

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
	<u>Ayrshire Wide Developments</u>
2.1	Ayrshire & Arran Staff & Wellbeing Listening Service
	NHS Ayrshire & Arran, in collaboration with all three Health & Social Care Partnerships, launched a dedicated staff listening and support service on 20 th July 2020. This service is open to all NHS, HSCP staff, third sector providers, commissioned services, care home staff, NHS 24, Scottish Ambulance Service and volunteers working within the sector across Ayrshire & Arran.
	The dedicated staff listening service reflects the challenges being faced and the efforts of those providing care. The service is designed to offer additional support options to those currently available and provides access to the wider community who deliver care in addition to those from statutory services.
	Staff wellbeing and resilience is at the heart of maintaining high quality and sustainable services. The overarching focus of the service will be to promote emotional wellbeing and stabilisation, a chance to reduce stress and reset. The approach will offer a "listening ear", a chance to talk and if required signpost to appropriate alternative support mechanisms if felt required by the caller.

The service will be open 7 days per week from 9am until 10pm



For more information please contact: Paula.Shiels@aapct.scot.nhs.uk

North Ayrshire Developments

2.2 Integrated Mental Health Team

The North HSCP Community Mental Health Team have moved into the newly refurbished office at the Three Towns Resource Centre . The work on the building has made a huge difference and allowed the partnership to bring all of the key professions together under the one roof. The integrated team includes administrators, psychologists, social workers, nurses and allied health professionals who have welcomed the change and the difference that co-location has made already.

2.3 IJB Self Assessment Questionnaire

The IJB member individual competency self-assessment questionnaire was circulated to IJB members earlier this year. By completing the questionnaire the IJB will meet several objectives :-

- 1 **Build an overall “skills and knowledge” matrix of the IJB.** This is recognized good practice in boards and can be used to show the IJB, auditors and other stakeholders that the IJB monitors the depth and range of competence in the IJB as well as taking its development seriously.
- 2 **Encourage individual responsibility for personal and collective competence.** Evidence shows that self-assessment is a key part of successful interventions. The questionnaire asks individuals to assess their own level of competence and importantly their estimate of their contribution to functions of the IJB as a whole. Using behaviours based on sector research and recommended best practice, it also invites personal reflection on IJB-relevant leadership behaviours.
- 3 **Provide each individual IJB member with a personal profile** and, with high response rates, an anonymous picture of how they compare with others in the IJB.
- 4 **Inform** bespoke development interventions for the IJB as a whole and for individual members of the IJB.

	<p>5 Prepare the IJB for any additional assessments or audits such as external audits or other self or group assessments in areas such as performance and governance effectiveness.</p>
	<p>To achieve objectives 1,2 and 5 above a 100% completion would be required and a very high response rate would be required for the other objectives to be meaningful.</p> <p>To date, we have only received three responses to the questionnaire. IJB members are therefore asked to complete the questionnaire by accessing the link below.</p>
	<p>https://www.smartsurvey.co.uk/s/2020IJBttnaV2/</p>
2.4	Foundation Apprenticeship success
	<p>Over the past year, the NAHSCP Learning and Development Team have been working in partnership with colleagues in Education to deliver a Pilot Foundation Apprenticeship in Social Service and Health Care. This was delivered to nine 6th year pupils from across North, East and South Ayrshire at Irvine Royal Academy.</p>
	<p>All nine pupils achieved the National Progression Award as part of the course, with five going on to successfully complete a placement in a health and social care setting, achieving an SVQ and completing the full Foundation Apprenticeship.</p>
	<p>A huge thank you to all involved, including staff at Irvine Royal Academy and our services for providing placement opportunities and mentors.</p>
2.5	Care Home Clinical and Professional Care Home Oversight Group
	<p>On 17th May 2020 the Cabinet Secretary wrote to local authorities instructing them to put arrangements in place to ensure appropriate clinical and care professionals across Health & Social Care Partnerships take direct responsibility for the clinical support required for each care home in their area. This support is provided through the establishment of a Care Home Clinical and Care Professional Oversight Team.</p>
	<p>The NAHSCP Care Home Oversight Group [CHOG] was established on 21 May 2020 and includes representation from :-</p>
	<ul style="list-style-type: none"> • Chief Officer [Chair] • Chief Social Work Officer • Nurse Director [delegated to Associate Nurse Director] • Clinical Director • Director of Public Health [or delegate] • Senior Managers from services, commissioning and finance.
	<p>The Care Inspectorate are also represented at the meeting one day per week.</p>
	<p>Initially, the meetings were held 7 days per week, but as the situation within care homes stabilised, the meetings were reduced to 5 days per week. The daily meetings allow the sharing of intelligence arising from a variety of sources such as :-</p>
	<ul style="list-style-type: none"> • Assurance visits to every adult and elderly care home in North Ayrshire. The visiting team comprised a senior nurse and social worker. • Public Health data in relation to outbreaks, testing, COVID deaths. • The requirement for weekly testing of all staff within care homes;

	<ul style="list-style-type: none"> • Risk Assessments from care home for the re-introduction of visiting. • Financial Health assessments for providers; • Financial support to care homes through the introduction of the Scottish Government sustainability payments; <p>The input from the CHOG has, in the main, been welcomed by providers.</p>
3.	PROPOSALS
3.1	<u>Anticipated Outcomes</u>
	Not applicable.
3.2	<u>Measuring Impact</u>
	Not applicable
4.	IMPLICATIONS

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

Direction 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