

Health & Social Care Partnership

Integration Joint Board Annual Report 2014/2015

*Working together with all of our communities
to improve and sustain wellbeing,
care and promote equity*



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1. INTRODUCTION

Throughout 2013/14, East Ayrshire Council and NHS Ayrshire and Arran, alongside neighbouring local authorities of North and South Ayrshire Councils, undertook preparatory work for the new Public Bodies (Joint Working) (Scotland) Act that would provide the legislative framework for the integration of community health and social care services.

This work was given a high level of support by both elected members of East Ayrshire Council and the Board of NHS Ayrshire and Arran. At Chief Executive level, leadership, support and encouragement was provided to progress the agenda to deliver the best possible outcomes for our local communities.

A group of Chief Officers from across agencies, supported by a programme team developed an Integration Plan and worked closely with weekly meetings, to coordinate the change programme.

As a result of positive progress with the programme East Ayrshire Council and NHS Ayrshire and Arran had the confidence to delegate the planning and delivery for community health and social care services to the new East Ayrshire Health and Social Care Partnership (HSCP) from April 2014.

For 2014 / 2015, Governance of the new Partnership was provided by a Shadow Integration Board (SIB), the new single Board was chaired by Councillor Douglas Reid

Leader of East Ayrshire Council, with Ian Welsh, Non-Executive Director of NHS Ayrshire and Arran Health Board as vice Chair. The SIB had the status of a sub committee of the East Ayrshire Council Cabinet and also a Community Health Partnership Committee of NHS Ayrshire and Arran. The Board was tasked with responsibility not only for the management oversight and planning of the delegated services but also development of an Integration Scheme that required Parliamentary approval to establish legal integration through a new Body Corporate by April 2015.

This report reflects the work that was undertaken during 2014 / 2015 that culminated in East Ayrshire and our two neighbouring Ayrshire Health and Social Care Partnerships as the first Integration Schemes to be approved by Ministers, complete Parliamentary process and as consequence become established by April 2015.

The principal workstreams for 2014/15 included:

- Establishment of a Strategic Planning Group
- Engagement of local communities, people who use services, family carers, health and social care practitioners and partners in the third and independent sectors to develop a Strategic Plan
- Agreement of new arrangements for both management of services and professional leadership
- Throughout the change programme continued delivery of safe and progressive community health and social care services.

2. VISION AND VALUES

The Council and NHS Board, together with the Shadow Integration Board were clear that ambition for the Partnership should extend beyond a service delivery model. We were keen to provide an environment that facilitates the improvement of the physical and mental wellbeing in our communities and progress activity to address inequalities. Through the Strategic Planning Group our vision was developed to reflect this ambition.

Working together with all of our communities to improve and sustain wellbeing, care and promote equity

Partners have aligned NHS and Council values with the policy intentions of health and social care integration to create a set of values for the Partnership;



Our Aims

We agreed that we will gauge successful integration by the extent to which:

- We are focused on addressing the impact of inequalities in our communities
- People are involved in designing their own care
- Our workforce is motivated and skilled
- There is a shift to early intervention and prevention for children and young people, families and carers
- Services work together, are joined up and there is less duplication
- People with multiple long term conditions are supported
- There is easier access to services through a single point of contact
- The benefits of new technology are realised
- We make the most effective use of resources.

3. INTEGRATION SCHEME

The Council and NHS Ayrshire and Arran approved in Spring 2015, the East Ayrshire Integration Scheme, which sets out the terms and conditions of the integration of Health and Social Care and the relationships between the Council and NHS Ayrshire and Arran. The scheme approved by Council and NHS Ayrshire and Arran was then submitted to and approved by Scottish Ministers on 1 April 2015. This statutory instrument provides for the creation of the East Ayrshire Integration Joint Board (IJB).

On 2 April 2015, the inaugural East Ayrshire Integration Joint Board formally agreed to adopt the Integration Scheme and the initial Strategic Plan. This included the delegated powers in relation to all Council Social Work Services including children and families, justice, and adult services to the new partnership. NHS Ayrshire and Arran Health Board agreed to delegate a range of community based children's health services, to the partnership this was in addition to those adult services which it is required to delegate. All these services are now delegated to the Integration Joint Board which is responsible for the financial and strategic oversight of the services.

The pan Ayrshire approach to the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014 - Integration of Health and Social Care has enabled all three Local authorities and NHS within Ayrshire to submit and have the Integration Schemes approved by the Scottish Ministers at the same time. All three Ayrshire Integration Joint Boards are the first in Scotland to have their Integration Schemes approved and their Boards established. The process demonstrated progressive and collaborative partnership working to successfully deliver a complex programme

Within East Ayrshire work was undertaken to also consider local implications and what measures were required to sustain existing partnerships with Housing, Education, Vibrant Communities and wider Community Planning Partners.

The Integration Scheme sets out the arrangements that were required to establish the Integration Joint Board. A number of the arrangements were put in place during the Shadow year which were submitted for approval or otherwise to the Integration Joint Board.

- Membership of the IJB – Chair and vice Chair
- Appointment and secondment of Chief Officer
- Delegation of functions
- Local Operational arrangements –Strategic Plan
- Performance Targets, Improvement Measures and Reporting arrangements
- Appointment of Chief Financial Officer, financial management and reporting
- Workforce
- Participation and Engagement
- Information Sharing and data handling
- Risk management

Appointment of Chair and vice Chair

The Chair and vice Chair were agreed at the final Shadow Integration Board meeting on 26 March 2015. The Integration Scheme between the Council and the Health Board sets out the arrangements for the appointment of the chair and vice chair of the Integration Joint Board. The first chair of the Integration Joint Board is a member appointed on the nomination of the NHS Ayrshire and Arran Health Board. Accordingly, the Vice Chair is a member nominated by East Ayrshire Council. The NHS Board confirmed the nomination of Ian Welsh as the first Chair of the Integration Joint Board and Council approved Councillor Douglas Reid as the first Vice Chair of the Integration Joint Board. The appointment to Chair and Vice Chair is carried out on a rotational basis. The term of office of the first chair and vice chair will be for the period to the local government elections in 2017, thereafter the term of office of the Chair and vice chair will be for a period of two years.

Membership of the IJB

At the inaugural IJB meeting on 2 April 2015 the membership of the IJB was confirmed. The membership of the Shadow Integration Board reflected most of the prescribed membership for the Integration Joint Board. Some additions were required for the Integration Joint Board in accordance with the finalised guidance set out in the Public Bodies (Joint Working) (Integration Joint Boards)(Scotland) Order 2014 (SSI number 285). Over the past months additional members have been appointed to the IJB to reflect the range of responsibility and expertise required from all sectors of health and social care. These have included appointment of Dr John Freestone as the Clinical Lead, Dr Philip Korsah as Associate Medical Director, Acute Services and Ms Irma Rewcastle as unpaid carers representative. A detailed list of the membership is below.

East Ayrshire Integrated Joint Board Membership	
Mr Ian Welsh (Chair)	NHS Ayrshire & Arran Non-executive Director
Councillor Douglas Reid (Vice Chair)	East Ayrshire Council
Councillor Tom Cook	East Ayrshire Council
Councillor Iain Linton	East Ayrshire Council
Councillor Maureen McKay	East Ayrshire Council
Mr Alistair McKie	NHS Ayrshire & Arran Non-executive Director
Dr Alison Graham	Executive Medical Director NHS Ayrshire & Arran
Ms Lisa Tennant	NHS Ayrshire & Arran Non-executive Director
Mr Eddie Fraser	Director Health and Social Care Partnership
Caroline Scott	Council of Voluntary Organisations (CVO)
Mr Eddie Docherty	Associate Nurse Director NHS Ayrshire & Arran
Ms Susan Taylor	Chief Social Work Officer
Ms Jennifer Elliot	East Ayrshire Council Trade Union Representative
Mr Ian Smith	Public Partnership Forum (PPF)
Irma Rewcastle	Unpaid Carer Representative
Mr Gordon McKay	Staff Partnership – NHS Ayrshire & Arran
Mr Craig McArthur	Chief Finance Officer
Dr John Freestone	Clinical Lead
Philip Korsah	Associate Medical Director , NHS Ayrshire and Arran

The Board also agreed that a number of other officers will attend as professional advisors these include;

Annemargaret Black	Head of Service Community , Health and Care
Pamela Milliken	Head of Service Primary Care, OOH and Community Response
Erik Sutherland	Senior Manager Policy Planning and Performance
Amanda McInnes	Senior Manager Business Support
Alex McPhee	Senior Manager Finance
Margaret Phelps	Partnership Programme Manager
New appointment to be confirmed (October 2015).	Public Health Consultant

An IJB Induction Programme is in place and is being delivered through a series of Development Days to support our new members in understanding their financial and governance responsibilities but also to provide the opportunity to shape the vision and direction of the Partnership. The members have already agreed the code of conduct and standing orders for the IJB. A Volunteer Expenses Policy is in place and declarations of interest register has been established.

Appointment and Secondment of Chief Officer

The appointment and secondment of Eddie Fraser as Chief Officer was confirmed by the IJB at their meeting on 2 April 2015. The Chief Officer appointed by the Integration Joint Board is employed by the Council and is seconded by the employing party to the Integration Joint Board and will be the principal advisor to and officer of the Integration Joint Board.

The Integration Joint Board is responsible for the operational oversight of Integrated Services, and through the Chief Officer will be responsible for the operational management of Integrated Services. The Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the senior management teams as such will operate as a Director of Health and Social Care and report to both Chief Executives within Health Board and Council.

Delegation of Functions

The Integration Scheme sets out the functions that are to be delegated from the Council and the NHS Board to the Integration Joint Board, and includes the prescribed matters set out in The Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014. In preparing the Integration Scheme the Council and the Health Board had regard to the planning principles, and the national health and wellbeing outcomes (sections 4 and 5 of the Public Bodies (Joint Working) Act 2014).

Services delegated by Health Board	Services delegated by the Local Authority
<ul style="list-style-type: none"> • Accident and Emergency • General Medicine • Geriatric Medicine • Rehabilitation Medicine • Respiratory Medicine • Palliative Care • All Community Hospitals (Kirklandside and East Ayrshire Community Hospital) • Community Nursing (District Nursing) • Community Mental Health, Addictions and Learning Disabilities Allied Health Professionals • Public Dental Services • Primary Care (General Medical Services; General Dental Services, General Ophthalmic Services, Community Pharmacy) • NHS Ayrshire Doctors on Call (ADOC) • Older People • Palliative Care provided outwith a hospital • Learning Disabilities Assessment and Treatment Services • Psychology Services • Community Continence Team • Kidney Dialysis Service provided outwith a hospital • Services provided by health professional which aim to promote public health • Community Children's Services (School Nursing, Health Visiting, Looked after Children's Service) [non medical] • Community Infant Feeding Service • Child and Adolescent Mental Health Services • Child Health Administration Team • Area Wide Evening Service (Nursing) • Prison Service and Police Custody services • Family Nurse Partnership • Immunisation Service • Telehealth and United for Health and Smartcare European Programme and workstreams 	<ul style="list-style-type: none"> • Social work services for adults and older people; • Services and support for adults with physical disabilities, learning disabilities; • Mental health services; • Drug and alcohol services; • Adult protection and domestic abuse • Carers support services; • Community care assessment teams; • Support services; • Care home services; • Adult placement services; • Health improvement services; • Aids and adaptations and gardening services; • Day services; • Local area co-ordination; • Respite provision; • Occupational therapy services; • Re-ablement services, equipment and telecare. <ul style="list-style-type: none"> • Criminal justice social work services • Children and families social work services

Delegated Functions

East Ayrshire Council and NHS Ayrshire and Arrans Scheme(s) of Delegation have been amended to reflect the new arrangements put in place with the establishment of the Integration Joint Board. Now that management, professional leadership and governance arrangements are established, the Health and Social Care Partnership is progressing with developing an internal Scheme of Delegation.

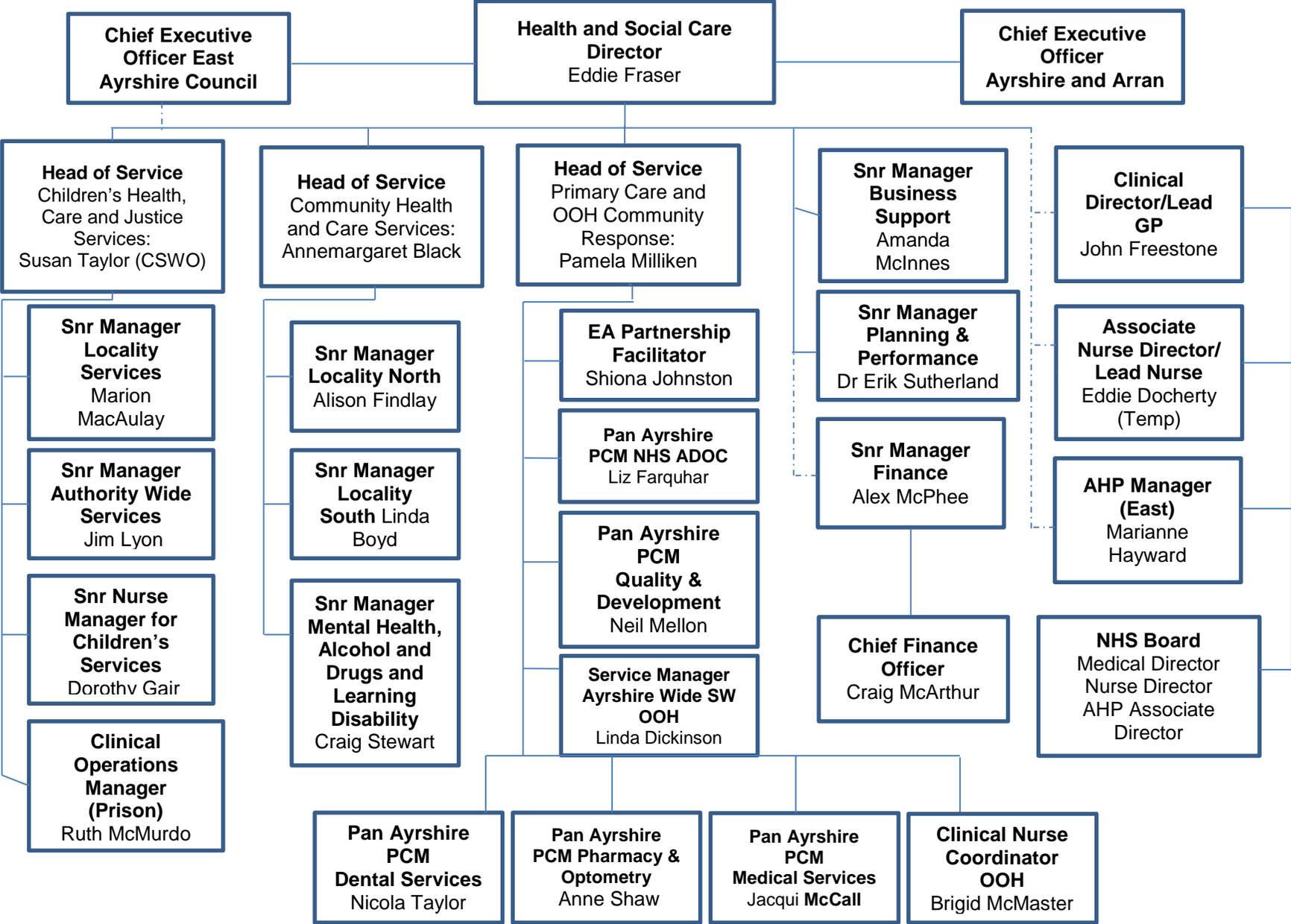
4. HEALTH AND SOCIAL CARE PARTNERSHIP STRUCTURE

In order to oversee the management and delivery of the delegated functions a new management reporting structure for the Health and Social Care Partnership was developed in consultation with staff partnership and employee representatives from Health Board and Council.

This management structure was approved by the Shadow Integration Board on 24 February 2015. The new structure detailed below comprises Director of Health and Social Care supported by three Heads of Service, namely, Head of Service Children's Health, Care and Justice Services, Head of Service Primary Care and Out of Hours Community Response and Head of Service Community Health and Care. Heads of Service are supported by seven Service Managers. Following a recruitment process all of the postholders have been identified and all new employees will be in place by autumn 2015.

The structure also provides for professional leadership and governance and the Planning and Business Support arrangements.

East Ayrshire Health and Social Care Partnership



5. STRATEGIC PLAN

Local Operational Arrangements

The Strategic Plan sets out the vision, values, and strategic priorities for the Partnership over the first three years. The new Partnership had the benefit of building on work and membership of the previous Community Health Partnership Forum to enable the Shadow Integration Board at their meeting on 19 August 2014, to approve the governance arrangements and the membership of the Strategic Planning Group, as set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

- People who use health and care services;
- Unpaid Carers;
- Commercial providers of healthcare;
- Non-commercial providers of healthcare;
- Commercial providers of social care;
- Non-commercial providers of social care;
- Social work and social care professionals;
- Health professionals;
- Non-commercial providers of housing;
- Third sector bodies carrying out activities related to health and social care

The Strategic Plan Action Plan, attached at Appendix 1, will be reviewed on an annual basis and will be submitted to both Council and NHS on an annual basis as part of the performance and reporting arrangements.

The Strategic Planning Group has been operational since spring 2014, as a more informal grouping of partners and stakeholders who were already meeting as part of existing Community Health Partnership arrangements. The membership was further expanded and now includes a strong representation from a range of partners and stakeholders who were instrumental in developing the Strategic Plan.

The Strategic Planning Group is chaired by the vice Chair of the IJB ensuring that there is strong governance and reporting arrangements in place.

East Ayrshire Strategic Planning Group Membership	
IJB Representatives - Vice Chair IJB Non – Executive Director NHS Ayrshire and Arran	Community Representatives – Coalfield Communities Federation and EA North Communities Federation
Community Planning Partnership Representative	Third Sector Representative - Council of Voluntary Organisation (EA)
Carers Representative	Chief Financial Officer
Independent Sector Representative - Scottish Care	Children Services - EAC Head of Service Community Support
Primary Care Representatives - Area Optical Professional Committee Area Pharmaceutical Professional Committee GP sub Committee	East Ayrshire HSCP Service Representatives - Finance Community Health and Care Children, Health , Care and Justice Business Support Policy and Planning
Pan Ayrshire Service Representatives (East) Allied Health Professional Community Nursing Mental Health Services	Public Health Representatives - Health Improvement Services Public Health Consultant
EAC Neighbourhood Services Vibrant Communities Housing Services	People who use services Representative - Patient Partnership Forum
Employee Representatives – EAC Trade Union Rep Staff Partnership	NHS Ayrshire and Arran Acute Services

The group established a model of working which included monthly business meetings alternated by a wider workshop format which allowed for the involvement of wider partners and stakeholders. This enabled for a wide engagement and consultation in developing the Strategic Plan.

During 2014/15, the Strategic Plan was finalised following a number of consultation and engagement events, including an online presence and face to face events. A final draft was approved by the Shadow Integration Board on 26 March 2015. In developing the Strategic Plan, a Summary Strategic Plan and a Strategic Plan Action Plan were also produced to support the more detailed Plan. All of these documents are available on Council, NHS Ayrshire and Arran and Community Planning Partnership websites.

Strategic Planning Group

The Strategic Planning Group have identified four priorities to be progressed during 2015/16, namely,

- Care for Older People;
- Health Inequalities;
- Preventing Ill Health and;
- Supporting People with Long term Conditions.

These priorities will be progressed by task and finish groups bringing together partners and services at a locality level.

The process taken to develop the East Ayrshire Strategic Plan has been identified nationally as a model of good practice and the Director has been requested to present at a number of national events to share the approach taken within Ayrshire with colleagues across Scotland.

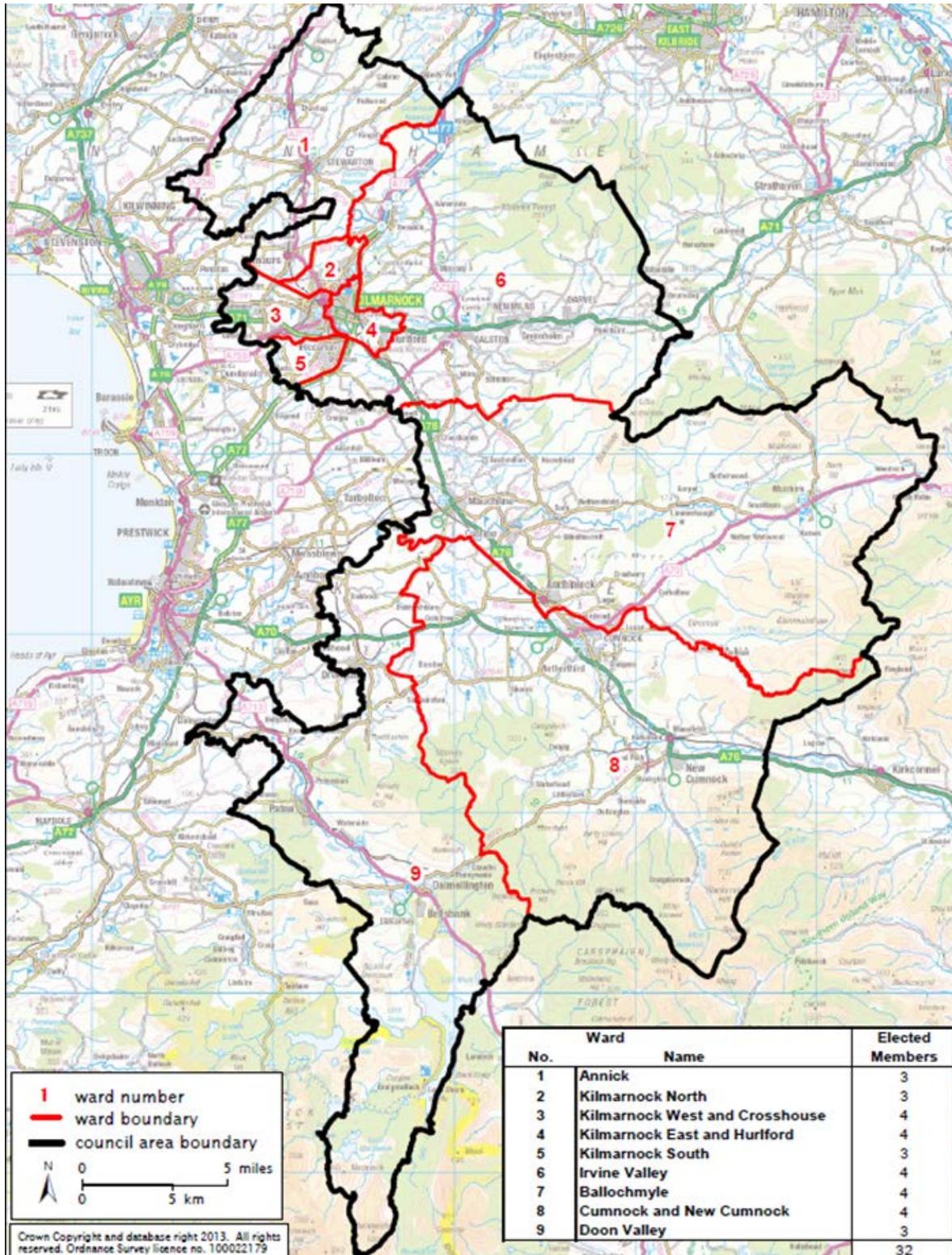
<http://www.east-ayrshire.gov.uk/SocialCareAndHealth/EastAyrshireHealthandSocialCarePartnership.aspx>

<http://www.nhsaaa.net/services-index/i-integration-of-health-and-social-care.aspx>

Locality Planning Arrangements

There is a range of strategic and operational arrangements linked to partnership working within East Ayrshire and the interface with natural communities. These include both planning and service arrangements, some are based geographically around our towns, some broader for North and South Localities, and some around communities of interest for example children's services around schools, or some health services around GP practices. This is supplemented by the ongoing development of the Community Led Action Plans at settlement level.

Locality arrangements need to be multi-disciplinary and multi-sectoral and allow for different local needs to be taken into account in strategic planning. Within Health and Social Care Partnership Multi-Member Wards are the focus of localities and these have been aggregated up to create four localities. The map below illustrates the new HSCP localities;



Multi Member Wards

6. PERFORMANCE TARGETS, IMPROVEMENT MEASURES AND REPORTING

Arrangements

The Integration Scheme is intended to achieve the national health and wellbeing outcomes, in addition East Ayrshire Health and Social Care Partnership have included three national outcomes for children and community justice. The Strategic Plan provides details on how these the outcomes will be achieved. There is also close alignment between the Health and Social Care Partnership and the outcomes set out in the Community Plan. In turn, these link directly to the National Outcomes through the Single Outcome Agreement. The table below details all 15 local outcomes.

The Health and Social Care Partnership is the lead on key areas of activity in the implementation of the Community Plan and coordinates activity for the Wellbeing theme of the Community Plan from April 2015. The Strategic Plan has a strong synergy through the Health and Social care national outcomes with the Wellbeing Delivery Action Plan. A Wellbeing Delivery Group, has been established, chaired by the Director of Health and Social Care, which brings together partners to ensure the coordination of activity and reporting to support the national outcomes.

In order to map the range of data being collection a Data Dictionary has been developed which provides information on the data gathering and reporting requirements for performance targets and improvement measures. The improvement measures will be a combination of existing and new measures with a strong link between local, partnership and national measures.

East Ayrshire Health and Social Care Outcomes	
National Outcomes for Children	
Outcome 1	Our children have the best start in life.
Outcome 2	Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
Outcome 3	We have improved the life chances for children, young people and families at risk.
Health and Wellbeing Outcomes	
Outcome 4	People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 5	People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Outcome 6	People who use health and social care services have positive experiences of those services, and have their dignity respected.
Outcome 7	Health and social care services are centred on helping to maintain or improve the quality of life of service users.
Outcome 8	Health and social care services contribute to reducing health inequalities.
Outcome 9	People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
Outcome 10	People who use health and social care services are safe from harm.
Outcome 11	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
Outcome 12	Resources are used effectively in the provision of health and social care services, without waste.
National Outcomes Criminal Justice	
Outcome 13	Community safety and public protection
Outcome 14	The reduction of reoffending
Outcome 15	Social inclusion to support desistance from offending.

Performance Management

A performance management approach is focused on a performance scorecard and improvement approach to deliver improved outcomes for individuals and communities. Performance scorecards are being utilised at a Partnership, Corporate and Service level with strong alignment to national, Partnership and local priorities.

Improvement Approach

Presentation to the IJB have demonstrated that to deliver positive outcomes for our communities it is essential that the Health and Social Care Partnership works across Social Care and Community, Primary Care, Acute health services and alongside Education, Vibrant Communities, Housing and Third and Independent sectors. Examples of areas of progress during 2014/15 are;

- Improving statistics in relation to problematic use of alcohol and drugs in partnership with Alcohol and Drugs Partnership
- Successful models of supported housing for adults with complex needs in partnership with East Ayrshire Council Housing, Registered Social Landlords and Third Sector care providers.
- Nationally recognised progress in implementing Self Directed Support legislation, with a Human Rights approach to delivering more choice and control to people who use services.
- The quality of care and leadership in our care homes has improved through partnership with Scottish Care in delivering My Home Life Development Programme.

- Fostering Services have demonstrated a continual reduction in the number and use of external foster care services from 60 to 42, since 2013, alongside an ongoing recruitment programme for more locally based foster carers.
- In response to the consultation on Community Justice Bill, a Pan Ayrshire working group, including representatives from three Ayrshire Partnerships, Community Planning Partnerships and Community Justice Authority has been established to consider the options available for the coordination of Community Justice Services in Ayrshire.

When preparations for Integration of Health and Social Care was first progressed a focus on improving the arrangements and consistency of discharge of older people from hospital. Since 2009, East Ayrshire has had a strong track record in consistently meeting the national targets for delayed discharge, however, there are continued concerns with the number of individuals with more complex needs who experience delays as a result of awaiting an assessment prior to discharge from hospital.

East Ayrshire Partnership has a lead role in coordination a pan Ayrshire response to the challenges faced by unscheduled care. A Discharge to Assess (D2A) initiative has been put in place to test a new approach which aims to reduce average length of stay for older people with complex needs and the number of bed days lost to delayed discharge. It will also test if there is a reduction in the requirement to use community hospitals to assess people for home/care home. Early indications from the first three months of the initiative are that the delays in discharge from hospital have been reduced from 17 days to 10 days.

Following this early success this new model will now be implemented with a 10 day discharge period as the norm and progress towards supporting people access appropriate care environment by 72 hours. The focus will now be on improving the re-ablement and rehabilitation pathways.

Audit and Performance

An Audit and Performance Committee has been established and is authorised to make reports and recommendations to the IJB. The Committee is remitted to promote the highest standards of conduct and professional behaviour, to ensure the Chief Officer and the IJB have in place arrangements for the preparation and implementation of the Performance Review, to review and approve the annual Internal Audit Plan, and to consider annual financial accounts and related matters before submission to and approval by the IJB. Members of the Committee include the Chief Financial Officer and the appointed Auditor and three voting members of the IJB.



Lilyhill Gardens Assisted Living Flats Kilmarnock 2015



Riverside Gardens Opening 2012



Cumnock Celebrate East Ayrshire on 15 August 2015



Protecting People Event 2015

7. FINANCIAL MANAGEMENT, FINANCIAL GOVERNANCE AND REPORTING

Appointment of Chief Financial Officer,

The Chief Finance Officer (CFO) appointment was approved at the IJB meeting of 2 April 2015, with the appointment of Craig McArthur, Head of Finance and ICT, East Ayrshire Council. The Chief Financial Officer is accountable to the Integration Joint Board for the planning, development and delivery of the IJB's financial strategy, for the provision of strategic financial advice and support to the Integration Joint Board and Chief Officer and for the financial administration and financial governance of the Integration Joint Board. The CFO is in attendance at the IJB meetings and is a member of the Audit and Performance Committee.

Financial Management, Financial Governance and Reporting

Financial management arrangements have been put in place and include approved Financial Regulations which detail the IJB's management of integrated resources. The Scottish Government established the Integrated Resources Advisory Group (IRAG) to consider the financial implications of integrating Health and Social Care and to help develop professional guidance. A key component of this guidance is the budget-setting due diligence process which is required to ensure that resources delegated from the partner organisations are sufficient for the IJB to carry out its functions and to identify current and historical cost pressures and demands and to allow the Partnership to proceed on a sound financial basis.

A key element of the due diligence process is the 2015/16 budget being assessed against actual expenditure for the most recent three financial years and to continue to monitor and review against actual expenditure over the course of the current financial year. The due diligence processes that have been/are being applied to the 2015/16 budget will be carried-forward to future financial years to ensure consistency in approach, allow the identification of continuing and additional budget pressures and associated risks and enable relevant management action to be taken. The final outturn report for 2014/15 is attached as Appendix 2 of this report. It demonstrates sound governance of the aligned budgets over this period within a challenging financial environment.

Each financial year, four consolidated financial management reports will be presented to the IJB. The three in-year reports will highlight the key financial issues underlying the projected outturn for the year and will outline management actions being undertaken to control and monitor projected budget variances. The final report which will be presented to the IJB following the end of the financial year will outline the unaudited draft final outturn position for the Partnership. Budgetary control reports are circulated to all budget holders on a 4 weekly/monthly basis for Council/NHS hosted services. Budget holders have access to dedicated accountancy staff within both partner organisations and also to the Senior Manager – Finance who undertakes a coordinating role across all elements of the Partnership budget on behalf of the Director and Chief Financial Officer.

IRAG has made a number of key recommendations, including the requirement for each IJB to put in place systems to establish good governance arrangements, including proportionate internal audit arrangements. The Chief Internal Auditor appointment was approved at the IJB meeting on 14 May 2015, with the appointment of Eilidh MacKay, Chief Auditor, and East Ayrshire Council. On or before the start of each financial year, the IJB Chief Internal Auditor will prepare and submit a strategic risk based audit plan to the IJB for approval. In addition, they will also submit an annual audit report of the Internal Audit function to the Chief Officer and the IJB indicating the extent of audit cover achieved and providing a summary of audit activity during the year. The annual audit report and the Chief Internal Auditor's opinion will also be reported to the Audit Committee of NHS Ayrshire and Arran and Governance and Scrutiny Committee of East Ayrshire Council.

The Audit and Performance Committee was established on 14 May 2015 and is key to ensuring that an effective assurance process is in place through assessment of objectives, risks and post integration performance results for the IJB. IRAG recognises that the post-integration period is a critical stage of the change process and the IJB Audit and Performance Committee has a key role in assessing whether the objectives of integration are on line to be achieved.

The three Ayrshire IJBs were the first in Scotland to become formally constituted in April 2015. Other Health and Social Care Partnerships across Scotland have recognised the good practice which has been adopted and have sought advice to assist in establishing their own IJBs through the Integration Finance Leads Network.

This assistance has included the formulation of Financial Regulations, due diligence processes, Terms of Reference for the Audit and Performance Committee and arrangements for financial management and reporting.

8. HEALTH AND CARE GOVERNANCE ARRANGEMENTS

Health and Care Governance arrangements are detailed in the Integration Scheme. There is delegation to the Integration Joint Board and the Chief Officer for appropriate health and care governance arrangements in respect of integrated functions. Local arrangements established have regard to the Scottish Government's draft Clinical and Care Governance Framework. The Partnership is responsible for the quality of our directly delivered and commissioned services. Health and Care Governance arrangements set out in the Integration Scheme integrated management responsibilities over skills, knowledge, practice support and supervision. Professional leadership and advice is also explicitly covered with reference to the Chief Social Work Officer or relevant Health Lead.

A Health and Care Governance Group has been established which, will report to the Chief Officer and through him to the Integration Joint Board. The membership reflects the professional groups within the partnership including nursing, medical, social work and primary care colleagues. The IJB has taken the opportunity to ensure that there is involvement from all areas of responsibility and have included GP Practice Managers.

The role of the Health and Care Governance Group is to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity.

When clinical and care governance issues relating to our Lead Partnership Services in Primary Care and Out of Hours and Community Response are being considered, the Health and Care Governance Group will obtain input from the Health and Care Governance Groups of the other Ayrshire Health and Social Care Partnerships.

The governance arrangements will ensure that there is a strong link between health and care governance and existing arrangements within Health Board and Council to support public protection requirements. As such there were be a strong relationship developed between the multi agency Adult Protection Committee, Child Protection Committee Violence Against Women Partnership, MAPPA arrangements and Alcohol and Drugs Partnership. New arrangements are being developed to support the inclusion of wider partners involved in planning and commissioning for children and young peoples services. Once finalised this new group will be connected to the Health and Care Governance arrangements and to the Community Planning Partnership governance arrangements.

Professional Development

The Partnership has demonstrated their commitment to continued investment in professional development for the workforce, to support employees to maintain service standards and to ensure the delivery of high quality services. An ongoing programme of professional development is offered through Organisational Development, with additional dedicated support to the Partnership. The Partnership has identified additional resources through the Integrated Care Fund to extend this programme to wider partners.

This has enabled the Partnership to invest in additional training for District Nurses Personal Development Programme, Personal Care SVQ Development Programme, Self Directed Support Management and Practitioner Support Programme and the My Home Life Management Support Programme for care home employees from the independent sector. Our approach to supporting our own workforce and in particular our investment in supporting care home Managers through our partnership with Scottish Care has been recognised by the University of West Scotland as a model of good practice.

9. WORKFORCE PLANNING AND DEVELOPMENT

The HSCP recognises that the workforce is one of the main assets and key to the delivery of services that can achieve the best outcomes for our residents and communities. At present we have a total workforce comprising 797 health staff and 1401 social care posts. The employee rate for social care workforce is at 90% below our target rate of 95%. We know that there are recruitment and retention concerns in parts of our Partnership area and in particular the retention rate for Social Workers within the Cumnock and Doon valley area is very low. Other sectors have also indicated the difficulty in recruitment including Primary Care with General Practitioners reflecting a national shortage. We know that we also benefit from a stable workforce with a large number of people having a long service career with both health and social care settings. This brings its own challenges as we manage the succession planning as the older workforce staying in post for longer or as they leave through retirement or more recently voluntary severance, we need to plan to promote and encourage health and social care to younger people coming into the workforce for the first time.

As a manager of a large workforce in East Ayrshire there is a commitment to ensure the HSCP are able to support and develop the workforce and maintain quality standards of service. For the Partnership the workforce is not only comprises Health Board and Council employees but also recognises that in addition to our own workforce a number of our commissioned services are delivered in partnership with wider partners and independent sector workforce. There is a commitment by the Partnership to ensure that any organisational developmental opportunities are inclusive and are made available and delivered with wider partners, including the third and independent sector.

The Integration Scheme sets out the requirement for a Workforce Development Plan which will detail how the partnerships addresses workforce planning, learning and development and organisational development support for the workforce. A pan Ayrshire working group is in place to develop the strategy which will be available by October 2015. A Workforce Development Plan will be developed to reflect the specific requirements of East Ayrshire, this will take cognisance of the commitment to engaging and involving our wider partners.

An Organisational Development Strategy is already in place on a pan Ayrshire basis and reflects the requirements of East Ayrshire. Organisational Development support has been identified and aligned to ensure that the needs of the workforce in terms of organisational and cultural change is supported. Over the past year the Director has embarked on over 30 face to face consultation events focused on the Integration Scheme and Strategic Plan.

The events were not only gathered the views and consulted on the content of the Integration Scheme and Strategic Plan but assisted employees and partners to gain a greater understanding of and contribution to the vision and values of the Partnership. This is an ongoing programme as new employees and partners join. Heads of Service have developed a number of 'Getting to Know You' events aimed at supporting an understanding of the organisational and cultural change brought about by the creation of the Partnership. Employees tells us through our staff surveys that the briefings and events are welcomed but there are still more that we can do. We are reviewing how best to reach all of our employees and partners and will make greater use of social media to do so.

A joint Human Resources Group with representation from Council and NHS Ayrshire and Arran Human Resources has been in place to support and development of the new joint management structures and the recruitment, redeployment staff impacted by the organisational changes. Joint recruitment principles have been developed in support of this. An Induction Programme has been put in place to support the new Managers gain an understanding of their dual management role, become familiar with the policies and procedures of both employing bodies and to build their new teams.

Discussions are also underway with further and higher education establishments to develop and offer educational opportunities that will support our workforce planning needs in the future. As an organisation with a large number of employees, planning for future needs is paramount. Furthermore, operating within a semi-rural area the Partnership recognises the challenge to both provide employment opportunities and to retain an existing workforce.

10. PARTICIPATION AND ENGAGEMENT

The HSCP are committed to ensuring that a wide range of partners including Community Planning Partners, third sector, independent sector and communities have an opportunity to become engaged, involved and are able to contribute to the success of the Partnership. The Strategic Plan and locality planning arrangements are the mechanism for wider partners to engage and support the delivery of the Strategic Plan.

The Integration Scheme sets out the requirement for the consultation and engagement of key groups both as part of the development of the Integration Scheme itself and the Participation and Engagement Strategy. This strategy will provide information on how the IJB will engage and communicate with wider partners. A pan Ayrshire Working Group is in place to develop a draft strategy which will be subject to a period of consultation before final publication by March 2016.

East Ayrshire Partnership identified at an early stage that the continued involvement of partners would be key to the success of the strategic planning. Building on the strong foundation offered by the Community Health Partnership and the respective Community Health Forum structures in Ayrshire and Arran, the Shadow Integration Board confirmed their governance arrangements and extended the membership of the Strategic Planning Group. In addition to the prescribed groups identified through national guidance, the Partnership has included as wide a partner involvement as possible. Our Strategic Planning Group has been in operation for the last 18 months and has taken the lead in developing our vision, values, and strategic priorities detailed in our Strategic Plan.

Our locality planning arrangements will widen this involvement further by including representatives from localities. The priority in 2015/16 will focus on the four strategic priorities which will be progressed through task and finish groups. The membership of the groups will include wide involvement from community and voluntary sector, including Community Led Action Group members and local service providers, Housing, Education and Vibrant Communities services.



Learning Disability Awareness Week 2014 Tri Rugby Tournament



Learning Disability Awareness Week 2015



Learning Disability Awareness Week 2015 Stewarton Showcase



Thinking Differently Conference 2014



Ayrshire and Arran Sensory Plan Launch 2014

11. INFORMATION SHARING AND DATA HANDLING

In preparation for the development of the Integration Scheme, the Strategic Plan and the carrying out of delegated functions an information sharing protocol was developed between East Ayrshire Council and NHS Ayrshire and Arran.

Community Planning Partnership has well-established mechanisms in place to assist with the sharing of information. The Ayrshire and Arran Datasharing Partnership has a clear role to oversee and promote the good practice protocols for information sharing. In recognition of this role the Data Sharing Partnership invited the IJB to formally participate in the Ayrshire Information Sharing Protocol and this was finalised in July 2015.

Datasharing in Ayrshire is key to promoting improved service delivery to our communities. Recent legislation including Public Bodies (Joint Working) (Scotland) Act 2014 and Children and Young People's Act 2014 both identified information sharing as an early priority. The use of Ayrshare, as an IT tool is recognised nationally as a good model for information sharing. As the lead partnership for Primary Care we are exploring how best to develop PID whilst recognising the challenges faced by multiple ICT systems and interface compatibility issues.

A pan Ayrshire working group has been tasked with and resourced by all three Partnerships to identify solutions that can address these concerns and progress is being made through the use of ICT equipment and the co-location of services.

12. RISK MANAGEMENT

The Integration Scheme requires a Risk Management Strategy to be developed in the first year. A Risk Register has been developed for the Integration Joint Board and a Risk Management Group, has been established. This Committee reports directly to the IJB on a quarterly basis and links to the existing Risk Management Groups within Health Board and Council. The Summary Risk register is attached at Appendix 3.

A Resilience Group focused on Civil Contingencies, Recovery and Business Continuity and will link to the NHS Ayrshire and Arran Civil Protection Steering Committee and the East Ayrshire Civil Contingencies Planning Liaison Group. A Health and Safety and Wellbeing Committee has been established reporting quarterly to the IJB and linking to the respective Health and Safety Groups within Health Board and Council.

This approach will ensure synergy between the needs of the Partnership and Health Board and Council. All of these arrangements will be managed at a Partnership, Corporate and service level with corresponding management arrangements to reflect the appropriate level of responsibility. In addition to the quarterly reporting to the IJB, the Audit and Performance Committee will require to oversee and comment on performance.

13. EMPLOYEE RELATIONS

Ayrshire and Arran Health Board and East Ayrshire Council have existing mechanisms in place to support the communication and involvement of employee representatives. Within the Health Board, Staff Partnership arrangements continue with the Joint Consultative Council and collective bargaining arrangements in place for Council employees.

Employee representation is already established within the Partnership; the IJB and the Strategic Planning Group has representation from both Staff Partnership and Unions. The Audit and Performance Committee also includes employee representatives as does the pan Ayrshire Human Resources and Organisational Development Group.

The Partnership are keen to support the earliest involvement of employee representatives in discussions around the shape and design of services. To assist with this a Joint Communication Forum has been created bringing together employee representatives from Health Board and Council. This joint Forum is a communication only mechanism is not intended to replace the existing arrangements. The Forum will provide the opportunity for employees and Senior Management Team to have an open dialogue at the earliest stage on any proposals in relation to service changes. As part of the initial discussion the Director has highlighted the intention to discuss initial proposals for service reviews.

14. LOOKING FORWARD

The establishment of the East Ayrshire Integration Joint Board provides the opportunity to not only to meet the legislative requirements and to deliver on the national health and wellbeing outcomes but also to make real improvements to people lives. The vision for the Health and Social Care Partnership recognises that;

Working together with all of our communities to improve and sustain wellbeing, care and promote equity.

The Scottish Government have issued Core Suite of indicators and measures as reporting requirements on the nine national health and wellbeing outcomes. Work is underway to align these with the Wellbeing Delivery Plan and the Strategic Plan. As an IJB we have made good progress in identifying what we want to achieve in the first three years within our Strategic Plan 2015/18 and aligned this with the Community Planning Partnership Wellbeing Delivery Plan.

Our initial Strategic Plan will be in place for a 3 year period, and will be delivered with support from our service plans. We have identified an additional four strategic priorities for 2015/16;

- Care for Older People;
- Health Inequalities;
- Preventing Ill Health and;
- Supporting People with Long term Conditions.

The next steps will involve bringing together as many representatives as possible at a locality level to progress and respond to the challenges presented by these strategic priorities. We will involve and engage with partners from all sectors in shaping our locality arrangements to bring a range of expertise and innovative responses to the challenges we face.

The focus on an improvement approach will be reported through our Audit and Performance Committee who will provide scrutiny and ensure accountability for the IJB.

We know there are existing reporting requirements and commitments that we have in place through our Community Planning arrangements and the thematic action plans, and with the 2020 Vision for Health and Care. Legislative requirements in addition to the Public Bodies Act include implementation of the Children and Young People's Act 2014 and more recently the Community Empowerment Act 2015 and the Mental Health Act, both of which have been passed by Parliament this summer.

The strategic planning approach will see that the Partnership is at the forefront of shaping services that are innovative, tackle inequalities and meet the outcomes of our residents. Working collaboratively with colleagues and partners in the independent, third sector, within our Acute services and with our Primary Care contractors will be key to bringing about services that are closer to our communities.

Some of our current initiatives to bring about innovative change include leading on a pan Ayrshire, for example the work to bring about the **Primary Care Development Event** – Ambitious for Ayrshire in late August, this supports the conversation with our colleagues in Pharmacy, General Practice and Optometry on how we can achieve their vision for services in Ayrshire.

Unscheduled Care is another pan Ayrshire area where East Ayrshire is the lead. This new approach - Discharge to Assess - which has demonstrated real reduction in delays to discharge from hospital setting from 17 days to 10 days for individuals with complex conditions.

The participation and engagement of our partners are key to the success of our strategic planning and locality planning approach to service delivery and service redesign. We are keen to encourage local involvement in the recently launched **National Conversation** on Creating a Healthier Scotland. Our strategic planning and locality planning partnership arrangements offer a good opportunity to take this discussion to our local communities.

We are continually looking at new ways of ensuring that we are communicating with our employees, partners and our communities. Over the coming months we will be making greater use of social media to inform about the progress we are making and notify of new initiatives and events.

By making better use of Smart Supports has transformed the lives of many of our residents; allowing them to better manage their own health and care and to live safely in their own homes for longer. Working in partnership with CVO (EA) to establish a new Digital Hub we will continue to see the benefits that can be achieved through advances in technology. The Digital Hub will be a partnership resource showcasing a wide range of technology designed to promote a more preventative approach. The hub will be managed by CVO (EA) and housed within their new town centre social enterprise which comprises flexible venue space and cafe/restaurant facilities. The new facility will be available to people who use services, health and social care professionals and the general public.

We also want to know how we are doing and what we can do better or more efficiently. Working alongside the national initiative -**Our Voice**- will assist us to receive feedback on how we are doing and ensure we continue to provide good quality services for our residents.

The success of the Partnership will be not only be measured by how well we perform in achieving the policy ambition which seeks...

To improve the quality and consistency of services for patients, carers service users and their families; to provide seamless joined up quality health and social care services; in order to care for people in their own home or a homely setting, where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs many of whom are older

But most importantly it will be measured by how we treat our people whether these are our residents, our patients or our workforce and how we tackle the inequalities faced by many of our communities.

EAST AYRSHIRE

Health & Social Care
Partnership

EAST AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP ACTION PLAN 2015-2016

2 April 2015

HSCP DELIVERY ACTION PLAN: 2015-2016

INTRODUCTION

East Ayrshire Health and Social Care Partnership, as a new body corporate from April 2015, will by working to ensure a collaborative approach to tackling the challenges that face our communities; and lead the co-ordination and delivery of workstreams contained within the Community Planning Partnership Wellbeing Delivery Plan.

The strategic priorities for Wellbeing of the Community Planning Partnership are:

- Children and young people, including those in early years, and their carers are supported to be active, healthy and to reach their potential at all life stages.
- All residents are given the opportunity to improve their wellbeing, to lead an active, healthy life and to make positive lifestyle choices.
- Older people and adults who require support and their carers are included and empowered to live the healthiest life possible.
- Communities are supported to address the impact that inequalities have on the health and wellbeing of our residents.

BACKGROUND

The Health and Social Care Partnership will work with communities, the Third Sector and Partner agencies to ensure the co-ordination and delivery of the Community Planning priorities. The East Ayrshire Health and Social Care Partnership Strategic Plan sets out the ambition for East Ayrshire to deliver on these local priorities and also the aims of the Public Bodies (Joint Working) (Scotland) Act 2014, and drives the development of the Wellbeing Delivery Plan and the Strategic Plan Delivery Action Plan for the first year of the Partnership. The plan seeks to provide a framework that supports improvements in the quality, efficiency and consistency of health and social care services, outlining our vision, values and priorities for the partnership as it develops. Our Strategic Plan sets out an ambition of where we expect to be in three years, how we plan to get there, and what we will accomplish along the way. The Strategic Plan will allow for the delivery of delegated services from 1 April 2015.

OUR VISION

The Community Planning Partnership vision is:

East Ayrshire is a place with strong, safe and vibrant communities where everyone has a good quality of life and access to opportunities, choices and high quality services which are sustainable, accessible and meet people's needs.

To support the Wellbeing Delivery Plan, the Health and Social Care Partnership vision is:

Working together with all of our Communities to improve and sustain wellbeing, care and promote equity.

OUR OPERATING PRINCIPLES

The Health and Social Care Partnership, in developing core values which will support how partners work together to plan, co-ordinate and deliver on identified priorities, recognises the existing values of the Health Board and Council:



We commit to working in a way that is Empowering, Supportive, Inclusive and Seamless at the point of delivery.

PARTNERSHIP OUTCOMES

Scotland Performs, the National Performance Framework, underpins the delivery of the Scottish Government agenda and supports an outcomes-based approach to performance.

The Scottish Government has outlined nine National Health and Wellbeing Outcomes, which provides the performance framework for integrated health and social care services. Recognising the specific needs of our children and young people, the East Ayrshire Health and Social Care Partnership has also agreed to include three national outcomes for Children. These twelve national outcomes will be reported through the Strategic Plan/Wellbeing Delivery Plan for the Health and Social Care Partnership.

The outcomes will be evidenced through reporting on nationally gathered data, supported by local measures which will be monitored more frequently to support improvement and performance management arrangements within the partnership. This will be developed using a partnership performance framework, and reported through the electronic performance management system.

By adopting a focus on locality planning, our communities will be at the heart of service development and delivery in East Ayrshire. There are 35 natural communities in East Ayrshire and, in order to develop services at as local level as possible, we are working to build on our knowledge and understanding of communities' needs across agencies and current service delivery to shape future service provision.

TACKLING INEQUALITIES

In East Ayrshire, like many other communities, there are significant challenges in respect of health and wellbeing and this is reflected within our Community Plan, the Council's Strategic Priorities and the Health and Social Care Partnership Strategic Plan. These challenges include:

- the impact of changes in demography with a growing older population requiring higher levels of support;
- the inequalities in health, life expectancy and healthy life expectancy experienced in our communities;
- the negative impact of misuse of alcohol and drugs has on individuals, their children, their families and communities; and
- the need to support and nurture children in their early years and beyond.

The integration of health and social care will be a further opportunity to address the deep seated inequalities by focusing social care and wellbeing in the regeneration of our communities. The factors that contribute are complex and tackling inequalities requires action across a wide range of policy areas, including employment, housing, public services, education and the economy, with a specific focus on disadvantaged groups and deprived areas. The emphasis on early intervention and prevention will be key to addressing these inequalities along with the provision of services which seek to alleviate the impact of the inequalities on individuals and communities.

Along with our Community Planning Partners we seek to:

- **MITIGATE** the impact of inequalities through provision of support and delivery of services;
- work to **PREVENT**, individuals and communities experiencing inequalities; and
- take action and influence to **UNDO** the root causes of Inequalities.

EARLY INTERVENTION AND PREVENTION

Community Planning partners recognise the value of early intervention in building the capacity of individuals, families and communities to secure the best outcomes for themselves. It is about putting people first, moving from intervention when a crisis happens towards prevention, building resilience and providing the right level of support at the right time.

Strategic Priorities

- Children and young people, including those in early years, and their carers are supported to be active, healthy and to reach their potential at all life stages
- All residents are given the opportunity to improve their wellbeing, to lead an active, healthy life and to make positive lifestyle choices
- Older people and adults who require support and their carers are included and empowered to live the healthiest life possible
- Communities are supported to address the impact that inequalities has on the health and wellbeing of our residents

LOCAL OUTCOME 1	Children and young people, including those in early years, and their carers are supported to be active, healthy and to reach their potential at all life stages
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PRIORITY 1.1 Health and Social Care Partnership National Outcome	Our children have the best start in life
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Actions	
1	Implement the Getting It Right for Every Child (GIRFEC) Action Plan to: <ul style="list-style-type: none"> • Build solutions with and around children, young people and families; • Work together to improve the life chances of children, young people and families; and • Support a positive shift in culture, systems and practice.
2	Put in place a locality approach to supporting wellbeing among children, young people and their parents.
3	Improve access to early support, building parenting capacity and access to local information and community support.
4	Deliver more flexible support for early learning and childcare.
5	Provide opportunities to improve the health and wellbeing of children and young people and their families, encouraging them to adopt an active healthy lifestyle.
6	Support the implementation of the key priorities within Corporate Parenting Strategy by: <ul style="list-style-type: none"> • Improving the health and wellbeing of Looked After children and young people; and • Maximising opportunities for children and young people’s development through play, music, sport and leisure, and community learning opportunities.
7	Address the health needs of vulnerable children and young people and promote integration into mainstream services.
8	Support the implementation of the Best Start in Life by: <ul style="list-style-type: none"> • Increasing opportunities for parents to train as peer supporters; • Providing early, pre-birth support, for all vulnerable pregnancies; and • Increasing access to early supports for families to avoid crisis.

Actions

9	Facilitate opportunities for families to be in greater control of services.
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Draft Measures of Success Indicator(s) - (Frequency/Type/Source)		Baseline	'Progress' Target/s to 2018	'End' Target/s Direction of travel
1.	Percentage of children reaching all of the expected developmental milestones at the time the child starts primary school [Children and Young People Plan Draft Stretch Aim] Annual/East Ayrshire Council	TBC	90%	Maintain
2.	Percentage of children with an identified 'named person' [Children and Young People Plan Draft Stretch Aim] Annual/East Ayrshire Council	TBC	100	Maintain
3.	Percentage of women drinking alcohol in pregnancy [Children and Young People Plan Draft Stretch Aim] Annual/East Ayrshire Council	60%	Reduction of 25%	Reduction
4.	Percentage of eligible clients offered Family Nurse Partnership service who are enrolled [Children and Young People Plan Draft Stretch Aim] Annual/East Ayrshire Council	TBC	75%	Maintain
5.	Percentage of children in primary 1 with no obvious dental decay experience Every 2 years/NHS Ayrshire and Arran (National Dental Inspection Programme)	63.9% (2014)	Increase to 65%	Increase to 68%
6.	Estimated percentage of children with a healthy weight in primary 1 Annual/NHS Ayrshire and Arran (ISD Scotland)	72% (2013/14)	Increase in percentage of children with a healthy weight in primary 1	Increase to 77% of children with a healthy weight in primary 1
7.	Percentage of new-born children exclusively breastfed at 6-8 weeks Annual/East Ayrshire Health and Social Care Partnership	24.3% (2012/13)	Increase to 25.9%	Increase to 27.5%
8.	Percentage of babies with a healthy birth weight Annual/NHS Ayrshire and Arran (ISD Scotland)	89.4% (2013)	Achieve and Maintain 90% babies with a healthy birthweight	Increase to 91% babies with a healthy birthweight
9.	Percentage of children in poverty (after housing costs) Annual/HM Revenue and Custom	26%	Reduction	Reduction

LOCAL OUTCOME 1

Children and young people, including those in early years, and their carers are supported to be active, healthy and to reach their potential at all life stages

PRIORITY 1.2

Health and Social Care Partnership
National Outcomes

**Our young people are successful learners, confident individuals, effective contributors and responsible citizens
We have improved the life chances for children, young people and families at risk**

Actions	
1	Address the emotional wellbeing needs of vulnerable children and young people, promote early intervention and joint working to sustain children and young people in mainstream services.
2	Through the Early Years Collaborative test changes in ways of working and extend these where they are shown to be effective.
3	Improve the educational support for children and young people who are looked after.
4	Provide secure employment opportunities and positive destinations for vulnerable young people leaving education.
5	Increase volunteering opportunities and employment initiatives for young people and adults.
6	Improve co-ordinated supports for young carers.
7	Reduce offending behaviour amongst under 18 year olds and improve community safety.
8	Enhance befriending and peer mentoring support services.
9	Further embed the nurture approach.
10	Provide opportunities for all children, particularly the most vulnerable, to access leisure services, physical activity and active citizenship.

Draft Measures of Success Indicator(s) - (Frequency/Type/Source)		Baseline	'Progress' Target/s to 2018	'End' Target/s Direction of travel
1.	Percentage of children successfully experiencing and achieving Curriculum for Excellence Second Level Literacy, Numeracy and Health and Wellbeing outcomes in preparation for secondary school [Raising Attainment for All stretch aim 1] <small>Annual/East Ayrshire Council</small>	TBC	85%	Maintain
2.	Percentage of all children successfully experiencing and achieving Curriculum for Excellent Third Level Literacy, Numeracy and Health and Wellbeing outcomes in preparation for Senior Phase [Raising Attainment for All stretch aim 2]. <small>Annual/East Ayrshire Council</small>	TBC	TBC	Increase to 85% by 2019
3.	To ensure that looked after children achieve a minimum of 200 tariff points by the time they leave full-time education [Children and Young People Plan Draft Stretch Aim] <small>Annual/East Ayrshire Council</small>	TBC	90%	Maintain
4.	Percentage of young people going on to positive participation destinations on leaving school [Raising Attainment for All stretch aim 3] Also reported in Economy and Skills <small>Annual/East Ayrshire Council</small>	92.1%	Increase to 95%	Increase to 100% by 2030
5.	Children and young people surveyed agree or strongly agree with the statement <i>I can talk about my feelings and relationships</i> [Children and Young People Plan Draft Stretch Aim] <small>Annual/East Ayrshire Council</small>	TBC	95%	Maintain
6.	To ensure East Ayrshire foster carers have access to training and development in nurture principles and are supported to use them in daily practice [Children and Young People Plan Draft Stretch Aim] <small>Annual/East Ayrshire Council</small>	TBC	80%	Maintain

LOCAL OUTCOME 1	Children and young people, including those in early years, and their carers are supported to be active, healthy and to reach their potential at all life stages
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PRIORITY 1.3 Health and Social Care Partnership National Outcome	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
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Action	
1	Ensure all young carers are identified and receive the support required.
2	Improve the early identification of carers and signposting to third sector.
3	Continue to provide support to carers ensuring services are responsive to local needs.

Draft Measures of Success Indicator(s) - (Frequency/Type/Source)		Baseline	'Progress' Target/s to 2018	'End' Target/s Direction of travel
1.	Number of young carers identified	60 (2013/14)	Increase to 80 new young carers each year	Increase in number of new young carers
2.	Number of young carers sign posted to the Third sector	50 (2013/14)	Increase to 66 young carers each year	Increase in number of young carers sign posted to the Third Sector

LOCAL OUTCOME 2	All residents are given the opportunity to improve their wellbeing, to lead an active, healthy life and to make positive lifestyle choices
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PRIORITY 2.1 Health and Social Care Partnership National Outcome	People are able to look after and improve their own health and wellbeing and live in good health for longer
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Actions	
1	Support a community focused Alcohol and Drugs Prevention: Positive attitudes, positive choices by: <ul style="list-style-type: none"> • Working to reduce the number of individuals who drink above recommended daily and weekly guidelines; • Increasing knowledge and changing attitudes to alcohol; and • Reducing the acceptability of hazardous drinking and drunkenness.
2	Increase the range of anticipatory care interventions for our most vulnerable groups so that people can be supported to manage long term conditions.
3	Implement actions to support the priorities of the Sexual Health Strategy by: <ul style="list-style-type: none"> • Reducing the levels of unplanned teenage pregnancies; and • Increasing awareness and knowledge of the factors which affect sexual health and wellbeing.
4	Extend physical activity and healthy eating programmes to support adults with complex health needs to make positive behaviour changes.
5	Increase the number of smoking cessation support/groups in order to reduce the high prevalence.
6	Ensure an integrated approach to the delivery and access to health improvement information, advice, guidance and health and wellbeing programmes within schools and early childhood centres.
7	Increase the capacity of communities to promote health and wellbeing through a locality planning approach, including the development of Community Led Action Plans.
8	Promote and improve peoples' health and wellbeing through volunteering and employment initiatives.
9	Promote walking, cycling and healthy lifestyles within schools and workplaces.

Actions

10	Promote healthy working lives as partners and employers within our own workforces.
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Draft Measures of Success Indicator(s) - (Frequency/Type/Source)		Baseline	'Progress' Target/s to 2018	'End' Target/s Direction of travel
1.	Smoking prevalence Every 2 years/Scottish Household Survey	30.8% (2012/13)	Reduction to 27.2% in smoking prevalence	Reduction to 25.4% in smoking prevalence by 2030
2.	Pregnancy rates per 1,000 population among under 16 year olds (annual reporting of 3 year rolling average) Annual/East Ayrshire Health and Social Care Partnership	7.0 per 1,000 females aged 13- 15 years (2010/12)	Reduction to 5.7 per 1,000 females aged 13-15 years	Reduction to 0 per 1,000 females aged 13-15 years by 2030
3.	Patients hospitalised with alcohol conditions per 100,000 population Annual/East Ayrshire Health and Social Care Partnership	822.3	Reduction to 717 per 100,000 population by 2030	Reduction to 697 per 100,000 population by 2030 (Scottish average)
4.	Patients hospitalised with drug related conditions per 100,000 population Annual/East Ayrshire Health and Social Care Partnership	239	Reduction to 203 per 100,000 population by 2030	Reduction to 182 per 100,000 population by 2030

LOCAL OUTCOME 2	All residents are given the opportunity to improve their wellbeing, to lead an active, healthy life and to make positive lifestyle choices
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PRIORITY 2.2 Health and Social Care Partnership National Outcome	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
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Actions	
1	Promote a Recovery approach to tackling alcohol and drug dependency by: <ul style="list-style-type: none"> Increasing the number of problem drug/alcohol users being discharged from service to positive destinations; and Reducing the impact of problem drug/alcohol use on local communities.
2	Increase the number of people with palliative care needs being supported at home.
3	Support wellbeing and resilience in communities through physical activity and sport; encouraging and enabling the active to stay active (Active Scotland)
4	Increase the provision of Childsmile interventions within all Public and General Dental Practitioners.
5	Develop a Participation and Engagement Strategy to ensure people who use services can be involved in the design and delivery of services

Draft Measures of Success Indicator(s) - (Frequency/Type/Source)		Baseline	'Progress' Target/s to 2018	'End' Target/s Direction of travel
1.	Percentage of people who need help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery <small>Annual/East Ayrshire Health and Social Care Partnership</small>	94.9%	Achieve and maintain 90% (HEAT Standard)	Achieve and maintain 90% (HEAT Standard)
2.	Percentage of time in the last 6 months of life spent at home or in a community setting (as appropriate to the individual) <small>Annual/East Ayrshire Health and Social Care Partnership</small>	90.4% <small>people aged 75+ years (2012/13)</small>	Increase to 91.3%	Increase to 91.7% by 2030
3.	Percentage of children in primary 1 with no obvious dental decay experience <small>Every 2 years/NHS Ayrshire and Arran (National Dental Inspection Programme)</small>	63.9% (2014)	Increase to 64%	Increase to 65% by 2030

LOCAL OUTCOME 3	Older people and adults who require support and their carers are included and empowered to live the healthiest life possible
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PRIORITY 3.1 Health and Social Care Partnership National Outcome	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
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Actions	
1	Prevent avoidable hospital admission and support discharge by further developing intermediate care services.
2	Improve access to services through a Single Point of Contact (SPOC), to support locality planning.
3	Pilot the implementation of the 'house of care' approach in primary care. (NB: House of Care approach promotes joint decision making, goal setting and action planning with people living with multiple long term conditions.)
4	Put in place integrated pathways for people with more than one long-term condition (multi-morbidities).
5	Support independent living and inclusion by increasing and expanding the number of minor aids and adaptations.
6	Continue to develop varying needs housing which is flexible and able to meet the needs of our populations.
7	Further develop programme of activities available in Supported Accommodation Units (SAU) for the wider community to attend.
8	Address the health needs of vulnerable client groups and facilitate integration into mainstream services.
9	Tackle isolation through further developing adult befriending services.
10	Establish a community digital hub for telecare and telehealth where people can learn about new technology and smart supports from peers in a homely environment.

Actions

11	Extend telehealth pilots working closely with Primary Care.
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Draft Measures of Success Indicator(s) - (Frequency/Type/Source)		Baseline	'Progress' Target/s to 2018	'End' Target/s Direction of travel
1.	Bed days lost as a result of delayed discharge Annual/East Ayrshire Health and Social Care Partnership	6,730 (391 registrations) (2013/14)	Reduction to 5,865 bed days lost as a result of delayed discharge	Reduction 1,173 bed days lost as a result of delayed discharge
2.	Number of bed days per 1,000 population for long term conditions (asthma, COPD, heart failure, diabetes) Annual/East Ayrshire Health and Social Care Partnership	9,523	Reduction to 8,877 per 1,000 population	Reduction to 8,712 per 1,000 population
3.	Emergency inpatient bed day rates for people aged 75+ per 1,000 population- NHS HEAT 2011/12 Annual/NHS Ayrshire and Arran (Change Fund Metric)	4,724 (2013/14)	Reduction 4,500 per 1,000 population	Reduction to 4,500 per 1,000 population
4.	Number of people using telecare/telehealth support packages Annual/East Ayrshire Health and Social Care Partnership	3,235	Increase to 3,600 telecare/telehealth support packages	Increase to 3,900 telecare/telehealth support packages

LOCAL OUTCOME 3	Older people and adults who require support and their carers are included and empowered to live the healthiest life possible
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PRIORITY 3.2 Health and Social Care Partnership National Outcome	People who use health and social care services have positive experiences of those services, and have their dignity respected
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Actions	
1	Ensure Personal Outcomes are identified as part of assessment process by utilising 'My Life My Plan' or similar planning toolkit.
2	Increase opportunities to gather views of people who use health and care services including participation in the Care Opinion Pilot.

	Measures of Success Indicator(s) - (Frequency/Type/Source)	Baseline	'Progress' Target/s to 2018	'End' Target/s Direction of travel
1.				
2.				

PERFORMANCE MEASURES TO BE CONFIRMED.

LOCAL OUTCOME 3	Older people and adults who require support and their carers are included and empowered to live the healthiest life possible
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PRIORITY 3.3 Health and Social Care Partnership National Outcome	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
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Actions	
1	Increase the use of telecare services to support older people and carers maintain their independence.
2	Increase the number of carers completing a Carers Support Plan.

Draft Measures of Success Indicator(s) - (Frequency/Type/Source)		Baseline	‘Progress’ Target/s to 2018	‘End’ Target/s Direction of travel
1.	Uptake of carers support plans (assessments) Annual/East Ayrshire Council	342 (2013/14)	Increase to 455	Increase to 660

LOCAL OUTCOME 3	Older people and adults who require support and their carers are included and empowered to live the healthiest life possible
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PRIORITY 3.4 Health and Social Care Partnership National Outcome	People who use health and social care services are safe from harm
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Actions	
1	Increase efforts to prevent and mitigate alcohol and drug related harm by: <ul style="list-style-type: none"> Minimising the risks to children and vulnerable adults as a consequence of substance misuse by ensuring early intervention and support is available.
2	Improve and promote early intervention, prevention and protection services for victims and perpetrators through the Violence Against Women Partnership (VAWP) to tackle violence against women and girls.
3	Continue to tackle early intervention and the prevention of harm across all of the protecting people agenda.
4	Support national campaigns and promote equality and tackle all forms of hate crime.
5	Review the vision, impact and role of community justice in line with the 'Future Model of Community Justice in Scotland' and ensure systems are fit for purpose going forward

Draft Measures of Success Indicator(s) - (Frequency/Type/Source)		Baseline	'Progress' Target/s to 2018	'End' Target/s Direction of travel
1.	Incidents of domestic abuse reported to the police (rate per 10,000 population) <small>Annual/Police Scotland</small>	Reported under Safer Communities		
2.	Community Payback Orders with a requirement of unpaid work where placements start within one week (%) <small>Annual/East Ayrshire Health and Social Care Partnership</small>	84%	Reduction to 80%	Reduction to 80%

LOCAL OUTCOME 4**Communities are supported to address the impact that inequalities has on the health and wellbeing of our residents****PRIORITY 4.1**Health and Social Care Partnership
National Outcome**Health and social care services contribute to reducing health inequalities**

Actions	
1	Tackle inequality through an approach which is inequalities sensitive across all sectors of our community but can also be more intense where disadvantage is greater.
2	Integrate income maximisation and financial inclusion expertise within frontline health and social care services.
3	Promote and support access to vacancies and volunteering and lifelong learning opportunities for people furthest from the labour market.
4	Further embed policies which empower and promote the wellbeing of employees.
5	Further develop opportunities which recognise everyone as equal partners in the design, delivery and evaluation of services and initiatives, recognising the assets and skills of all partners.
6	Seek opportunities to work with national partners to undo the structural causes to reduce inequalities with a focus on early intervention and prevention.

Draft Measures of Success Indicator(s) - (Frequency/Type/Source)		Baseline	'Progress' Target/s to 2018	'End' Target/s Direction of travel
1.	Life expectancy at birth – males/females Annual/East Ayrshire Health and Social Car	75.4 years males 79.5 years females	Increase to 76 years in male life expectancy Increase to 80 years in female male life expectancy	Increase to 77 years male in life expectancy Increase to 81 years in female life expectancy
2.	Mortality rates per 100,000 adults for people aged under 75 Annual/ East Ayrshire Health and Social Care Partnership	515.4	Reduction to 506	Reduction to 400
3.	Deaths per 100,000 population from coronary heart disease (CHD) (under 75 years) Annual/East Ayrshire Health and Social Care Partnership	62.9	Reduction to 58.4 in mortality rate for coronary heart disease	Reduction to 56.2 in mortality rate for coronary heart disease
4.	Deaths per 100,000 population from all cancers (under 75 years) Annual/East Ayrshire Health and Social Care Partnership	158.4.	Reduction to 154 in mortality rate for cancer	Reduction to 151 in mortality rate for cancer

LOCAL OUTCOME 4	Communities are supported to address the impact that inequalities has on the health and wellbeing of our residents
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PRIORITY 4.2 Health and Social Care Partnership National Outcome	People who work in health and social care services feel engaged in the work they and are supported to continuously improve the information, support, care and treatment they provide.
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Actions	
1	Support our workforce to deliver high quality services through ; <ul style="list-style-type: none"> • Engagement work in partnership • Workforce Planning • Organisational Development within the Partnership
2	Work with partners to develop a Pan Ayrshire Workforce Development Strategy
3	A Workforce Development Action Plan will be produced in year 1 (2015/16)

NATIONAL OUTCOME	Our public services are high quality, continually improving, efficient and responsive to local people's needs
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PRIORITY Health and Social Care Partnership National Outcome	Resources are used effectively and efficiently in the provision of health and social care.
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Actions	
1	Commitment to a programme of service reviews <ul style="list-style-type: none"> • Nursing Services • Community Care • Out of Hours Services Medical services • Interface Community Services and Acute Services for Unscheduled Care • Unscheduled Care Services ICES, Community ward
2	Consider how Health and Social Care relate to Justice Services
3	Embed partnership arrangements for health and safety, risk management, business continuity and resilience.
4	Work to take forward the development of information communication technology to support integrated working at an operational level.

East Ayrshire Health and Social Care Partnership - Revenue Budget Monitoring 2014/15
Consolidated Monitoring Report
Period 12 : 1st April 2014 - to 31st March 2015

Service Division	Annual Estimate 2014/15 £m	Actual Expenditure to 31/3/15 £m	Variance (Favourable) / Adverse £m
Core Services			
LEARNING DISABILITIES	15.690	16.097	0.407
MENTAL HEALTH	4.996	5.103	0.107
ADDICTION	2.052	1.997	(0.055)
ADULT SUPPORT & PROTECTION	0.453	0.453	0.000
OLDER PEOPLE	35.487	35.603	0.116
PHYSICAL DISABILITIES	0.764	0.710	(0.054)
SENSORY	0.231	0.223	(0.008)
SERVICE STRATEGY	4.400	4.230	(0.170)
TRANSPORT	0.432	0.432	0.000
COMMUNITY NURSING	5.909	5.863	(0.046)
PRESCRIBING	23.100	23.922	0.822
GENERAL MEDICAL SERVICES	14.926	14.912	(0.014)
	108.440	109.545	1.105
Non District General Hospitals			
EAST AYRSHIRE COMMUNITY HOSPITAL	2.775	2.691	(0.084)
KIRKLANDSIDE HOSPITAL	1.129	1.271	0.142
	3.904	3.962	0.058
Lead Partnership Services			
STANDBY SERVICES	0.231	0.231	0.000
PRIMARY CARE (INCLUDING DENTAL)	65.231	65.513	0.282
	65.462	65.744	0.282
Children's Services			
CHILDREN & FAMILIES / WOMEN'S SERVICES	17.517	17.040	(0.477)
JUSTICE SERVICES	1.616	1.564	(0.052)
HEALTH VISITING	2.006	1.986	(0.020)
	21.139	20.590	(0.549)
Funded Elements			
JUSTICE SERVICES GRANT	(1.846)	(1.846)	0.000
	(1.846)	(1.846)	0.000
TOTAL	197.099	197.995	0.896

East Ayrshire Health and Social Care Partnership - Revenue Budget Monitoring 2014/15
Council Monitoring Report
Period 12 : 1st April 2014 - to 31st March 2015

Service Division	Annual Estimate 2014/15 £m	Actual Expenditure to 31/3/15 £m	Variance (Favourable) / Adverse £m
Core Services			
LEARNING DISABILITIES	15.213	15.624	0.411
MENTAL HEALTH	3.135	3.399	0.264
ADDICTION	1.080	1.080	0.000
ADULT SUPPORT & PROTECTION	0.453	0.453	0.000
OLDER PEOPLE	35.487	35.603	0.116
PHYSICAL DISABILITIES	0.764	0.710	(0.054)
SENSORY	0.231	0.223	(0.008)
SERVICE STRATEGY	4.264	4.064	(0.200)
TRANSPORT	0.432	0.432	0.000
	61.059	61.588	0.529
Lead Partnership Services			
STANDBY SERVICES	0.231	0.231	0.000
	0.231	0.231	0.000
Children's Services			
CHILDREN & FAMILIES / WOMEN'S SERVICES	17.517	17.040	(0.477)
JUSTICE SERVICES	1.616	1.564	(0.052)
	19.133	18.604	(0.529)
Funded Elements			
RESOURCE TRANSFER / JOINT PLANNING / ADP / CHANGE FUND	(10.067)	(10.067)	0.000
JUSTICE SERVICES GRANT	(1.846)	(1.846)	0.000
	(11.913)	(11.913)	0.000
TOTAL	68.510	68.510	0.000

East Ayrshire Health and Social Care Partnership - Revenue Budget Monitoring 2014/15
NHS Monitoring Report
Period 12 : 1st April 2014 - to 31st March 2015

Service Division	Annual Estimate 2014/15 £m	Actual Expenditure to 31/3/15 £m	Variance (Favourable) / Adverse £m
Core Services			
LEARNING DISABILITIES	0.477	0.473	(0.004)
MENTAL HEALTH	1.861	1.704	(0.157)
ADDICTION	0.972	0.917	(0.055)
COMMUNITY NURSING	5.909	5.863	(0.046)
PRESCRIBING	23.100	23.922	0.822
GENERAL MEDICAL SERVICES	14.926	14.912	(0.014)
SERVICE STRATEGY (PARTNERSHIP MANAGEMENT)	0.136	0.166	0.030
RESOURCE TRANSFER / JOINT PLANNING / ADP / CHANGE FUND	10.067	10.067	0.000
	57.448	58.024	0.576
Non District General Hospitals			
EAST AYRSHIRE COMMUNITY HOSPITAL	2.775	2.691	(0.084)
KIRKLANDSIDE HOSPITAL	1.129	1.271	0.142
	3.904	3.962	0.058
Lead Partnership Services			
PRIMARY CARE (INCLUDING DENTAL)	65.231	65.513	0.282
	65.231	65.513	0.282
Children's Services			
HEALTH VISITING	2.006	1.986	(0.020)
	2.006	1.986	(0.020)
TOTAL	128.589	129.485	0.896

H&SCP Risk Register

Risk Category	Risk Description	Likelihood	Consequence	Score	Overall Risk	Mitigation
1a	Financial Risk Insufficient resources available to commission services that not only meet immediate demand but also facilitate preventative and educational activity that supports both population wide improvement and addresses inequalities.	4	4	16	High	Strategic plan reflects the effective use of resources towards priority outcomes.
1b	Financial Risk Delivery of efficiency targets in the face of increasing demand for services. There is a risk if we were to focus the balance of resources on direct service delivery rather than balance this against education & prevention / rehabilitation. A balanced portfolio is required	3	4	12	High	Audit Committee once agreed, focus identification. Stringent monitoring procedures for Parent Bodies.
1c	Financial Risk Actions by partners and external agencies that have consequential resources implications. Imminent issues include living wage to social care workforce, increasing in kinship care payments to equal foster payments. Service models that attract additional demand.	4	4	16	High	Strategic Plan supports financial governance. Parent body share liability.
2a	Workforce - Loss of Key Staff Recruitment & Retention Workforce Recruitment and Retention of Employees. Attraction - location outwith Central Belt; availability (roles) of staff resource; suitably qualified.	3	3	9	Moderate	Build Relationships with FE/HE Establishments; Apprenticeship; Internships; Workplace Champions, Positive Destinations; Succession Planning; Workforce Development Plan and Development Sessions
2b	Workforce - Failure to Manage Succession Planning/Loss of Key Staff Failure in Staff Governance; systems and processes are not sufficiently robust to support effective continual professional development and supervision to ensure delivery of practice that promotes public protection and meets Health & Social Care need.	3	3	9	Moderate	More centralised training records required. Workforce review Strategy and Delivery Plan and OD Strategy and Delivery Plan.
3a	Service Delivery and Value for Money - Effective Delivery Failure in Service Governance; systems and processes are not sufficiently robust to support effective delivery of services that promote public protection and meet Health & Social care need.	3	4	12	High	Public protection systems are in place through COG, CPC, APC, VAWP, ADP and MAPPA to provide assurance
3b	Service Delivery and Value for Money - Partnership Arrangements Service model of integration does not facilitate continued partnership working with agencies, organisations and services that are out with the new integrated arrangements.	2	3	6	Moderate	Strategic & Locality Level Planning Groups now in place. Arrangements around Wellbeing / Community Plan in place.
4a	Damage to Reputation - Integration Process Failure to deliver programme of Integration to meet requirements of Public Bodies Act and other relevant legislation. IJB established on 2nd April 2015. Integration now in place.	2	4	8	Moderate	Policies and Procedures; Training; Governance Groups; Measuring Programme/Audit; Legal Advisors; Financial advice; Structures; Programme Plan; IJB; Integration Scheme
4b	Damage to Reputation - National & Local Outcomes Failure to meet Local and National priorities and indicators, or conduct in a manner that brings the Partnership into disrepute.	2	4	8	Moderate	Core suite of measures and indicators now in place. Strategic and Community Planning in place.
5	Failure to Identify and Manage Risks Arising from Shared Services / Contracted Out Services Commissioning; appropriate and sufficient capacity available across sectors to deliver range of supports to meet Partnership priorities. The IJB requires legal assurance from the Council and the NHS as they remain responsible for the contract and commissioning of services.	2	4	8	Moderate	Commissioning / Procurement / Contract monitoring arrangements are in place to support both the supply processes and quality monitoring.

Risk Matrix

Likelihood	Consequence Impact		
	Minor (2)	Moderate (3)	Major (4)
Likely (4)	8	12	16
Possible (3)	6	9	12
Unlikely (2)	4	6	8
Remote (1)	2	3	4

Low (1-3)
 Moderate (4-9)
 High (10-16)

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