workers might best be delivered.

National test of change

The Board has subsequently set out an approach that will test improvements in national arrangements for service delivery. This involves the Ambulance Service, NHS24 and Police Scotland, and £1 million has been set aside for this initiative. The current thinking on these ideas is set out at Annex B.

Local improvements

The Board has also adopted some broad principles (helpfully informed by a Short Life Working Group with membership from Integration Authorities, Health Boards, justice and local government) that it believes are likely to inform credible local improvements. These include recognition that:

- the application of additional resources should result in additional services commensurate with the commitment in the Mental Health Strategy to provide 800 additional mental health workers by 2021-22;

- the nature of the additional capacity will be very broad ranging – including roles such as peer and support workers;

- prospective improvements may include the provision of services through digital platforms or telephone support;

- improvement may include development for staff who are not currently working in the field of mental health.

Links to the Primary Care Improvement Fund

Richard Foggo has written to Integration Authority Chief Officers and NHS Chief Executives today regarding the Primary Care Improvement Fund (PCIF) allocation for 2018-19. His correspondence should be read in conjunction with this letter.

As outlined in Richard's letter, nearly £10 million was invested during 2016-18 via the Primary Care Mental Health Fund (PCMHF) to encourage the development of new models of care to ensure that people with mental health problems get the right treatment, in the right place, at the right time. In 2018-19, the Primary Care Improvement Fund (£45.750 million) is a single allocation to provide maximum flexibility to local systems to deliver key outcomes.

The PCIF includes recurring funding for mental health services, building on the funding for primary care mental health previously provided. Although it is separate to this funding line, there is likely to be close cross-over between the services, particularly in general practice settings, and in some cases the staff may be the same individuals.

As set out in the letter, Primary Care Improvement Plans should demonstrate how this funding is being used to re-design primary care services through a multi-disciplinary approach, including mental health services.

PCIPs should also show how wider services, including the mental health services which are the subject of this letter, integrate with those new primary care services.

Planning and Partnerships for Delivery of 800 Mental Health Workers

We want to ensure that IAs are able to utilise the additional resources for 800 mental health workers and the PCIF flexibly to support sustainable mental health and primary care service redesign. As far as possible we want to ensure that the planning processes, governance and evaluation processes are aligned.

Planning: by 31 July

We are asking that Integration Authorities each develop a plan by 31 July that sets out goals for improving capacity in the settings outlined in Action 15 of the Mental Health Strategy. We would like the plan from each Authority to set out:

- How it contributes to the broad principles set out under *Local Improvements* on page 2;
- How it takes account of the views of local Justice and other Health partners in the area about what improvements should be introduced
- How it fits with other local plans currently in development.
- Initial scoping of potential staffing changes over the next four years as a result of this additional funding, towards the committed 800.

Our reason for asking you to do this is that it will help the H&JCIB to shape discussions around future collaboration – including further consideration of national proposals. We will let you know about our thinking as consequence of these discussions over the summer.

This should include demonstrating additionality of the new workforce, such as information about the numbers of additional staff being recruited, existing staff being up-skilled (who are currently not working within mental health services) and the settings which will allow the Scottish Government to demonstrate progress against the national commitment. If it is possible, this could be through a supplementary to your Primary Care Improvement Plans or it could be through a linked document

In the longer term, we anticipate that Primary Care Improvement Plans might start to allow an increasingly integrated approach to mental health planning and delivery of the 800 mental health worker commitment. As set out in Richard Foggo's letter, it is important that the PCIPs from the outset show links with broader community developments, and the 800 mental health worker commitment. Over time, we anticipate that this may develop into a single statement of the approaches being developed.

Consultation and Engagement

The H&JCIB recognises that redesigning services to meet people's needs across health and justice settings is complex and that it will require collaborative partnership working across organisational boundaries.

We recognise that this is a complex area that involves many partners, but it will be essential that your emerging plans demonstrate how Justice and Health partners (both Health Boards and GPs) have been consulted and included in preparation of the plan. If that is not possible to deliver fully in the timescales, an indication of consultation and engagement plans would be very helpful.

Governance

Giving primacy to Integration Authorities to deliver the national commitment for 800 mental health workers in the Primary Care Improvement Plans simplifies local governance arrangements. At local level, Integration Authorities will hold NHS Boards and councils to account for delivery of the milestones set out in their plans, in line with the directions provided to the NHS Board and Council by the Integration Authority for the delivery of Strategic Plans.

At national level, we will consider how we can ensure that Ministers have the necessary assurances about delivery of the overall 800 staff over four years.

Monitoring and Evaluation

You will need to plan for and demonstrate a clear trajectory towards 800 additional mental health workers under the funding for this commitment over the next four years, and we will consider what national oversight arrangements should be in place to offer assurance on that point.

The plans should also include consideration of how the changes will be evaluated locally.

Allocation methodology and future funding

IAs have delegated responsibilities for adult Mental Health services therefore we are asking you to work with Health and Justice partners to deliver a holistic perspective on the additional mental health requirements in key settings (including but not restricted to A&E, GP practices, prisons and police custody suites).

The Scottish Government therefore plans to allocate funding for local improvements to Integration Authorities (via their associated NHS Health Board). National tests of change will continue to be funded centrally.

The expected allocation of additional funds over the next period in total and to each Integration Authority is set out at Annex C. The funding should be considered as *earmarked recurring* funding. It should be assumed therefore that staff may be recruited on a permanent basis to meet the requirements of the commitment. We will engage with IAs and others on any plans to baseline these funds beyond 2021/22 subject to Parliamentary approval of the budget.

This is intended to guide your thinking about the future in terms of the funding over the next four years under this commitment. In broad terms, the distribution presumes a local share of the funding based on National Resource Allocation Committee (NRAC) principles and we would encourage partnership working across IA

boundaries, as per the statutory duty on IAs to work together particularly within Health Board areas[1].

In this initial year of funding, the funding will issue in two tranches starting with allocation of 70% of the funding in June 2018. A high level report on how spending has been profiled must be submitted to SG by the start of September and, subject to confirmation via this report that IAs are able to spend their full 100% allocation in-year, the remaining 30% of funding will be allocated in November 2018. An outline template for making the start-September report is at Annex D. A final template will be issued before September.

We understand that the detail of these plans will take some time to develop and that your ideas about what is necessary will change as the extent and depth of understanding and service response improve over time. We also know that tackling these issues in a more effective way over time will do a lot to improve the help that we provide to communities. We are grateful to Chief Officers and to partners for your commitment to prioritising delivery of this commitment in keeping with the ambition in the Mental Health Strategy.

Please share your plans with Pat.McAuley@gov.scot If you have questions about the process or require further information, please contact Pat on 0131 244 0719.

Penny Curtis
Head of Mental Health and Protection of Rights Division

[1] Given Action 15 of the Mental Health Strategy explicitly specifies prison settings, a population NRAC does not take account of, it is requested that the plans of those partners hosting significant prisons populations include outlines of additional funding requirements they might have based on any available need assessments.

ANNEX A

Membership of the Health and Justice Collaboration Improvement Board

Paul Johnston (co-chair)	DG Education, Communities & Justice
Paul Gray (co-chair)	DG Health and Social Care
Iain Livingstone	Police Scotland
Alasdair Hay	Scottish Fire and Rescue Service
Pauline Howe	Scottish Ambulance Service
Colin McConnell	Scottish Prison Service
Karyn McCluskey	Community Justice Scotland
David Harvie	Crown Office and Procurator Fiscal Service
Robbie Pearson	Healthcare Improvement Scotland
Jane Grant	NHS GG&C
Cathie Curran	NHS Forth Valley
David Williams	IA Chief Officers Group
Shiona Strachan	Clackmannanshire & Stirling IJB
Sally Louden	COSLA
Joyce White	SOLACE
Andrew Scott	Scottish Government
Neil Rennick	Scottish Government
Gillian Russell	Scottish Government

ANNEX B

NHS24 / Police Scotland / Scottish Ambulance Service Collaboration Project

IMPROVING THE MANAGEMENT OF, AND RESPONSE TO, MENTAL HEALTH CRISIS AND DISTRESS FOR THOSE PRESENTING TO SCOTTISH AMBULANCE SERVICE & POLICE SCOTLAND

What are we trying to accomplish?

To support the realisation of Action 15 – Mental Health Strategy (Scotland) 2017-2027, this project (test of change) will improve the care pathway for people suffering from mental illness / mental distress and poor mental well-being who are being supported by Police Scotland and/or the Scottish Ambulance Service.

This initial (draft) proposal has been shared with senior colleagues across all three partner agencies. To date we have received a positive response to the overarching principles of the First Response Test of Change concept, which is aligned to:

Integration with strategic priorities across all service providers.
Integration and facilitation of a joint co-productive / collaborative approach to future service development and delivery.

The project will initially be implemented across a specified geographical area, and delivered within a "test and learn" environment.

The project aim is:

To improve the care pathway for people suffering from mental illness / mental distress and poor mental well-being presenting to Police Scotland and / or Scottish Ambulance Service. By increasing access for Police Scotland and Scottish Ambulance Control Room and Frontline Staff to designated mental health professionals within NHS 24, working closely with locality based care and support services, to provide an appropriate and enhanced mental health triage and assessment of need service.

The project will also aim to (1) Reduce deployment of frontline Police Scotland and Scottish Ambulance Service staff to manage patients in mental distress/ suffering from poor mental health or mental well-being, and (2) Reduce demand placed on locality based Emergency services to manage individuals in mental health crisis / mental distress.

The current service provision for patients who contact Police Scotland / Scottish Ambulance Service requiring mental health care and support is described in Appendix 1.

Significant analysis of the demand placed on NHS 24, Scottish Ambulance Service, Police Scotland and NHS Emergency Departments to manage the mental health and

well-being of the population has been gathered and this will be used to determine outcome measures and key performance indicators for the test of change. Key findings from this work have identified:

People with a Mental Health Problem are three times more likely than the general population to attend the Emergency Department.
The peak presentation time to the Emergency Department is after 11pm, and this patient group are five times more likely to be admitted in the out of hours period.
Frequent callers to emergency services are more likely to be already known and supported by locality based mental health services.

The benefits of an improved care pathway (Appendix 2) for individuals contacting in mental distress / with poor mental health are:

The ability to provide the level of support required to reduce distress and safely manage the needs of the individual effectively either via telephone support or ongoing referral to appropriate locality based services.
Reduction in the need for people to be transferred by / to emergency services.
Reduction in unnecessary demand being placed on Emergency Departments

Project (service) outcomes will be reviewed and reported on monthly, and project activities will be coordinated to ensure that changes tested and implemented successfully within the "test and learn" environment are, if appropriate and feasible, spread across the wider service.

How will we know that a change is an improvement?

A framework of evaluation will be developed in consultation with all partners, including the locality based integrated joint board supporting the "test and learn" phase. This framework will include both quantitative and qualitative measures. Qualitative data will also be used, to gain insights and feedback from individuals utilising the service, staff, partners and wider stakeholders.

Qualitative Outcome measures – across the triumvirate model

Individual experience in relation to outcomes, satisfaction levels, and any follow up action
Partner experience in relation to appropriateness of contacts received, and any follow up/re-triage required at a local level
Staff experience – NHS 24 / Police Scotland / Scottish Ambulance Service

Quantitative Outcome measures – across the triumvirate model

Number of mental health calls managed within the test & learn environment.
Number of mental health calls resulting in a final disposition of self care and our web based content
Numbers of mental health calls across the range of possible outcomes
Reduction in demand to emergency services including ED attendance
Number of contacts signposted to community based services

The project team have had the opportunity to liaise with other service providers who have implemented a first response service to manage the mental health needs of the population they serve. This service model incorporates mental health professionals working across a number of service areas, including Police Control Centres.

Data from Cambridgeshire and Peterborough Crisis Care Concordant (comparing 6 months pre intervention, 8 months post intervention) showed:

ED attendance for any "mental health" need – down 25%
Admission to Acute Trust for MH patients from ED – down 19%
Mental Health Ambulance Conveyances – down 26%
111 Calls and OOH GP appointments – down 45% and 39%

What changes can we make that will result in improvement?

The timetable below highlights the key milestones of the initial test of change proposal:

TIMESCALE	OUTCOME
To Month 3	Briefing Paper re ToC to sponsor Identification of ToC Geographical Area Establish Programme Board / Governance and Assurance Structure. Recruitment of Frontline Mental Health Professionals Recruitment of project staff Establish Shared Outcome Measures across all partner agencies. Planning and preparation; Process, Operations, Technology and Information
Month 3 – Month 6	Training and Locality Pathway Development. Phase One of Implementation of TOC.
Month 6 – Month 9	Evaluation of Phase One Implementation. Phase 2 / Whole System Implementation.
Month 9 – Month 12	Project Evaluation. Development Proposal for further / future upscaling of model – national learning and implementation plan

Project Team

The Project Team will compromise of three distinct groupings, all of which will be aligned to the current Service Transformation Plans in place across NHS 24 / Police Scotland and the Scottish Ambulance Service:

Programme Board (Quarterly Meetings)

Programme Lead(s) – PS / SAS / NHS24
Communication and Engagement Lead
Evaluation Lead
Locality Representative(s)
Project Manager (NHS 24)
Executive Leadership Representation from PS / NHS24 / SAS
Executive Sponsor : Scottish Government Mental Health Division

Implementation Group (Monthly Meetings)

Programme Leads
Project Manager
Data Analyst
Locality Representatives – including service users.
Frontline Police Scotland & Scottish Ambulance Service Representatives
Communication and Engagement Lead

Project (Service) Delivery Team (Daily / Weekly Meetings)

Project Manager
Communication & Engagement
Team Leader(s)
Mental Health Support Workers
Mental Health Advisors
Mental Health Specialist Practitioners
Learning & Development Advisor

Financial Implications

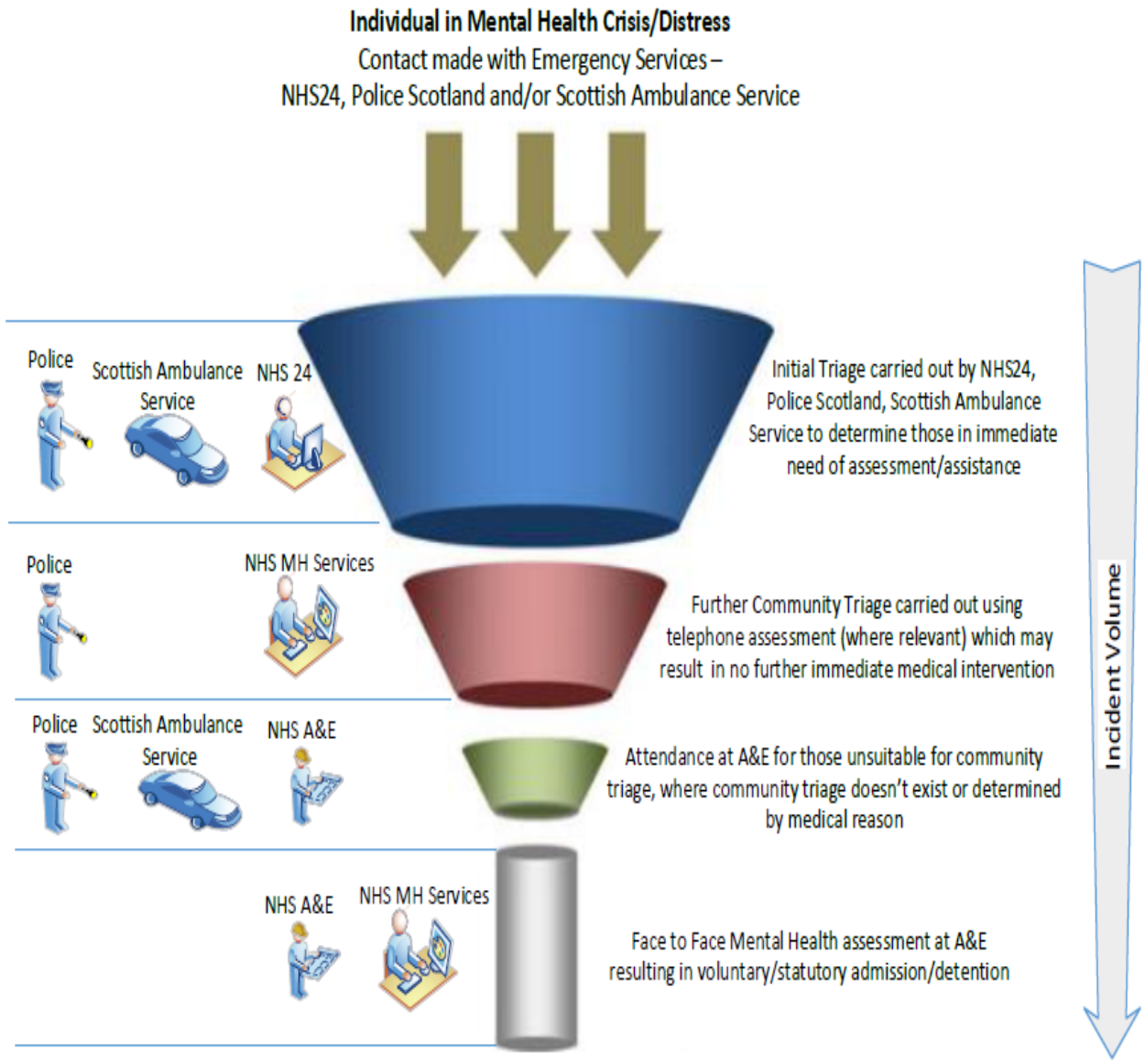
The final budget required to deliver this proposed test of change model is dependant on the needs and demand of the agreed geographical area where the pilot will be implemented. The table below details a workable draft budget, with reference given to particular roles and responsibilities required to ensure a smooth delivery of the project across all three partner areas. Several of these roles will straddle across all three components of the project.

Details	Amount
Infrastructure, Development & Implementation of Model - Senior Programme Leadership - Communication and Engagement - Learning & Education - Technology / Systems Upgrade	£117,144
Service Delivery Staffing - Mental Health Clinical Service Manager (1xWTE Band 8a) - Mental Health Team Leaders (2x WTE Band 7) - Mental Health Call Operators (5x WTE Band 3) - Mental Health and Well-being Advisors (4x WTE Band 4) - Mental Health Specialist Practitioner (4x WTE Band 6) *** This would ensure at least 16 new Mental Health Professionals being recruited to support direct patient care***	£669,288
Evaluation and Programme Management Project Administrator Data Analyst / Researcher	£81,582

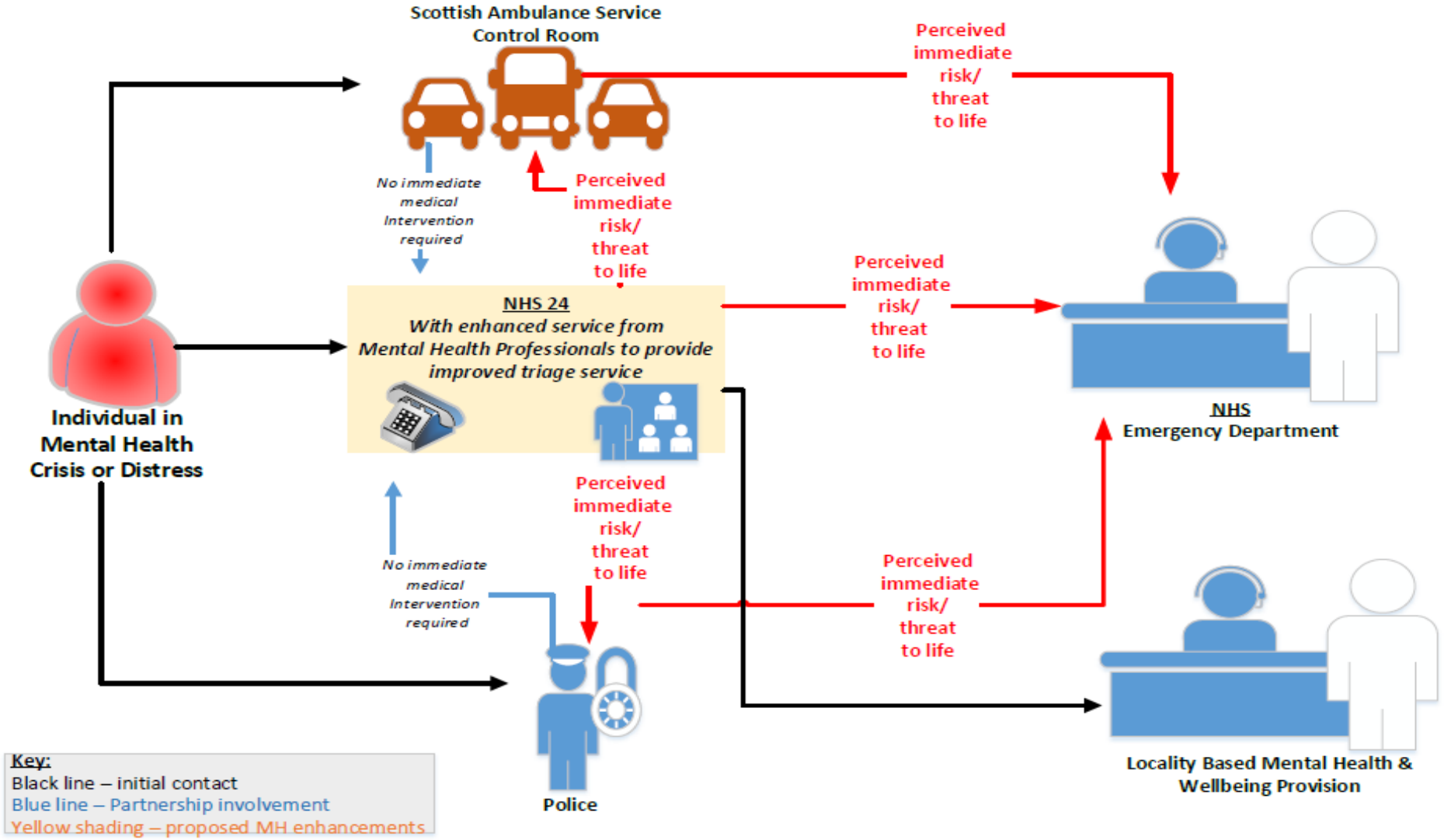
The proposed draft budget for year 1 would be **£868,014.**

Appendix 1: Current Service provision

Appendix 1



Appendix 2 – Proposed Enhanced Mental Health Pathways First Response



Breakdown of funding

Please note - these figures are only provided as a guide using the NRAC formula calculator for 2018/19. [2] The formula changes only very slightly each year therefore it is not possible to provide an exact figure over the next 4 years.

Allocations by Territorial Board – 2018/2019 £11 Million		
NHS Board	**Target Share**	**NRAC Share**
NHS Ayrshire and Arran	7.409%	£815,006
NHS Borders	2.104%	£231,456
NHS Dumfries and Galloway	2.979%	£327,738
NHS Fife	6.806%	£748,636
NHS Forth Valley	5.419%	£596,129
NHS Grampian	9.873%	£1,085,983
NHS Greater Glasgow & Clyde	22.337%	£2,457,118
NHS Highland	6.442%	£708,660
NHS Lanarkshire	12.348%	£1,358,226
NHS Lothian	14.80 4%	£1,628,474
NHS Orkney	0.483%	£53,077
NHS Shetland	0.490%	£53,907
NHS Tayside	7.848%	£863,306
NHS Western Isles	0.657%	£72,285

Breakdown of estimated allocation per IJB - 2018/2019 £11 Million					
NHS Board	**NRAC Share %**	**NRAC Share £**	**HSCP Name**	**HSCP NRAC Share %**	**NRAC Share £**
Ayrshire & Arran	7.41%	815,006	East Ayrshire	2.43%	£267,351
			North Ayrshire	2.72%	£299,538
			South Ayrshire	2.26%	£248,118
Borders	2.10%	231,456	Scottish Borders	2.10%	£231,456
Dumfries & Galloway	2.98%	327,738	Dumfries and Galloway	2.98%	£327,738
Fife	6.81%	748,636	Fife	6.81%	£748,636
Forth Valley	5.42%	596,129	Clackmannanshire and Stirling	2.55%	£280,549
			Falkirk	2.87%	£315,580
Grampian	9.87%	1,085,983	Aberdeen City	3.92%	£431,203

[2] As per the footnote on page 5, Action 15 of the Mental Health Strategy explicitly specifies prison settings, a population NRAC does not take account of, it is requested that the plans of those partners hosting significant prisons populations include outlines of additional funding requirements they might have based on any available need assessments.

			Aberdeenshire	4.23%	£465,384
			Moray	1.72%	£189,396
Greater Glasgow & Clyde	22.34%	2,457,118	East Dunbartonshire	1.82%	£199,776
			East Renfrewshire	1.56%	£171,667
			Glasgow City	12.09%	£1,329,497
			Inverclyde	1.65%	£181,485
			Renfrewshire	3.40%	£373,503
			West Dunbartonshire	1.83%	£201,190
Highland	6.44%	708,660	Argyll and Bute	1.85%	£203,883
			Highland	4.59%	£504,777
Lanarkshire	12.35%	1,358,226	North Lanarkshire	6.43%	£706,750
			South Lanarkshire	5.92%	£651,476
Lothian	14.80%	1,628,474	East Lothian	1.83%	£201,801
			Edinburgh	8.32%	£915,205
			Midlothian	1.57%	£173,170
			West Lothian	3.08%	£338,298
Orkney	0.48%	53,077	Orkney Islands	0.48%	£53,077
Shetland	0.49%	53,907	Shetland Islands	0.49%	£53,907
Tayside	7.85%	863,306	Angus	2.15%	£237,042
			Dundee City	2.96%	£325,907
			Perth and Kinross	2.73%	£300,357
Western Isles	0.66%	72,285	Eilean Siar (Western Isles)	0.66%	£72,285

Allocations by Territorial Board – 2019/2020 £17 million		
NHS Board	**Target Share**	**NRAC Share**
NHS Ayrshire and Arran	7.409%	£1,259,555
NHS Borders	2.104%	£357,705
NHS Dumfries and Galloway	2.979%	£506,503
NHS Fife	6.806%	£1,156,983
NHS Forth Valley	5.419%	£921,290
NHS Grampian	9.873%	£1,678,337
NHS Greater Glasgow & Clyde	22.337%	£3,797,365
NHS Highland	6.442%	£1,095,201
NHS Lanarkshire	12.348%	£2,099,076
NHS Lothian	14.804%	£2,516,732
NHS Orkney	0.483%	£82,029
NHS Shetland	0.490%	£83,311
NHS Tayside	7.848%	£1,334,200
NHS Western Isles	0.657%	£111,713

Breakdown of estimated allocation per IJB - 2019/2020 17 Million					
NHS Board	**NRAC Share %**	**NRAC Share £**	**HSCP Name**	**HSCP NRAC Share %**	**NRAC Share £**
Ayrshire & Arran	7.41%	1,259,555	East Ayrshire	2.43%	£413,178
			North Ayrshire	2.72%	£462,922
			South Ayrshire	2.26%	£383,455
Borders	2.10%	357,705	Scottish Borders	2.10%	£357,705
Dumfries & Galloway	2.98%	506,503	Dumfries and Galloway	2.98%	£506,503
Fife	6.81%	1,156,983	Fife	6.81%	£1,156,983
Forth Valley	5.42%	921,290	Clackmannanshire and Stirling	2.55%	£433,575
			Falkirk	2.87%	£487,715
Grampian	9.87%	1,678,337	Aberdeen City	3.92%	£666,404
			Aberdeenshire	4.23%	£719,229
			Moray	1.72%	£292,703
Greater Glasgow & Clyde	22.34%	3,797,365	East Dunbartonshire	1.82%	£308,745
			East Renfrewshire	1.56%	£265,303
			Glasgow City	12.09%	£2,054,677
			Inverclyde	1.65%	£280,477
			Renfrewshire	3.40%	£577,233
			West Dunbartonshire	1.83%	£310,930
Highland	6.44%	1,095,201	Argyll and Bute	1.85%	£315,091
			Highland	4.59%	£780,110
Lanarkshire	12.35%	2,099,076	North Lanarkshire	6.43%	£1,092,250
			South Lanarkshire	5.92%	£1,006,826
Lothian	14.80%	2,516,732	East Lothian	1.83%	£311,875
			Edinburgh	8.32%	£1,414,407
			Midlothian	1.57%	£267,626
			West Lothian	3.08%	£522,823
Orkney	0.48%	82,029	Orkney Islands	0.48%	£82,029
Shetland	0.49%	83,311	Shetland Islands	0.49%	£83,311
Tayside	7.85%	1,334,200	Angus	2.15%	£366,337
			Dundee City	2.96%	£503,674
			Perth and Kinross	2.73%	£464,188
Western Isles	0.66%	111,713	Eilean Siar (Western Isles)	0.66%	£111,713

Allocations by Territorial Board – 2020/2021 £24 million		
NHS Board	**Target Share**	**NRAC Share**
NHS Ayrshire and Arran	7.409%	£1,778,196
NHS Borders	2.104%	£504,995

NHS Dumfries and Galloway	2.979%	£715,064
NHS Fife	6.806%	£1,633,388
NHS Forth Valley	5.419%	£1,300,645
NHS Grampian	9.873%	£2,369,417
NHS Greater Glasgow & Clyde	22.337%	£5,360,986
NHS Highland	6.442%	£1,546,166
NHS Lanarkshire	12.348%	£2,963,402
NHS Lothian	14.804%	£3,553,033
NHS Orkney	0.483%	£115,805
NHS Shetland	0.490%	£117,615
NHS Tayside	7.848%	£1,883,576
NHS Western Isles	0.657%	£157,712

Breakdown of estimated allocation per IJB - 2020/2021
24 Million

NHS Board	NRAC Share %	NRAC Share £	HSCP Name	HSCP NRAC Share %	NRAC Share £
Ayrshire & Arran	7.41%	1,778,196	East Ayrshire	2.43%	£583,310
			North Ayrshire	2.72%	£653,537
			South Ayrshire	2.26%	£541,348
Borders	2.10%	504,995	Scottish Borders	2.10%	£504,995
Dumfries & Galloway	2.98%	715,064	Dumfries and Galloway	2.98%	£715,064
Fife	6.81%	1,633,388	Fife	6.81%	£1,633,388
Forth Valley	5.42%	1,300,645	Clackmannanshire and Stirling	2.55%	£612,106
			Falkirk	2.87%	£688,539
Grampian	9.87%	2,369,417	Aberdeen City	3.92%	£940,806
			Aberdeenshire	4.23%	£1,015,383
			Moray	1.72%	£413,228
Greater Glasgow & Clyde	22.34%	5,360,986	East Dunbartonshire	1.82%	£435,875
			East Renfrewshire	1.56%	£374,545
			Glasgow City	12.09%	£2,900,720
			Inverclyde	1.65%	£395,968
			Renfrewshire	3.40%	£814,917
			West Dunbartonshire	1.83%	£438,960
Highland	6.44%	1,546,166	Argyll and Bute	1.85%	£444,835
			Highland	4.59%	£1,101,332
Lanarkshire	12.35%	2,963,402	North Lanarkshire	6.43%	£1,542,000
			South Lanarkshire	5.92%	£1,421,401
Lothian	14.80%	3,553,033	East Lothian	1.83%	£440,294
			Edinburgh	8.32%	£1,996,810
			Midlothian	1.57%	£377,825
			West Lothian	3.08%	£738,104

Orkney	0.48%	115,805	Orkney Islands	0.48%	£115,805
Shetland	0.49%	117,615	Shetland Islands	0.49%	£117,615
Tayside	7.85%	1,883,576	Angus	2.15%	£517,182
			Dundee City	2.96%	£711,069
			Perth and Kinross	2.73%	£655,325
Western Isles	0.66%	157,712	Eilean Siar (Western Isles)	0.66%	£157,712

Allocations by Territorial Board – 2021/2022 £32 million		
NHS Board	**Target Share**	**NRAC Share**
NHS Ayrshire and Arran	7.409%	£2,370,927
NHS Borders	2.104%	£673,327
NHS Dumfries and Galloway	2.979%	£953,418
NHS Fife	6.806%	£2,177,851
NHS Forth Valley	5.419%	£1,734,193
NHS Grampian	9.873%	£3,159,222
NHS Greater Glasgow & Clyde	22.337%	£7,147,981
NHS Highland	6.442%	£2,061,555
NHS Lanarkshire	12.348%	£3,951,202
NHS Lothian	14.804%	£4,737,378
NHS Orkney	0.483%	£154,407
NHS Shetland	0.490%	£156,821
NHS Tayside	7.848%	£2,511,435
NHS Western Isles	0.657%	£210,283

Breakdown of estimated allocation per IJB - 2021/2022 £32 Million					
NHS Board	**NRAC Share %**	**NRAC Share £**	**HSCP Name**	**HSCP NRAC Share %**	**NRAC Share £**
Ayrshire & Arran	7.41%	2,370,927	East Ayrshire	2.43%	£777,747
			North Ayrshire	2.72%	£871,383
			South Ayrshire	2.26%	£721,797
Borders	2.10%	673,327	Scottish Borders	2.10%	£673,327
Dumfries & Galloway	2.98%	953,418	Dumfries and Galloway	2.98%	£953,418
Fife	6.81%	2,177,851	Fife	6.81%	£2,177,851
Forth Valley	5.42%	1,734,193	Clackmannanshire and Stirling	2.55%	£816,141
			Falkirk	2.87%	£918,051
Grampian	9.87%	3,159,222	Aberdeen City	3.92%	£1,254,408
			Aberdeenshire	4.23%	£1,353,844
			Moray	1.72%	£550,970
Greater Glasgow &	22.34%	7,147,981	East Dunbartonshire	1.82%	£581,167

Clyde					
			East Renfrewshire	1.56%	£499,394
			Glasgow City	12.09%	£3,867,627
			Inverclyde	1.65%	£527,957
			Renfrewshire	3.40%	£1,086,555
			West Dunbartonshire	1.83%	£585,280
Highland	6.44%	2,061,555	Argyll and Bute	1.85%	£593,113
			Highland	4.59%	£1,468,442
Lanarkshire	12.35%	3,951,202	North Lanarkshire	6.43%	£2,056,001
			South Lanarkshire	5.92%	£1,895,202
Lothian	14.80%	4,737,378	East Lothian	1.83%	£587,059
			Edinburgh	8.32%	£2,662,414
			Midlothian	1.57%	£503,767
			West Lothian	3.08%	£984,138
Orkney	0.48%	154,407	Orkney Islands	0.48%	£154,407
Shetland	0.49%	156,821	Shetland Islands	0.49%	£156,821
Tayside	7.85%	2,511,435	Angus	2.15%	£689,576
			Dundee City	2.96%	£948,093
			Perth and Kinross	2.73%	£873,766
Western Isles	0.66%	210,283	Eilean Siar (Western Isles)	0.63%	£210,283

ANNEX D

ACTION 15 - OUTLINE 2018-19 INTEGRATION AUTHORITY FINANCIAL REPORTING TEMPLATE, DUE FOR RETURN BY SEPTEMBER 2018

IA area

Summary of agreed spending breakdown for 2018-19 with anticipated monthly phasing

Actual spending to date against profile, by month

Remaining spend to end 2018-19, by month

Projected under/ over spend by end 2018-19

Is it expected that the full second tranche will be required in 2018-19?

Please return to:

Pat McAuley
3ER, St Andrew's House, Regent Road, Edinburgh EH1 3DG

Or by email to:
Pat.McAuley@gov.scot

Ayrshire and Arran
Proposal for Action 15 of the Mental Health Strategy

Version 0.2

Background

The three Health and Social Care Partnerships, North, South and East Ayrshire are working together to develop and implement a Pan-Ayrshire Mental Health Strategy that will deliver on the actions and aspirations outlined in the Scottish Mental Health Strategy 2017-2027. (See Appendix One for timeline for this.)

Strategic context

Lead Partnership arrangements

Each Health and Social Care Partnership (East, South & North) leads on a different Ayrshire wide area of health and social care.

North Ayrshire has the lead responsibility for inpatient and pan Ayrshire Specialist Services as well as North Community Mental Health Services. This includes responsibility for delivery of inpatient services at the newly developed Woodland View community hospital in Irvine and Learning disability acute assessment services at Arrol Park in Ayr, delivery of elderly mental health wards at the Ailsa hospital site in Ayr, Crisis resolution services, Psychiatric liaison services, CAMHS and Eating disorders services, forensic services, psychiatric medical services and Psychology services.

East, North and South Ayrshire each have responsibility for adult community mental health services in their respective areas.

In Ayrshire and Arran a significant programme of change and transformation was launched in 2015 with the establishment of a Pan Ayrshire mental health change and strategy programme board to ensure delivery of key strategic objectives in relation to improving mental health and wellbeing across the whole system in alignment with national strategy and local health and social care partnership strategic plans.

The aim of all change programmes and tests of change has been to align and integrate services, extending capacity to provide appropriate prevention and early intervention services within community settings, enhancing pathways for service users across community and hospital services.

A Pan Ayrshire Mental Health strategy Engagement team is currently working together to develop a Pan Ayrshire Mental Health Strategy. This is currently in development and engagement stage and is required in order to ensure both consistent and coherent alignment with the principles and vision of the national mental health strategy in the context of Ayrshire and Arran. This will also

ensure that the significant programme of Transformational change and new ways of working are delivered and embedded. This will enable the development of an overarching strategic framework to set the context and future vision for mental health services across three health and social care partnerships enabling the development of locality partnership driven mental health strategies tailored to population needs.

Action 15-Enabling Local Implementation

Funding from the Mental Health Innovation Fund, CAMHS and Psychological therapies allocation and the Primary Care Transformation Fund to date has allowed various 'tests of change' to take place.

These include;

- Police Triage Pathway linking to the crisis resolution team (CRT)
- Community link workers and mental health practitioners in GP practices
- The intensive support team (IST) for CAMHS
- Development of MDT approaches, membership and roles wrapping services around GP practices
- cCBT roll out and implementation in Primary care
- Neurodevelopment diagnosis pathway via multidisciplinary working
- Increasing access to psychological therapies and new ways or working

Action 15 monies will enhance and enable earlier implementation of key work in primary care which will dovetail with current Pan Ayrshire redesign of Primary and Community based Mental Health Services.

Proposals for spend 2018-2021

Financial Plan

The budget communication issued to Health Boards outlining core areas of investment, including Mental Health, was very specific in relation to the additional funding and investment being provided for Mental Health services on the basis that it is investment in addition to a real terms increase in existing expenditure. The plan sets out the development areas which all reflect additionality in investment in these services.

The financial impact of each of the areas of investment is summarised below:

	Year 1 2018-19	Year 2 2019-20	Year 3 2020-21	Year 4 2021-22
Crisis Response Team	£201,000	£402,000	£402,000	£402,000
Prison Healthcare	£133,000	£266,000	£266,000	£266,000
Forensic Inpatient Services	£25,000	£50,000	£50,000	£50,000
Primary Care	£211,500	£786,061	£786,061	£786,061
To be determined	£0	£0	£274,135	£866,866
TOTAL	**£570,500**	**£1,504,061**	**£1,778,196**	**£2,370,927**

The plan will be monitored throughout the year and the funding requirements may change as service developments are progressed. The financial plan is informed by a realistic assessment of timescales for implementation and takes advantage of the pragmatic approach taken by Scottish Government in relation to the flexibility and protection for the additional investment and therefore will require unallocated funding from Year 1 to be allocated in Year 2, as illustrated below.

	Year 1 2018-19	Year 2 2019-20	Year 3 2020-21	Year 4 2021-22
Funding Allocation	£815,006	£1,259,555	£1,778,196	£2,370,927
Financial Plan	£570,500	£1,504,061	£1,778,196	£2,370,927
Difference	£244,506	-£244,506	£0	£0

The three Ayrshire HSCPs are working together to implement the Mental Health Strategy. The indicative split of the proposed investment programmes identified in terms of the financial investment in each of the Ayrshire and Arran Health and Social Care Partnerships is noted below using the NRAC formula * .

	Year 1 2018-19			
	Total	**North**	**East**	**South**
Crisis Response Team	£201,000	£73,873	£65,935	£61,192
Prison Healthcare	£133,000	£48,881	£43,629	£40,490
Forensic Inpatient Services	£25,000	£9,188	£8,201	£7,611
Primary Care	£211,500	£77,733	£69,379	£64,388
TOTAL	**£570,500**	**£209,675**	**£187,144**	**£173,681**

	Year 2 2019-20			
	Total	**North**	**East**	**South**
Crisis Response Team	£402,000	£147,746	£131,870	£122,384
Prison Healthcare	£266,000	£97,763	£87,257	£80,980
Forensic Inpatient Services	£50,000	£18,376	£16,402	£15,222
Primary Care	£786,061	£288,899	£257,856	£239,306
TOTAL	**£1,504,061**	**£552,784**	**£493,385**	**£457,892**

* NHSScotland Resource Allocation Committee (NRAC) formula. The Formula calculates target shares (percentages) for each NHS Board based on a weighted capitation approach that starts with the number of people resident in each NHS Board area. The formula then makes adjustments for the age/sex profile of the NHS Board population, their additional needs based on morbidity and life circumstances (including deprivation) and the excess costs of providing services in different geographical areas.

Action 15 of the Mental Health Strategy-Planning and funding from 2018/2022

Allocation	**£815,000**	**2018/2019**
	£1,259,055	**2019/2020**
	£1,778,196	**2020/2021**
	£2,370,927	**2021/2022**

<table>
<tr><td>Year 1 Allocation £815,000</td><td colspan="3">CRT/ Police triage pathway
• Well-developed business case with proven outcomes. Targets key area of priority namely Emergency departments and Police.
• Delivers to whole life span</td></tr>
<tr><td>Area and Strategic fit</td><td>Staffing Requirements/Costs</td><td>Consultation/local plans</td><td>Contribution to Local Improvements-impact on Action 15 priorities</td></tr>
<tr><td>CRT/ Police triage pathway

(ED, Police, GP out of hours)</td><td>Current Staffing Budget = £1,207,528 (required uplift = £401,817)
Total Staffing Budget Required = £1,609,345
<table>
<tr><th>Banding</th><th>Cost per WTE</th><th>Current WTE</th><th>Proposed WTE</th></tr>
<tr><td>Band 7</td><td>£62,153</td><td>2</td><td>2</td></tr>
<tr><td>Band 6</td><td>£51,885</td><td>8</td><td>20</td></tr>
<tr><td>Band 5</td><td>£41,898</td><td>13.85</td><td>8</td></tr>
<tr><td>Admin Support</td><td>£24,300</td><td>0</td><td>1</td></tr>
<tr><td colspan="3">Total uplift</td><td>£401,817</td></tr>
</table>
The assumption has been made with the above table that a large proportion of the extra staff will come from the current pool as development opportunities given the specialist nature of the role. This has been acknowledged by HR.</td><td>SPOG Meeting April 9th- There was support for the model and agreement that should funding be available that it should be prioritised for expansion for the police pathway.

A letter of support received from Police Scotland, Pam Milliken (Head of Primary Care) and the Unscheduled care programme.</td><td>• Getting the right support to patients at the right time
• Prevention of unnecessary attendances at Emergency Departments.
• Free up police time
• Allowing patients access to treatment in their own homes
• Avoidance of criminalising people in distress

• Appropriate mental health professionals are accessible in Emergency Departments and through other out-of-hours crisis services.</td></tr>
</table>

<table>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td>Year 1</td><td colspan="3">Prison Healthcare
• Identified as a risk through inspections and specified in Action 15 as a high priority,</td></tr>
<tr><td>HMP Kilmarnock (Prison)</td><td>One clinical Psychologist, 1 Occupational therapist, 1 Speech and Language Therapist and 3 band 5 nurses

Funding requirement to reinstate support from break the silence still to be scoped.
<table><tr><th>Banding</th><th>Cost per WTE</th><th>Proposed WTE</th></tr><tr><td>Band 8a Clinical Psychologist</td><td>£57,563</td><td>1</td></tr><tr><td>Consultant Psychiatrist</td><td>£26,000</td><td>0.2</td></tr><tr><td>Band 5 MH Nurse</td><td>£41,898</td><td>3</td></tr><tr><td>Band 7 OT</td><td>£29,345</td><td>0.6</td></tr><tr><td>Speech and Language Therapist Band 7</td><td>£27,150</td><td>0.5</td></tr><tr><td>Total cost</td><td></td><td>£265,752</td></tr></table></td><td>Meeting: Tuesday June 5th
Present:
Janet Davies Professional Lead Psychological Services
Thelma Bowers Head of Mental Health
Ruth McMurdo Senior Manager Justice Health Care Services
Dawn Carson Forensic Psychiatrist
Nicola Fraser Planning Manager
James Gordon Charge Nurse
Margaret Young Charge Nurse

• Additional discussion with John Taylor Medical Director, David Thomson Associate Nurse Director and AHP lead for North Alistair Read and plans submitted.

Recommendation from mental welfare commission stating;
NHS Ayrshire and Arran managers should review the provision of Psychology and Psychological therapies for the prison population at HMP Kilmarnock</td><td>Healthcare in HMP Kilmarnock have had two inspections carried out by Her Majesty’s Inspectorate of Prisons for Scotland (HMIPS) since the transfer of responsibility from Scottish Prison Service to the NHS and three visits from the Mental Welfare Commission (MWC). Both the latest HMIPS inspection (2016) and the Mental Welfare Commission report (2018) highlighted the lack of Clinical Psychology and psychological interventions available to the population of HMP Kilmarnock. The HMIPS inspection also raised concerns regarding the lack of Occupational Therapy input and counselling support for individuals who have been victims of sexual abuse.

Improvement of services would allow safe and effective treatment to be accessed in a timely way.</td></tr>
<tr><td>Year 1</td><td colspan="3">Identified as a gap by the Low secure/Forensic Steering Group</td></tr>
</table>

<table>
<tr><td>Low secure/forensic inpatient service (Justice services)</td><td>Mental Health Officer/Social Worker

<table><tr><th>Banding</th><th>Cost per WTE</th><th>Proposed WTE</th></tr><tr><td>Grade 10</td><td>£46,503.53</td><td>1.0</td></tr></table></td><td>Consultation with Low secure and forensic inpatient and community teams as well as discussion at Forensic steering group including justice representation.</td><td></td></tr>
<tr><td>Year 1/2</td><td colspan="3">Aligned to the Primary Care Improvement Plan</td></tr>
<tr><td>Primary Care</td><td><table><tr><th>Banding</th><th>Cost per WTE</th><th>Proposed WTE</th><th>Cost</th></tr><tr><td>Band 6 MH Nurse</td><td>£42,660</td><td>18.5</td><td>£786,061</td></tr><tr><td>Total cost</td><td></td><td></td><td>£786,061</td></tr></table></td><td>From 2016 to present we have undertaken pilot work from community link worker investment to mental health practitioners. A
Pan Ayrshire primary care steering group met with agreement that each partnership would pilot models of mental health delivery in primary care in alignment with reviewing Primary Care Mental Health and CMHTs. The learning of this to inform a model of primary care for the future. Action 15 funding with allow consolidation and testing of models to ensure scale and pace for this high priority agenda
An approach has been financially modelled at B6 nurses /MHP in each practice equating to around £786,061 funding and a split to be allocated to each HSCP to implement the appropriate solutions to their areas.

Roles such as GPs with special interest can be developed to suit the needs of the clusters.</td><td></td></tr>
</table>

Governance

Action 15 proposals have been developed through a variety of Pan-Ayrshire meetings with oversight by Directors via the Strategic Planning and Operational Group. The pan Ayrshire Mental Health Planning and Strategy Board will have responsibility for operational implementation on behalf of the Ayrshire IJBs. Alignment will be developed with the Primary Care Improvement Plan. Engagement with professional, clinical and staff governance groups will take place as plans develop to ensure support.

Monitoring and Evaluation

A clear monitoring and evaluation framework will be developed which identifies the following and reports to the governance structures. Governance will be developed to align to the Primary Care Improvement Plan.

- Benefits realization
- Outcomes
- Indicators
- Qualitative feedback for service users, carers and communities

Appendix One

Mental Health Strategy Engagement
High Level Milestones

Dates	Meeting	Comment
20 March 2018	Mental Health Programme Board	• MH Strategy Engagement Proposal
30 March 2018	Propose names for Pan-Ayrshire Strategy Development Team	• Partners suggest names
April/May 2018	Pan-Ayrshire Strategy Development Team meetings	• Develop events and questionnaire
15 May 2018	Mental Health Programme Board	• Report findings from Pan-Ayrshire Strategy Development Team
20 May 2018	Consultation opens	• Open Consultation online
June 2018	Public Events	• Hold events
15 July 2018	Consultation Close	• Close consultation
16 July 2018	Evaluate feedback	• Evaluate feedback
24 July 2018	Mental Health Programme Board	• Present feedback to Board
End August 2018	Stakeholder Consultation Findings Event	• Present findings to local Stakeholders
August/September	North and East consultation events	• Feedback from consultation events will be analysed by 14 September. This will include engagement with children and young people.
18 September 2018	Mental Health Programme Board	• Report back to Programme Board
10 October 2018	Pan Ayrshire Mental Health Engagement Event	• Ayrshire's mental health conversation
December 2018	Mental Health Strategy - Pan Ayrshire	• Final document

The pan-Ayrshire Mental Health Strategy will be completed by December 2018 which will enable strategic links to the national ambitions and further consolidation of specific action 15 areas for further development and scoping as reflected in this high level plan.

DIRECTION

From North Ayrshire Integration Joint Board

1.	**Reference Number**	13092018-09	
2.	**Date Direction Issued by IJB**	13 September 2018	
3.	**Date Direction takes effect**	13 September 2018	
4.	**Direction to**	**North Ayrshire Council**	
		NHS Ayrshire & Arran	√
		Both	
5.	**Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)**	**Yes**	
		No	√
6.	**Functions covered by the direction**	Mental Health Services	
7.	**Full text of direction**	As part of the Mental Health Strategy 2017-2027 the Scottish Government made a commitment to provide funding to support the employment of additional mental health workers to improve access in key settings. Additional funding have been allocated by the Scottish Government for implementation. The North Ayrshire HSCP lead mental health services and have liaised with the other two HSCPs to develop a shared pan Ayrshire plan for investment. The investment agreed by the three IJBs and submitted to the Scottish Government is outlined in the Ayrshire and Arran Proposal for Action 15 of the Mental Health Strategy:. The areas for investment in 2018-19 being: • Crisis Response Team • Prison Healthcare • Forensic Inpatient Services • Primary Care The plan has been approved for 2018-19 and will be subject to further review in future years to reflect further increases in funding.	

8. **Budget allocated by Integration Joint Board to carry out direction**

The financial plan is summarised below:

	Year 1 2018-19	**Year 2 2019-20**	**Year 3 2020-21**	**Year 4 2021-22**
Crisis Response Team	£201,000	£402,000	£402,000	£402,000
Prison Healthcare	£133,000	£266,000	£266,000	£266,000
Forensic Inpatient Services	£25,000	£50,000	£50,000	£50,000
Primary Care	£211,500	£786,061	£786,061	£786,061
To be determined	£0	£0	£274,135	£866,866
TOTAL	**£570,500**	**£1,504,061**	**£1,778,196**	**£2,370,927**

The plan will be monitored against during the year and the funding requirements may change as service developments are progressed. The financial plan is informed by a realistic assessment of timescales for implementation and takes advantage of the pragmatic approach taken by Scottish Government in relation to the flexibility and protection for the additional investment and therefore will require unallocated funding from Year 1 to be allocated in Year 2, as illustrated below.

	Year 1 2018-19	**Year 2 2019-20**	**Year 3 2020-21**	**Year 4 2021-22**
Funding Allocation	£815,006	£1,259,555	£1,778,196	£2,370,927
Financial Plan	£570,500	£1,504,061	£1,778,196	£2,370,927
Difference	£244,506	-£244,506	£0	£0

9.	**Performance Monitoring Arrangements**	The Plan will be monitored throughout the year and the funding requirements may change as service developments are progressed. The funding is noted to be earmarked recurring funding and the Health Board will require to earmark the funding aligned to the plan and as required liaise with the Scottish Government re the re-provision of any unspent allocation in future years.
10.	**Date of Review of Direction (if applicable)**	1 April 2019

North Integrated Joint Board
13 September 2018

Subject:	**Progress update on the Implementation of the Review of Psychological Services**
Purpose:	To provide an update on the progress of the implementation of the review of pan-Ayrshire Psychological Services
Recommendation:	IJB to approve recommended work plan

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CAMHS	Child and Adolescent Mental Health Services
PS	Psychological Service
MHS	Mental Health Services
SG	Scottish Government
AMH	Adult Mental Health
V1P	Veterans First Point
CCBT	Computerised Cognitive Behavioural Therapy

1.	**EXECUTIVE SUMMARY**
1.1	A review of Psychological Services (PS) was undertaken as part of the whole Mental Health Services (MHS) review. As with many aspects of health and social care, increasing demand, demographic changes, workforce profile and funding challenges are placing considerable strain on the service. Some of the services are provided by single or small numbers of clinicians and parts of the service are struggling to maintain the waiting times standard. Even where waiting times standards are being met, there is recognised unmet need.
1.2	The development of the Health and Social Care Partnership (HSCP) and the whole MHS review created the opportunity to review the function and delivery of PS in order to better deliver outcomes including the waiting times standard and building capacity for psychological work in the wider workforce.
1.3	The findings and recommendations of the review were presented to the North, East and South Integrated Joint Boards (IJBs) between November 2017 and February 2018. All three IJBs approved the findings and recommendations and this paper is intended to update on the progress of the implementation of these recommendations.

1.4	The aims of the PS review were to: • Ensure service users are placed at the heart of service delivery • Improve waiting time performance in some parts of the service • Improve efficiency across the service, including the ability to deliver savings to be re-invested in identified priority areas including the development of low intensity psychological provision • Maximise the impact of the service through, for example, development of the wider workforce in providing psychological interventions and treatments • Improve equity and flexibility of service provision in line with a pan-Ayrshire specialist service
1.5	The review identified many strengths of the service including its pan-Ayrshire professional lead structure, reputation, and ability to recruit and retain staff. Stakeholder and service user feedback highlighted a quality service where the expertise was valued by staff and service users. There were examples of effective service delivery involving flexible, collaborative working across psychological specialties and within multi-professional teams. In many parts of the service, waiting times standards were being met and the provision of training, supervision and consultancy to colleagues was increasing delivery of psychological interventions and therapies by the wider workforce. However, in parts of the service, the review highlighted high waiting times and a need for shared agreement on role clarity and collaborative team working.
2.	**BACKGROUND**
2.1	PS is a pan-Ayrshire specialist service comprising a professional skill-mix of Psychologists, Psychological Therapists and Graduate Assistant Psychologists (approximately seventy plus whole time equivalents). The service provides specialist psychological assessment and treatment to all ages of the population from birth (neonatal unit) to death (palliative care psychology). Services are provided in both acute and mental health settings. Training, supervision and consultancy is provided to the wider health and social care workforce.
2.2	Currently, the PS provides input to: the children's services of Child and Adolescent Mental Health (CAMHS), Community Paediatrics and Medical Paediatrics; Adult Learning Disabilities; Adult Mental Health (AMH) Community and In-patient; Addictions; Forensic Community Mental Health and In-patient; Older Adult Community and In-patient, and; to the Acute Service through Neuropsychology and Clinical Health Psychology. Some of this service provision is new and is being piloted through fixed term Scottish Government funding aimed at increasing access to Psychological Therapies.
2.3	The majority of staff are embedded within their mental health clinical teams. The staff providing a service to the acute physical health teams are centrally located at Ayrshire Central Hospital.
2.4	The PS has undergone two previous reviews. The first review in 2010 was part of the development of the Directorate of a pan-Ayrshire MHS and integrated mental health teams. The second review in 2014 was in the context of integration and the development of the three Partnerships. Both reviews concluded that an area-wide structure with professional management and governance was the best model to organise and deliver a relatively small and specialist service across acute and MHS.

3.	**PROPOSALS**
3.1	As noted in the previous paper to the IJB's "Findings and Recommendations from Review of Pan-Ayrshire PS", key findings and proposals were: • In the case of some services it would be beneficial to further develop joint accountability for the functionality of the service alongside clinical accountability and governance through a professional leadership model. This practice is in place in some parts of the service and is associated with high levels of collaboration and good working relationships.
	• A pan-Ayrshire professional lead role to be developed further to provide strategic leadership for PS across the region and at a senior Partnership level. Lead roles for each broad specialty area are also to be developed and will have co-management responsibilities and accountability with the appropriate senior managers.
	• PS staff to be embedded in operational teams, with joint accountability resulting in more collaborative decisions on the balance of work of staff.
	• The review also highlighted the need for accessible performance management data for PS staff, as well as for wider Mental Health Senior Managers, to enable understanding of clinical activity and to ensure efficiency in the utilisation of staff time.
	• Recommendations of the review indicated that a whole Mental Health system approach is required for transformational change to occur and to ensure MHS, including Psychology and Psychological Therapy provision, is fit for the future.
	• In line with joint working, PS cannot make the required changes independent of the wider team in which they deliver. Development of new ways of working needs to be realised through Psychology's involvement in service re-design work being undertaken by services across the three Partnerships (e.g. review of the AMH community teams, review of the neurodevelopmental pathway and processes across CAMHS and Community Paediatrics). The new models of service provision will help clarify the remit of the service teams and the required roles of the multi-professional team staff. This work will shape the focus and balance of the work of the PS staff across functions of direct clinical activity for specialist assessment and treatment as well as the provision of training, supervision and consultancy to build capacity in the wider team staff. The latter is essential if all levels of psychological work are to be provided: psychologically informed, low intensity, high intensity and specialist level.
4.	**PROGRESS UPDATE**
4.1	**Psychological Service structure**
	Completed re-configuration of the senior level of clinical lead posts across the PS following a loss of posts through the review process, retirements and to financial savings. The Professional Lead post was appointed to in January 2018 and will be supported by two Heads of Specialty posts covering the broad service areas (Child and Adult Learning Disabilities; Adult and Physical Health). The Head of Child and Adult Learning Disability commences post in October 2018 and the Head of Adult and Physical Health post requires re-advert with an expected start date of end of year. Further re-configuration of senior staff posts, with job planning, has been completed to ensure all Psychological Specialties have a designated clinical lead.

4.2	**Communication of key findings and recommendations of the review with Managers**
	A series of meetings have been planned with appropriate Senior/Service Managers across the three Partnerships with a focus on joint responsibility and accountability for psychological work within the service teams. Key messages included: PS staff being integral to service re-design work; changes in their service provision being agreed in the context of the whole team re-design, and; the relatively small resource utilised appropriately at the specialist level (assessment, treatment, consultancy, training and supervision of wider workforce).
	PS staff are contributing to key re-design work being undertaken (e.g. North review of the Adult Community Service, East and South reviews of their Primary Care Mental Health Team service, area-wide CAMHS review of the processes and pathway of neuro-developmental assessment, area-wide pilot of new Psychology provision to the Addiction service).
4.3	**Communication of key findings and recommendations of the review with Professional Leads**
	This work has initially focused on Nursing, as the largest professional group, and is currently being extended to Allied Health Professionals. The focus of communications has been on how PS can best support the SG priority and local identified need to increase access to psychological therapies through skilling up the wider workforce. There is a need for a shared agreement with Professional Leads and Managers of Services (Team Leaders, Service/Senior Managers) on the priorities for the development of the wider workforce in their provision of psychological interventions. These priorities will be identified through service re-design work and will have an initial focus of developing psychologically informed work integral to generic roles to low intensity psychological interventions reportable through the SG HEAT standard for Psychological Therapies.
	Shared agreement will inform a strategic plan for training and supervision and will ensure that training leads to protected time for delivery of psychological work and that teams have clarity on the resource available for different levels of psychological work. For example, a recently appointed Clinical Psychologist to the pan-Ayrshire Addiction community teams completed a scoping and mapping exercise of psychological training undertaken by staff, current delivery, needs and gaps, and is now progressing the findings and recommendations through local delivery of training and supervision of staff, supported by the management team and Clinical Director.
4.4	**Service Re-design**
	In keeping with the recommendations of the PS review, Psychological provision will be reviewed through the wider re-design of service teams, in recognition that PS staff are fully integrated into service teams and deliver their service within the multi-disciplinary/agency context. The PS is an area-wide service and re-design work is being undertaken across all three Partnerships. This whole service team work is looking at new models of care, including new ways of working to meet the increased and changing demand, service gaps and role clarity for the different professional groups. As this re-design work clarifies the specific contribution the service team requires from the PS workforce, job plans and balance of activity between direct clinical work, training and supervision of others will be shaped as well as referral criteria. This collaborative approach has already been realised through the fixed term funded SG posts where Professional Leads and Managers agreed at the outset how these posts would be utilised to meet service priorities. Within this re-design work, PS staff are working on discrete pieces of work identified through the PS review such as

	reviewing record keeping protocols to improve efficiency in time allocated to non-direct clinical activity to increase available time to direct clinical work.
4.5	**Waiting times and Service Developments**
	Compliance with the SG HEAT standard for Psychological Therapies has increased from 77% March 2017 to 87% March 2018; the standard is 90% compliance. A contributing factor to this improved waiting time is the introduction of computerised Cognitive Behavioural Therapy (cCBT) in July 2017. This overall improvement in waiting times compliance masks areas of remaining high waits, including parts of AMH Community teams, neuro-developmental assessment within CAMHS and Community Paediatrics and parts of Clinical Health. Improving waiting times and associated service user experience and satisfaction is a priority for the service re-design work being undertaken.
	The cCBT pan-Ayrshire service is a collaboration between the Mental Health Service and Technology Enhanced Care and is professionally led by PS. The service has achieved 450 commencers against the target of 300 for the first year of operation. Fifty of the fifty five General Practice's have been trained and are able to refer and thirty five have referred at least one patient. Relative to national cCBT performance, Ayrshire and Arran is demonstrating among the highest rates of referral to the service, highest numbers commencing and completing the programme and lowest rates of suicidal alerts. This service development is in the early stage with opportunities to improve engagement with Primary Care and to roll-out from Primary Care to the wider Mental Health and Acute services.
	Similar success has been achieved by the pan-Ayrshire Veteran's First Point (V1P) service in its first year of operation. For example, this local V1P service has received the highest number of referrals relative to other V1P Services in Scotland and the service currently supports four hundred registered veterans. The success of the service was noted in Scottish Parliament and a motion was lodged congratulating V1P Ayrshire in its first year. Joint funding between SG and the three Partnerships has enabled an extension to this service until March 2020. Savings achieved through the PS review have contributed to this extended funding and to enhancing the Psychology Lead sessional commitment to the service to provide assessment and treatment as well as leading on the development, evaluation and sustainability of this service.
4.6	**Data systems**
	Through improved support from Business Intelligence/Objects to the NHS Care Partner team there is positive progress toward PS senior staff (as well as Managers of services) being able to access reports of clinical related activity. The negative impact of lack of accessible and accurate clinical activity on performance management and service re-design was a consistent finding across all MHS reviews. As Care Partner is the main data system for NHS clinical activity, all PS staff (including those working in Acute) are now moving to this electronic system and training sessions are being established regarding extracting reports.
	Benson Wintere, an external company, is working with the CAMHS service to pilot the development of a workforce planning data system. This pilot data system was initially focused on the demand and capacity data of PS staff working in pan-Ayrshire CAMHS and is now being developed for a whole CAMHS team (East).
4.7	**<u>Anticipated Outcomes</u>**

	• Enhancement of professional leadership support to the service and consolidation of joint operational management arrangements to improve service delivery. • Integrate PS staff into MHS re-design work to ensure psychological provision is scoped across the multi-disciplinary skill-mix and embedded into service models. Together with workforce planning, develop new ways of working to increase efficiency, improve access to psychological provision and service user experience and comply with national standards. • Clarity of the remit of service teams and the role of the PS staff and wider workforce in the provision of psychological assessment and treatment. • Development of a strategic plan for psychological training and supervision based on the needs of the teams with more explicit knowledge of what resource is available for delivery of the different levels of psychological work. • Improved access to clinical activity data to inform on demand capacity analyses and clinical outcomes.
4.8	**Measuring Impact**
	Impact will be monitored and measured through the Strategic Planning & Mental Health Change Programme Board and against SG HEAT standards and service user satisfaction.
5.	**IMPLICATIONS** PS re-design in alignment with wider MHS re-design. Workforce planning.

Financial:	Service re-design has been implemented within current financial resources. 2018/19 savings have been generated through re-configuration of the senior professional/clinical lead posts (approx 190,000). Some of the savings have been re-invested in the V1P Service to enable this service to be further developed and evaluated until March 2020. Other savings were intended for re-investment in identified priority areas where there is no/minimal established resource (e.g. Addictions, Older Adults, Low Intensity Psychological provision). The SG fixed term funding to increase access to Psychological Therapies has provided opportunity to pilot new developments in these identified priority areas. The funding for these posts ends March 2020 and there will be a need over the next year to identify which service developments are made permanent. Please see Appendix 1 for details.
Human Resources:	Human resource implications and organisational change process for the re-configuration of the senior professional/clinical lead posts – reduction of two Heads of Specialty posts from previous establishment of four. The organisational change process for the re-configuration of the senior level is complete.
Legal:	None
Equality:	Equality impact assessment has been completed.
Children and Young People	In alignment with Mental Health strategy of improving access to psychological therapies and focus on prevention and early intervention.
Environmental & Sustainability:	None

Key Priorities:	In alignment with the Partnership strategy and integration of services.
Risk Implications:	Reduction in the Head of Specialty posts from four to two has led to a loss of clinical capacity and expertise from the service. This loss is in addition to previous loss to financial savings. These losses have been part mitigated against through the development and re-configuration of other senior posts, through accessing external supervision from other Health Board areas, and through the fixed term additional SG funding. If some re-investment is not provided to identified priority areas in alignment with the original aim of the review, then there will be a loss of clinical capacity from across the services. Recently published ISD data shows an overall reduction in whole time equivalent resource to PS (approx 7 wte) since SG fixed term investment in 2016 and an expectation of an overall increase in resource. Some of this reduction is related to Maternity Leave and current vacancies but there is a reduction in overall established resource related to financial savings.
Community Benefits:	Not applicable

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	Ongoing consultation through the Mental Health Senior Management Team, Partnership Senior Management Team, Strategic Planning Operational Group, IJBs (North, East and South), Strategic Planning & Mental Health Change Programme Board, Area Psychology Professional Committee, and Acute (Paediatric) Clinical Directors and General Manager.
6.	**CONCLUSION**
6.1	A pan-Ayrshire and Arran Professional Lead role for PS was established in January 2018. This role will provide strategic leadership for PS across the region and at senior Partnership level. This post will be supported by two new Heads of Specialty: Child and Adult Learning Disabilities (post-holder commences in October 2018) and Adult and Physical Health (re-advertised August 2018). Further re-configuration of senior posts has been completed. Where possible, all PS staff are integrated into their operational teams. Shared management and accountability with senior managers has been implemented and will result in more collaborative decisions on the focus and balance of work of staff and the utilisation of available resource in the context of new service models and ways of working.

Milestone	Completion date	Status
Psychological Service Restructuring	Dec 2018	In progress
Establish joint accountability for functionality of the service	Oct 2018	Complete

Develop priorities and sustainability plan for SG/NES fixed term funded posts	Oct 2019	In progress
Achieve waiting times standard compliance (90%)	Ongoing	In progress
Develop a strategic plan for Psychological training and supervision	April 2019	In progress
Develop a sustainability plan for Veterans First Point	Oct 2019	Not started
Evaluation and development of cCBT	March 2019	In progress
Work with systems team to improve access to clinical activity data	Dec 2018	In progress
Test Benson Wintere Workforce Planning Model in CAMHS	Dec 2018	In progress

For more information please contact Janet Davies on 01294 323325 Janet.davies@aapct.scot.nhs.uk

APPENDIX 1

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89 Hydepark Street
Glasgow, G3 8BW

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www.nes.scot.nhs.uk

NHS Education for Scotland

To John Burns (Chief Executive Office)
Eddie Fraser, Iona Colvin & Tim Eltringham (Chief Officers Integrated Joint Boards)

CC Catherine Kyle (Head of Psychology Services), Carol Fisher (Psychological Therapies Lead), Tommy Stevenson (CAMHS Service Manager), Sharon Lindsay, Lesley Aird & Craig MacArthur (Finance Officers Integrated Joint Boards)

23rd June 2016

Dear Colleagues,

Re: Increasing the capacity within the Mental Health workforce to deliver evidence-based interventions: Monies available through NHS Education for Scotland (NES) for workforce development and training in Psychological Therapies and CAMHS.

Background

We are writing to advise you about workforce development funding that is available from NES to support services in meeting LDP access standards for Psychological Therapies and CAMHS. These resources are part of the wider package of £54 million of funding over four years announced by Nicola Sturgeon on 12th January 2016, and elaborated further in the Mental Health Funding letter from Penny Curtis dated 3rd March 2016. (Both communications are attached for reference.)

In summary, the funding made available will support:

- The delivery of a Mental Health Access Improvement Support programme through Health Improvement Scotland (£4.8 million)
- A direct allocation to NHS Boards to increase capacity to deliver services to meet the LDP standards (£24.7 million)
- Enhanced supply and training of the Mental Health workforce to increase access to evidence-based interventions in Psychological Therapies and CAMHS, delivered through NHS Education for Scotland. (£24.6 million)

This letter focuses solely on the £24.6 million available through NES.

The targeting of the NES funding has been agreed with the Mental Health and Protection of Rights Division in line with Scottish Government priority areas, and the monies are to be employed as specified in the attached table. An outline of this was discussed with stakeholders from across Scotland at a meeting convened by Scottish Government on 5th May 2016. Staff from your board in Psychological Therapies and CAMHS were invited.

Healthy Working Lives

Positive About Disabled People

The NES Offer

We are offering to provide funding to support boards in a number of areas including recruitment to service posts and trainee posts as well as service backfill to enable release of staff for specific training. We will also continue to offer a range of training and education to your staff. These resources are being offered as part of a strategic plan to help increase the capacity of the workforce to deliver evidence based interventions in Psychological Therapies and CAMHS, and in order to ensure maximum impact we will seek some assurances and feedback from NHS Boards over the use of the monies. Monitoring arrangements will be agreed. This will include monitoring the growth of the workforce from the current baseline, and the wider impact on services including clinical outcomes.

In the attached table the indicative offer with relevant requirements is outlined.

I would be grateful if you would nominate a lead for Psychological Therapies and a lead for CAMHS from your Board area who could take responsibility for developing the plan and authorising the agreement with NES.

As the funding is available in financial year 2016/17 we would be grateful to hear back from you by Thursday 30th June with the name of the relevant leads so early dialogue can begin. We attach a template for developing the plan which your nominees may find helpful, and we would encourage them to complete a first draft of the plan as a prelude to discussions.

In summary

- The attached template details the NES offer of funding to support Boards/IJBs in meeting LDP Access Standards for PTs and CAMHS.
- NES is seeking assurances regarding the spending of the monies, and requests NHS Boards to complete the attached template as a prelude to discussions to clarify the final agreement.

  Deadline for first draft of the template –Thursday 30th June

- NES requests that Boards nominate a lead for PTs and a lead for CAMHS who will work with NES to develop the local plan for the use of the monies, and authorise the final agreement

  Deadline for nominations - Thursday 30th June

If you require further clarification, or would like to discuss the contents of this letter, please do not hesitate to contact us.

Yours sincerely

Judy Thomson

Director of Training for Psychology services

Geraldine Bienkowski

Associate Director (Psychology)

Attachments

Table/Template: Offer to NHS Boards – Assurances Required – NHS Board Proposal
First Minister's Announcement
Letter from Penny Curtis

3rd Floor, 2 Central Quay
89 Hydepark Street
Glasgow, G3 8BW

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NHS Education for Scotland

To John Burns (Chief Executive Office)

CC Catherine Kyle (Head of Psychology Services NHS Ayrshire & Arran), Thelma Bowers (Head of Service – Mental Health)

9th September 2016

Dear Colleagues,

Re: Increasing the capacity within the Mental Health workforce to deliver evidence-based interventions: Monies available through NHS Education for Scotland (NES) for workforce development and training in Psychological Therapies and CAMHS.

Following on from our virtual meeting in August, we would like to confirm the funding arrangements discussed for 2016/17 and 2017/18. It is expected that this funding will continue to 2019/20, subject to review of progress in September/October 2017.

Clinical Psychology Posts – Older People's Services	**2016/17**	**£41,923**
	2017/18	**£83,079**

- NES funding contributes to the employment of 1.5wte Band 8a Clinical Psychologist as per proposal (attached)

MSc Applied Psychology in Primary Care (CAAP/other relevant roles)	**2016/17**	**£22,990**
	2017/18	**£58,049**

- Employment of 3.0wte Band 7 CAAPs by 2019 as per proposal (attached)

Early Psychological Intervention Practice Support Children's Services	**2016/17**	**£9,534**
	2017/18	**£25,183**

- Contribute the employment of 0.5wte Band 8b Clinical Psychologist as per proposal (attached)

Healthy Working Lives

Positive About Disabled People

Other elements including the increase in delivery capacity via existing SLAs

The additional funding available for Psychological Therapies Training Coordinators will be managed via the Existing SLA and Purchase Order already in place. The value for this will be increased accordingly and a revised PO sent to the relevant HB contact.

Monitoring Progress

NES will also be tracking progress through the LDP Access Standard submissions and the LDP Workforce data for CAMHS, psychological Therapies and Psychology. In addition, we will work with you to ensure data is collected on delivery of training, supervision and coaching. We will arrange to meet again in September/October 2017 to review progress.

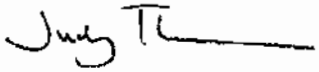
Invoicing Details

A purchase order will be raised for this work and sent out to you shortly. Please quote this number on all invoicing and invoice on or after the delivery dates on the Purchase Order. Invoicing should be broken out in to the subcategories as per the Purchase Order. Please note that although some of the funding relates to posts, we do not want to be invoiced for actual costs, just the set amounts on the purchase order.

Thanks very much for your constructive engagement with us.

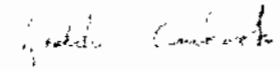
Yours sincerely

Judy Thomson



Director of Training for Psychology services

Geraldine Bienkowski



Associate Director (Psychology)

Attachments

HB Proposal

Government Funded - Posts

POSTS	WTE	Band	Service
Clinical Psychologist	*1.0*	*8a*	*Older Adults/In Patient*
Clinical Psychologist	*1.0*	*8a*	*CAMHS*
Clinical Psychologist	*1.0*	*8a*	*Child/Community Paediatrics*
Clinical Psychologist	*1.0*	*8b*	*Addictions*
Clinical Psychologist	*1.0*	*8a*	*Adult Mental Health CMHT - East*
Clinical Psychologist	*0.6 vacant*	*8a*	*Adult Mental Health CMHT- North*

NES Funded - Posts

POSTS	WTE	Band	Service
Clinical Psychologist	*1.0*	*8a*	*Older Adults/General Medicine*
Clinical Psychologist	*0.5 Vacant*	*8a*	*Older Adults*
Clinical Psychologist	*0.5*	*8b*	*CAMHS/Early Intervention*
Clinical Associate in Applied Psychology	*1.0*	*B7*	*Adult Mental Health PCMHT - North*
Clinical Associate in Applied Psychology	*1.0*	*B7*	*Adult Mental Health PCMHT, East*
Clinical Associate in Applied Psychology-- [redacted]	*1.0*	*B7*	*DETAILS TBC*

Integration Joint Board
13th September 2018

Subject:	**Mental Welfare Commission Themed Visit to people with dementia in Community Hospitals**
Purpose:	To provide an update as to the feedback from the Mental Welfare Commission (MWC) on their announced inspection visits to people with dementia in community hospitals, highlighting areas of good practice noted and recommendations made for areas of required improvement.
Recommendation:	Integrated Joint Board (IJB) members to please note the content of the report and consider the implementation of the supporting action plan which has been developed in response to the recommendations of the above noted report.

Glossary of Terms	
AWI	Adults with Incapacity
IJB	Integration Joint Board
HSCP	Health & Social Care Partnership
MWC	Mental Welfare Commission
NHSAA	NHS Ayrshire & Arran

1.	**EXECUTIVE SUMMARY**
1.1	In May 2018 the MWC for Scotland published the "Visiting and monitoring report: Themed Visit to people with dementia in community hospitals" (Appendix 1). The report provides a picture of the experience of patients and carers in community hospitals across Scotland and contains twelve recommendations for IJB's around improving the care provided within community hospitals, whilst also highlighting areas of good practice.
1.2	Community Hospital Ward Environments: Although ward environments visited were generally found to be clean and in good decorative order, the findings of the report were that more work could be done to make environments more dementia friendly. Furthermore, although there was a strong focus on physical rehabilitation within ward environments, the overall picture was of very limited meaningful and stimulating activity for people with dementia. Wards areas that had access to specialist dementia services and/or a dementia champion were found to display clear benefits in terms of supporting the development of good practice in dementia care.

1.3	Patient/Relative Care, Support and Involvement: Findings of the report indicate that carers and relatives generally felt positive about their relative's care and people with dementia also generally described staff as being warm, caring and accessible. It was nevertheless felt that there is scope for carers and relatives to be more proactively involved in decisions about care and treatment and for clearer signposting to carer support and advocacy services. Furthermore, although improvements were noted in the appropriate application of the Adults with Incapacity (AWI) Act to protect patient rights, staff were found to be generally unfamiliar with incapacity and mental health legislation.
1.4	Care and Discharge Planning: Care plans were found to focus on meeting physical health needs, with limited evidence of care planning for stress/distressed behaviour and a general noted lack of individualised, strengths based, care planning approaches. Concern was also highlighted that less than half of patients prescribed "as required" medication for agitation did not have a care plan for the use of this medication. Patients with dementia were also found to often be delayed in hospital unnecessarily due to difficulties with organising/re-initiating home care support as part of the discharge planning process.
2.	**BACKGROUND**
2.1	There has been a policy focus, within the three Scottish Dementia Strategies since 2010, on improving care for people with dementia in general hospital settings. However, although general hospital settings are regularly subject to announced and un-announced inspection reports, this is the first time the MWC has visited community hospitals to specifically look at the care and treatment of people with dementia.
2.2	Between June and September 2017, inspectors visited 287 people with dementia, or who were being assessed for dementia, in 78 wards, in 56 community hospitals across Scotland. They also heard from 104 family carers. The following community hospitals within NHS Ayrshire and Arran were visited as part of the Scotland wide inspection process: Arran War Memorial Hospital Biggart Hospital (Lindsay, McMillan and Urquhart) East Ayrshire Community Hospital (Burnock and Roseburn) Girvan Community Hospital Lady Margaret Hospital, Millport
3.	**PROPOSALS**
3.1	In line with the recommendations of the MWC report, it is proposed that all IJBs should ensure that: 1. Wards use a dementia design audit tool every two years and take appropriate actions to make ward environments as dementia-friendly as possible.
	2. Staff use the Equal Partners in Care (EPiC) framework and encourage and enable carers to be involved in their relative's care and to work in partnership with staff, and that carers are given appropriate information as soon as possible after admission.

	3.	Staff use care planning systems which include a focus on supporting patients' needs in relation to their dementia. These should be based on personal life story information.
	4.	Medication should be used as a last, not first, resort in the management of stressed and distressed behaviours: • There should be a specific care plan detailing the non-pharmacological interventions to be used, informed by input from specialist psychiatric services (dementia nurse consultants, liaison nurses or psychiatrists) when required. • When a patient is prescribed medication 'if required' for agitation, there should be a clear care plan detailing when and how the medication should be used, and this should be regularly evaluated and reviewed. • People with dementia on multiple psychotropic medications should be prioritised for multi-disciplinary review, including pharmacy, to ensure that continued use is appropriate.
	5.	Where the use of electronic location devices is considered, there are protocols, including individual risk assessments and consultation with relatives/carers and attorneys and guardians; which should follow the Commission's good practice guidance, *Decisions about technology*.
	6.	Whenever the use of any form of restraint (for example bedrails) is being considered, staff complete an appropriate risk assessment, the need for restraint is kept under review, and the principles in the Commission's good practice guidance, *Rights, risks and limits to freedom*, are applied.
	7.	The service plan for each community hospital includes a focus on developing activity provision, and on encouraging input from local communities, in wards.
	8.	Staff provide patients with information about the reasons for being in hospital, and about their treatment, as often as is necessary, and that information given verbally is supplemented by information in other formats.
	9.	Staff are proactive in helping patients access independent advocacy services and any barriers to access are addressed.
	10.	Health service managers give priority to ensuring: • that all non-clinical staff attain the knowledge and skills at the Informed level of the Promoting Excellence framework. • that all clinical staff attain the knowledge and skills at the Skilled level of Promoting Excellence using the NES national 'Dementia Skilled - Improving Practice' resource. • that all wards in community hospitals are able to access support from staff at the Enhanced level, including dementia champions, and from staff operating at the Expertise level of Promoting Excellence. • that clinical staff have appropriate training on the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003.
	11.	There is appropriate and timely input available from specialist dementia services and other specialisms such as pharmacy, into community hospitals.

	12. Local arrangements for cancelling home support packages when a patient is admitted to hospital are reviewed, with reference to the patient's likely duration of stay; and should consider developing flexible arrangements for restarting a package of care to enable patients to be discharged home quickly when they are ready to return home.
3.2	**Anticipated Outcomes**
	Please see anticipated outcomes as detailed in the attached action plan (Appendix 2)
3.3	**Measuring Impact**
	Please see proposed impact measures as detailed in the attached action plan (Appendix 2)
4.	**IMPLICATIONS**

Financial:	The requirement for a service plan to be developed for each community hospital which includes a focus on developing activity provision may have financial implications for IJBs.
Human Resources:	The requirement for a service plan to be developed for each community hospital which includes a focus on developing activity provision may have human resource implications for IJBs. Staff training needs highlighted as part of the recommendations of this report may also have human resource implications.
Legal:	The report highlighted that some patients appeared to be detained in hospital without legal authority (although it is important to highlight that this is a Scotland wide report and that this is not known to have been a local area of concern). Ensuring appropriate training in the use of the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003 is a key recommendation of the report for all IJBs.
Equality:	It is noted within the realms of this report that although physical care was good, dementia care was less of a focus-therefore not "equitable".
Children and Young People	Not applicable
Environmental & Sustainability:	Environmental issues in relation to poor dementia friendly design have been highlighted as a key area of concern within the inspection report. The report provides a recommendation for IJB's to ensure the use of dementia design audit tools and to take appropriate actions to make ward environments as dementia friendly as possible.
Key Priorities:	As identified within attached action plan (Appendix 2).
Risk Implications:	Failure to progress required actions may lead to reputational damage, greater scrutiny of services and more formal improvement notices. Importantly failure may contribute to poor patient/carer experience.
Community Benefits:	Improved support by meeting the requirements of the recommendations will promote improved health and wellbeing across the relevant demographic.

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	During the creation of the attached action plan (Appendix 2) there has been ongoing consultation with Clinical Nurse Managers from within the two sister Health and Social Care Partnerships (HSCP) within NHS Ayrshire and Arran (NHS A & A) (under the direction of local IJB Leads), Governance Support Services and the local Dementia Nurse Consultant, in order to ensure an appropriate Pan Ayrshire response/approach to the provision of feedback to the MWC (whilst allowing scope for local variation as required).
6.	**CONCLUSION**
6.1	The care and treatment provided is generally of a good standard and community hospitals and their staff are valued by patients and carers. However, much of the focus of care is focused around physical needs. A range of ways in which care and treatment and the environment could be improved to support the care needs of people with dementia have been identified.
6.2	It is suggested that the utilisation of the attached action plan (Appendix 2) will support all IJBs within NHS A & A to provide a Pan Ayrshire response/approach to identified recommendations from the report.

For more information please David Thomson on Tel. No. 01294 317806 or David.Thomson3@aapct.scot.nhs.uk

Integration Joint Board
13 September 2018

Subject:	**Strategic Planning Group - Review**
Purpose:	To inform IJB of the revised Terms of Reference for the Strategic Planning Group.
Recommendation:	The IJB are asked to appoint from within its voting membership, a Vice Chair of the Strategic Planning group and to approve the updated Terms of Reference for implementation

Glossary of Terms	
IJB	Integration Joint Board
SPG	Strategic Planning Group
ToR	Terms of Reference
LPFs	Locality Planning Forums
CPP	Community Planning Partnership

1.	**EXECUTIVE SUMMARY**
1.1	The Scheme of Integration requires Integration Joint Boards (IJB) to establish a Strategic Planning Group (SPG). North Ayrshire HSCP created its Strategic Planning Group in 2015 for the purposes of preparing the strategic commissioning plan (Strategic Plan 2015-18).
1.2	The launch of the new Strategic Plan (2018-2021) presented an opportunity to undertake a review of the SPG, its role, and purpose. As a result an updated Terms of Reference (ToR) was developed (attached at Appendix 1).
1.3	The role of the SPG was discussed on a number of occasions with SPG members to inform the review of the Terms of Reference. The updated document was presented to, and endorsed by the SPG at its meeting on 15th August 2018.
1.4	The revised ToR provides greater clarity on the role of SPG in preparing and monitoring the performance of the strategic plan, its relationship with Locality Planning Forums (LPFs) and the interface with Community Planning Partnership (CPP) arrangements.
2.	**BACKGROUND**
2.1	The Public Bodies (Joint Working) (Scotland) 2014 Act (Section 32) requires the North Ayrshire Integration Joint Board to establish a Strategic Planning Group to support the development and review of the Board's Strategic Plan (Strategic Commissioning Plan).
2.2	The SPG must have a broad ranging membership of key stakeholders including: • Health professionals • Social Care professionals

	• Third sector representatives • Independent sector representatives • Service user and carer representation • Trade union representation
2.3	The role of the strategic planning group is to support the development and monitoring implementation of the Partnership's strategic plan, ensuring that the integration delivery principles are met and adhered to.
2.4	The effect is to ensure a focus on integrated delivery, including consideration of the needs of different service users and different areas, the dignity of service users, the participation by service users in the community in which they live, protecting and improving the safety of service users, improving the quality of services local planning and leadership, the anticipation and prevention of need, and the effective use of resources.
3.	**PROPOSALS**
3.1	The revised terms of reference includes: • Role of SPG in preparing and monitoring performance towards delivery of the strategic plan • Inclusion of the integration delivery principles • Additional clarity on the role of chair • Membership and role and responsibility of members • Terms of office • Reporting to IJB • Locality Planning and interface with CPP Partnership arrangements.
3.2	The Terms of Reference now includes the role of Vice Chair to the SPG membership. As per section 4.4 of the Terms of Reference, the Vice Chair will be appointed from the voting membership of the IJB. The Vice Chair will be responsible for presiding over SPG meetings in the absence of the formal chair to ensure continuity of meetings.
3.3	**Anticipated Outcomes**
	The revised terms of reference will act as a refresher for SPG members as to the purpose and role of the SPG. It is anticipated that the revised ToR will embed a more formalised governance structure to the group, providing each member with information on what is expected of them during their tenure on the group. In turn, it is anticipated that SPGs influence on IJB in regards to strategic planning will strengthen with the IJB confident in the decisions it makes in relation to strategic planning and commissioning.
3.4	**Measuring Impact**
	The minute of SPG meetings will continue to be tabled at IJB meetings and a verbal update on progress provided by the IJB Vice Chair (Chair of SPG)
4.	**IMPLICATIONS**

Financial:	No financial implications
Human Resources:	No implications for HSCP staff

Legal:	The Public Bodies (Joint Working) (Scotland) 2014 Act (Section 32) requires the North Ayrshire Integration Joint Board to establish a Strategic Planning Group.
Equality:	No direct equality implications resulting from this paper. However, role of SPG in part is to ensure that due consideration is taken to the needs of those with protected characteristics in the development of any new service.
Children and Young People	The SPG will continue to consider the health and social care needs.
Environmental & Sustainability:	No environmental or sustainability implications.
Key Priorities:	It is the role of the SPG to oversee the implementation of the Strategic plan to ensure activity progresses towards the five strategic priorities.
Risk Implications:	Include any risk implications in this section.
Community Benefits:	Non applicable

Direction Required to Council, Health Board or Both *(where Directions are required please complete Directions Template)*	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	The review of the terms of reference was initiated by SPG members at the meeting on 6th June 2018 with a copy of the original ToR circulated. Members were offered the opportunity to feedback any comments. The reviewed ToR was presented to the SPG on 15th August 2018 and fully endorsed.
6.	**CONCLUSION**
6.1	Following the launch of the Partnership's new strategic plan 2018-21 in April 2018, a review of the Terms of Reference for the Strategic Planning Group was undertaken. The revised document offers greater clarity on the purpose of the SPG and on the roles and responsibilities of members. To ensure continuity of meetings in the absence of the chair, the IJB will appoint from its voting members a vice chair It is anticipated that the revised terms of reference will support the SPG to fulfil its purpose in informing the strategic direction of the Partnership and helping to influence the commissioning intentions of the Integration Joint Board.

For more information please contact Michelle Sutherland on 01294 317751 or MSutherland@north-ayrshire.gov.uk OR Scott Bryan on 01294 317747 or sbryan@north-ayrshire.gcsx.gov.uk

NORTH AYRSHIRE INTEGRATION JOINT BOARD

STRATEGIC PLANNING GROUP

TERMS OF REFERENCE

1	**Introduction**
1.1	The Public Bodies (Joint Working) (Scotland) 2014 Act (Section 32) requires the North Ayrshire Integration Joint Board to establish a Strategic Planning Group to support the development and review of the Board's Strategic Plan.
1.2	Integration Authorities are obliged to establish a Strategic Planning Group for the area covered by their Integration Scheme for the purposes of preparing the strategic commissioning plan for that area.
1.3	The group will be known as the North Ayrshire Strategic Planning Group (SPG).
2.	**Principles**
2.1	The integration delivery principles are: • that the main purpose of services which are provided to meet integration functions is to improve the wellbeing of service-users, ▪ that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible: is integrated from the point of view of service-users ▪ takes account of the particular needs of different service-users ▪ takes account of the particular needs of service-users in different parts of the area in which the service is being provided ▪ takes account of the particular characteristics and circumstances of different service-users ▪ respects the rights of service-users ▪ takes account of the dignity of service-users ▪ takes account of the participation by service-users in the community in which service-users live ▪ protects and improves the safety of service-users ▪ improves the quality of the service ▪ is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care) ▪ best anticipates needs and prevents them arising ▪ makes the best use of the available facilities, people and other resources
2.2	These integration delivery principles must be taken into account in the preparation of the strategic commissioning plan and in the actual carrying out of functions included in integration arrangements. The effect is to ensure a focus on integrated delivery, including consideration of the needs of different service users and different areas, the dignity of service users, the participation by service users in the community in which they live, protecting and improving the safety of service users, improving the quality of services local planning and

	leadership, the anticipation and prevention of need, and the effective use of resources. Consideration should be given to how adherence to these principles will be given effect in order to demonstrate effective implementation. It will require clinical and care professionals to apply the principles in all that they do in delivering integrated health and social care services.
3.	**Remit**
3.1.1	The SPG will be concerned primarily: a) In helping to shape and define the strategic direction of the Partnership and inform the development of the strategic commissioning plan (North Ayrshire Strategic Plan) b) With oversight of the implementation and impact of the Strategic Plan (section 3.1.2) including performance monitoring c) With overseeing the influence the implementation of the plan has on the five strategic priorities contained in the Strategic Plan d) Having oversight of the Partnerships contribution to the nine National Health and Wellbeing Outcomes e) In ensuring alignment between the Strategic Plan and the plans of each of the services / partner organisations. This will include making recommendations on the commissioning and de-commissioning of service delivery models. f) In overseeing the on-going review of the Strategic Plan g) In providing advice and support on the development of locality planning structures and six Locality Plans, which are informed by Locality profiles and public engagement approaches. h) To undertake any other functions which may be delegated to it by the Integrated Joint Board i) Act as a link to Community Planning Partnership (CPP) structures as required to support the Locality Partnership arrangements
3.1.2	In having oversight of the strategic plan, the SPG will give due consideration to: a) The number of people who need service and what type b) The level, quality and cost of current service provision c) How services can improve people's lives d) How we develop services that are affordable and sustainable e) How we procure services for delivery with best impact f) How we monitor and review services
3.2	The SPG will a) Influence and shape the strategic plan for the Health & Social Care Partnership b) Provide comment and influence the mid-term refresh of the Strategic Plan. c) Ensure alignment between the Strategic Plan and the plans of each of the services / partner organisations. This will include making recommendations on the commissioning and de-commissioning of service delivery models. d) Review annually the ongoing strategic planning process for the Health & Social Care Partnership, including responding to Scottish Government and other stakeholder feedback.

	e) Ensure links across all health and social care provision involving other Health Board and Local Authority areas, as required. This will also include discussions in relation to workforce planning f) Manage expectations between stakeholder aspirations of the Strategic Plan and the financial realities dictated by funding and political context g) Display positive behaviors which reflect the Partnership's values and support the integration agenda to peers and other stakeholders h) Provide advice and guidance to the Integration Joint Board when developing responses to emerging Scottish Government Policy and regulations i) Provide an effective conduit and feedback loop to the Integration Joint Board on key proposals and service changes by linking effectively to wide groups of staff, service users, carers, independent sector, third sector, clinical & care professionals and locality members j) Bring forward key issues of concern expressed in North Ayrshire's locality planning arrangements from the communities through robust and engaged membership k) Have final decision on progressing Locality Planning Forum recommendations to Integration Joint Board l) Act as a link to Community Planning Partnership (CPP) structures as required to support the Locality Partnership arrangements
4	**Chair**
4.1	The Chair for the Strategic Planning Group will be the Vice-chair of the Integration Joint Board. This will rotate in line with the rotation of the IJB chair.
4.2	The Chair will facilitate discussion and consensus within the group and ensure clarity regarding the conclusions reached for each discussion.
4.3	The Chair will hold the casting vote during meetings of the Strategic Planning Group
4.4	**Vice Chair**
4.4.1	A vice chair will be appointed to ensure continuity of meetings in the chair's absence.
4.4.2	The Vice Chair will be chosen from among the voting membership of the IJB.
5	**Membership**
5.1	The membership of the SPG will comprise, as a minimum, of members representative of the following groups: • The vice-chair of the IJB • Users of health and social care • Carers of users of health and social care • Commercial providers of health care • Non-commercial providers of health care • Health professionals (Nursing, AHPS, Mental Health, Public Health) • Independent health contractors (General Practice, Optometry, Community Pharmacy, Dentistry) • Social care professionals (Children and Families/Criminal Justice and Community Care) • Commercial providers of social care • Non-commercial providers of social care • Non-commercial providers of social housing • North Ayrshire Council elected member • North Ayrshire Housing

	• Third sector bodies carrying out activities related to health or social care • NHS Staff Side • Local authority unions • The six LPF Chairs and Coordinators The membership is laid out more fully in appendix one.(Being reviewed based on attendance)
3.3	The SPG is entitled to co-opt additional members for particular pieces of work as appropriate.
5	**Members Roles**
5.1	Members will be expected to: a) Attend all SPG meetings b) Prepare adequately for all meetings by familiarising themselves with the agenda and reading any associated papers. c) Where appropriate, should discuss forthcoming meeting agendas with the group, sector or professional area they represent. d) Actively contribute to discussions in a way that represent their community of interest, sector or professional area e) Share relevant information to their peers and build effective feedback loops to the SPG. f) ensure the interests of the agreed localities are represented g) develop and maintain the necessary links and networks with groups and individuals in their community of interest to enable views to be sought and represented over the development, review and renewal of the Strategic Plan h) Help ensure the Strategic Plan reflects the needs and expectations (and that there has been an adequate assessment of those needs and expectations). i) Act as an ambassador for the Health and Social Care Partnership, displaying the values of the Partnership j) Submit apologies ahead of any SPG meeting where attendance is not possible
5.2	Attendance is required of for all members. Should a member be absent from three meetings (consecutively or across a service year) the chair will give due consideration to appointing a new representative. This includes absences covered by a deputy.
6	**Deputies**
6.1	Each SPG member should, where possible, have a nominated deputy who will attend meetings in their absence
6.2	Deputies should be able to adequately represent their area of interest and be able to vote on any SPG business
7	**Terms of Office**
7.1	The membership of the SPG will be reviewed every three years in line with Strategic Planning cycles.

7.2	Generally members will be nominated from other organisations and groups and it will be their prerogative who their representative is and how long they should serve.
7.3	As a matter of good practice, it can be helpful to have the insights of new members, notwithstanding the need for continuity. This may occur when a new Strategic Plan has been developed.
7.4	Consequently, it may be helpful if 'feeder' organisations and groups organize representation to allow for regular refreshing of membership.
7.5	If a members wishes to stand down from the SPG at any point, they should notify the Chair who will then make arrangements for the appointment of a new representative.
8	**Reporting to Integration Joint Board**
8.1	The SPG will provide regular formal reports to the Integration Joint Board via the minutes of the meetings. • The Integration Joint Board may request the view of the SPG on specific work areas and developments
8.2	A wider governance map is available in appendix 2 – this highlights where the Strategic Planning Group fits in, in terms of wider governance
9	**Link to HSCP Locality Planning Forums**
9.1	Each of the six Locality Planning Forums are a sub-group of the SPG
9.2	The Chair and Locality Coordinator from each LPF will be a member of the SPG
9.3	LPF leads will be responsible for tabling issues and sharing views generated by forums and for disseminating information from the SPG back to groups
9.1	LPF Leads will ensure the content of Locality profiles, Locality plans and any changes thereto are fed into the SPG
10	**Expenses**
10.1	The Health and Social Care Partnership will reimburse all reasonable expenses associated with members attending the meetings
11	**Support for the Group**
11.1	• The Director of Health and Social Care will ensure adequate officer support for the group • The Director will also ensure the group is assisted by appropriate secretarial support
12	**Standing Orders**
12.1	Additional Standing Orders are still to be determined including the structure and frequency of meetings and the linked Quorum needed for meetings.

Integration Joint Board
13 September 2018

Subject:	**Locality Planning Forum – Review**
Purpose:	Informs IJB of the outcome of the Locality Planning Forum review with key stakeholders.
Recommendation:	Approve outcome of the review and the new Terms of Reference. Approve implementation of the LPF engagement pilot to grow community involvement at locality level.

Glossary of Terms	
CPP	Community Planning Partnership
IJB	Integration Joint Board
LPF	Locality Planning Forum
SPG	Strategic Planning Group
ToR	Terms of Reference
TSI	Third Sector Interface
LPs	Locality Partnerships (CPP)

1.	**EXECUTIVE SUMMARY**
1.1	In April 2018 to reflect the development of HSCP's new strategic plan (2018-2021) and the implementation of North Ayrshire Community Planning Partnership's (CPP) locality partnerships (LPs), a review of HSCP Locality Planning Forums (LPFs) was undertaken.
1.2	The revised terms of reference (ToR) for LPFs are provided at Appendix 1. These may require to be updated after the completion of Scottish Government's review of progress of integration expected to report in December 2018. As a matter of course, the ToR will be reviewed at both the 18 month period and 3 year planning cycle.
2.	**BACKGROUND**
2.1	To meet the Scottish Government - Localities Guidance, North Ayrshire Health and Social Care Partnership (the Partnership) developed LPFs in 2015/16. The LPFs enabled the Partnership to meet the ambitions of its first Strategic plan 2015-2018.
2.2	The LPFs where developed to ensure the voice, strengths and assets of communities had a mechanism to inform the future planning, redesign and improvement of local health and social care services.
2.3	In doing so the LPFs are intended to:

	• *Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care* • *Support GPs to play a central role in providing and co-ordinating care to local communities, and, by working more closely with a range of others – including the wider primary care team, secondary care and social care colleagues, and third sector providers – to help improve outcomes for local people.* • *Support the principles that underpin collaborative working to ensure a strong vision for service delivery is achieved.* • *Be well organised, and with sufficient structure to co-ordinate their input to strategic planning.* • *Ensure robust communication and engagement methods will be required to assure the effectiveness of locality arrangements.*
2.4	During that planning period the CPP launched LPs to meet section 23 of the Local Government etc. (Scotland) Act 1994, as well as complying with the obligations of North Ayrshire Community Planning Partnership ambition to meet Part 2 of the Community Empowerment (Scotland) Act 2014). It was important to create a synergy Partnership LPFs and this new arrangement.
3.	**Proposals**
3.1	**LPF Review**
3.1.1	To meet the ambitions of the new Strategic plan 2018-2021 and the Local Government Governance Review it was recognised that there needs to be additional capacity within LPFs in order to: • *Make recommendations to the Strategic planning Group in relation to the Commissioning and de-commissioning of services by ensuring that 'Effective services must be designed with and for people and communities – not delivered "top down" for administrative convenience.* • *To provide an organisational mechanism for local leadership of service planning, to be fed upwards into the strategic commissioning plan. Localities must have a real influence on how resources are spent or redirected in their area.*
3.1.2	A review of locality and strategic planning processes also resulted in an update to the Participation and Engagement Strategy to reflect clearer pathways between LPFs, SPG and closer links with Locality Partnerships through the CPP to support delivery of shared priorities for local communities.
3.1.3	The revised terms of reference make the roles of LPFs and those of forum members more explicit and underpins the importance of effective engagement with local communities.
3.2	**<u>LPF Engagement Pilot</u>**
3.2.1	An engagement pilot project (provided at Appendix 2), which will improve links to communities and develop conduits for future engagement activity, has been planned with the intention of improving the engagement activity of LPFs. The completion of this pilot may impact on the structure of LPFs and lead to further revision of the Terms of reference at a later date.
3.2.2	The pilot will see the introduction of two community volunteering roles within LPF memberships: a) A locality engagement champion

	b) A locality communication champion Ideally, these roles will be filled by community members but can be fulfilled by existing forum members. These roles will be supported by NAHSCP Engagement Officer and Communications Officer.
3.2.3	A formal application process will be implemented in order to ensure opportunities for wider community members to fulfil these new roles. This will include: • Advertising roles throughout the community using various communication methods • Clear role descriptions detailing time commitment, what each role would contain, volunteer expenses provided etc • Accessible interview process – An informal conversation with Chair, Locality Coordinator and GP • Applicant must have an understanding of local community and existing community networks
3.2.4	The pilot will seek increased public involvement by these new members building, developing and enhancing existing community networks to better provide the Partnership with local intelligence on health and social care issues.
3.2.5	The pilot will seek to enhance each LPFs engagement methods, including: a) Widespread social media presence b) Dedicated email address c) Bi-monthly surgeries held at local library d) One large locality event per year e) Participatory budgeting events
3.2.6	The pilot will seek to establish a locality 'asset map' in cooperation with Third Sector Interface (TSI) and CPP colleagues. This new approach will be reviewed annually
3.2.7	Each LPF will be obliged to report activity back to SPG, including a) Issues identified through engagement b) Number of community members spoken c) Broad demographics of those engaged d) Any actions taken as a result of engagement activity
3.2.8	A phased implementation of the pilot across all localities is proposed • Phase 1 (October/November) – Kilwinning and North Coast LPFs • Phase 2 (December/January) – Garnock Valley and Irvine LPFs • Phase 3 (February/March) – Three Towns and Arran LPFs
3.2.9	This pilot is supported by all LPFs and endorsed by wider SPG at its meeting on 15th August.
3.3	**<u>Anticipated Outcomes</u>**
	It is anticipated that LPFs will have greater capacity to engage effectively with local communities, form a greater understanding of local health and care concerns and therefore have greater input to the strategic planning process of the Partnership.
3.4	**<u>Measuring Impact</u>**
	As identified in section 13.2.3 of the ToR, LPFs will be provided with update reports on achievements, performance and progress made against priorities at the locality level.

4.	IMPLICATIONS

Financial:	No financial implications.
Human Resources:	No implications for Partnership staff
Legal:	In establishing LPFs we are complying with national requirements set out by Scottish Government. No further legal concerns are anticipated
Equality:	No EIA has been completed on these terms of reference. However, LPFs will have duty to consider the characteristics of people within their communities and ensure their view are appropriately represented
Children and Young People	Through LPF engagement, the unique health and care needs of local young people will be identified and concerned.
Environmental & Sustainability:	No environmental or sustainability issues.
Key Priorities:	LPFs will help support progress towards the 5 strategic priorities as part of forum business.
Risk Implications:	The risk of LPFs not function appropriately is that the voice of communities are not heard or represented within the Partnership. This could lead to a misunderstanding of community needs impact on future service developments.
Community Benefits:	No tendering or procurement implications

Direction Required to Council, Health Board or Both *(where Directions are required please complete Directions Template)*	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	The review of LPFs has taken a phased approached: • A review of LPFs was agreed at the LPF Development Group on 15th March 2018 • SPG endorsed review at meeting on 25th April 2018 • A meeting with colleagues from the Health and Social Care Alliance took place on 8th June 2018 to explore how other Integration Boards have approached locality working. It was advised that in many respects, North Ayrshire are leading the way in locality working with many other areas still very much in the development stages. • SPG updated on progress of review on 20th June 2018 • The terms of reference were discussed with the LPF Chairs and Lead Coordinators at a meeting of the LPF development group on 2nd August 2018. o The engagement pilot was also discussed at this meeting. • The final terms of reference were distributed and endorsed by SPG on 15th August 2018. o The engagement pilot was also presented and endorsed at this meeting.
6.	**CONCLUSION**
6.1	The review of LPFs is now complete with the revised ToR and locality engagement pilot have been fully endorsed by LPFs and the SPG.

	The implementation of the terms of reference and pilot will lead to more effective engagement at the locality level and identification of local issues. This in turn will improve the contributions of LPFs into the Partnership's strategic planning process.

For more information please contact Michelle Sutherland on 01294 317751 or MSutherland@north-ayrshire.gov.uk OR Scott Bryan on 01294 317747 or sbryan@north-ayrshire.gcsx.gov.uk

APPENDIX 1

LOCALITY PLANNING FORUMS – TERMS OF REFERENCE[1]

Revised and updated August 2018
Draft V0.4

1. Introduction

1.1 To meet the Scottish Government - Localities Guidance, North Ayrshire Health and Social Care Partnership (the Partnership) developed Locality planning forums (LPFs) in 2015/16 to meet the ambitions of its first Strategic plan 2015-2018.

1.2 During that planning period the North Ayrshire Community Planning Partnership (CPP) launched locality partnerships (LPs) to meet North Ayrshire's Decentralisation Scheme (23 of the Local Government etc. (Scotland) Act 1994), as well as complying with the obligations of North Ayrshire Community Planning Partnership (Part 2 of the Community Empowerment (Scotland) Act 2014).

Additional ambitions may arise from the Scottish Governments Local Governance Review which commenced December 2017. https://beta.gov.scot/news/local-governance-review-2017-12-07/

1.3 In April 2018 to reflect the development of HSCP's new strategic plan (2018-2021) and the implementation of CPP locality partnerships a review of HSCP locality planning forums was undertaken.

1.4 These terms of reference may require to be updated after the completion of Scottish Government's review of progress of integration expected to report in December 2018.

As a matter of course, the Terms of Reference will be reviewed at both the 18 month and 3 year planning cycles.

A review may also be warranted following local service developments or the advent of new policy at the national level.

2. Purpose

2.1 HSCP locality planning forums (LPFs) established in 2015/16 where developed to ensure the voice, strengths and assets of communities are have a mechanism in which to inform the future planning, redesign and improvement of local health and social care services.

2.2 In doing so the LPFs are intended to:

- *Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care.*
- *Support GPs to play a central role in providing and co-ordinating care to local communities, and, by working more closely with a range of others – including the wider primary care team, secondary care and social care*

[1] Version 0.1 2018 review

colleagues, and third sector providers – to help improve outcomes for local people.

- *Support the principles that underpin collaborative working to ensure a strong vision for service delivery is achieved.*
- *Be well organised, and with sufficient structure to co-ordinate their input to strategic planning.*[2]
- *Ensure robust communication and engagement methods will be required to assure the effectiveness of locality arrangements.*

2.2 However in order to meet the ambitions of the new Strategic plan 2018-2021 and the Local Government Governance Review it was recognised that there needs to be additional work to:

- *Make recommendations to the Strategic planning Group in relation to the Commissioning and de-commissioning of services by ensuring that 'Effective services must be designed with and for people and communities – not delivered "top down" for administrative convenience.*
- *To provide an organisational mechanism for local leadership of service planning, to be fed upwards into the strategic commissioning plan. Localities must have a real influence on how resources are spent or redirected in their area.*

3. Definitions

3.1 Each Locality planning Forum (LPF) is a sub-Forum of the North Ayrshire Health and Social Care Partnership's Strategic planning Group (SPG)

3.2 The Partnership has six locality planning forums representing; Arran, Garnock Valley, Irvine, Kilwinning, North Coast & Cumbraes and the Three Towns.

3.3 The LPF localities share the same geographical area as North Ayrshire Community Planning Partnership (CPP) Locality Partnership.

3.4 Each Locality Planning Forum (hereafter 'Forum') advises the Partnership of the health and social care views of professionals, partner agencies, communities, groups of interest and individuals in their locality. This will inform HSCP strategic commissioning/de-commissioning of service delivery models.

3.5 Groups of interest may include third sector, independent sector, community and health & wellbeing specific support Forums.

3.6 In addition to the six locality Forums, there will be a Joint Forum between the CPP Locality Partnerships and the HSCPs Forum Chairs. This will support cross-forum working and provide oversight of locality business. The Joint Forum will consist of six individual forum chairs and the chair of HSCP Strategic Planning Group as well as appropriate CPP representatives.

4. Forum roles and responsibilities

4.1 Forum Role

4.1.1 The Forums will work individually and together to identify priority areas that will improve the health and wellbeing outcomes of service users and their carers, groups of interest, local residents, while meeting the agreed priorities of the strategic plan and the National Health and Wellbeing Outcomes.

[2] Scottish Government - Localities Guidance http://www.gov.scot/Resource/0048/00481100.pdf

4.1.2 The Forums will help inform and recommend suitable commissioning/decommissioning solutions to improve the health & wellbeing outcomes for localities and will bring these forward to the Strategic planning Group for consideration. (*see Reporting Arrangements: section 16*)

4.1.3 The Forums will provide a voice for partner agencies working in the Partnership and provides a structure where their views are linked to HSCP Governance structures.

4.1.4 The Forums will provide a voice for individuals, communities and Forums of interest to inform service redesign and improvement.

4.1.5 Forums must take account of local, and often deep rooted, issues, such as inequalities and poverty. This will be done in conjunction with the North Ayrshire Community Planning Partnership (CPP) Locality Partnerships to enable delivery of the CPP Locality Plan.

4.1.6 Each Forum will seek to develop a membership that is representative of the communities in its locality recognising that different participants in localities will bring different skills and insights.

4.1.7 Each Forum is also expected to host one locality based engagement event per year for staff, partner agencies, communities, groups of interest and residents.

4.1.8 All members of the Forums will be invited to an annual learning event. This will include staff and partner agencies who represent the Partnership at CPP Locality Partnership Boards and CPP Locality Partnership Working Groups.

4.2 Forum Responsibility

4.2.1 To act as an ambassador and display behaviours consistent with the values of the Partnership.

4.2.2 Provide views on the range, quality and accessibility of partnership services to inform service developments, including making recommendations on the commissioning/decommissioning of services to the Strategic Planning.

4.2.3 To capture and advise the Partnership of any views about Partnership services expressed by individuals and communities in their locality.

4.2.4 To suggest ways to improve the experience of people who use the Partnership's services in their locality.

4.2.5 Forums must use a range of communication and engagement methods to maximise participation from all forums and communities.

4.2.6 To keep informed and communicate with their communities about Partnership services and plans in relation to their locality to inform service planning, redesign and improvement.

4.2.7 To advise the Partnership of any significant development in their Locality that might impact on Partnership services.

4.2.8 To be guided by Scottish Government - Localities Guidance as actioned by the Partnership.

5. LPF Membership

5.1 To ensure the quality of locality Forum input to strategic planning, they must function with the direct involvement and leadership of a broad range of stakeholders. Each Forum will consist of a core group, consisting of:

5.1.1
- ***Chair:*** *a member of the Integration Joint Board (IJB)*
- ***Locality coordinator:*** *an HSCP senior manager and member of the Strategic planning Group*

- ***A locality based GP:*** *but if unavailable replace with a wider primary care representative optometrist/dental/pharmacist working in the locality. This could include a member of a GP practice, for example the practice manager or nurse.*

5.2 Forum members will consist of representatives from various groups and organisations including:

5.2.1
- *Service user in last 12 months from GP Practice Forum or Health/Social Care Forum of interest*
- *Carer from HSCP carers group*
- *Third Sector Interface Representative*
- *Independent sector development officer* ***or*** *with the agreement of the Chair/Vice Chair a nominated representative from an independent sector organisation working in the locality*
- *Community Link Worker*
- *CPP Locality partnership Co-ordinator*
- *Housing representative*
- *Community Champion – role to be developed during 2018/19*
- *HSCP Staff Representatives*

5.3 Forums may also co-opt members to the group for a limited term to help support specific pieces of work

5.4 The HSCP and forums recognise the key role that young people play in their communities. As a result forums will link with Education and Communities lead Youth Parliament to gather input and view of young people.

6. Locality planning Forum Chair

6.1 Appointment and Tenure

6.1.1 The IJB will either:

- Appoint a Chair from amongst its membership at the end of the agreed term of office or, when required following resignation or retirement of an LPF Chair

  or
- Agree that a Forum can nominate their own chair from the existing membership. The nominated individual will then become a non-voting member of the IJB.

6.1.2 In the event that the Forum is to nominate a chair the following process will be used:

- Nominations are submitted to the locality coordinator who will consider the suitability of the nominee
  - Any concerns regarding the values and behaviours of a nominee to undertake the role of Chair and IJB member should be discussed with the strategic planning Lead.
  - Where it is deemed a nominee is unsuitable, their nomination shall be withdrawn and full reasons given in writing

- Where there is more than one nomination a ballot shall be undertaken organised by the Locality Coordinator.
- An anonymous ballot will take place by all existing members with a simple majority deciding the winner.
- Where no majority is agreed the IJB will appoint an existing IJB member.

6.1.3 The Chair will be appointed for the term of the strategic plan (3 years) or until the end of the current strategic planning process (whichever is shorter).

6.1.4 After 3 years, the Chair will be eligible for reappointment

6.1.5 In the temporary absence of the Chair the Locality Coordinator will chair the Forum meeting.

6.2 Roles and Responsibilities

The Forum Chair will be responsible for:

6.2.1 Agreeing appointments to the Forum and ensuring membership is representative as highlighted in section 6

6.2.2 Chairing Forum meetings:

- Agreeing the agenda ahead of time with the Locality Coordinator
- Ensuring fairness in debate, and support all members to be heard;
- Ensuring the Terms of Reference are observed;
- Maintain order and at their discretion, ask for the exclusion of any member who:
  - does not fulfil their role as a forum member
  - is deemed to have acted inappropriately
  - is continually a disruptive influence to Forum business
  - does not represent the values of the Partnership.

6.2.3 Attending the Strategic Planning Group on behalf of the Forum for the purpose of:

- Presenting the views and work of the Forum to influence strategic planning
- Disseminating information back to the Forum

6.2.4 Attending the Integration Joint Board as a Non-Voting member

7. Locality Coordinator

7.1 Appointment and Tenure

7.1.1 The Partnership Senior Management Team (PSMT) will identify a Locality Coordinator from amongst its managers to support each Forum. There should be cross directorate representation.

7.1.2 The Locality Coordinator will hold that role for the period of each Strategic plan (3 years).

7.1.3 A Locality Coordinator can be replaced at the end of the agreed term of office or when required following resignation or retirement.

7.1.4 The Partnership Senior Management Team (PSMT) will identify a Locality Coordinator from amongst its managers to support each Forum.

7.2 Roles and responsibilities

The Locality Coordinator will:

7.2.1 Feedback the views and concerns of the Forum to Partnership operational managers

7.2.2 Work closely with the Strategic Planning and Transformational Change Team to ensure that locality issues and concerns are addressed quickly.

7.2.3 Attend the Strategic planning Group

7.2.4 Chair meetings of the LPF in the absence of the Chair

8. GP

8.1 Appointment and Tenure

8.1.1 The Forum will have a GP within its membership who operates from a practice within that locality

8.1.2 Forum GPs will be identified and confirmed by the HSCP Clinical Director in consultation with the North Ayrshire GP Forum (formerly North Ayrshire GP locality Forum)

8.1.3 In the event a GP cannot be appointed from with the locality, an appointment will be sought from the relevant GP cluster Forum.

8.1.4 Where no GP can be appointed from the cluster Forum, it is possible to appoint an appropriate – locality based - primary care member.

8.1.5 The Forum GP will hold that role for the period of each Strategic plan (3 years).

8.1.6 A GP can be replaced at the end of the agreed term of office or when required following resignation or retirement.

8.2 Roles and responsibilities

8.2.1 Advise the Forum of on health and wellbeing priorities of the locality.

8.2.2 Support the Forum in improving local health and care provision by informing the strategic needs of the locality

8.2.3 Represent the Locality planning Forum at practice and GP cluster level

9. Forum Members

9.1 Appointment and Tenure

9.1.1 Members will be appointed by approval of the Chair who will ensure each appointment fulfils a necessary (a vacant) position within the Forum

9.1.2 A member of the Forum will remain a member for as long as they hold the office in respect of which they are appointed. Otherwise, the term of office of Members of the Forum shall be for the period of a Strategic plan (three years).

9.1.3 A person will usually join one Forum and partner agencies seeking membership of a Forum will be permitted one member for each Locality that they cover.

9.1.4 Where mitigating circumstances allow, one individual may be a member on more than one Forum to ensure appropriate representation of organisation, Forum or community

9.1.5 Members will be appointed by approval of the Chair who will ensure each appointment fulfils a necessary (a vacant) position within the Forum

9.1.6 A member of the Forum will remain a member for as long as they hold the office in respect of which they are appointed. Otherwise, the term of office of

Members of the Forum shall be for the period of a Strategic plan (three years).

9.1.7 A person will usually join one Forum and partner agencies seeking membership of a Forum will be permitted one member for each Locality that they cover.

9.1.8 Where mitigating circumstances allow, one individual may be a member on more than one Forum to ensure appropriate representation of organisation, Forum or community

9.2 Roles and responsibilities

9.2.1 Members will support the forum to identify and build on the strengths and assets already existing in each locality and recognise the value communities can bring to improving local health, care and wellbeing.

9.2.2 Members of the Partnership's Locality Forums are expected to operate in a way that is consistent with the values of the Partnership.

9.2.3 Members will actively represent their area of interest on the Forum with the aim of improving services and ultimately the Health and Wellbeing of locality residents.

9.2.4 Members will understand that the forum is not:

- A platform to challenge Integration Joint Board Decisions
- A forum for complaints regarding individual service provision
- Not a platform for the progression of personal agendas

9.2.5 Any Forum member who has concerns about the behaviour of a fellow Forum member will raise their concerns with the Chair or Vice Chair of the Forum in the first instance. Where this cannot be resolved, the issue will then be raised with the Strategic Planning Lead.

9.2.6 Members may appoint a designated deputy for individual meetings, if they are unable to attend.

10. Forum Meetings

10.1 Frequency

10.1.1 The forums will meet no less than twice per year, at recommended six month intervals, to comply with HSCP reporting cycles.

10.1.2 Forums will meet either in:

- February and August, **or**
- May and November

Meeting cycles are at each Forums discretion.

10.2 Attendance

10.2.1 It is the responsibility of members to inform the chair of their attendance intentions two working days prior to the meeting taking place. In the case of non-attendance an appropriate deputy should attend.

10.2.2 Attendance will be reported to the Strategic planning and Transformation Change Team

10.3 Quorum

10.3.1 No discussions can take place at a Forum unless at least:

- Two thirds of the core group

and

- One third of forum members

Are in attendance

10.3.2 Should a quorum not be present within 10 minutes of the allocated start time, the meeting will be adjourned and the template report of the meeting will note this fact and the SPG will be advised accordingly.

10.4 Conflict of Interest

10.4.1 All Forum members are required to declare any potential conflicts of interest - that may impact their impartiality in any discussions - at the start of every meeting.

10.4 Additional obligations

10.4.1 Out with the bi-annual meetings, forum members are expected to progress the work of the group; regularly attending the Strategic planning Group and communicating via email.

10.4.2 Each Forum is expected to convene one locality based engagement event per year for staff, partner agencies, communities, Forums of interest and residents.

10.4.3 All members of the Forums will be invited to an annual learning event. This will include staff and partner agencies who represent the HSCP at CPP Locality Partnership Boards and CPP Locality Partnership Working Forums (Appendix 1)

10.4.4 The Locality planning Forum Chair and Locality Coordinator will attend two Joint Forum Meetings per annum.

11. Forum Support

11.1 Administrative support for the Forums will be provided by the chair or locality coordinator and will include:

11.1.2 Arranging meetings and agendas of the Forum in liaison with the Forum Chair. Meeting dates and times will be identified at the start of each calendar year.
Dates should be planned 12 months in advance and submitted to the Strategic planning and Transformational Change Team

11.1.3 Making and circulating minutes from meetings which highlight progress

11.1.4 Copying and circulating information to Members. There will be a standardised reporting template for this purpose.
All meeting notes will be sent to the Strategic planning and Transformation Change team no later than 10 days after the meeting for inclusion into the SPG agenda (meeting notes should be sent to sbryan@north-ayrshire.gcsx.gov.uk)

11.1.5 Liaising with Partnership staff on behalf of the Forum

11.1.6 Arranging payment of (non-employee) members' expenses in accordance with the Partnership's policy

11.1.7 The HSCP Governance Team will develop a range of standardised templates and deliver training support to the administration staff identified to support each forum. It is proposed that these staff will provide cover for each other during times of absence.

11.1.8 The Partnership's Engagement staff will attend Forum meetings in an advisory capacity.

11.1.9 Communications and social media support will be available to provide additionality to each forums ongoing engagement work

11.2 Key guidance and support will be provided by the Strategic planning and Transformational Change Team managed by Strategic planning and Transformational Change Lead.

12. Public and Press Arrangements

12.1 Forum meetings are not open to the public or members of the press.

13. Reporting Arrangements

13.1 Reporting from Forum

13.1.1 Forum activities will be reported to the Strategic planning (template attached appendix 2)

13.1.2 The Forum Coordinator will submit a minute (attached appendix 1) and verbal update to the Strategic planning Group.

13.1.3 The SPG Chair (IJB Vice Chair) will provide the submission of a verbal report and a copy of the SPG minutes to the IJB.

13.2 Reporting to Forum

13.2.1 Each forum will be provided with a locality profile highlighting key demographics and characteristics of each area.

13.2.2 Each forum will be provided with a Locality Plan, highlighting the Partnership's development intentions at the locality level

13.2.3 Forums will be provide with update reports, based on achievements recorded against locality priorities.

13.2.4 The CPP coordinator will provide each LPF with an update report template showing CPP progress in their locality. These templates can be brought forward to SPG to improve communications.

14. Joint Forum Roles and Responsibilities

14.3.1 To review and suggest ways to improve the work of the locality forums and partnerships

14.3.2 To support the work of the locality forums and partnerships

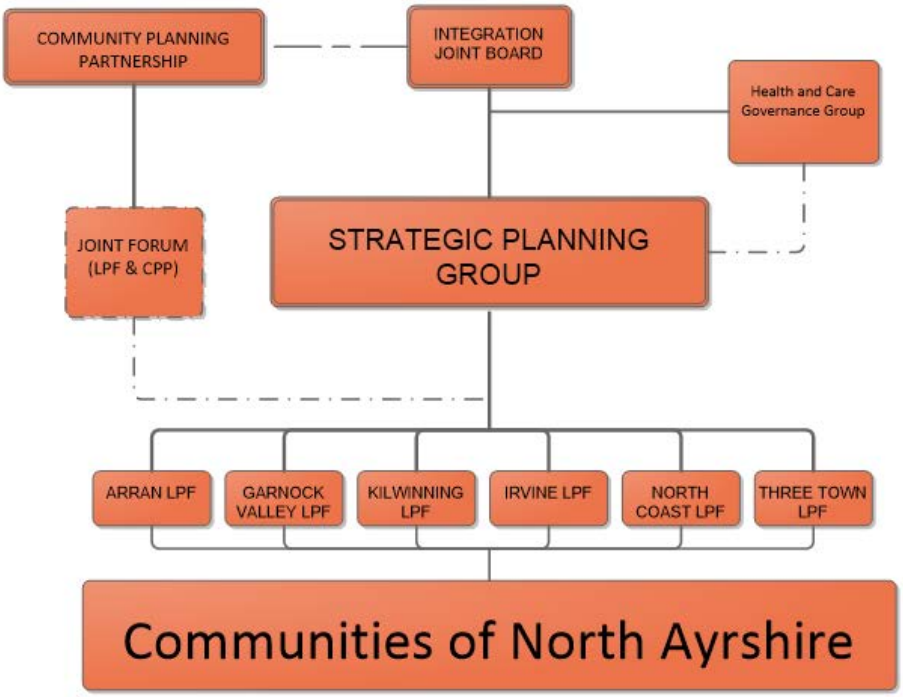
14.3.3 To provide locality perspectives into the priorities and development of the Partnership's strategic plan

14.3.4 To represent to the Partnership any concerns related to the delivery of Partnership services across all localities

14.3.5 To suggest ways to improve the experience of people who use the Partnership's services

14.3.6 To identify suitable projects for task and finish groups to help improve the experience of people who use the Partnership's services

15. Governance Chart



LPF Engagement Pilot

1. Purpose

The six Locality Planning Forums in North Ayrshire have now been in existence for over two years and within that time they have had limited engagement with the local community. LPFs should become a focal point for all community engagement across NAHSCP, but for this to happen a radical shift in approach is required. It is proposed that a six month trial of new engagement measures and actions is undertaken.

2. LPF Membership

Current LPF membership includes:

- Chair
- Locality Coordinator
- G.P
- Service user in last 12 months from GP Practice Forum or Health/Social Care Forum of interest
- Carer from HSCP carers group
- Third Sector Interface Development Officer
- Independent Sector Development Officer **or** with the agreement of the Chair/Vice Chair a nominated representative from an independent sector organisation working in the locality
- Community Link Worker
- CPP Locality Partnership Co-ordinator
- Housing representative
- HSCP Staff representative

It is proposed to develop three new, formal members. These would include (role descriptions to be discussed):

- Locality Engagement Champion
- Locality Communications Champion

Support for above roles will be provided by NAHSCP Engagement Officer and Communications Officer

These roles can be filled by existing LPF members

3. Recruitment Process and Support

A formal application process will be implemented in order to ensure opportunities for winder community members to fulfil the three new roles.
This will include:

- Advertising roles throughout the community using various communication methods
- Clear role descriptions detailing time commitment, what each role would contain, expenses provided etc – Role descriptions to be discussed with current LPF members
- Accessible interview process – An informal conversation with Chair, Locality Coordinator and GP

	• Applicant must have an understanding of local community and networks
4.	**Operational Issues**
	Admin • Minutes of meeting to be made public within 3 weeks of meeting • Audio version available on website (accessibility) • Hard copy of minutes available in local library **Engagement Methods** • Social Media o Twitter o Facebook o Regular online discussions e.g. – "Let's talk about" – dementia / mental health – Priorities o #KilwinningLPF • Email – WhatMatterstoYou.Kilwinning@north-ayrshire.gov.uk o Email checked periodically by change team. Relevant emails forwarded to Chair or specified person within LPF o Advertise before hand – what areas would you like us to consider? • Information Shared via: o Local notice board o Library o GP surgeries o Other HSCP premises • Bi-Monthly surgeries at local library • 1 large public event per year for wider public involvement • Participatory Budgeting Events (in partnership with CPP) LPF to map out local community groups, in partnership with TSI, to begin building links for engagement purposes. LPF to foster link with local Community Councils via Locality Partnership Other methods will be available and decided by LPF members
5.	**Role of SPG**
	Over and above existing agreements within ToR, LPF to update on the following at each SPG: • Issues raised by local community members – What are the community saying and how does that match up with the data? • Engagement stats for quarter: o How many people have they spoken to? o Who? – Which groups? o Demographics • You said, we did, we didn't, we haven't been able to yet. Update should be a formal presentation.