Integration Joint Board Meeting

NORTH AYRSHIRE
Health and Social Care Partnership

Thursday, 13 February 2020 at 10:00

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

1 Apologies

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

3 Minutes/Action Note
The accuracy of the Minutes of the meeting held on 19 December 2020 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

3.1 Matters Arising
Consider any matters arising from the minutes of the previous meeting.

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

5 Budget Monitoring: Month 9
Submit report by Caroline Cameron, Chief Finance and Transformation Officer on the financial performance of the Health and Social Care Partnership to December 2019 (copy enclosed).

6 Integrated Health and Social Care Workforce Plan for Scotland
Submit report by Michelle Sutherland, Partnership Facilitator on the key issues and next steps relating to the publication of the Integrated Health and Social Care Workforce Plan by the Scottish Government (copy enclosed).

7 Sustainability Plan for Veterans First Point
Submit report by Lindsay Kirkwood, Clinical Lead on proposals to sustain the established Ayrshire and Arran Veterans First Point Service (copy enclosed).

8 Additional Support Needs (ASN) Campus Project
Submit report by Yvonne Holland, Property Management and Investment Manager on the current progress of the ASN Campus project (copy enclosed).

9 Naming of Additional Support Needs (ASN) Residential and Respite Houses
Submit report by Kevin McGinn, Planning Manager (HSCP) on suggestions received for the names of the new ASN Residential and Respite Houses being constructed in Stevenston (copy enclosed).

10 Caring for Ayrshire Programme Board
Submit report by Russell Scott, Senior Programme Manager on the proposal to formally launch the Caring for Ayrshire Programme (copy enclosed).

11 Caring for Ayrshire Programme - Informing and Engagement Plan
Submit report by Russell Scott, Senior Programme Manager on the proposed Informing and Engagement Plan for the Caring for Ayrshire Programme (copy enclosed).

12 Mental Welfare Commission for Scotland
Submit report by William Lauder, General Manager ACH on the findings of the Mental Welfare Commission following their visit to Woodland View, Irvine and the action plan developed in response to the recommendations of their report (copy enclosed).

13 Urgent Items
Any other items which the Chair considers to be urgent.

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Integration Joint Board

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Voting Members

Councillor Robert Foster (Chair)	North Ayrshire Council
Bob Martin (Vice-Chair)	NHS Ayrshire & Arran
Councillor Timothy Billings	North Ayrshire Council
Jean Ford	NHS Ayrshire and Arran
Councillor Anthea Dickson	North Ayrshire Council
John Rainey	NHS Ayrshire and Arran
Adrian Carragher	NHS Ayrshire and Arran
Councillor John Sweeney	North Ayrshire Council

Professional Advisors

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

Stakeholder Representatives

David Donaghey	Staff Representative – NHS Ayrshire and Arran
Louise McDaid	Staff Representative – North Ayrshire
Marie McWaters	Carers Representative
Graham Searle	Carers Representative (Depute for Marie McWaters)
Sam Falconer	(Chair) IJB Kilwinning Locality Forum
Clive Shephard	Service User Rep (Depute for Fiona Thomson)
Nigel Wanless	Independent Sector Representative
Val Allen	Independent Sector Rep (Depute for Nigel Wanless)
Vicki Yuill	Third Sector Representative
Vacancy	(Chair) IJB Irvine Locality Forum
Janet McKay	(Chair) Garnock Valley Locality Forum

North Ayrshire Health and Social Care Partnership

Minute of Integration Joint Board meeting held on Thursday 19 December 2019 at 10.00 a.m.

Present

Councillor Robert Foster, North Ayrshire Council (Chair)
Councillor Timothy Billings, North Ayrshire Council
Adrian Carragher, NHS Ayrshire and Arran
Councillor Anthea Dickson, North Ayrshire Council
Jean Ford, NHS Ayrshire and Arran
John Rainey, NHS Ayrshire and Arran
Councillor John Sweeney, North Ayrshire Council

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

David Donaghey, Staff Representative (NHS Ayrshire and Arran)
Louise McDaid, Staff Representative (North Ayrshire Council)
Graham Searle, Carers Representative (Depute for Marie McWaters)
Nigel Wanless, Independent Sector Representative
Val Allen, Independent Sector Representative
Vicki Yuill, Third Sector Representative

In Attendance

Alison Sutherland, Head of Service (Children, Families and Criminal Justice)
Lauren Cameron, Policy Officer
Michelle Sutherland, Partnership Facilitator
Eleanor Currie, Principal Manager (Finance)
Pam Milliken, Head of Primary Care
Vicki Campbell, Strategic Programme Manager (Primary Care Transformation)
Chris Black, General Practitioner
Helen McArthur, Principal Manager (Health and Community Care Services)
Angela Little, Committee Services Officer

Apologies for Absence

Bob Martin, NHS Ayrshire and Arran (Vice-Chair)
David Thomson, Associate Nurse Director/IJB Lead Nurse
Marie McWaters, Carers Representative

1. Apologies

Apologies were noted.

2. Declarations of Interest

In terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies, Nigel Wanless, Independent Sector Representative and Care Home Provider, declared an interest in Agenda Item 7 - UK Care Home Industry.

3. Minutes/Action Note

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

3.1 Matters Arising

The Board noted that all matters are on track for completion by the appropriate timescales.

4. Director's Report

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

The report provided an update on the following areas:-

- The submission of the annual Climate Change report to the Scottish Government in November;
- The Chief Executives and Chief Officers Integration Event hosted by the Scottish Government in November;
- The publication of an Advice Note by the Standard Commission providing an overview of IJB Members responsibilities under the ethical standards framework;
- The terrific achievement by Lynn Robertson in achieving a First Class Honours Degree in Social Work;
- Kindness Boxes that will be delivered by the Carers Team during the festive period;
- The retiral of two members of the Mental Health Team;
- The publication of the Mental Welfare Commission for Scotland's reports on its visits to NHS hospital wards and units and an announced visit to Woodlands View that took place in September; and
- The relocation of Largs Police Office to Brooksby Medical and Resource Centre, Largs.

Members were advised that an update would be provided to the February meeting on the response submitted to the Mental Welfare Commission for Scotland on their report and recommendations following their announced visit to Woodland View.

Noted.

5. Financial Monitoring Report: Period 8

Submitted report by Caroline Cameron, Chief Finance and Transformation Officer on the financial position of the North Ayrshire Health and Social Care Partnership, including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery and actions required to work towards financial balance.

Appendix A to the report provided the financial overview of the partnership position, with detailed analysis provided in Appendix B. An overview of the savings plan was provided at Appendix C. Appendix D outlined the previously approved financial recovery plan and further actions to bring overall service delivery back into line with the available resource. The movement in the overall budget position for the partnership was detailed at Appendix E. Appendix F provided a report by CIPFA on the Financial Performance of all Integration Authorities that was submitted to the Scottish Government.

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

- Work that is continuing to resolve an ongoing contractual issue with a commissioned provider;
- A Foster Parent recruitment campaign that will be launched in January and a range of advertising that will take place throughout the year
- A reduction from East Ayrshire for beds in Woodland view and discussions that will take place about future usage;
- Reviews to reduce purchased care and that the budget process would consider the split between purchased care and in-house service;
- Significant transformation that has taken place in several service areas and work that continues in transformation throughout the partnership;
- That differing terms and conditions of staff in the Council and NHS can hamper transformation and have been raised at a national level.

Noted.

6. Children's Services Plan Performance Report 2017-2019

Submitted report by Lauren Cameron, Policy Officer on the annual report on performance and progress against the Children's Services Plan. The Annual Performance Report was attached at Appendix 1 to the report and outlined key achievements.

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

- A variety of supports in place for young people with additional support needs, the new ASN campus that will allow work to be done in a different way and further work on the Plan to ensure those with additional support needs are more fully included; and
- Dartington work that will involve young people in revisiting the questions within the survey and involve them in the Plan in a more holistic way.

Noted.

7. UK Care Home Industry

Submitted report by Louise McDaid, Staff Representative (North Ayrshire Council) on the findings and recommendations of the recent publication of a report by the Centre for Health and Public Interest (CHPI) on the UK Care Home Industry. The report provided information on the complex business models underpinning many operators and significant levels of financial leakage across the care home sector.

Nigel Wanless, Independent Sector Representative circulated and read a joint statement by the Third and Independent Sector representatives in response to the report on the Financial Crisis in the Care Home Sector and its associated paper 'Plugging the Leaks in the UK Care Home Industry' by the CHPI.

He expressed surprise and disappointment in the inclusion of this item on the agenda for the IJB given that the representatives of non-statutory care home provision in North Ayrshire had not been consulted and questioned the validity of CHPI's report in terms of it-

- being UK based and not Scottish;
- concentrating on the Big 26 providers who delivery only 30% of the provision;
- referring to the 'leakage' of payments which are all legitimate business expenses
- that the 'leakage' is not validated;
- provides no suggestion of how Value for Money should be gauged;
- does not understand or acknowledge that EBITDARM (earnings before interest, tax, depreciation, amortization, rent, management fees) is the accepted method of analyzing business financial performance; and
- does not mention that all registered care homes in Scotland require mandatory insurance liability that includes malpractice.

He further stated that account processes are complex by nature in both the public and independent sector and that efficient tax management is an important component of any treasury function. The building of new care homes in the statutory sector is likely to result in such conditions to effectively make the care home under the full control of the funding authority.

He referred to the previous 50/50 split between the Council and independent provision that is now 70% Council and 30% independent as a result of the hand back of contracts by independent providers. The rates being paid to independent providers no longer makes their businesses viable and that Health and Social Care Partnerships wish to bring the full care at home provision in-house.

The statement considered that the claims made within the report have a limited relevance to the care home sector in Scotland. The independent and third sector providers take on the business risk and challenge to provide safe, effective and person-led care within a regulated environment. This has produced examples of innovation and the highest levels of quality care and provided a choice to those seeking these services.

The full statement provided to the Board can be viewed on the Council's website at https://north-ayrshire.cmis.uk.com/north-

ayrshire/CommitteesMeetings/MeetingsCalendar/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3203/Committee/120/Default.aspx

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

- issues experienced in North Ayrshire as a result of care home closures;
- innovation in the independent and third sector providers;
- the publication of CHPI's report in the media in November;
- the closure of care homes in North Ayrshire that resulted in job and pension losses; and
- further consultation that is required with NHS staff and the independent and third sector.

The Board agreed to (a) welcome the findings of the report by CHPI; (b) recognise that recent local Care Home closures have occurred as a result of some of the very business practices uncovered through the CHPI research; and (c) receive a further report examining the issues raised in the 'Plugging the Leaks in the UK Care Home Industry' report from a North Ayrshire context, including the lessons learned from care home closures and in consultation with both staff, independent and third sector representatives.

8. Auditor General - NHS Scotland in 2019

Submitted report by Caroline Cameron, Chief Finance and Transformation Officer on the Auditor General's report on the performance of NHS Scotland in 2019, which was attached as an appendix to the report. The report contained five key messages and provided a range of improvement recommendations for the Scottish Government, the Scottish Government in partnership with NHS Board and the Scottish Government in partnership with both the NHS and Integration authorities.

Noted.

9. Ministerial Steering Group Update

Submitted report by Caroline Cameron, Chief Finance and Transformation Officer on the Ministerial Steering Group update on progress in implementing the areas of action identified in the recent self-assessment submitted to the Scottish Government in May 2019. The Action Plan was appended to the report and detailed the planned timescales and progress of key and sub actions.

Members asked questions and were provided with further information in relation to a review of IJB self assessments undertaken by the Leadership Group who will provide additional supports to those HSCPs where it identified areas of weakness.

Noted.

10. Primary Care Improvement Plan

Submitted report by Vicki Campbell, Primary Care Implementation Manager on the progress of the Primary Care Improvement Programme and proposals for further implementation over 2020/22. Appendix 1 to the report provided an update on

progress within Ayrshire and Arran for 2018/20, outlined the future plans across Ayrshire and Arran for 2020/22 and sought approval of the proposed implementation arrangements for North Ayrshire HSCP.

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

- Further engagement that is planned and will include staff and Trade Unions; and
- Scottish Government funding that has been committed to support General Practice over a 4 -year period.

The Board agreed to (a) the outline Commissioning proposals in respect of delegated North Ayrshire resources for 2020/22; and (b) request NHS Ayrshire and Arran to progress to implementation the 2020/22 North Ayrshire Commissioning Proposals; and (c) otherwise note the report.

11. NAHSCP Staff Engagement Survey Results 2019

Submitted report by Calum Webster, Senior Organisational Development Officer on the Employee Engagement Survey results for 2019. Appendix 1 to the report provided the key findings from the staff engagement tools iMatter and Our Voice and showed comparatively high levels of engagement across the Partnership.

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

- a range of reasons why 20% of staff are not engaged; and
- work that will be done to encourage more teams to take part in the iMatter process.

Noted.

12. IJB Performance and Audit Committee Draft Minutes

Submitted the Draft Minutes of the IJB Performance and Audit Committee held on 26 September 2019.

Noted.

13. Strategic Planning Group Minutes

Submitted the Minutes from the Strategic Planning Group meeting held on 13 November 2019.

Noted.

The meeting ended at 11.55 a.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 19 December 2019

No.	Agenda Item	Date of Meeting	Action	Status	Status Date	Officer
1.	Veterans First Point (V1P) Service	21/3/19	That an update report on the long-term sustainability plan be submitted to the IJB Meeting on 29 August 2019.	Ongoing – plan to report to the January meeting	February 2020	Thelma Bowers
2.	Community Alarm/Telecare Services Transition from Analogue to Digital	26/9/19	That an update report on progress be submitted to a future meeting.	Ongoing	September 2020	Helen McArthur
3.	Mental Welfare Commission for Scotland	19/12/19	Provide an update to the February meeting on the response submitted to the Mental Welfare Commission for Scotland on their report and recommendations following their visit to Woodland View		February 2020	Thelma Bowers
4.	UK Care Home Industry	19/12/19	Receive a further report examining the issues raised in the Plugging the Leaks in the UK Care Home Industry report from a North Ayrshire context, including the lessons learned from care home closures and in consultation with both staff, independent and third sectors.		April/May 2020	Stephen Brown

Integration Joint Board
13 February 2020

Subject:	**Director's Report**
Purpose:	To advise members of the North Ayrshire Integration Joint Board (IJB) of developments within the North Ayrshire Health and Social Care Partnership (NAHSCP).
Recommendation:	That members of IJB note progress made to date.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
CAMHS	Child & Adolescent Mental Health Service

1.	**EXECUTIVE SUMMARY**
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.
2.	**CURRENT POSITION**
	Ayrshire Wide Developments
2.1	Guide to Winter Services
	Need help finding information on health and care services available this winter? NHS Ayrshire & Arran and our three Ayrshire Health and Social Care Partnerships have produced a comprehensive guide to winter health and care services. The guide provides information on a range of health and care services, including: • Know who to turn to when you're ill • Services available over Christmas and New Year • The role of your community pharmacy • Where to go if you have a dental or eye emergency • Ayrshire Urgent Care Service • The role of the Emergency Department • Looking after your mental health and well-being • Addiction services • Sexual health services Click here to read more.

	North Ayrshire Developments
2.2	Thinking Different / National Galleries Collaboration
	 The Scottish National Portrait Gallery in Edinburgh hosted the launch of a three week Fire Starter Festival on 27th January 2020. This is a creative, innovative and interactive event to allow people from all aspects of public service to showcase and share innovative and creative ways they are making a difference to Scotland.
	As part of the festival, North Ayrshire HSCP was invited to display some of the "neebors" created within the Thinking Different, Doing Better experience. For those who have been through our Thinking Different, Doing Better experience, you will know who and what our 'neebors' are. A selection of 'neebors' was chosen for the display, so if you have been through the experience and created a 'neebor', your work may be displayed in the National Portrait Gallery right now. 
	 In addition, we always aspire to put North Ayrshire on the map. In this instance, we have put North Ayrshire's map in the Gallery! The display will run through until the end of February 2020 so if you get the chance you should pay our 'neebors' a visit. Further details can be accessed through this link https://firestarterfestival.com/event/fire-starter-festival-launch-event-2020/
	Community Planning Partnership Conference : Kindness
2.3	North Ayrshire Community Planning Partnership hosted a conference on Kindness on 25th January 2020. The conference covered three strands of work : 1. Building an understanding of the added value of relational approaches 2. Developing holistic approaches across the Partnership 3. Encouraging community to think about their role

	Appointments
2.4	Dr Morag Henderson has been appointed to the role of Associate Medical Director for Mental Health. She has succeeded John Taylor.
	Beth Wiseman has been appointed as Interim Senior Manager CAMHS.
	IJB Development Sessions
2.5	In order to support our future development programme for all IJB members, it would be helpful to assess the current baseline. We want to help IJB members take stock of their knowledge, behaviours and contribution to the effective working of the IJB and the Health and Social Care Partnership.
	In order to support the creation of this baseline, we have compiled an on-line questionnaire has been developed and can be accessed at Online Questionnaire. These questions have been generated from best practice approaches in health and social care partnerships and requirements of IJB members.
	This questionnaire has been trialled by Michelle Sutherland, Strategic Planning and Transformation Team lead and two IJB member volunteers. Our initial trials of the questionnaire indicate that it takes about five to ten minutes to complete – and we recommend you complete it in one sitting.
	The questionnaire individual results with be available only to Calum Webster, Senior Organisational Development Officer, who will provide IJB members with their own personal report. Collective results will be compiled in a way that maintains anonymity and will inform the development programme for the IJB as a whole. Individual developmental support can also be provided to each member of the IJB, where relevant.
	Trindlemoss
2.6	A new, state-of-the-art day centre and residential accommodation for North Ayrshire residents with learning disabilities is now open. Run by the Partnership, Trindlemoss will offer the chance for people with learning disabilities to take part in a host of activities and learn new skills, as well as providing the therapeutic opportunities offered by hydrotherapy, sensory experiences and outdoor spaces. 
	Part of the former Red Cross House at Tarryholme Drive in Irvine, Trindlemoss has been newly extended and fully refurbished to provide inclusive and enabling day activities in the heart of the community.
	The name of the facility was chosen by people using North Ayrshire Health and Social Care Partnership's learning disabilities services, with Trindlemoss being the name of the loch that drained into a well located near the site, which was said to have health giving properties.

	  The renovation included a complete refurbishment of the gymnasium, hydrotherapy pool and clubroom, as well as the cafeteria, activity room and central foyer/reception area.
	A new training kitchen with height adjustable units and a sensory room have also been installed, and extensive landscaping works have included an external communal area with sensory garden, featuring small, segregated spaces for the exploring colours, textures and themes, as well as an area to play music outdoors.
	The first residents have also now moved into the site's supported accommodation, which offers 20 self-contained flats for residents with complex care needs.  
	The central location of the facility will provide residents with opportunities to become involved in local activities, with the plans for open days and community events where activities can be shared with the community.
	It is proposed that in the future, a number of areas within Trindlemoss will also be available for use by local community groups, clubs and organisations.
	<u>Strategic Planning</u>
2.7	The current partnership strategic plan 'Let's deliver care together' is due to end on the 31 March 2021. The strategic planning group has recently reviewed the performance of the 88 actions in this plan and 41 (47%) are complete, 22 (25%) are over halfway towards completion and 25 (28%) are under halfway complete, but given that there is still 15 months to deliver these actions, it is expected that all of these will be delivered.
	As our understanding of how to develop our strategic commissioning plan has evolved, we now recognise that any new strategic plan may take 12 months to develop given its whole system scale and complexity.

	Therefore, to support this future work, the Strategic planning group will begin explorative discussions on the 28th January 2020 and I will meet with leads from the Strategic Planning and Transformation team on the 14th of February 2020 to explore the next steps.
	<u>Drug Death Summit – 21 January 2020</u>
2.8	The rising number of drugs related deaths across North Ayrshire was the topic of a summit held on Tuesday, January 21 at Saltcoats Town Hall. The event was organised jointly by North Ayrshire Health and Social Care Partnership and North Ayrshire Alcohol and Drug Partnership, after a motion by Councillor Louise McPhater to declare a drugs death emergency was passed by North Ayrshire Council in September of last year. North Ayrshire has experienced an unprecedented rise in drugs deaths, in line with the trend across Scotland, with 43 confirmed drug related deaths recorded in 2018. The number of deaths is expected to be higher still for 2019. Around 150 key partners, stakeholders and members of the community - including staff from North Ayrshire Health and Social Care Partnership, the NHS and North Ayrshire Council, as well as emergency services, charities and community groups - attended this important event to explore what is currently being carried out locally and nationally and discuss what else can be done collectively to prevent drug related deaths. Speakers included Paul Main, Chair of North Ayrshire Alcohol and Drug Partnership; Catriona Mathieson, Chair of the Drug Death Task Force; Kirsten Horsburgh of the Scottish Drugs Forum; Martha Rae, Scottish Families Affected by Drugs and Alcohol; Dr Clare Duncan and Anne Lee of the North Ayrshire Drug and Alcohol Recovery Service (NADARS); Tam Mitchell, Recovery Worker, NADARS; and Thelma Bowers, Head of Service for Mental Health at North Ayrshire Health and Social Care Partnership.
	<u>Alcohol & Drug Partnership – Participatory Budget Event</u>
2.9	The North Ayrshire Alcohol & Drug Partnership (ADP) will open applications to formally constituted community groups from across North Ayrshire and the islands, to apply for participatory budgeting (PB) funding to support the prevention of drug related deaths in their communities, using prevention and early intervention approaches. To support the application process, six workshops are taking place, one in each locality, to allow community groups and interested parties to explore the issue of drug related deaths and approaches that they might be able to develop which will have an impact. Details on these workshops will be shared widely with ADP stakeholders, HSCP locality Partnership Forums, CPP Locality Partnerships and the HSCP wider networks.

	It is expected that the application process will end in mid-March and shortlisted community groups will attend a Participatory Budgeting event on the 18th of April 2020, in Ardrossan Civic Centre. There will also be a week of online voting to allow those who cannot attend the event to help choose their preferred proposals.
3.	**PROPOSALS**
3.1	**Anticipated Outcomes**
	Not applicable.
3.2	**Measuring Impact**
	Not applicable
4.	**IMPLICATIONS**

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

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

4.	**CONSULTATION**
4.1	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of consultation.
5.	**CONCLUSION**
5.1	Members of IJB are asked to note the ongoing developments within the North Ayrshire Health and Social Care Partnership.

For more information please contact Stephen Brown, Director/Chief Officer on 01294 317723 or sbrown@north-ayrshire.gov.uk

NORTH AYRSHIRE
Health and Social Care Partnership

Agenda Item 5

Integration Joint Board
13 February 2020

Subject:	**Budget Monitoring – Month 9 (December 2019)**
Purpose:	To provide an update on financial performance to December 2019, including the projected outturn for the 2019-20 financial year.
Recommendation:	It is recommended that the IJB: a) Note the projected year-end overspend of £1.434m and the positive progress made by the partnership to reduce the projected overspend; b) Approve the changes in funding as detailed in section 2.13 and Appendix E; and c) Note the North Ayrshire IJB position in the context of the national financial position for Integration Authorities across Scotland.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
CAMHS	Child & Adolescent Mental Health Services
BRAG	Blue, Red, Amber, Green
UNPACS	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
CRES	Cash Releasing Efficiency Savings
NES	NHS Education Scotland – education and training body
NRAC	NHS Resource Allocation Committee

1.	**EXECUTIVE SUMMARY**
1.1	The report provides an overview of the financial position for the partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments, these have been prepared in conjunction with relevant budget holders and services. It should be noted that although this report refers to the position at the December period end that further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn is a year-end overspend of £1.434m for 2019-20 which is a favourable movement of £1.090m from the previous reporting period. The main areas of pressure continue to be learning disability care packages, care at home services, looked after children, and adult in-patients within the lead partnership. There has been a favourable movement in the position which mainly relates to care homes, income from service users, vacancies and mental health lead partnership services (psychiatry, psychology, UnPACs). Partly offsetting these reductions is a lower than anticipated level of savings from reviews of Learning Disability care packages and a backdated payment in relation to Pay as If at Work (PAIAW) for NHS staff.

	There are a number of variances across budgets noted in the report, there is an intention to review and realign service budgets moving into 2020-21, this will be informed by opening projections for services next year and the outcome of this review will be included in the budget report for the IJB in March.
1.3	There is scope for this position to fluctuate due to in-year cost and demand pressures and assumptions in relation to funding and the achievement of savings, but this is limited given the proximity to the financial year end. A financial recovery plan was approved by the IJB in September to work towards delivering financial balance and following this progress has been made across all service areas to reduce the projected overspend. The recovery plan includes actions to address the areas of overspend to help work towards financial balance this year whilst also delivering a recurring benefit to ensure financial sustainability in future years. Alongside the specific actions outlined in the financial recovery plan services continue to deploy tight financial management controls to support bringing expenditure back into line with budget. A series of budget review meetings were held in December with senior managers and the Chief Finance Officer and Principal Manager Finance to identify further opportunities to reduce the projected overspend and further refine projections. The outcome of these meetings is reflected in the month 9 projected position.
1.4	Whilst the financial position is continuing to improve, this is not at the pace required to provide assurance that financial balance can be delivered by the year-end. It will be extremely challenging to recover this overspend by this point in the financial year, there would be a significant impact of short-term decisions and actions that would require to be taken to fully recover this position. Those actions would inevitably have longer term consequences, both financially and for individual people's outcomes and would not necessarily address the areas where we continue to have financial and operational pressures. Realistically the IJB will not be in a position as planned to make this year's instalment to the outstanding debt to North Ayrshire Council in full and the IJB should focus on ensuring the final outturn position is limited to £1.5m, to ensure that there is no increase to the overall debt position at the year-end. The projected outturn position offset by the debt repayment budget is £0.052m which would be contributed to the debt repayment, any further improvement to the position by the year-end would allow a greater level of repayment.
1.5	Across Scotland Integration Joint Boards are facing similar financial challenges, whilst there are different individual local circumstances there are similarities with the factors contributing to financial pressures. The total budget delegated for Health and Social Care services to IJBs across Scotland is £9.3bn. The most recent collated Q2 position for 2019-20 reports that 25 out of 31 IJBs are reporting an overspend position totalling £86.3m, the main areas contributing to this are delays in delivering planned savings and demographic service pressures or increase in demand for services. With the exception of prescribing costs, which in North Ayrshire are underwritten by the Health Board, these are all pressures recognised for the North Ayrshire IJB. The partnership continues to actively engage in national networks, best practice forums and review examples of good practice and transformation from other areas.
2.	**CURRENT POSITION**
2.1	The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update

	on progress in terms of savings delivery and actions required to work towards financial balance.
	FINANCIAL PERFORMANCE
2.2	Against the full-year budget of £243.177m there is a projected overspend of £1.434m (0.6%). An integrated view of the financial position should be taken; however, it is useful to note that this overall position consists of a projected overspend of £1.980m (£0.627m favourable movement) in social care services offset by a projected underspend of £0.546m (£0.463m favourable movement) in health services. The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Appendix A provides the financial overview of the partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets with detailed analysis provided in Appendix B.
2.3	**Community Care and Health Services**
	Against the full-year budget of £68.285m there is a projected overspend of £0.546m (0.8%) which is a favourable movement of £0.348m. The main reasons for the projected overspend are: a) Care home placements including respite placements – projected to underspend by £0.151m (£0.240m favourable movement). The projection can vary due to factors other than the number of placements e.g. the impact of interim funded places and outstanding requests for funding, this position is monitored closely. Charging order income is projected to over-recover by £0.270m (£0.070m favourable movement) which is based on income received to date and improved processes to track the charging orders. The care home budget has moved into a sustainable position and if this can be maintained over the winter period the opening position for the budget for 2020-21 will be an underspend. The IJB will be provided with an update as part of budget setting in March 2020 aligning the future resources with the Strategic Commissioning Plan for Care Homes. b) Independent Living Services are projected to overspend by £0.111m (favourable movement of £0.154m) which is due to an overspend on physical disability care packages within the community and direct payments. There will be further work undertaken with the implementation of the Adult Community Support framework which will present additional opportunities for reviews and will ensure payment only for the actual hours of care delivered. c) Packages of care are projected to underspend by £0.031m which is an adverse movement of £0.063m. This is due to delays in new packages offsetting the use of supplementary staffing for existing packages, this has significantly improved from the 2018-19 position. d) Care at home is projected to overspend by £0.478m which is a favourable movement of £0.052m. The projection assumes: i. A favourable impact due to an assumption on the number of hours potentially to be refunded following an internal review of the hours provided and an ongoing contractual issue with a commissioned provider

ii. A favourable movement due to planned reviews to the year-end with a target for hours to reduce by 50 per week. This reduction will allow for capacity to be freed up in the internal service to facilitate hospital discharge and manage waiting lists and a reduction in cost from commissioned services.

The overspend for in-house services relates to providing additional hours to cover a service that a provider handed back and the in-house service had to increase capacity to ensure the safety of vulnerable service users within the community of the North Coast locality and also the need to facilitate patient discharges from Crosshouse Hospital. The service currently has, between hospitals and community a managed waiting list of individuals waiting on a care at home package or an increase in their existing care package. There would be additional costs to clear this waiting list.

The planned action around reviews to reduce purchased care and maximise the capacity of the in-house service will reduce the ongoing overspend in care at home, despite this based on current plans there may remain an overspend moving into 2020-21. This will be addressed as part of the 2020-21 budget planning alongside consideration of demand pressure funding and savings to ensure a sustainable position moving forward.

e) Long Term Conditions (Ward 1), projected overspend of £0.306m (adverse movement of £0.027m) which is mainly due to an overspend in employee costs to ensure staffing levels are at a safe level. This is a recurring pressure for which funding requires to be identified. Ward 2 is projected to be online, but this is subject to continuing to receive £0.504m of funding from East HSCP for their patients, East have indicated their intention to reduce the number of commissioned beds, this is not anticipated to be implemented during 2019-20.

f) Community Care employee costs are projected to overspend by £0.237m (adverse movement of £0.090m) due to supernumerary / unfunded posts, overtime and the non-achievement of payroll turnover. Some of these posts have been allocated to the care at home service and others have still to be allocated to the appropriate service to manage the costs within the delegated budget. These will be reviewed as part of the budget for next year.

g) Locality services employee costs are projected to overspend by £0.201m (adverse movement of £0.048m) due to a projected shortfall in payroll turnover targets.

h) Carers Act Funding is projected to underspend by £0.268m (no movement) based on the currently committed spend. This could fluctuate depending on the number of carers' support plans undertaken and the level of demand/services identified from these plans. An allocation of £0.293m has previously been allocated to offset an overspend on care home respite placements.

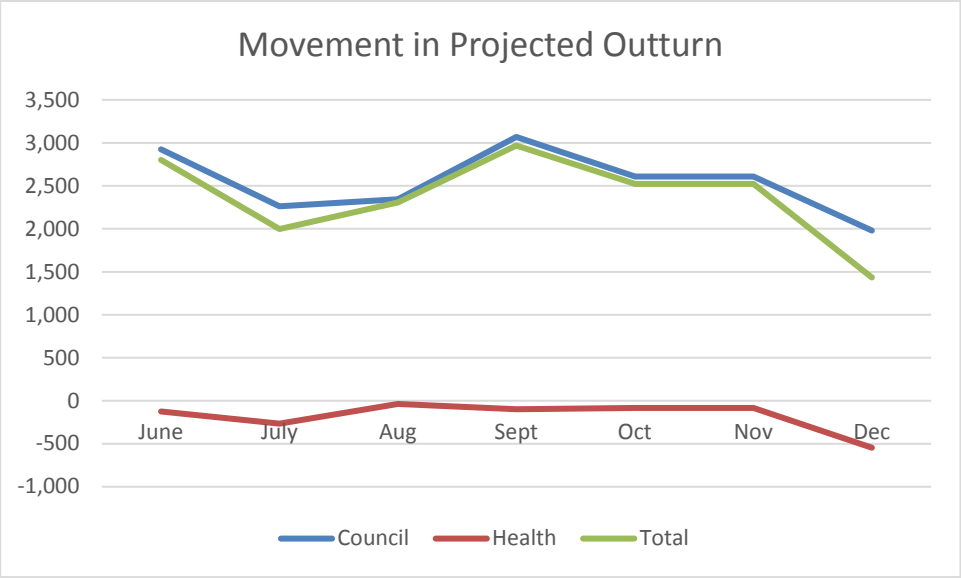
i) Intermediate Care (excluding Models of Care) is projected underspend by £0.096m (favourable movement of £0.004m) due to vacancies.

j) Intermediate Care and Rehab Models of Care is projected to overspend by £0.247m (no movement) which represents the full year funding impact of the model. The projected overspend is based on the posts which are currently

	filled, with an assumption that any vacancies would be held until a longer-term decision on funding investment is taken. k) Aids and adaptations – are projected to underspend by £0.373m (£0.173m favourable movement) of which £0.200m is per the approved recovery plan with the balance due to a reduction in the number of occupational therapy assessments due to recruitment / staffing levels. l) Community Alarms are projected to overspend by £0.191m (£0.125m adverse movement), this represents a reduction in income. The income budget was increased in 2019-20 to reflect the new charge and removal of means testing, the budget will be reviewed alongside other income budgets as overall the partnership do not have a shortfall in income collected from service user charges. m) District Nursing – is projected to underspend by £0.110m (£0.055m favourable movement) due to vacancies.
2.4	**Mental Health Services**
	Against the full-year budget of £76.382m there is a projected overspend of £0.752m (1%) which is a favourable movement of £0.556m. The main reasons for the projected overspend are: • Learning Disabilities – projected overspend of £1.429m (adverse movement of £0.212m), of which £0.949m is in relation to community care packages, £0.276m for direct payments and £0.365m for residential placements. These overspends are partially offset by vacant posts. The projection assumes that savings of £0.050m will be made before the year end. The main reason for the adverse movement is a revision to the level of assumed review savings and invoice variations as several care packages have now been reviewed and it has become clear that the level of variation has been lower than expected and lower than in previous years. Community Learning Disability Care packages are proving to be one of the most challenging areas to address overspends, as the care packages are aligned to meet an individual's assessed needs. The recovery plan includes the prioritised review of all packages. Progress with the reviews has been slower than planned due to the implementation of the Adult Community Support Contract and also a number of packages that have been reviewed, particularly the higher cost packages, have concluded that no change is possible at this time. This work is ongoing and will continue to be a fluid position until the year-end, the financial implications for 2020-21 will require to be considered as part of the budget process for next year. • Community Mental Health – is projected to underspend by £0.263m (favourable movement of £0.103m) mainly due to vacancy savings and an underspend in care packages. • Addictions – is projected to be underspent by £0.101m (adverse movement of £0.003m) due to vacant posts. • Lead Partnership for Mental Health – overall projected underspend of £0.313m (favourable movement of £0.674m) which consists of:

	Overspends: • Adult inpatients £0.600m (favourable movement of £0.020m) - mainly due to the delay in closing the Lochranza ward on the Ailsa site. The ability to close Lochranza is dependent on discharging at least two patients from South Ayrshire. South HSCP have been advised that the Lochranza ward will close, the projection also assumes subsequent redeployment costs. • UNPACS £0.216m (£0.183m favourable movement) – based on current placements which reduced due to transfers to Woodland View. • Elderly inpatients £0.270m (£0.070m adverse movement) - due to holding vacancies in relation to reconfiguring the wards. This resulted in using supplementary staff in the interim. *Underspends:* • CAMHS £0.214m (£0.014m adverse movement) – due to vacancies and delays with recruitment. This is after applying £0.150m of payroll turnover. • Psychology £0.395m (£0.142m favourable) – due to vacancies. This is after applying £0.150m of payroll turnover. • Adult Community Mental Health £0.115m (£0.015m favourable movement) - due to vacancies. • Psychiatry £0.210m (favourable movement of £0.355m) – underspend primarily due to vacancies and reduced locum costs. This is after settlement of the Medical Pay Award (£0.160m) which was not funded. • MH Pharmacy £0.126m (£0.006m adverse movement) – underspend due to continued lower substitute prescribing costs. • MH Admin £0.155m (no movement) - due to vacancies.
2.5	**Children & Justice Services**
	Against the full-year budget of £35.780m there is a projected overspend of £0.987m (2.8%) which is a favourable movement of £0.273m. The main reasons for the projected overspend are: a) Residential Schools and Community Placements – projected overspend of £1.145m (£0.044m adverse movement). The projection is based on the current number of placements and estimated discharge dates for each placement. There are currently 19 external residential placements and 2 secure placements. The reported projection assumes that one of the secure placements will end in January 2020 and the other in February 2020 and 3 residential discharges by end of January with the remaining 16 assumed to be in place until March 2020. These assumptions are based on individual plans for children. There is no provision for any increase in placements and this area of service remains high risk financially as any small movement in the current plans for children or new services required would have a significant impact given the high cost of services. The service is working with housing colleagues to develop alternatives for older children in care to free up local care capacity to support the reduction in external residential placements. This work ties in with future

	plans to further reduce the requirement for residential placements and if the planned timescales are met by March 2020 then the budget will be back into a sustainable position and on track to deliver further savings moving into 2020-21. b) Looked After Children Placements – projected overspend of £0.136m (favourable movement of £0.067m) due to the current demand for fostering, adoption and kinship placements (fostering and kinship reduced in month 9). External placements were made in previous months as there were no internal foster carers available. A recruitment campaign is planned to attract more in-house foster carers to ensure there is no ongoing requirement for external foster placements. c) Children with Disabilities – employee costs projected overspend £0.068m (favourable movement of £0.019m) as the turnover target will not be met. d) Children with Disabilities Residential Placements – projected underspend of £0.208m (favourable movement of £0.175m) due to transitions to adult services.
2.6	**Allied Health Professionals**
	AHP services are projected to underspend by £0.131m due to vacancies (favourable movement of £0.062m).
2.7	**Management and Support Costs**
	Against the full-year budget of £8.456m there is a projected underspend of £0.865m (10.2%) which is a favourable movement of £0.175m. The underspend relates to the potential delay in commitment for pressure funding set aside in the 2019-20 budget, the most significant element of this is linked to the delay in opening of the Trindlemoss development. The requirement for this funding will need to be closely monitored and may require to be delegated to services as and when required.
2.8	**Primary Care and Prescribing** Prescribing is the responsibility for the Health Board to fund and under the terms of the Integration Scheme the Health Board continues to underwrite the prescribing position across the three Ayrshire IJBs. At month 9 prescribing is projected to be £1.383m overspent (no movement). This is not included in the projected outturn due to the NHS underwriting the risk of overspend.
2.9	**Movement in Projected Outturn Position**
	The table below shows the overall movement in the projected outturn position throughout the financial year:



The partnership financial position has been challenging since the start of the year, with a significant projected overspend projected in the first reporting period. This is reflective of the challenges in delivering savings against a backdrop of continuing to prioritise and meet existing and new demand for services. The position has steadily and consistently improved since the IJB approved the financial recovery plan in September and progress has been made across all service areas.

The IJB approved a balanced budget for 2019-20 in March 2019. The budget was underpinned by a requirement to deliver savings of £6.1m and to manage a number of in-year unfunded pressures. Whilst the budget and savings plans are completely aligned to the IJB's Strategic Plan and ambitions within that to change how we deliver health and social care services, we have never underestimated the challenge in delivering service change across all services at pace whilst continuing to meet new demand for services. So many of the delegated services, particularly for social care, are demand led and for some services these are very specialist and high cost. This leads to a greater risk of being able to plan for and respond to in-year demands for services.

Whilst the financial position is improving, this is not providing assurance that financial balance can be delivered by the year-end. It will be extremely challenging to recover this overspend by this point in the financial year, there would be a significant impact of short-term decisions and actions that would require to be taken to fully recover this position. Those actions would inevitably have longer term consequences, both financially and for individual people's outcomes and would not necessarily address the areas where we continue to have financial and operational pressures.

Realistically the IJB will not be in a position as planned to make this year's instalment to the outstanding debt to North Ayrshire Council in full and the IJB should focus on ensuring the final outturn position is limited to £1.5m, to ensure that there is no increase to the overall debt position at the year-end. The projected outturn position offset by the debt repayment budget is £0.052m which would be contributed to the debt repayment, any further improvement to the position by the year-end would allow a greater level of repayment.

2.10 **Savings Progress**

a) The approved 2019-20 budget included £6.134m of savings.

RAG Status	Position at Budget Approval £m	Position at Period 9 £m
Red	-	0.311
Amber / Red	-	1.328
Amber	2.980	0.686
Green	3.154	3.809
TOTAL	**6.134**	**6.134**

b) The projected year-end outturn position assumes:

i) £0.311m of the Red savings in relation to reducing LD sleepovers (£0.190m), the roll out of MDTs (£0.055m), the LEAN efficiency programme and Buckreddan ICF Project will not be delivered as planned and this is reflected in the overall projected outturn position; and

ii) The £0.328m risk of savings relating to Trindlemoss is partially reflected (£0.178m) in the projected overspend position as there is ongoing work to establish the deliverability of the saving given that the savings were based on the service being operational from September.

If progress is made to deliver the savings this would improve the overall outturn position or prevent the overspend increasing further.

Some savings have been reclassified as Amber / Red as the budget has been removed from the service area, but these areas are overspending.

The projected financial position assumes that all remaining savings on the plan will be delivered. Progress with savings delivery requires to be closely monitored to ensure the impact on the financial position can be assessed and corrective action taken where necessary. It is essential that if a saving cannot be achieved by the year end that there are plans in place to achieve it moving into 2020-21.

Appendix C provides an overview of the savings plan, this highlights that at this stage a total of £4.318m of savings have been delivered successfully.

The Transformation Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solution focussed approach to bringing programmes back on track.

2.11 **Financial Recovery Plan**

The Integration Scheme requires the implementation of a recovery plan if an overspend position is being projected, to take action to bring overall service delivery back into line with the available resource. The previously approved financial recovery plan is included in Appendix D. The plan has in the main been delivered with further potential for improvement from the ongoing reviews of Care at Home and Community Learning Disability Services, for both of which ongoing improvements are factored into the projections.

The plan includes specific targeted actions with a focus on addressing the pressure areas, the actions will not only improve the projected overspend this year but will also address recurring overspends in service areas moving into future years. The plan is underpinned by more detailed plans with clear actions for high risk service areas. One of the most significant risk areas is Learning Disabilities, a more detailed plan with all

	actions including tracking progress with reviews is co-ordinated between the service and finance and transformation team. Weekly cross-service progress meetings are being held to track progress and to ensure progress at pace. The further actions noted below were subsequently noted to be undertaken: 1) **Care at Home** – review feedback from the Thinking Differently Doing Better sessions to identify the main 'themes' that can be taken forward to maximise capacity, including visits, assessment and review process, electronic communication with staff. Since September almost all of the communication with staff has moved to an electronic format and the reviews have commenced resulting in a significant reduction in the projected spend. 2) **Learning Disability** – continue the focussed work with weekly progress updates. Hold a development session with the learning disability team to ensure that progress made to date is embedded moving forward. Progress the responder service on a geographical cluster basis with Trindlemoss being the piloted area. The development session took place on the 8th of January and a follow up session is being arranged which will focus on assessments and the eligibility criteria. 3) **In house fostering –** grow the number of in-house foster carers through a recruitment campaign (advertising, radio and social media campaign). Review the terms and conditions for foster carers. An internal communications campaign has been developed as well as wider recruitment campaign which will be in place throughout February. 4) **Children's Residential Placements –** work with housing colleagues to develop alternatives for older children in care to ensure local capacity can be used to reduce the numbers of external placements. The plan includes actions to address the areas of overspend to help work towards financial balance this year whilst also delivering a recurring benefit to ensure financial sustainability in future years. Alongside the specific actions outlined in the financial recovery plan services will continue to deploy tight financial management controls to support bringing expenditure back into line with budget.
2.12	**Financial Risks**
	The 2019-20 budget setting paper noted unfunded pressures which could present a risk to the projected outturn position. A number of these risks have now materialised and the financial implications included in the partnership position. The remaining risks for 2019-20 include: a) Trindlemoss – delay in service users moving into the development. Trindlemoss is now open but there has been a delay in some service users moving in due the legal measures required to be in place (guardianships). Until they are approved by the court, we may incur double running costs, i.e. staff in Trindlemoss and care packages in the community as well as void rent loss payments. b) There is a potential pressure in relation to GP practices in difficulty. This is a dynamic pressure which we will look to manage in-year. If this cannot be achieved, then the default position would be to fund the North fair share of this

	from any underspend in the Primary Care Improvement Fund (PCIF). At month 9 there are no GP practices in difficulty. In addition to these pressures there is a potential reduction to the funding available for Ward 2 in Woodland View as East HSCP are reviewing the number of beds they want to commission from the ward. It is unlikely that this will be implemented during 2019-20 due to the limited notice given re the intent to reduce.
2.13	**Budget Changes**
	The Integration Scheme states that "*either party may increase it's in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis….without the express consent of the Integration Joint Board".* Appendix E highlights the movement in the overall budget position for the partnership following the initial approved budget. ***Reduction Requiring Approval:*** a) Transfer of hub funding to the Communities Directorate £0.059m b) Arrol Park Enhanced GP service – transfer to GP practice £0.008m. This was transferred in 2018-19 on a temp basis but should have been recurring. c) Prescribing Top Slice £0.090m d) Alcohol Brief Intervention GP Contribution £0.014m These reductions or transfers from the budget have been negotiated and agreed with the partnership. ***Future Planned Changes:*** Further areas which are outstanding and will be included in future reports include: **1)** The transfer of the Douglas Grant and Redburn rehab wards from acute services to the North HSCP. The operational management of these wards has already transferred to the partnership, but the due diligence undertaken on the budget has highlighted a funding shortfall. It has been agreed with NHS Ayrshire & Arran that the financial responsibility will not transfer until balance is found. In the meantime, we are managing services and working to reduce the projected overspend prior to any transfer.
2.14	**Lead Partnerships**
	North Ayrshire HSCP Services managed under Lead Partnership arrangements by North Ayrshire Health and Social Care Partnership are projected to be £0.313m underspent. Full detail on the underspend is given in section 2.4 above. This position is shared across the 3 partnerships on an NRAC allocation basis and is reflected in Appendix A.
	South Ayrshire HSCP Services led by the South Partnership are forecast to be £0.288m overspent (no movement). The Community Equipment Store was funded with an additional £0.280m as part of the budget for this year, however it continues to be a source of pressure and represents the majority of the overspend. It should be noted that expenditure is volatile depending on the timing of purchases. This issue is being discussed by SPOG.

	East Ayrshire HSCP Services managed under Lead Partnership arrangements by East Ayrshire are projected to underspend by £0.340m in total. This is a favourable movement of £0.386m. The projected underspend includes the following: • Primary Care is projected to underspend by £0.329m and is after taking account of additional costs within Primary Medical Services related to GP Practices in Difficulty which have handed back contracts. Additional costs of £0.450m have been incurred for the year-to-date. This has been offset by underspends in AUC and Dental Services. • Ayrshire Urgent Care Services (AUCS) are underspent by £0.390m as a result of vacancies across the support teams, including drivers and call handlers, as well as Advance Nurse Practitioner vacancies and medical sessions not being filled. • Dental services continue to deliver services within their financial envelope and are currently projected to underspend by £0.250m, mainly due to clinical and administration vacancies.
	Further work is being taken forward to develop a framework to report the financial position and impact of risk sharing arrangements across the 3 partnerships in relation to hosted or lead service arrangements. This is to ensure the IJB are fully sighted on the impact for the North Ayrshire partnership. The IJB will be kept informed of progress with this work which is being progressed by the Ayrshire Partnership Finance Leads. At month 9 the impact of the Lead Partnerships has been calculated based on the average NRAC share which is the method that was used in previous years and has been agreed by the Ayrshire Finance Leads. The NRAC shares are: North 36.6%, South 30.5% and East 32.9%
2.15	**Set Aside** The Integration Scheme makes provision for the Set Aside Budget to be managed in-year by the Health Board with any recurring over or under spend being considered as part of the annual budget setting process. The 2019-20 set aside budget for North HSCP is £30.094m, based on expenditure in 2018-19. The acute directorate, which includes the areas covered by the set aside budget, is overspent by £9.1m after 9 months. 58 additional and unfunded beds were open at the 31st March 2019. Crosshouse and Ayr hospitals have experienced a high level of demand and delayed discharges, resulting in increased operational pressures and additional expenditure. At 31st December there were 60 unfunded beds across Crosshouse and Ayr hospital. During 2018-19 the North Partnerships use of the set aside resources was £30.094m against the NRAC 'fair share' of £28.697m which is £1.127m above the 'fair share'. There is an expectation that the North Partnership will move towards its 'fair share'. The Models of Care programmes including the Intermediate Care and Rehab investment and the Palliative End of Life proposals being developed represent agreed or potential investment in community services with a view to reducing acute beds. This is in effect a mechanism to reduce the set aside resources. Currently however the funding for the ICR model is not able to be released from the acute set-aside budget due to service pressures and the overall overspend in acute services.
2.16	**National Position**

	Across Scotland Integration Joint Boards are facing similar financial challenges, whilst there are different individual local circumstances there are similarities with the factors contributing to financial pressures. The total budget delegated for Health and Social Care services to IJBs across Scotland is £9.3bn. The most recent collated Q2 position for 2019-20 reports that 25 out of 31 IJBs are reporting an overspend position totalling £86.3m, the main areas contributing to this are delays in delivering planned savings and demographic service pressures or increase in demand for services. T Key highlights include: • The challenge to deliver savings, in particular planned reductions in services not materialising due to increased demand being experienced • Increased activity of acute services • Additional demand for services and the increasing complexity of health and social care needs across older people, adult and children's services • The timeline to implement new models of service delivery taking longer than originally anticipated • Ongoing challenges associated with identifying further cost reduction and savings opportunities • Prescribing cost pressures; and • Staffing costs including the cost of locums. With the exception of prescribing costs which in North Ayrshire are underwritten by the Health Board, these are all pressures recognised for the North Ayrshire IJB. The partnership continues to actively engage in national networks, best practice forums and review examples of good practice and transformation from other areas. The quarter 3 information will be reported in due course.
3.	**PROPOSALS**
3.1	**<u>Anticipated Outcomes</u>**
	Continuing to implement and monitor the financial recovery plan will allow the IJB to work towards financial balance for 2019-20 whilst ensuring these plans align with securing financial sustainability in future years, thereby limiting the financial risk the funding partners, i.e. NAC and NHS AA. The transformational change programme will have the greatest impact on the financial sustainability of the partnership, the IJB require to have a clear understanding of progress with plans and any actions that can be taken to bring the change programme into line.
3.2	**<u>Measuring Impact</u>**
	Updates to the financial position will be reported to the IJB throughout 2019-20.
4.	**IMPLICATIONS**

Financial:	The financial implications are as outlined in the report. Against the full-year budget of £243.177m there is a projected overspend of £1.434m (0.6%). The report outlines the action being taken and proposed action to reduce the projected overspend. There are a number of assumptions underpinning the projections which could change as we progress through the year. We will continue to work with services to ensure the most accurate and reliable position is reported. The financial recovery plan details planned actions to reduce the projected overspend, delivery of the plan is being closely monitored. The main areas of financial risk which may impact on this position are highlighted in the report. At this stage in the financial year it is unlikely the IJB will be in a position to make the full planned debt repayment for 2019-20.
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	Within the projected outturn there are various over and underspends including the non-achievement of savings which need to be addressed on a recurring basis to ensure financial sustainability in future years. The Financial Recovery Plan is focussed on those areas which will help the current year financial position but also support ongoing future financial sustainability of the partnership.
Community Benefits:	None

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

4.	**CONSULTATION**
4.1	This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.

	The IJB financial monitoring report is shared with the NHS Ayrshire and Arran and North Ayrshire Council Directors of Finance after the report has been finalised for the IJB.
5.	**CONCLUSION**
	It is recommended that the IJB: a) Note the projected year-end overspend of £1.434m and the positive progress made by the partnership to reduce the projected overspend; b) Approve the changes in funding as detailed in section 2.13 and Appendix E; and c) Note the North Ayrshire IJB position in the context of the national financial position for Integration Authorities across Scotland.

For more information please contact:

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North Ayrshire Health & Social Care Partnership **Appendix A**
Objective Summary Report as at 31st December 2019

Partnership Budget - Objective Summary	2019/20 Budget									Over/ (Under) Spend Variance at Period 8	Movement in projected budget variance from Period
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	**55,086**	**55,478**	**392**	**13,199**	**13,353**	**154**	**68,285**	**68,831**	**546**	**894**	**(348)**
: Locality Services	25,470	25,228	(242)	4,648	4,523	(125)	30,118	29,751	(367)	36	(403)
: Community Care Service Delivery	26,043	27,358	1,315	0	0	0	26,043	27,358	1,315	1,083	232
: Rehabilitation and Reablement	1,769	1,352	(417)	1,946	2,028	82	3,715	3,380	(335)	(120)	(215)
: Long Term Conditions	1,443	1,212	(231)	4,595	4,825	230	6,038	6,037	(1)	(64)	63
: Integrated Island Services	361	328	(33)	2,010	1,977	(33)	2,371	2,305	(66)	(41)	(25)
MENTAL HEALTH SERVICES	**24,432**	**25,804**	**1,372**	**51,950**	**51,330**	**(620)**	**76,382**	**77,134**	**752**	**1,308**	**(556)**
: Learning Disabilities	18,600	20,111	1,511	511	429	(82)	19,111	20,540	1,429	1,217	212
: Commmunity Mental Health	4,462	4,314	(148)	1,611	1,496	(115)	6,073	5,810	(263)	(166)	(97)
: Addictions	1,370	1,379	9	1,345	1,235	(110)	2,715	2,614	(101)	(104)	3
: Lead Partnership Mental Health NHS Area Wide	0	0	0	48,483	48,170	(313)	48,483	48,170	(313)	361	(674)
CHILDREN & JUSTICE SERVICES	**32,170**	**33,085**	**915**	**3,610**	**3,682**	**72**	**35,780**	**36,767**	**987**	**1,260**	**(273)**
: Intervention Services	3,864	3,804	(60)	325	364	39	4,189	4,168	(21)	100	(121)
: Looked After & Accomodated Children	16,287	17,346	1,059	0	0	0	16,287	17,346	1,059	1,014	45
: Fieldwork	4,774	4,858	84	0	0	0	4,774	4,858	84	125	(41)
: CCSF	266	247	(19)	0	0	0	266	247	(19)	(34)	15
: Criminal Justice	2,692	2,692	0	0	0	0	2,692	2,692	0	0	0
: Early Years	338	292	(46)	2,868	2,901	33	3,206	3,193	(13)	(30)	17
: Policy & Practice	3,949	3,846	(103)	0	0	0	3,949	3,846	(103)	85	(188)
: Lead Partnership NHS Children's Services Area Wide	0	0	0	417	417	0	417	417	0	0	0
PRIMARY CARE	0	0	0	47,143	47,143	0	47,143	47,143	0	0	0
ALLIED HEALTH PROFESSIONALS				5,164	5,033	(131)	5,164	5,033	(131)	(69)	(62)
MANAGEMENT AND SUPPORT COSTS	6,724	6,059	(665)	1,732	1,532	(200)	8,456	7,591	(865)	(690)	(175)
CHANGE PROGRAMME	1,003	969	(34)	964	964	0	1,967	1,933	(34)	(72)	38
TOTAL	**119,415**	**121,395**	**1,980**	**123,762**	**123,037**	**(725)**	**243,177**	**244,432**	**1,255**	**2,631**	**(1,376)**
Return Hosted Over/Underspends East	0	0	0		0	103			103	(119)	222
Return Hosted Over/Underspends South	0	0	0		0	95			95	(110)	205
Receive Hosted Over/Underspends South	0	0	0		0	105			105	105	0
Receive Hosted Over/Underspends East	0	0	0		0	(124)			(124)	17	(141)
REVISED PROJECTED OUTTURN	**119,415**	**121,395**	**1,980**	**123,762**	**123,037**	**(546)**	**243,177**	**244,432**	**1,434**	**2,524**	**(1,090)**

2019-20 Budget Monitoring Report – Detailed Variance Analysis per service

Appendix B

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	**68,285**	**68,831**	**546**	
Locality Services	30,118	29,751	(367)	**Older People care homes inc respite** - projected underspend of £0.151m based on 769 placements. **Income from Charging Orders** - projected over recovery of £0.270m' I**ndependent Living Services :** * Direct Payment packages- projected overspend of £0.074m on 65 packages. * Residential Packages - projected underspend of £0.077m based on 30 packages. * Community Packages (physical disability) - projected overspend of £0.114m based on 47 packages **NHS Packages of Car**e - projected underspend of £0.031m due to use of supplementary staffing offset by slippage in other packages. **District Nursing -** projected underspend of £0.110m due to vacancies.
Community Care Service Delivery	26,043	27,358	1,315	**Care at home** - in house service - projected overspend of £0.279m based on the current level of contracted costs remaining until the year end. Care at home staff have been incurring additional hours as there are moratoria on four of the purchased care providers. - Purchased Care at home - projected overspend of £0.199m. This is after reducing the budget by £0.500m to reflect the agreed 19-20 saving and assumes that the number of hours provided will reduce by 50 per week until the end of 19-20. It also assumes a refund from a provider in relation to an ongoing query on their costs. **Direct Payments** - projected underspend of £0.112m based on 31 packages continuing until the year end. New packages have been approved but have yet to commence. **Transport costs** - projected overspend of £0.106m due to increase in staff mileage within care at home. **Admin costs** - projected overspend of £0.088m mainly due to mobile phone equipment. **Supplies and Services** - projected overspend of £0.208m in relation to uniforms, other supplies and CM2000 costs. **Voluntary Organisations** - projected overspend £0.088m mainly in relation to the Alzheimer service.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Rehabilitation and Reablement	3,715	3,380	(335)	**Employee costs -** projected underspend £0.164m due to vacancies. **Intermediate Care and Rehab Models of Care** - projected to overspend by £0.247m which is the full year funding impact. **Aids and Adaptations** - projected underspend of £0.373m of which £0.200m is per the approved recovery plan and the balance is related to the reduced number of OT assessments taking place.
Long Term Conditions	6,038	6,037	(1)	**Ward 1 -** projected overspend of £0.306m due to the use of supplementary staffing. **Ward 2 -** projected underspend of £0.006m assuming £0.504m of funding transfers from East HSCP in relation to Kirklandside patients. **Elderly CMHT -** underspend of £0.086m due to vacancies. **Carers Act Funding** - projected underspend of £0.268m based on the committed spend. This could fluctuate depending on the volume of carers' assessments undertaken and the level of demand/services identified from these assessments. This underspend will be used in the first instance to cover the projected overspend on care home respite placements.
Integrated Island Services	2,371	2,305	(66)	**Employee costs -** projected underspend £0.078m mainly due to vacant posts
MENTAL HEALTH SERVICES	**76,382**	**77,134**	**752**	
Learning Disabilities	19,111	20,540	1,429	**Residential Packages** - projected overspend of £0.355m based on 41 current packages. **Community Packages (inc direct payments) -** projected overspend of £1.225m based on 304 current packages less 3.75% invoice variances. The projection assumes a further £0.050m of review savings will be achieved before the year end and that any new packages or increases to current packages will be cost neutral. The direct payments projection is based on 41 current packages less £0.103m recovery of unspent balances. **Employee costs -** projected underspend £0.083m mainly due to vacant posts
Community Mental Health	6,073	5,810	(263)	**Employee costs -** projected underspend £0.134m mainly due to vacant posts **Community and Residential Packages** - projected underspend of £0.157m based on 101 community packages and 29 residential placements.
Addictions	2,715	2,614	(101)	**Employee costs -** projected underspend £0.111m due to vacant posts **ADP** - projected online position as any underspend will be carried forward into 2020/21.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Lead Partnership (MHS)	48,483	48,170	(313)	**Adult Community** - projected underspend of £0.115m due to vacancies. **Adult Inpatients**- projected overspend of £0.600m due to a delay in closing the Lochranza wards. **UNPACs** - projected overspend of £0.216m which includes the charges from the state hospital (April - August 2019). **LDS -** assumed online pending completion of the relocation of services to Woodland View. **Elderly Inpatients** - projected overspend of £0.270m due to use of supplementary staffing after ward closures. This could fluctuate pending the finalisation of the elderly mental health bed redesign. **CAMHS** - projected underspend of £0.214m due to vacancies. **MH Admin** - projected underspend of £0.155m due to vacancies.. **Psychiatry** - projected underspend of £0.310m due to vacancies and after accounting for the medical pay award and agency costs. **MH Pharmacy** - projected underspend of £0.126m mainly within substitute prescribing. **Psychology**- projected underspend of £0.395m due to vacancies. **Action 15** - assumed online position
CHIDREN'S AND JUSTICE SERVICES	**35,780**	**36,767**	**987**	
Intervention Services	4,189	4,168	(21)	**Outwith the threshold for reporting**

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Looked After & Accom Children	16,287	17,346	1,059	**Looked After Children placements - projected overspend of £0.136m based on the following:-** **Kinship -** projected overspend of £0.079m. Budget for 339 placements, currently 344 placement but projecting 354 placements by the year end. **Adoption -** projected overspend of £0.022m. Budget for 74 placements, currently 74 placements. **Fostering** - projected overspend of £0.179m. Budget for 120 placements, currently 137 placements but projecting 139 placements by the year end. **Fostering Xtra** - projected underspend of £0.073m. Budget for 32 placements, currently 31 placements but projecting 30 placements by the year end. **Private fostering -** projected overspend of £0.041m. Budget for 11 placements, currently 12 placements. **IMPACCT carers** - projected underspend of £0.016m. Budget for 4 placements, currently 2 placements. **Residential School placements including community packages -** projected overspend of £1.145m. There are currently 19 external residential placements and 2 secure placements. The reported projection assumes that one of the secure placements will end in January 2020 and the other in February 2020 and 3 residential discharges by end of January with the remaining 16 assumed to be in place until March 2020. These assumptions are based on individual plans for children. The projection is based on the current number of placements and estimated discharge dates for each placement based on the support from the mainstreamed Challenge Fund project. The projection is based on the current number of placements and estimated discharge dates for each placement. There is no provision for any increase in placements.
Fieldwork	4,774	4,858	84	
CCSF	266	247	(19)	**Outwith the threshold for reporting**
Criminal Justice	2,692	2,692	0	**Outwith the threshold for reporting**
Early Years	3,206	3,193	(13)	**Outwith the threshold for reporting**
Policy & Practice	3,949	3,846	(103)	**Employee costs -** projected overspend £0.068m due to the payroll turnover target not being met.
Lead Partnership (CS)	417	417	0	**Outwith the threshold for reporting**

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
PRIMARY CARE	47,143	47,143	0	**Outwith the threshold for reporting**
ALLIED HEALTH PROFESSIONALS	5,164	5,033	(131)	**Employee costs -** projected underspend £0.131m due to vacancies.
MANAGEMENT AND SUPPORT	8,456	7,591	(865)	**Projected underspend** - this underspend relates to pressure funding awarded as part of the 2019-20 and the pressures have not yet arisen. This funding will be closely monitored and delegated to services as and when required.
CHANGE PROGRAMME & CHALLENGE FUND	1,967	1,933	(34)	**Outwith the threshold for reporting**
TOTAL	**243,177**	**244,432**	**1,255**	

Threshold for reporting is + or - £50,000

2019-20 Savings Tracker **Appendix C**

Savings reference number	Description	Responsible Senior Management Lead	Deliverability Status at budget setting	Approved Saving 2019/20 £	Deliverability Status Month 9	Net Saving Achieved at Period 9 £
	Health and Community Care					
SP-HSCP-19-02	Roll out of multidisciplinary teams - Community Care and Health	Helen McArthur	Amber	55,000	Red	0
SP-HSCP-19-04	Day Centres - Older People	Helen McArthur	Green	38,232	Green	38,232
SP-HSCP-19-05	Deliver the Strategic Plan objectives for Older People's Residential Services	Helen McArthur	Green	130,350	Amber	130,350
SP-HSCP-19-09	Care at Home - Reablement Investment	Helen McArthur	Amber	500,000	Amber / Red	TBC
SP-HSCP-19-12	Assessment and Self Directed Support	Isabel Marr	Green	150,000	Amber / Red	0
NHS - HSCP-9	Packages of Care	Isabel Marr	Amber	150,000	Green	150,000
	Mental Health and Learning Disabilities					
SP-HSCP-19-01	Integration of the Learning Disability team	Jan Thomson	Amber	56,000	Green	56,000
SP-HSCP-19-07	Mental Health - Tarryholme / Trindlemoss (Council element)	Jan Thomson	Amber	328,000	Amber	150,000
NHS - HSCP-1	Trindlemoss (full year impact is £0.370m)* NHS element	Jan Thomson	Amber	250,000	Amber	250,000
SP-HSCP-19-10	LD - Reduction to Sleepover Provision	Jan Thomson	Amber	215,000	Red	25,000
SP-HSCP-19-11	Reprovide Fergushill/Hazeldene at Trindlemoss & redesign commissioned services	Jan Thomson	Green	111,000	Green	111,000
SP-HSCP-19-06	Adult Community Support - Commissioning of Services	Jan Thomson /Julie Barrett	Green	388,000	Amber / Red	1,500
NHS - HSCP-4	UnPACs - 7% reduction*	R Ralston	Green	200,000	Amber / Red	0
NHS - HSCP-5	Substitute Prescribing - 5% reduction*	R Ralston	Green	135,000	Green	135,000
NHS - HSCP-3	Review of Elderly Mental Health Inpatients*	William Lauder	Green	727,000	Green	727,000
NHS - HSCP-6	See a 5th bed at Woodland View - MH inpatients*	William Lauder	Amber	90,000	Amber / Red	0

	Children, Families and Justice Services					
SP-HSCP-19-03	Fostering - reduce external placements.	Mae Henderson	Green	127,408	Amber	127,408
SP-HSCP-19-08	Children's residential placements (CF)	Mae Henderson	Amber	355,000	Green	355,000
	Partnership Wide					
SP-HSCP-19-13	Charging Policy	Lisa Duncan	Green	200,000	Green	200,000
NHS - HSCP-10	Reduce business admin services	Julie Davis	Green	50,000	Green	50,000
NHS - HSCP-11	ICF Project - Partnership Enablers	Michelle Sutherland	Amber	27,000	Green	27,000
NHS - HSCP-12	ICF Project - Buckreddan care home	Michelle Sutherland	Amber	16,000	Red	0
NHS - HSCP-13	Uncommitted ICF Funding	Michelle Sutherland	Green	80,000	Green	80,000
SP-HSCP-19-20	Living Wage	n/a	Green	187,000	Green	187,000
NHS - HSCP-7	Resource Transfer to South Lanarkshire	n/a	Green	40,000	Green	40,000
SP-HSCP-19-14	19/20 impact of 18/19 part year savings	Stephen Brown	Green	113,000	Green	113,000
SP-HSCP-19-15	Respite	n/a	Green	200,000	Green	200,000
SP-HSCP-19-16	Payroll Turnover Target	Stephen Brown	Amber	500,000	Green	500,000
SP-HSCP-19-17	Lean Efficiency Programme	Stephen Brown	Green	50,000	Red	0
NHS - HSCP-2	Payroll Turnover Target - Mental Health *	Thelma Bowers	Amber	300,000	Green	300,000
NHS - HSCP-8	Payroll Turnover Target - Other Services	Thelma Bowers	Amber	365,000	Green	365,000
				6,133,990		**4,318,490**

Recovery Plan (Approved 26 September 2019) **Appendix D**

Ref	Service Area	Action	Service Impact	IJB Support	Included in P9 Position £000's	Planned Impact £ 000's	Responsible Officer
Health and Community Care:							
1	Care at Home	**Reduction in Care at Home Provision:** - reduce weekly hours of purchased provision by between 50 and 100 hours per week, by closing cases for clients admitted to hospital. - review care packages with any reduction in hours closed to offset the overspend. - continue to review the actions of Independent Providers in the use of CM2000 for maximum efficency - further roll out and embedding of reablement approach in CAH service to allow packages to be reduced	May lead to delays in care at home packages being delivered and may impact on hospital discharges and increase delayed discharges. May have impact on waiting list. Risk of this will be mitigated by ensuring resources are used efficiently, with a risk based approach to allocating resources.		225	200	Helen McArthur
2	Care Homes - Respite Placements	**Health and Community Care Service to enforce a policy and criteria in relation to emergency respite in commissioned care home settings**: - significant increase in emergency respite where in many cases residents are placed in long term care, action taken to fund long term placements in September - change of practice for social workers in relation to use of respite - provide clairty to commissioned care home providers that respite beds will be used for short term care to ensure expectations of service, care home and service user are aligned	Action has been taken to address current placements to ensure the service delivered is equitable, that the HSCP are appropriately financially assessing residents and that the commissioned care homes are funded for long term care placements. The appropriate use of emergency respite placements will be reinforced to the social work team. The longer term commissioning and use of respite provision for older people is being considered as part of the Care Home Strategy.	√	0	-	Helen McArthur
3	Equipment & Adaptations	**Temporary reduction (2019-20 only) in the equipment and adaptations budget**. - mirrors the reduction made in 2018/19 to assist with overall financial position, would not be sustainable on a recurring basis as provision of equipment fundamental to keeping people safe at home - priority for equipment provision will be: 1. support for end of life care 2. complete adaptations started or committed to in writing prior to tightened control of expenditure 3. maintain equipment and adaptations in situ and on which service users depend 4. provide essential equipment to support avoidance of hospital admission	Potential delays to equipment and adaptations for service users, this will be kept under review together with any waiting lists and impact on delivery of community based services, including monitoring the costs of any delays in supporting individuals to be supported in the community.		373	200	Helen McArthur

Ref	Service Area	Action	Service Impact	IJB Support	Included in P9 Position £000's	Planned Impact £ 000's	Responsible Officer
Mental Health and Learning Disabilities:							
4	Learning Disabilities	**Prioritised Review of Adult Community Packages:** - targeted reviews to be carried out immediately, reviews co-ordinated on a prioritised list with a focus on individuals moving service provider following the outcome of the tender exercise and with high cost packages being prioritised - will be supported with significant additional LD social work capacity with additional professional lead, additional social workers and the employment of agency staff to accellerate planned reviews - reviews will ensure the split of personal and non-personal care is appropriate and equitable (to ensure equity of provision and charging) - direct payments to be reviewed to progress claw-back of underspends - incorporates looking at clients where the service provided has been less than than commissioned to formalise re-alignment of care packages based on need.	Service users will be reviewed by a dedicated review team, the outcome should ensure that all reviews are up to date and appropriate and equitable levels of care are being provided. This process may cause some anxiety for service users as there is an expectation that significant reductions can be made to care packages. No reduction will be made to care packages unless deemed to be safe and appropriate by the service, however there may be some resistance to change from service users, their families and advocates.	√	268	750	Thelma Bowers
5	Learning Disabilities	**Trindlemoss development finalise the financial impact of the new service (LD day service, complex care unit and supported accommodation)**: - for 2019/20 require to plan to mitigate delay in savings being achieved - opportunities to further reduce cost of amalgamating day services - identifying supports required for service users in supported accommodation - policy in relation to eligibilty and prioritisation for supported accommodation, model of care blueprint for other supported accommodation coming online	The opening of the new service at Trindlemoss (originally planned August 2019) has been delayed due to delays in the building works, this has impacted on the timescales for service users and patients transferring. The service will require to be configured around the affordability of the care and support, taking into account the positive environment and the opportunities the shared accommodation space offers in terms of reducing existing high cost care packages.	√	0	tbc	Thelma Bowers
6	Learning Disabilities	**Sleepovers - develop policy in relation to 24 hour care for Adults in the Commnunity:** - policy decision to not provide one to one 24 hour sleepover service where there are: * supported accommodation alternatives available; * opportunities for service users to share a service (will be identified by geographically mapping services); or * where technology supports can be provided supported by a responder service. - Recovery plan action and financial impact is based on a plan to deliver a responder service from the Trindlemoss supported accommodation to support removal of sleepovers in the area	This will result in the removal of one to one 24 hour support from service users, an enhanced overnight service will be provided from Trindlemoss to support capacity for response. Individual service user safety will be a priority and the one to one support will only be removed where safe to do so.	√	0	128	Thelma Bowers
7	Learning Disabilities	**Transition Cases (Adults aged 65+):** - reviews undertaken jointly with LD and Older People's service which will deliver some savings, some work outstanding in relation to these reviews where changes to care packages have been identified - further action to scrutinise outcome of reviews and equity of service provision across client groups, particularly for high cost care packages which are not equitable with community care provided in Older People's services - requires a clear policy decision in relation to transitions of care and funding for community based supports *Note that there have been several reviews undertaken which indicate that savings will be made. These savings can be limited in some of the more complex care packages as care is required on a 24/7 basis.*	Service users are being reviewed with a view to reducing the cost of packages as the clients transition to the Older People's service. Some reviews for high cost community packages have identified individuals suitable for the criteria of long term care but resistance from service users to change from current care and support. If care packages cannot be reduced the IJB will be asked to agree a policy decision on the level of care provided in such cases.		70	134	

Ref	Service Area	Action	Service Impact	IJB Support	Included in P9 Position £000's	Planned Impact £ 000's	Responsible Officer
8	Adult Community Packages	**Adult Resource Group no overall increase in care package provision:** - ARG in place for Mental Health and Learning Disability care packages for approval, ARG will no longer be permitted to approve any increase to existing or new care packages unless there has been a reduction in service elsewhere - will require social workers to proactively review caseload and use finite resource available to support whole client group - arrangements will remain in place until the service brings the overall expenditure on community care packages back into line	Service users assessed as requiring a service will have to wait until resource has been identified to fund the care package, this is equitable with waiting lists for other services where resources are limited. This may result in delays in supports being provided but will also ensure that the service is managing, directing and prioritising resources effectively.	√	0		Thelma Bowers
9	All	**Self Directed Support:** - exploring how to embed this alongside the asset based approach promoted through the HSCP *Thinking Different, Doing Better* experience into services to change how we deliver services and balance service user and community expectations - undertaking self-evaluation for North Ayrshire against good practice, this will include stakeholder engagement to develop future approach	Positive impact to embed Self Directed Support, with a view to being realistic in managing expectations of services and service users. Address a perceived inequity in how services are delivered and how embedded SDS is across social care services.	√	0	-	Stephen Brown
Children and Families:							
10	Looked After and Accomodated Children	**Children's External Residential Placements bring forward planned discharge dates:** **-** overspend due to delays in bringing children back from expensive external residential placements due to timescales slipping, recovery action based on pulling forward all estimated timescales by one month and moving to planned level of 14 placements by March 2020 - scrutiny of detailed plans for individual children, to be reviewed alongside the internal children's houses to free up capacity to bring children back to NA sooner - close working with Education services as shared ambition and requirements to provide educational supports within NA - formalise and reinforce governance arrangements for approval of new external children's placements	Transformation plan to support more looked after children in North Ayrshire is focussed on delivering more positive outcomes for Children. Accellerating plans to move children to different care settings is challenging for the service as these are sensitive complex cases.		286	200	Alison Sutherland

Ref	Service Area	Action	Service Impact	IJB Support	Included in P9 Position £000's	Planned Impact £ 000's	Responsible Officer
Other:							
11	All	**Recruitment freeze non-front line posts:** **-** hold recruitment to all vacant non-front line care posts, eg support services, admin support - partnership vacancy scrutiny group remains in place and will ensure posts are not approved for recruitment until the new financial year	Minimal impact on front line services but depending on where vacancies arise during the rest of the year could have an impact on the capcitay of support services, in particular to respond to service requests. The HSCP vacancy scrutiny group will ensure consideration is given to the impact on services when recruitment is delayed for individual posts.		200	200	Caroline Whyte
12	All	**Moratorium non-essential expenditure:** - communication issued to all budget holders (social care and health) with an instruction to delay or cease any areas of discretional spend (areas including supplies and services, training, third party payments etc) - finance teams will liaise with budget holders as part of regular engagement and budgets will be removed non-recurringly to allow target reduction to be met	Minimal impact on front line services but is a short term one-off approach to reducing expenditure.		184	184	Caroline Whyte
13	All	**Systems improvements re care packages:** - Extension of CM2000 to adult services which will enable payment to care providers based on actual service delivered, being rolled out to some providers in advance of new tender - finance working with services to review areas where service delivered differs from that commissioned to improve systems and basis of financial projections, this work also supports ongoing reviews - action plan in relation to improving projections and actions identified from recent internal audit report re Community Based Care, including streamlining systems and processes to remove duplication, scope for error and reliablity of information	Significant work requried to review systems across social care services where different approaches are used for different service areas, some areas involve duplication of information and systems. Work will result in more assurance re the information reported, including financial projections and will also ensure the partnership has assurance that we only pay for the direct care delivered.		0	-	Thelma Bowers/ Helen McArthur/ Caroline Whyte
		TOTAL			**1,606**	**1,996**	

NB - cost reductions in relation to the recruitment freeze and moratorium on non-essential expenditure have not been tracked at individual budget line level, but it is likely that these target reductions have been exceeded as these arrangements have been in place across all services since September 2019 and meetings with budget managers have identified significant areas where expenditure and posts are being held.

2019-20 Budget Reconciliation Appendix E

COUNCIL	Period	Permanent or Temporary	£
Initial Approved Budget			95,067
Resource Transfer			23,112
ICF Procurement Posts - Transfer to Procurement	3	T	(85)
FPC under 65's Scottish Government Funding	3	P	702
Transfer to IT WAN circuit Kilwinning Academy	4	P	(3)
Waste Collection Budget	4	P	27
CLD Officer from ADP Budget to E & C	4	T	(31)
Transfer £10k to Communities for Youth PB	7	T	(10)
Challenge Fund Drawdown from Earmarked Funds	7	T	690
Hub Co-ordinator	9	P	(59)
Insurance	9	P	5
Period 9 reported budget			**119,415**

HEALTH	Period	Permanent or Temporary	£
Initial Approved Budget (based on month 9 of 2018-19)			145,425
Adjustments to reflect month 10 -12 of 2018-19 including non-recurring amounts			(1,845)
Opening baseline budget for 19-20			**143,580**
Resource Transfer			(23,112)
Superannuation Uplift	3	P	2,994
Voluntary Redundancy Scheme	3	P	271
Post from acute - PA to Clinical Nurse Manager, Long Term conditions	3	P	15
Post from acute - Clinical Nurse Manager, Long Term Conditions	3	P	34
Functional Electrical Stimulation Equipment from acute			10
Pharmacy Fees	3	P	19
HPV Boys Implementation	3	P	18
Action 15 (anticipated increase)	3	P	930
Post from Acute -Specialist Pharmacist in Substance Misuse	3	T	12
Old age liaison psychiatrist from acute	3	P	108
Patient Transport Service	3	P	49
Infant feeding nurse	3	T	41
Assoc Medical Director responsibility payment to Medical Director	3	T	(24)
Associate Medical Director sessions to the Medical Director	3	T	(71)
Contribution to the Technology Enabled Care (TEC) project	3	T	(50)
Superannuation Uplift Overclaimed	4	P	(270)
Action 15 overclaimed	4	T	(485)
Prescribing Reduction	5	P	(550)
Medical Training Grade Increase	5	P	51
Admin Transfer from South HSCP	6	P	19
NMAHP Clinical Lead	6	T	16
Woodland View – Hairdressing transfer from South	8	P	12
SLA Superannuation uplift	8	P	79

Medical Training Grade Increase	9	P	15
Arrol Park Enhanced GP service	9	P	(8)
Prescribing-Freestyle Libra Funding	9	P	97
Prescribing-Topslice 2019/20	9	P	(90)
GP ABI Contribution	9	T	(14)
Action 15 – Underclaimed	9	P	66
Period 9 reported budget			**123,762**
GRAND TOTAL			**243,177**

NORTH AYRSHIRE
Health and Social Care Partnership

Agenda Item 6

Integration Joint Board
13 February 2020

Subject: **An Integrated Health and Social Care Workforce Plan for Scotland**

Purpose: To present the key issues and next steps relating to the publishing of Scotland's first 'Integrated Health and Social Care Workforce Plan' by Scottish Government in December 2019.

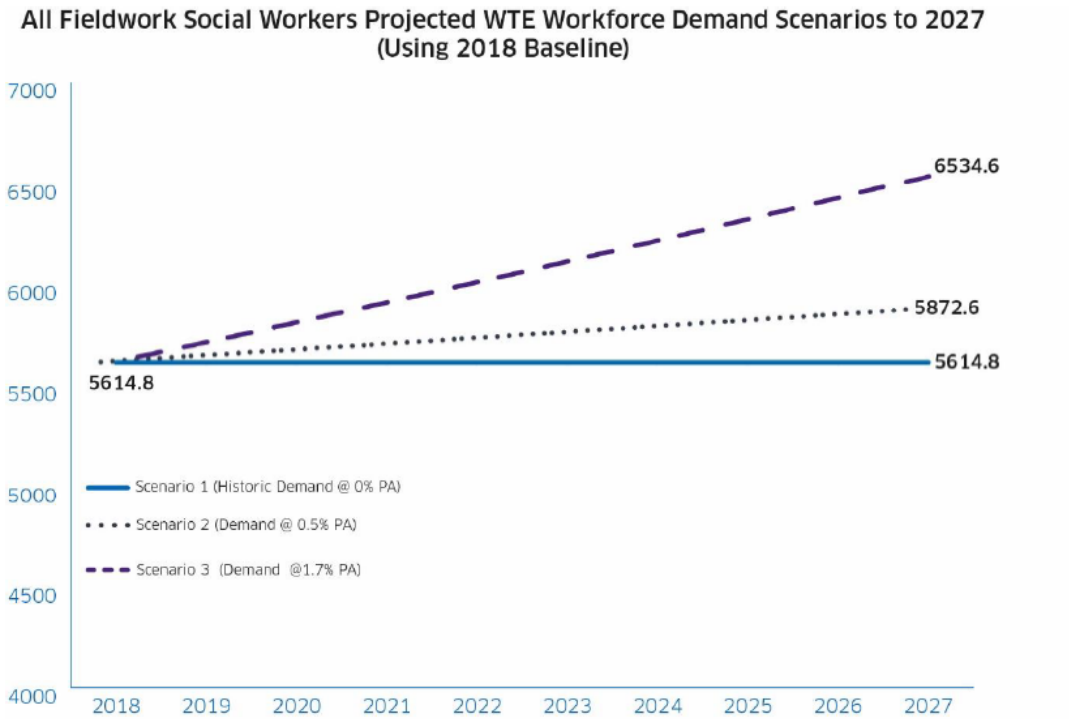
Recommendation: The IJB to approve that an updated HSCP Integrated Health and Social Care Workforce Plan will be developed this year and published by April 2021.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
SG	Scottish Government
IH&SCWP	Integrated Health and Social Care Workforce Plan

1.	**EXECUTIVE SUMMARY**
1.1	On the 16th December 2019 the Scottish Government issued its first **Integrated Health and Social Care Workforce plan**. This is attached at **Appendix 1**.
1.2	The Scottish government also issued **workforce planning guidance** which highlighted that all HSCPs require to have in place an integrated health and social care workforce plan for April 2021. North Ayrshire HSCP has an existing Workforce Development Strategy 2018-2021 in place, and this will require to be updated based on the new guidance. The link to the full document is Guidance.pdf
1.3	The Scottish Government also issued **illustrative planning scenarios** for roles supporting health and social care in Scotland and these estimate that there is expected to be over the next five years a growth in demand per annuum of 3.5% for health and 4% for social care. The link to the full document is Illustrative Scenarios.pdf
1.4	All three documents together provide a robust foundation for HSCPs to build an integrated workforce planning approach, across all sectors, however it is recognised that workforce data issues and the lack of a technical workforce expertise remains a barrier.

2.	**BACKGROUND**
2.1	On the 16th December 2019 the Scottish Government issued its first Integrated Health and Social Care Workforce plan. The plan puts effective workforce planning at the forefront of achieving safe, integrated, high quality and affordable health and social care services for the people of Scotland. This is attached at **Appendix 1**
2.2	The Plan recognised in Parts 1, 2 and 3 of the National Workforce Plan that delivering integrated services where people in Scotland need them depends on shared understanding and trust. It also requires robust data and intelligence about the highly skilled and committed workforce who deliver them. Building, sharing and using that intelligence effectively, in integrated ways across different systems, is essential. All these issues were explored during the creation of the North Ayrshire first Workforce Development Strategy 2018-2021 and building shared intelligence about workforce remains a challenge.
2.3	The plan also highlights that better planning and intelligence can also help decision-making where pressures are most immediate and where skilled staff are most needed.
2.4	At national level to ensure these commitments have maximum effect a strengthened workforce planning base has been put in place through: • developing strong national governance structures for workforce planning, via the National Workforce Planning Group and National Workforce Planning Programme Board; • delivering the TURAS Data Intelligence Platform, bringing together workforce data in one place; commissioning a new Labour Market Survey research to give us a better understanding of the national and local challenges; • delivering a new GP Contract which clarifies and strengthens the roles of GPs as Expert Medical Generalists working as leaders within the primary care system; and of Health and Social Care Partnerships in planning and delivering a far broader multi-disciplinary team to support GPs. The contract and improvements to IT systems are also significantly improving the data available on activity and workforce in general practice.
2.5	The IH&SCWP highlights that some of the challenges we face are not unique to Scotland, as recognised in a report by the Health Foundation in March 2019 which reported that “most high-income countries are facing the social, health and economic challenges of an ageing population”. The report identified that, unless the supply of health workers was addressed there would be “a global needs-based shortage of more than 14 million health workers in 2030”. International challenges are particularly acute in developed countries in nursing, where it is estimated up to 40% of nurses will leave the profession in the next decade.
2.6	The key commitments in the Plan are to: • Support the shift in balance of care into community settings, by delivering more care at home and reducing rates of admission to acute hospital services; • Train and introduce into the workforce an additional 375 nurses within the district nursing service based upon the current skills mix, over the next 5 years; • Create up to 120 more Pharmacists to work in primary care settings, increasing Pharmacy pre-registration training places by 40 each year over the next 3 years; • Create 225 more Advanced Musculo-Skeletal (MSK) Practitioners in Primary Care, by increasing MSc training places for the Physiotherapy workforce;

	• Support additional Mental Health Officer (MHO) capacity in local authorities by providing funding to help address the current shortfall in capacity of 55 WTE by 2022-23. In the medium term, modelling work will take place to assess the impact of reforms to adults with incapacity requirements, particularly around guardianship applications on mental health services workload and demand for MHOs; • Increase the Cardiac Physiologist workforce thereby increasing capacity to carry out diagnostic testing by supporting an additional 30 training places on the 4-year BSc course in Clinical Physiology; • Over the next 3-5 years we will also focus on increasing the workforce by promoting recruitment into Scientist Training Programmes and Practitioner BSc. Programmes; • Support an additional 60 Clinical Psychologists in training by: o Increasing the training programme intake by 10 students per year for the next three years. o Maintain the current intake level (30 per annum) for the two existing Masters training programmes. This will continue the additional 10 places which have been available in recent years. • Increase Reporting Radiography training places by 30 (10 in each of the next 3 years). In partnership with NHS Tayside the Scottish Government will develop a bespoke training programme to upskill Interventional Radiologists (and others with appropriate skills) to perform Mechanical Thrombectomy (MT) procedures to improve treatment of stroke patients across Scotland, and ensure these skills are approved as credentials by the GMC; • Scottish Government, working with COSLA, will design and oversee work to obtain a national picture of workforce planning capacity, methodology and capability in Local Authorities/ Health and Social Care Partnerships for planning social care services. We will respond by considering how best to support effective collaborative and strategic workforce planning in light of the findings; • Over the next 12 months Scottish Government and COSLA will work with the Scottish University and College sectors to examine, develop and build a workforce planning educational qualification - building a strategic approach to developing workforce planning education and skills for the health and social care workforce; • Provide additional support in 2019/21 to the third and independent social care sectors to enable their contributions to the developments in workforce planning to be supported through this Workforce Plan.
3.	The Scottish government also issued **workforce planning guidance** which highlighted that all HSCPs require to have in place an integrated health and social care workforce plan for April 2021 using a whole-system approach with third and independent sector partners.
3.1	An Annual Workforce Planning Reporting Process will be developed to meet the annual reporting requirements of Scottish Government. A reporting template will be developed and forwarded to IJBs for completion in the intervening years between publication of their full 3-year workforce plans.
3.2	While being more concise and high level than full 3-year workforce plans, these interim reports will still need to meet Scottish Ministers' requirements and must: • Continue to deliver a clear picture of local level workforce planning activity; • Be capable of aggregation at regional and national levels;

	• And where appropriate, enable Scottish Ministers to respond to ongoing scrutiny requirements for Parliamentary and audit purposes.
3.4	IJBs should also identify and nominate responsible officers to ensure the publication of 3-year Workforce Plans and Annual Workforce Planning Reporting Templates are undertaken in line with the timescales identified. North Ayrshire HSCP has identified Michelle Sutherland and Duncan Lavelle as the nominated responsible officers for workforce planning.
4.	The Scottish Government also issued **illustrative planning scenarios** for Scotland and these estimate that there is expected to be over the next five years a growth in demand per annuum of 3.5% for health and 4% for social care, based on inflation, demographic pressures, non-demographic growth and the dampening of growth created by efficiency and reforms.
4.1	The scenarios show expected growth rates for key professions working across health and social care to meet expected percentage growth in demand e.g. care homes, social workers, primary care staff, community-based NHS staff. The scenarios, using available information, take into account information on the following areas: • Current vacancies; • Workforce age profiles and assumed retiral ages based on trend data; • Outflow (leavers) and inflow (joiner) trends; • Student numbers and assumed education course completion rates. There is not a scenario for third sector workforce yet, given often is voluntary nature.
4.2	As an example, Scottish fieldwork social workers projections are described below. 

In developing this approach, the following required to be analysed and interrogated:

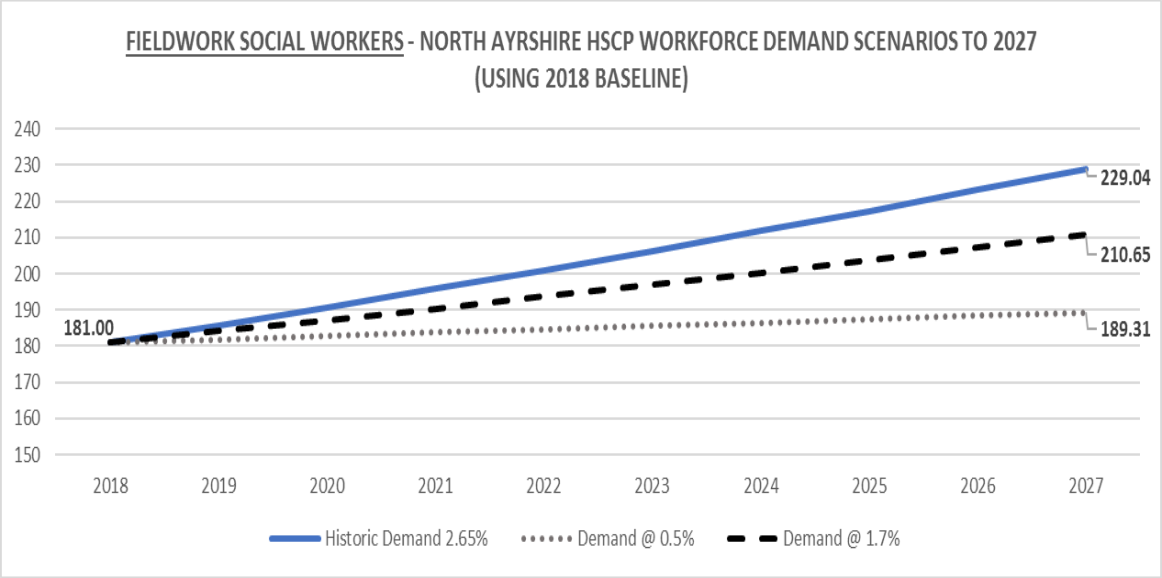
- Population demography,
- Impact of Government policy and legislation,
- Distribution of work among staff,
- Changes to models of working,
- Demand for qualified social workers from organisations delivering non-statutory services,
- Retention and retirement rate and
- Vacancy rates

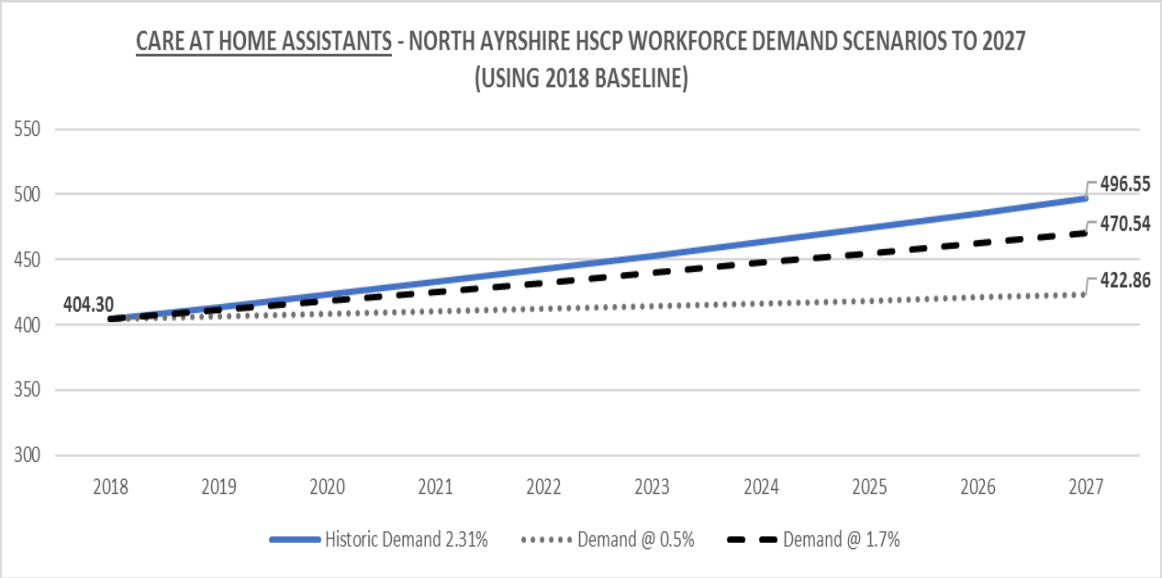
Given current data challenges faced by all sectors, it is an ambitious approach to include scenarios within the North Ayrshire HSCP integrated health and social care workforce plan.

However, we have already tried and below are 'test' projections for Fieldwork Social Workers and Care at Home Assistants. The projections match the 0.5% and 1.7% demand scenarios used in the "Illustrative scenarios" document.

The historical demand/growth rates (2.65% for SW / 2.31% for CAH) are produced from Full Time Equivalent "in post" figures from the last 5 years obtained from the SSSC Census Return for Social Workers and the HR/Payroll system for Care at Home staff.

This projection work does not take into account vacancies, turnover trends and retirement information. Hopefully we will get a clearer indication of the Scottish Government methodology used, so that will can build these in.





5.	**PROPOSALS**
5.1	North Ayrshire HSCP will work with third and independent sector colleagues to develop an integrated health and social care workforce plan, which will be published by April 2021. This will underpin the new HSCP strategic plan.
5.2	**Anticipated Outcomes**
	The workforce plan will be measured against the national health & wellbeing outcomes; however, the specific measures and actions will be explored as part of the new HSCP Strategic Plan arrangements, which are due to be developed in the coming year and published by April 2021
5.3	**Measuring Impact**
	The specific measures and actions will be explored as part of the new HSCP Strategic Plan arrangements, which are due to be developed in the coming year and published by April 2021. The integrated health and social care workforce plan will be supported by a range of illustrative planning scenarios built on the growth in demand expected over the next five years in North Ayrshire. Given current data challenges faced by all sectors this is an ambitious approach.
6.	**IMPLICATIONS**

Financial:	There may be financial implications, however these will be explored as part of the new HSCP Strategic Plan arrangements, which are due to be developed in the coming year and published by April 2021
Human Resources:	There may be implications for HSCP staff, however these will be explored as part of the new HSCP Strategic Plan arrangements, which are due to be developed in the coming year and published by April 2021.
Legal:	N/A.
Equality:	An Equality Impact Assessment will be developed to underpin the new HSCP Strategic Plan, which are due to be developed in the coming year and published by April 2021.

Children and Young People	Consider the impacts on children and young people in North Ayrshire.
Environmental & Sustainability:	N/A.
Key Priorities:	This document will underpin the new HSCP Strategic Plan, which is due to be developed and published by April 2021.
Risk Implications:	N/A.
Community Benefits:	N/A.

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

7.	**CONSULTATION**
7.1	There has been no wider consultation on the published report, due to the HSCP having in place an existing Workforce Development Strategy 2018-2021. This new Scottish Government IH&SCWP, with the supporting Guidance note and Illustrative Scenarios, will be used to inform the updated HSCP Strategic Plan and new Workforce Plan, due to be developed in the coming year and published by April 2021.
8.	**CONCLUSION**
8.1	The new Scottish Government IH&SCWP, with the supporting Guidance note and Illustrative Scenarios, will be used to inform the updated HSCP Strategic Plan and new Workforce Plan, due to be developed in the coming year and published by April 2021.

For more information please contact Michelle Sutherland on 01294317751 or msutherland@north-ayrshire.gov.uk

Or Duncan Levelle on 01294317756 or dlavelle@north-ayrshire.gov.uk

COSLA

An Integrated Health and Social Care Workforce Plan for Scotland

NHS SCOTLAND

Healthier Scotland
Scottish Government

December 2019

Contents

Joint Scottish Government and Convention Of Scottish Local Authorities (COSLA) Foreword

We share a common aim: to ensure everyone in Scotland receives the high-quality health and care services they need, at the right time and in the right place.

Central to that aim is the need to anticipate, gauge and respond effectively to the changing needs of our population; understanding the health and social care workforce we need to deliver services is crucial to this.

Every day the many thousands of people who work in our health and social care services display extraordinary leadership, professionalism, skill and knowledge. In everything they do they demonstrate outstanding personal commitment. It follows that the planning carried out to recruit, deploy, nurture, and retain this vital workforce must also be exemplary.

As people's health and social care needs change we are seeing a renewed focus on prevention and wellbeing, on early intervention and in supported self-management. This work will require us collectively to:

- embed and sustain health and social care integration;
- transform mental health services;
- improve access to services;
- respond to innovations and advances in treatment and care, as well as how people experience services.

This Plan reflects these requirements, in setting out:

- the key workforce factors we must consider in assessing growing and changing demand;
- the skills and size of the workforce we will need to meet demand;
- the actions we are taking to ensure a sustainable workforce – how we grow and retain our community-based workforce, our mental health workforce, and the workforce needed to support improved access in other key areas of health and social care.

We have known for many years that workforce planning is not an exact science. It is often described as a multi-dimensional and iterative process, capable of handling changing circumstances as they emerge. We must ensure Scotland's people continue to benefit from a fully sustainable health and social care workforce into the future, which remains a huge challenge. There is much still to do to further develop our collective knowledge, for example on the growing demands for social care. This in turn will support informed decision-making and the workforce skills we require.

This Plan represents an important milestone because it is tackling these issues at a national level and in an integrated context for the first time. It will support employers and workforce planners to address the complex interactions between demand and supply across all parts of the health and social care system. It reinforces that having a skilled, supported and sustainable workforce remains absolutely critical to delivering safe, effective and person centred care – at the right time and in the right place – wherever in Scotland it is being provided.

In developing this first Integrated Plan, individuals and organisations have shared their experiences of workforce planning across the statutory, third and independent sectors. It has provided a solid base for future work in further iterations of this Plan. It has also promoted a shared recognition of how specific workforce challenges confront different employers and organisations, and what they can do to meet them - locally, regionally and nationally.

One specific aim for this Plan, and its supporting guidance, is to equip planners and employers in local authorities, the NHS, the third sector, and the independent sector, with the planning resources they need to help build sustainable services. To do this to the best of their abilities, all sectors need better coordinated and more comprehensive workforce intelligence and insight, as well as the capacity to undertake appropriate workforce planning.

Working alongside COSLA and other stakeholders, the Scottish Government has an important part to play in leading this work and ensuring the continued development of a whole-system approach to workforce planning.

We are pleased to jointly commend this Plan to the many colleagues working across all of our health and social care organisations across Scotland. We encourage them to make good use of the revised guidance and scenarios published alongside it.

As we enter the third decade of the 21st century we believe this Plan now elevates workforce planning to its rightful position - fundamental to securing the best possible health and care outcomes for Scotland's people.

Executive Summary and Summary of Commitments

This Plan puts effective workforce planning at the forefront of achieving safe, integrated, high quality and affordable health and social care services for the people of Scotland. It underlines the need for better evidence which can support the many national actions we are taking to address the challenges our services face. Crucially this Plan reflects our approach to effective workforce planning in an integrated environment – essential to delivering and sustaining the world-class services we all rely on**.**

How services and support are planned, designed, developed, commissioned and delivered is also a key part of the reform of adult social care. As part of that, we are reviewing national data for social care support, to put in place measures and evidence that better reflect policy intentions to support independent living and promote sustainability.

With key partners, we recognised in Parts 1, 2 and 3 of the National Workforce Plan that delivering integrated services where people in Scotland need them depends on shared understanding and trust. It also requires robust data and intelligence about the highly skilled and committed workforce who deliver them. Building, sharing and using that intelligence effectively, in integrated ways across different systems, is essential.

Better planning and intelligence can also help decision-making where pressures are most immediate and where skilled staff are most needed. That applies across the health and social care workforce operating in very distinct landscapes of service commissioning, provision and employment. Scottish Government has already delivered on ambitious commitments to expand and strengthen the health and social care workforce – for example, delivering 100 more GP specialist training places and 500 more health visitors in the workforce. The Scottish Government has also supported the introduction of the real Living Wage for adult social care workers, while the registration and regulation of the social services workforce will complete its final phase of implementation in 2020, resulting in regulation of around 80% of the social care workforce.

We have also seen recent successes in medical trainee recruitment, such as:

- an increase in the overall fill rate to medical training places to 92% in 2019, from 85% in 2018;
- 37 specialities achieved a 100% fill rate (out of a possible 60);
- 33 more GP Speciality Training places were filled in 2019 compared to 2018;
- a 100% fill rate in ST1 Clinical Radiology training places.

And we remain on track to deliver:

- access to Pharmacist support for all GP practices by the end of 2021;
- 250 community link workers working in GP surgeries by 2021;
- 2,600 more nursing and midwifery training places by 2021;
- 500 additional Advanced Nurse Practitioners trained by 2021;
- 1000 more paramedics training in the community;

- 800 additional Mental Health Workers in A&E departments, GP practices, police custody suites and a range of other settings;
- 250 additional School Nurses by 2022;
- 80 additional counsellors in Further and Higher Education over the next four years;
- all children and young people (over the age of 10) will be able to access counselling services in every secondary school by September 2020;
- an increase to the GP workforce of 800 by 2027.

To ensure these commitments have maximum effect a strengthened workforce planning base has been put in place through:

- developing strong national governance structures for workforce planning, via the National Workforce Planning Group and National Workforce Planning Programme Board;
- delivering the TURAS Data Intelligence Platform, bringing together workforce data in one place;
- commissioning a new Labour Market Survey research to give us a better understanding of the national and local challenges;
- delivering a new GP Contract which clarifies and strengthens the roles of GPs as Expert Medical Generalists working as leaders within the primary care system; and of Health and Social Care Partnerships in planning and delivering a far broader multi-disciplinary team to support GPs. The contract and improvements to IT systems are also significantly improving the data available on activity and workforce in general practice.

Initiatives to enhance staff numbers have been particularly successful with record numbers of staff now working in NHS Scotland and in Scottish Social Services. National workforce statistics from September 2019 show that:

- NHS Scotland's staffing levels are at a record high, up by over 14,300 WTE – an 11.3% increase between September 2006 and September 2019;
- numbers of Consultants working in our NHS are at a record high, up 51.4%;
- numbers of Qualified Nurses & Midwives have increased 6.7%;
- numbers of Nursing & Midwifery support staff are at a record high, up 2.8%;
- AHP numbers are at a record high, up 17.5%, or by 1,547.9 WTE (8,842.1 WTE to 10,390.0 WTE);
- numbers of staff in the social care workforce have risen by 1.2% since 2017, the highest level recorded since reports began.

We must consider this in the wider UK context, where:

- NHS staffing per head in Scotland is higher than NHS England – there are 26 staff per 1,000 people in Scotland (Sept 2019), while in England the figure is 19.7 (August 2019);
- there are also more Qualified Nurses and Midwives per 1,000 population in Scotland than in England: 8.1 WTE in Scotland (Sept 2019) compared to 5.5 WTE in England (August 2019).

We must continue to ensure our efforts are targeted, and support delivery of integrated services in Scotland. Some of the challenges we face are not unique to

Scotland, as recognised in a report by the Health Foundation in March 2019 which reported that “most high income countries are facing the social, health and economic challenges of an ageing population”. The report identified that, unless the supply of health workers was addressed there would be “a global needs based shortage of more than 14 million health workers in 2030”. International challenges are particularly acute in developed countries in nursing, where it is estimated up to 40% of nurses will leave the profession in the next decade. In other, less developed, countries there are significant challenges linked to the appropriate training and skills mix of consultants and their migration.

This Plan focusses on national challenges including further embedding integration, improving waiting times and improving mental health support. The recommendations we are making below will significantly augment our capacity to address these challenges. The steps we can take to further improve workforce planning in Scotland, will also equip our staff with the right skills to meet them.

The key commitments in this Plan are:

Create 225 more Advanced Musculo-Skeletal (MSK) Practitioners in Primary Care, by increasing MSc training places for the Physiotherapy workforce.
Support the shift in balance of care into community settings, by delivering more care at home and reducing rates of admission to acute hospital services. Train and introduce into the workforce an additional 375 nurses within the district nursing service based upon the current skills mix, over the next 5 years.
Increase the Cardiac Physiologist workforce thereby increasing capacity to carry out diagnostic testing by supporting an additional 30 training places on the 4 year BSc course in Clinical Physiology. Over the next 3-5 years we will also focus on increasing the workforce by promoting recruitment into Scientist Training Programmes and Practitioner BSc. Programmes.
Create up to 120 more Pharmacists to work in primary care settings, increasing Pharmacy pre-registration training places by 40 each year over the next 3 years.
Support an additional 60 Clinical Psychologists in training by: – Increasing the training programme intake by 10 students per year for the next three years. – Maintain the current intake level (30 per annum) for the two existing Masters training programmes. This will continue the additional 10 places which have been available in recent years.
Support additional Mental Health Officer (MHO) capacity in local authorities by providing funding to help address the current shortfall in capacity of 55 WTE by 2022-23. In the medium term, modelling work will take place to assess the impact of reforms to adults with incapacity requirements, particularly around guardianship applications on mental health services workload and demand for MHOs.

Increase Reporting Radiography training places by 30 (10 in each of the next 3 years).
In partnership with NHS Tayside the Scottish Government will develop a bespoke training programme to upskill Interventional Radiologists (and others with appropriate skills) to perform Mechanical Thrombectomy (MT) procedures to improve treatment of stroke patients across Scotland, and ensure these skills are approved as credentials by the GMC.
Scottish Government , working with COSLA, will design and oversee work to obtain a national picture of workforce planning capacity, methodology and capability in Local Authorities/ Health and Social Care Partnerships for planning social care services. We will respond by considering how best to support effective collaborative and strategic workforce planning in light of the findings.
Over the next 12 months Scottish Government and COSLA will work with the Scottish University and College sectors to examine, develop and build a workforce planning educational qualification - building a strategic approach to developing workforce planning education and skills for the health and social care workforce.
Provide additional support in 2019/21 to the third and independent social care sectors to enable their contributions to the developments in workforce planning to be supported through this Workforce Plan.

Introduction

The approach we are taking

In Scotland improving workforce planning is vital to sustaining our high quality and safe services into the future. National comparisons of healthcare workforce planning[1] have underlined the need for a range of responses to global supply and demand challenges. That is why we have focused on implementing clear methodologies, generating better quality data to help assess gaps, and building collective knowledge around workforce planning.

It is important to recognise the variance in the aims and needs for workforce planners, considering different areas of the health and social care workforce. For example, social services are commissioned from a range of providers, with the workforce employed by more than a thousand providers in the public, independent and third sectors, many of whom employ less than 50 people. The majority of social service staff achieve their qualification after they have started work in the sector, in contrast with many professional groups in health services. These differences have implications for workforce planning arrangements and needs for different parts of the system, and for the levers available to influence workforce supply.

Complex, constantly shifting dynamics around the health and social care workforce mean that difficult choices around resources and priorities will continue to arise. For example, the shift in emphasis from planning for single professions towards multi-disciplinary, team-based care needs further progress to be made on workforce data to develop the evidence base required.

The modelling assumptions in this Plan and the associated scenarios therefore range in robustness, reflecting our best assessment at this point. However they provide a base for building our collective workforce planning capabilities, and future iterations of this plan will develop these still further – for example by including improved intelligence on social care career pathways. These developments in service delivery, data quality and understanding of demand underpin the need for workforce planning to be an iterative process.

The workforce we require

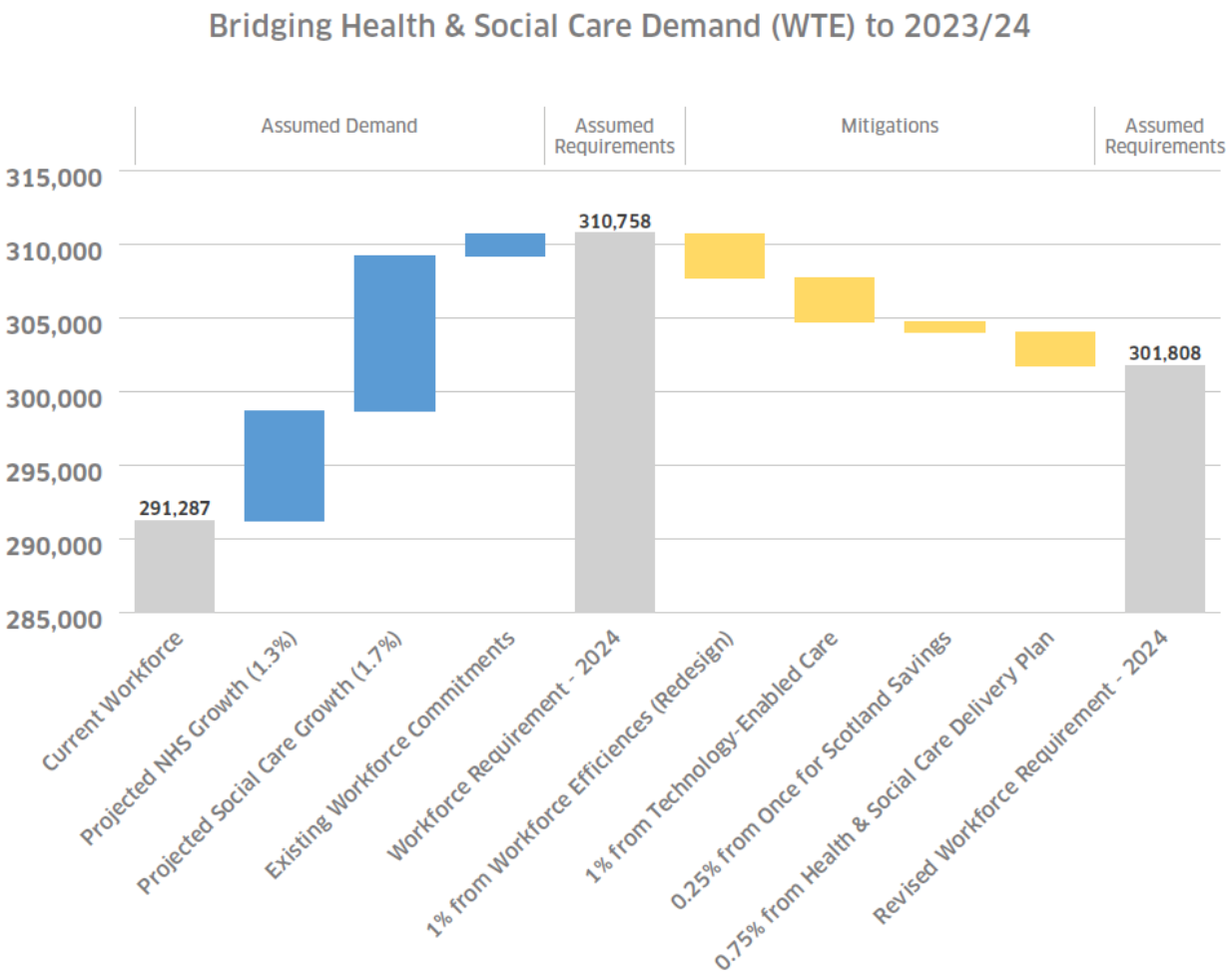
Cumulatively our current health and social care workforce stands at over 368,000 headcount. This translates to 291,000 Whole Time Equivalent (WTE - calculated using the most up to date available data on the NHS workforce and Scottish Social Services Council official statistics on the social services workforce).

The Scottish Government's Medium Term Financial Framework[2] (MTFF) estimates that to address the effects of demand, we will require 1.3% per annum more NHS employees and 1.7% per annum more social care employees in the period to 2023/24.

[1] Health Workforce Planning in OECD Countries, June 2013
[2] Health and Social Care: medium term financial framework, Scottish Government, October 2018

In terms of these estimates, and to address the likely effects of health and social care demand, we estimate that Scotland will require around 20,000 WTE more health and social care employees in the period to 2023/24.

While the steps taken in successive Programmes for Government will help, growing this number of staff in response to demand is a challenging target to achieve in a comparatively short timeframe, particularly when services are subject to sustained pressure.



Assessing and addressing need and demand

As set out in the diagram above mitigating actions may help reduce this requirement by up to 10,000 WTE, by enabling redesigned workforce roles, realising technology-enabled care, and examining how we deliver services.

For technology-enabled care, for example[3], the MTFF equates technology-enabled care with a 1% saving in terms of staffing demand. The MTFF also identifies potential efficiency savings of 0.25%, accruing from regional working and other approaches set out in Once for Scotland. Recognising the need for sustained change over the longer term Scottish Government estimates that the policies to shift

[3] The Topol Review Health Education England - February 2019

the balance of care and set in play in the Health and Social Care Delivery Plan[4] published in December 2016, will help to reduce the demand in the numbers of staff we need by around 0.75%.

Analysing the evidence

As Audit Scotland has observed[5] broader analysis is needed to support planning for a different type of workforce. Alongside other organisations, we recognise that wider evidence will be essential in developing national modelling and scenario planning capacity for the future. National modelling being undertaken around the Delivery Plan by ISD Scotland already includes a workforce dimension alongside service planning and financial planning elements. In addition to this NHS Education for Scotland (NES) and the Scottish Social Services Council (SSSC) are both working to develop a more comprehensive evidence base around the health and social care workforce.

This work will help workforce planners to fully understand the impact of change on our health and social care staff and service delivery, and help to forge new partnership approaches. For example, the Scottish Government is working alongside Cancer Research UK to help determine the shape of the future cancer workforce, and expects to do so with many more stakeholder groups and organisations in the coming months and years.

Successive iterations of this Plan will continue to build and sustain these collaborative links – assessing demand and providing analysis to ensure our health and care services have the right numbers of staff that people in Scotland need and deserve, well into the future.

[4] The Health and Social Care Delivery Plan

[5] NHS in Scotland 2019: https://www.audit-scotland.gov.uk/report/nhs-in-scotland-2019

What does demand look like?

Workforce planning is shaped by the increasing demand for health and social care services as we live longer lives, often with more complex and intensive needs.

A number of studies have attempted to quantify this demand based on forward projections of need including analysis carried out by the Health Foundation, the Fraser of Allander Institute, the International Monetary Fund and the Organisation for Economic Co-operation and Development. Most conclude that demand for health and social care will increase faster than the rate of growth of the wider economy and that, over time, expenditure on these services will gradually increase in three main areas:

- **Price Effects:** general price inflation within health and social services;
- **Demographic Change:** this includes the effect of population growth on the demand for health and social care services, the impact of a population living longer, and demographic change in the workforce itself;
- **Non-Demographic Growth:** demand-led growth, generated by increased public expectations and advances in new technology or service developments, for example expenditure on new drugs.

We have drawn on these national and international analyses in defining an approach to assessing future demand in Scotland's health and social care services. The Scottish Government MTFF[6] provided additional funding for the health portfolio of £3.3 billion by 2023-24. That sits alongside a rigorous reform agenda as set out in the Health and Social Care Delivery Plan[7]. An example of Scottish Government's commitment to the reform agenda was announced in the Programme for Government 2019/2020: Scottish Government will support Social Work Scotland to work with local authorities and others to design and test a framework of practice for self-directed support across Scotland, including approaches to assessment and resource allocation. This will result in more consistent experiences, making it easier for supported people to move from one area of Scotland to another. Local flexibility will ensure authorities can work with their communities to develop systems that suit local strengths and needs, particularly in remote, island and rural areas.

This twin approach of investment and reform is essential to create sustainable health and social care services for the future.

We recognise there is a plethora of published material expressing varying views on the rates of growth in the Scottish Economy, the Health and Social Care sector being no exception. For the purposes of this Plan we have used the growth assumptions outlined within the MTFF. The Framework projects that over the next five years **future demand would rise by 3.5% per annum for health and 4% for social care,** based on inflation, demographic pressures, non-demographic growth and the dampening of growth created by efficiency and reforms. In reflecting the impact of the NHS pay deal and similar expected impact for social care (2.2%-2.4% per annum), we have assumed an non-pay **average annual growth of around 1.3% for health and around 1.7% for social care.**

[6] Health and Social Care: medium term financial framework, Scottish Government, October 2018
[7] The Health and Social Care Delivery Plan, Scottish Government, December 2016

In this Plan we use these figures as the starting point to assess future workforce planning needs. However we cannot simply apply them across the health and social care workforce. For example, the overall number of care at home and housing support workers increased by 12% between 2009-2018, while the number of care home for adults staff decreased by 1% over the same period[8]. To make our workforce planning as robust as possible we must adjust the figures to take account of particular demand and supply issues which affect all or individual staffing groups.

In assessing how demand will be met we need to take account of new forms of provision such as the creation of Elective Centres, the Waiting Times Improvement Plan, The Health and Care (Staffing) (Scotland) Act and technology enabled care.

Elective Centres
Projections indicate that our elderly population will be 25-30% higher by 2035 than it is now. This will mean a substantial increase in demand for treatments such as cataract surgery and hip and knee replacement operations.

The elective centres aim to provide additional capacity to accommodate the increasing demand for age related treatments, such as those mentioned above, as a result of an increasingly elderly population. The new centres will separate emergency and non-urgent services, resulting in shorter waiting times and improved outcomes which result in an overall improvement in the population's health as well as better value and financial sustainability.

Elective centres are being created in Highland, Grampian, Tayside and Lothian with an expansion of facilities at the Golden Jubilee Foundation and Forth Valley and will start to come on stream from this year. These centres will create additional capacity and provide a more efficient way of delivering services to meet the increasing demand for these treatments.

The creation of the centres will have particular impact on workforce demand in specialties such as Orthopaedics, Ophthalmology, General Surgery and Dermatology. The impact on these specialties will be as a result of the increasing demand for the age related treatments as detailed above and skill mix and roles will need to evolve to support this increase in demand.

Waiting Times Improvement Plan
Timely access to care is a critical aspect of delivering better health and care, and we recognise that performance in key areas such as waiting times must improve substantially and sustainably.

The Waiting Times Improvement Plan, which is a key Scottish Government commitment published in October 2018, directs more than £850 million of investment to substantially and sustainably improve waiting times by spring 2021. This investment focusses on the future shape of services, capital planning and workforce sustainability. While this Plan is predominantly set in the context of NHS waiting times, there is a recognition that a whole-system approach to tackling long waiters is

[8] Scottish Social Service Sector Report on 2018 workforce data, Scottish Social Services Council, November 2019

required if the ambitions set out in the Plan are to be achieved. In our workforce planning, we need to reflect the fact that delivery of the Improvement Plan will have particular impact upon workforce demand in specialties such as Urology, Dermatology and General Surgery, as well as Diagnostics. We set out in this Plan the steps we are taking to build the workforce which will improve our waiting times. This includes targeted actions on diagnostic capacity and efficiency and plans in the medium term for a recruitment campaign targeting the medical specialties which support our waiting times priorities.

The Health and Care (Staffing) (Scotland) Act

The Health and Care (Staffing) (Scotland) Act 2019 introduces into legislation guiding principles for those who commission and deliver health and care, which explicitly state that staffing is to provide safe and high quality services and to ensure the best health care or care outcomes for service users. While this is the main purpose, health and care services should promote an efficient, effective and multi-disciplinary approach which is open with and supportive of staff.

The 2019 Act places a duty on Health Boards to ensure appropriate numbers of suitably qualified and competent staff are in place for the health, wellbeing and safety of patients. It enables rigorous, consistent assessment of workload, based on assessment of acuity, patient need and the delivery of patient outcomes. The Act also requires that Health Boards ensure clinical team leaders have adequate time to fulfil their leadership role. In some areas this may require additional clinical or administrative staff.

For Care Service providers, the 2019 Act places a statutory duty to ensure that at all times suitably qualified and competent individuals are working in such numbers as are appropriate for the health, wellbeing and safety of service users, and the provision of high-quality care. Providers are also required by the Act to ensure staff are appropriately trained for the work they perform.

Implementation of the legislation will generate a significant amount of data on the staffing needed across services based on the needs of people who use services and will therefore inform workforce planning at local and national level.

Technology

Technology is playing an increasing role in the services we deliver, providing better online services and helping people to manage their health at home through initiatives such as video clinics, digital access to records, test results, outpatient booking and online services for triage and repeat prescriptions. SSSC, NES and others continue to make long term commitments to develop resources that support the workforce to use and embrace technology. Technology – when used appropriately and innovatively – offers the opportunity to automate some tasks and to use artificial intelligence to free up the time of healthcare and social care professionals, enabling them to focus on high value activities, leading to better and improved outcomes for everyone. Technology can also have a positive impact on staffing demand, as recognised in the Topol Review.[9]

[9] The Topol Review Health Education England - February 2019

An example of the use of technology to deliver the best care is the introduction of the Attend Anywhere service, a web-based platform, which gives patients the opportunity to video call their healthcare provider. In the past year, the Attend Anywhere Scale-up Challenge has seen increased usage and reports of significant savings in both patient and clinician travel. As announced in Scottish Government's Programme for Government, this will now roll out to primary care and social care services so more services can be delivered closer to people's homes. The Blood Pressure service for remote diagnosis and management of hypertension will also be scaled up.

Another example of technology playing an increasing role in the delivery of care is the telecare services provided by local authorities and providers. Telecare is the provision of technology enabled solutions which can support daily living activities such as cooking or prompting and dispensing medication. These services allow individuals to continue to live at home by supporting their independence and enhancing their wellbeing and safety. Utilising telecare means that services can be delivered more efficiently by freeing up the workforce who have traditionally been involved in delivering some of these daily living activities to focus on the more complex areas of holistic care and support.

However, to take full advantage of these opportunities our workforce must have the necessary digital skills. In this Plan we set out how we are addressing this through the workforce development aspect of our Digital Health and Care Strategy.

Supply: the skills and people we need

Meeting demand requires us to look at both the types of skills and numbers of people we need, taking into account any additional supply factors.

Skills

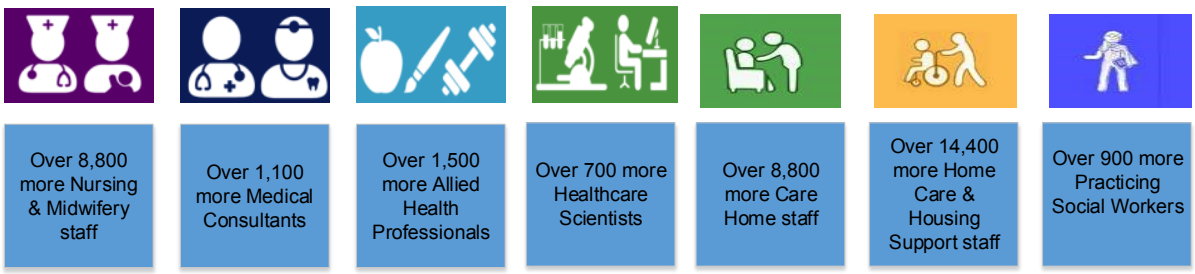
We need a workforce that is flexible and adaptable to the demands of a changing health and care environment, digitally confident and able to work effectively in multi-disciplinary teams. As an illustration of what this might mean for the skills required, we will have particular need for:

- **Team working** skills to work well in multi-disciplinary teams delivering joined up services that focus on anticipatory and preventative care, respond to people's needs and ensure vulnerable people's rights are supported and protected;
- Skills to provide **more complex support and care** to people living with frailty, disabilities, multiple morbidities and long term conditions, particularly in community settings, in a way that ensures a meaningful continuity of care and support for the person receiving it. For example, many care home workers are taking on a wider range of tasks such as the administration of medication, delivering end of life and palliative care and specialist dementia care;
- **Working with health and care service users and their families.** In a community setting this will focus on promoting self-care, prevention and shared decision making[10];
- Understanding of **mental health issues** and how to support people – across the workforce;
- An understanding of how **digital solutions** can improve care and how to effectively implement and use these solutions in delivering care.

The actions we take to improve training, create and develop career pathways and support continuous professional development need to reflect these developing skills requirements.

People

Using an assumed average annual growth, where no mitigating actions have been taken, of around 1.3% for the healthcare workforce and around 1.7% for the social care workforce (from the MTFF, referred to earlier in this Plan), we can estimate what this means for the **overall** numbers that may be required in key staffing groups over the next 10 years.



[10] Workforce Skills Report 2016-17. Scottish Social Services Council, 2017.

However these need to take account of the particular supply issues as well as the demand factors identified earlier. Significant current factors which need to be taken account of in considering supply are the impact of potential EU withdrawal, the changing shape of our workforce and particular supply issues in certain job families and areas of Scotland.

Impact of potential EU withdrawal on workforce supply

Potential EU withdrawal poses a significant risk to the recruitment and retention of staff in the health and social care workforce. These sectors employ considerable numbers of EU citizens, with particular concentrations of EU staff in some regions and specialties. Based on the best information available we estimate that in Scotland non-UK EU nationals make up:

- 7.3% of registered nurses employed in adult social care;
- 5.9% of Scotland's doctors;
- 5.9% of people employed in care homes for adults;
- 4.1% of people employed within housing support and care at home services;
- 1.5% of (band 5) nurses and midwives.[11]

Potential withdrawal from the EU is already having an impact. The number of EEA qualified nurses and midwives currently practising across the UK decreased by 5.9% between March 2018 and March 2019. When this figure is extrapolated, this is just over 1% of the 69,047 nurses and midwives currently practising with a registered address in Scotland[12].

Changing shape of our workforce

We also have to take into account the changing shape of our workforce. Many staff now have different expectations of their career and are looking for greater flexibility from their employers to accommodate different, more flexible work patterns, career breaks and less linear careers.

Vacancies and Turnover

While there has been an upward trend in the numbers of staff working in health and social care, [13][14] turnover and vacancy rates are generally above the Scottish average.

- In medicine, more than half the long term vacancies are at consultant level, with particular pressures in Clinical Radiology, General Practice and Psychiatry;
- In nursing and midwifery turnover and vacancy rates have also been rising in part due to the number of leavers;
- In the allied health professions, turnover remains steady but increasing numbers of workers are nearing retirement and there has been an increase in vacancies with the highest rate and numbers in physiotherapy;

[11] EU Workers in Scotland's social care workforce: contribution assessment, July 2018

[12] Nursing and Midwifery Council Register data, March 2019
[13] NHS Scotland Workforce Statistics, ISD June 2019
[14] Scottish Social Service Sector Report on 2018 Workforce Data, Scottish Social Services Council, August 2018

- There are also particular issues in parts of the health and social care workforce, where the age profile of staff suggests high levels of retirals in the next 10 years. One area where this could have a significant impact is nursing and midwifery, where 19.2 % of the workforce is expected to retire in that period;
- There are similar challenges in social care, which has an overall vacancy rate almost twice the Scottish average[15]. The care home and care at home workforce is experiencing high vacancy levels with many services reporting problems filling jobs. Nursing posts in care homes also have relatively high levels of vacancies;
- Many Local Authorities are also reporting a shortfall around their ability to provide sufficient numbers of Mental Health Officers to deliver key statutory services[16]. For social workers, recent trends have seen a small decrease in numbers and relatively steady vacancy rates. However, there is evidence that a significant number of Mental Health Officers are approaching retirement and this, aligned to a forecast increase in demand for social workers, may impact on vacancy rates.

Remote, Rural and Island Sustainability

There are distinct recruitment issues across health and social care in remote, rural and Island areas driven by specific patterns of demographic change[17]. For example, parts of the west of Scotland and all the island council areas are expected to have smaller working age populations by 2026.[18] Work to explore these issues and develop actions to address them has commenced under Part 2 of the Workforce Plan and we will learn from actions already in progress to address recruitment challenges in remote and rural areas in primary care.

We must do all that we can to ensure equity and sustainability of health and care services and delivery across the geographic landscape of Scotland. The actions we are taking, and will take, aim to address the specific challenges in delivering health and care services in remote, rural and island settings.

All of this must be taken in the context of employment forecasts for Scotland being generally cautious. Scotland is already at a near record high for employment. The Scottish Fiscal Commission, in its May 2019 Economic and Fiscal forecast[19], projected an average increase in employment in Scotland of around 0.1% per year over the next 5 years. Labour market forecasts produced by Oxford Economics indicate that over the next 10 years there could be significant churn in our labour market – although this is not a new feature of our labour market.

Scenario Planning

We are creating an increasingly robust evidence base for workforce planning decisions through a greater understanding of these complex demand and supply issues. This is informing the decisions and actions we take and is enabling us to plan ahead, rather than 'firefighting' at the point when a workforce issue is identified.

[15] Care Inspectorate, Scottish Social Services Council (2018_ Staff vacancies in care services 2017 report
[16] Mental Health Officers (Scotland) report 2018, Scottish Social Services Council, August 2019
[17] NHS Scotland Workforce Statistics, ISD June 2019
[18] National Records of Scotland: Population Projections for Scottish Areas, March 2018
[19] Scottish Economic and Fiscal Forecasts, May 2019

This can be done through scenario planning, which uses evidence-based assumptions that can be revised annually and triangulated with workforce data. It is also an important tool for workforce planning at national, regional and local levels, where it can help employers to visualise the workforce they need and informs the decisions they take in the future. Workforce planning is a statutory responsibility for the NHS. Local government and other sectors are generally at an earlier stage of developing workforce planning approaches.

The annex published alongside this Plan sets out scenarios illustrating potential workforce changes. Alongside core staffing groups we have produced scenarios on some key groups which can make a significant contribution in our three priority areas – building the community based workforce, mental health and waiting times performance:

- Care Home for Adults;
- Care at Home and Housing Support;
- Practicing Social Workers;
- Social Work – Mental Health Officers;
- Primary Care Advanced Musculo-Skeletal Practitioners;
- Pharmacists;
- Dentists;
- Nursing and Midwifery;
- Clinical Radiology;
- Reporting Radiographers;
- Cardiac Physiologists;
- Clinical Psychology.

As well as overall increase in demand, the scenarios take into account current vacancies, age profiles and assumed retiral ages, outflow (leavers) and inflow (joiner) trends and student numbers and assumed education course completion rates.

The use of high level scenario planning starts to offer a way of workforce planning across health and social care. However, in the social care sector, with 32 local authorities and thousands of providers, workforce planning is extremely complex and will take some time to mature.

These are only a selection of the scenarios which could be developed. This Plan signals a commitment to developing workforce planning beyond the NHS, by offering support and guidance for integration bodies and others to develop their local approaches to workforce planning. We will work closely in partnership with stakeholders to further develop the scenarios, outlined in the annex to this document, and to develop scenarios for additional staffing groups. The scenarios form part of the evidence base for the actions we will take, set out in the next section.

Actions we will take to meet those needs & challenges

As we have set out earlier in this Plan, the demand and supply landscape for the health and social care workforce is a complex one. There is no one simple solution to address these issues and ensure that we have a sustainable workforce for the future. The solutions lie in a range of national and local actions to attract, retain and develop our whole workforce, which are based on the best available evidence and flexible enough to adapt to changing circumstances.

In this section we set out the actions which are underway or which we are committing to through this Plan. We are taking actions on:

- overall investment in health and social care;
- increasing the supply of staff into training or as qualified staff;
- supporting recruitment into health and social care careers;
- widening access to grow the workforce;
- supporting the development and retention of the current workforce;
- improving workforce planning across health and social care;
- improving fair work practices across the social care workforce.

In doing so we have a particular emphasis on building the workforce in our key priority areas to address the demand and supply issues identified in this Plan.

Overall Investment in Health and Social Care
Underpinning all of our commitments is investment in health and social care services. The investment Scottish Government has made to these services will continue, and over the remainder of this parliamentary term, the Scottish Government's main health and social care expenditure commitments will:

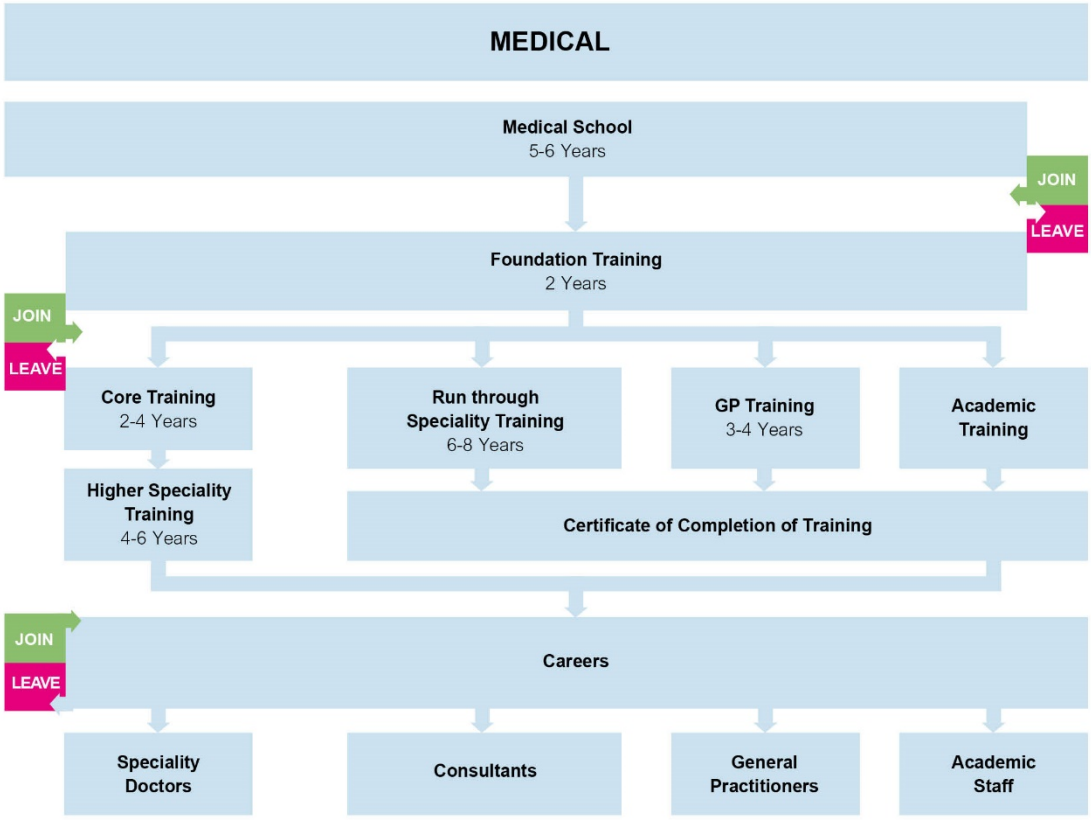
- **Maintain baseline allocations** to frontline Health Boards in real terms, with additional funding over and above inflation to support the shift in the balance of care and protect health expenditure from rising prices;
- Increase the share of the frontline NHS budget dedicated to mental health, and to primary, community, and social care in every year of the Parliament;
- More than 50% of frontline NHS expenditure will be **community-based** – so that a greater proportion of care is provided in settings close to a person's home rather than in a hospital;
- In 2019/20, we are increasing the package of investment in **social care and integration** to exceed £700 million. This includes support for the Living Wage, the continued implementation of the Carers (Scotland) Act 2016 and extending free personal care to under 65s;
- Funding for **primary and community care** will be increased to 11% of the frontline NHS budget by 2021/22, enabling increased spending of about £500 million - with around half of this growth invested directly into GP services, and the remainder invested in community primary care;
- Scottish Government have delivered the commitment to invest £1 billion in mental health, and over the life of this Parliament investment will exceed £5 billion. The Programme for Government 2018-19 announced an additional £250 million over the next five years to introduce a package of measures to improve

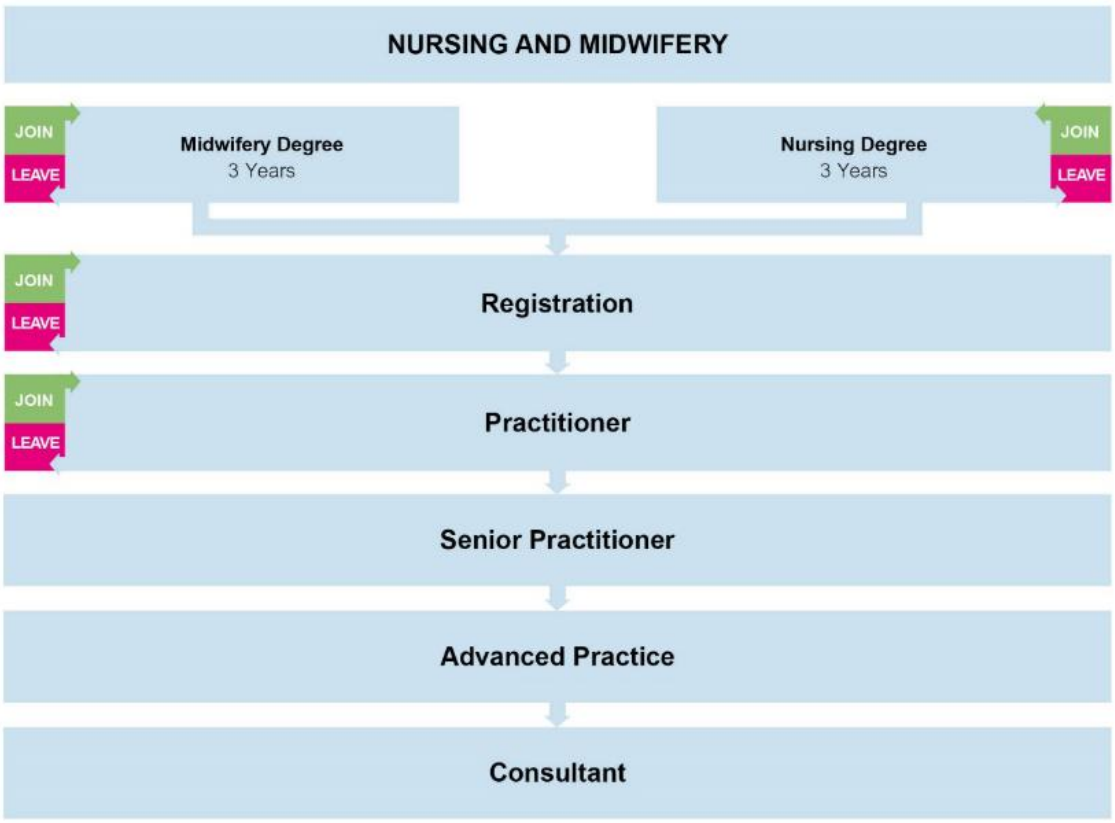
services for children, young people and adults, and embed support for good mental health across public services.

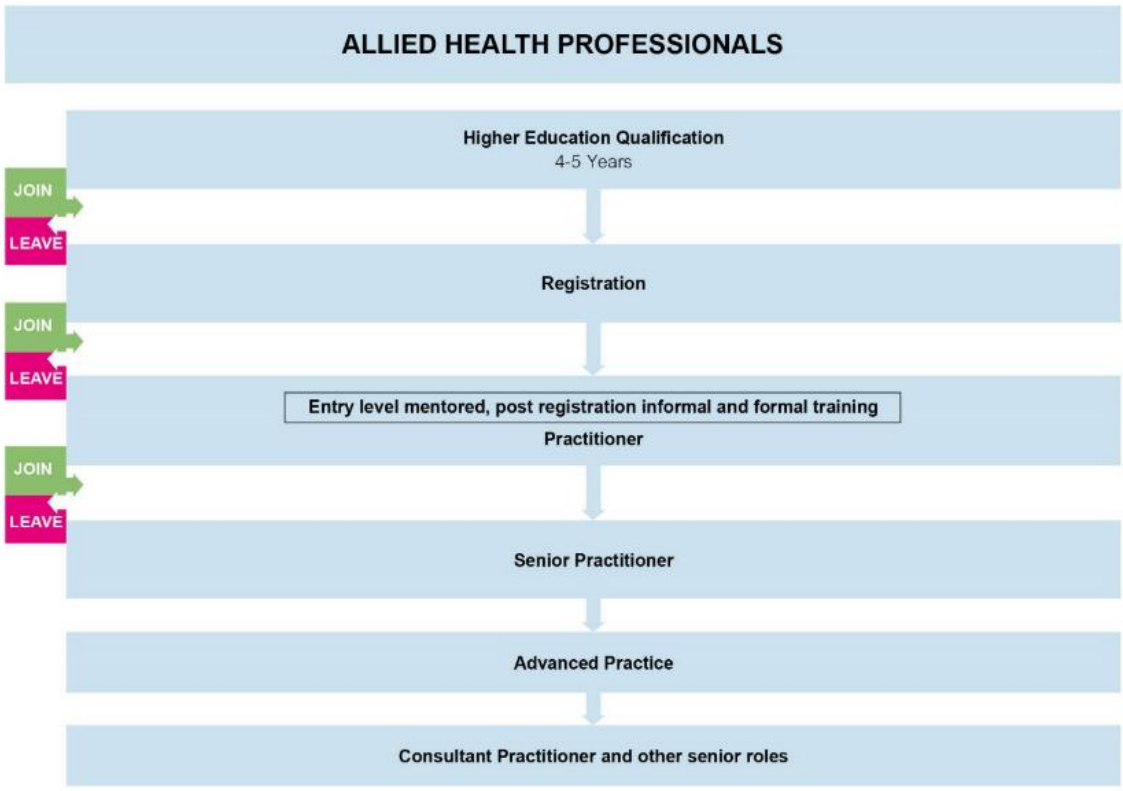
Growing the Numbers in Training or Employment

Growth in Training Numbers

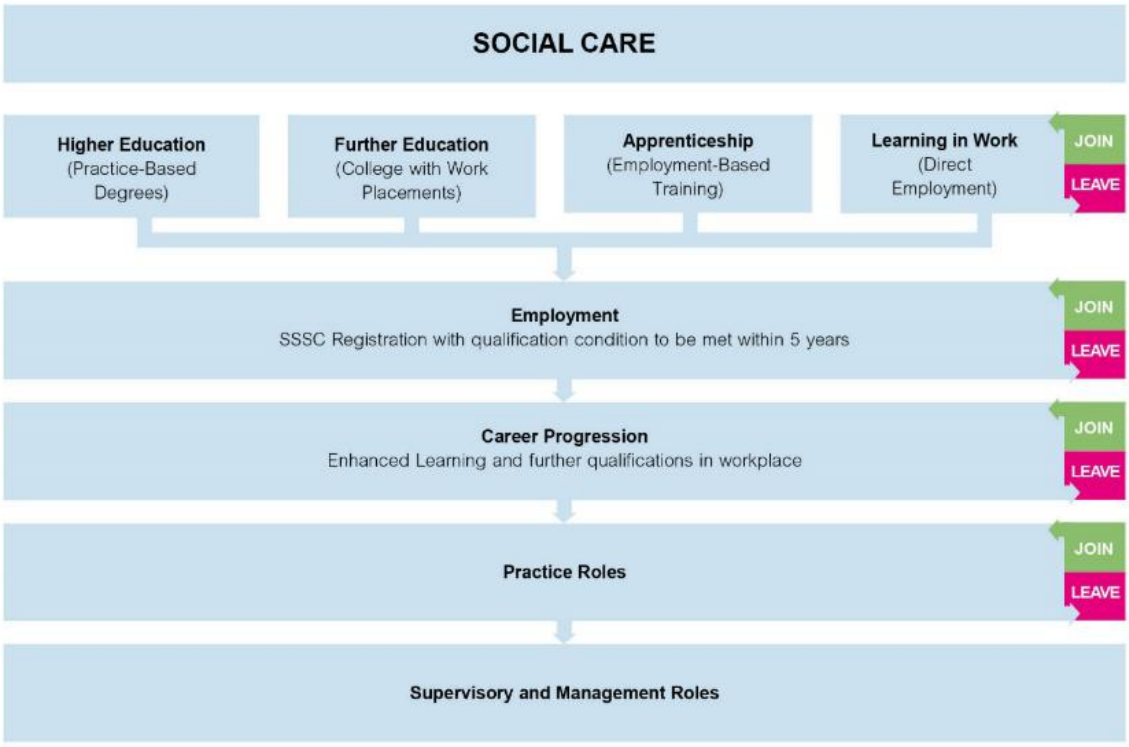
The health and social care workforce enter their roles in a variety of ways. There are also a number of points at which they are more likely to leave, and we need to focus actions on retaining and attracting staff at those key points of the pipeline. This is represented below.

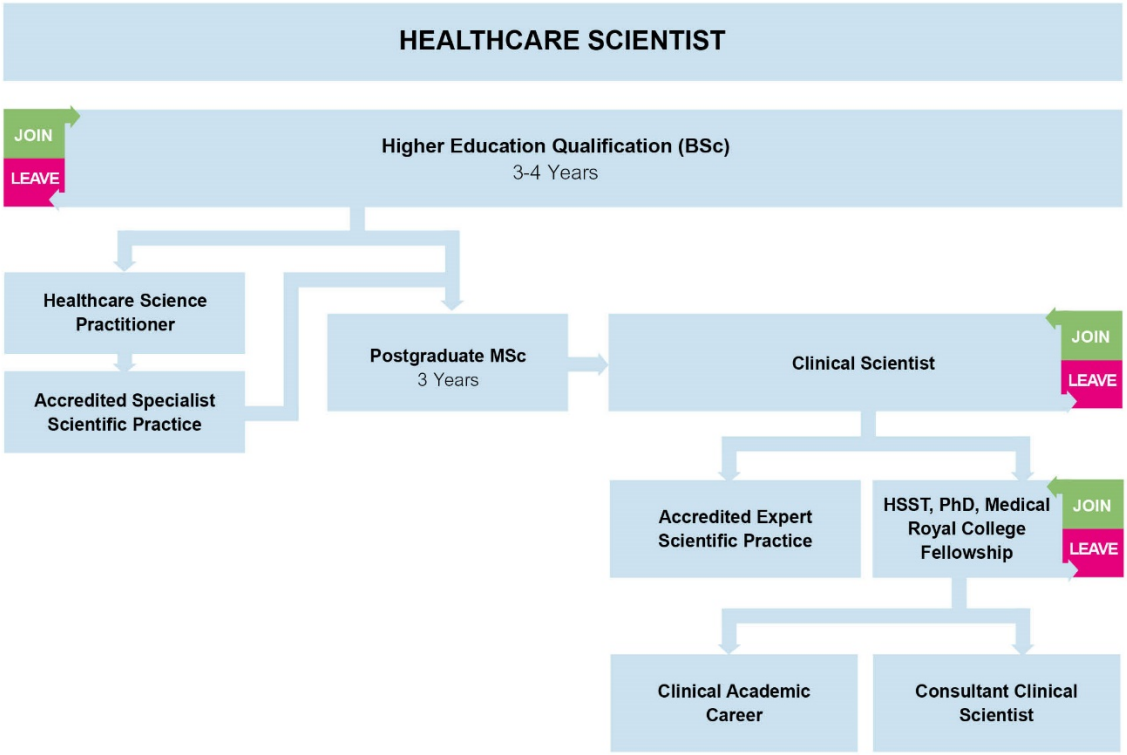



NURSING AND MIDWIFERY
JOIN
LEAVE
Midwifery Degree
3 Years
Nursing Degree
3 Years
JOIN
LEAVE
JOIN
LEAVE
Registration
JOIN
LEAVE
Practitioner
Senior Practitioner
Advanced Practice
Consultant


ALLIED HEALTH PROFESSIONALS
Higher Education Qualification
4-5 Years
JOIN
LEAVE
Registration
JOIN
LEAVE
Entry level mentored, post registration informal and formal training
Practitioner
JOIN
LEAVE
Senior Practitioner
Advanced Practice
Consultant Practitioner and other senior roles


SOCIAL WORKER
Work Experience in Social Services
JOIN
LEAVE
Part-time Distance Learning
Full-time Postgraduate 2 Years
Full-time Undergraduate 4 Years
JOIN
LEAVE
Careers
JOIN
LEAVE
Post-Graduate and Post-Qualifying Study
Careers such as
Mental Health Officer
Practice Educator
Chief Social Work Officer
Other leadership roles in Social Services


SOCIAL CARE
Higher Education (Practice-Based Degrees)
Further Education (College with Work Placements)
Apprenticeship (Employment-Based Training)
Learning in Work (Direct Employment)
JOIN
LEAVE
Employment
SSSC Registration with qualification condition to be met within 5 years
JOIN
LEAVE
Career Progression
Enhanced Learning and further qualifications in workplace
JOIN
LEAVE
Practice Roles
JOIN
LEAVE
Supervisory and Management Roles



Most staff groups within NHS Scotland are required to achieve formal qualifications in advance of securing permanent roles. Social Workers achieve a graduate/post-graduate qualification in advance of entering the profession. However, within social care, the majority of staff typically achieve qualification once in employment.

The Scottish Government sets, and thereby controls, the numbers entering training for nurses and midwives, dentists and doctors (at undergraduate, foundation level and specialty training levels). Sufficient numbers of undergraduates need to both graduate and elect to remain in Scotland through post-graduate training to provide the necessary supply into the specialities that services require.

At national level the Scottish Government has very limited control over the supply pipeline for social care workers. The number of workers entering the social care sector is significantly influenced by the funding available for social care services, the commissioning of services and market forces affecting competition from other sectors and employment.

Decisions on those numbers are informed by workforce planning and provide a mechanism through which we can respond nationally to changes in demand and supply. Given that it takes a minimum of 10 years to train a GP (and in some medical specialties substantially longer) and to train a consultant doctor, this presents a particular workforce planning challenge.

Scottish Government have already increased or maintained training places in these controlled staffing groups.

- Scottish Government is on track to create 2,600 more **nursing and midwifery** training places by 2021, with a particular focus on increasing places in mental health, learning disability and midwifery;
- Scottish Government has committed to increasing the **Student Nursing** intake from 4,006 to 4,206 in 2020/2021;
- Scottish Government funds pre-registration nursing places through University of the Highlands and Islands (UHI) at its campuses in Inverness and Stornoway. Ensuring access to training and qualification to those from more remote, rural and island communities;
- To meet regional demand, particularly in remote, island and rural communities, for **midwives** in the Highlands and Islands, a pilot programme at UHI has been funded to allow nurses to retrain as midwives in a shortened time frame;
- Scottish Government will have created 190 additional **Medical Undergraduate** places by 2021 (a 22% increase over 2016 levels);
- To accommodate the additional undergraduate medical trainees Scottish Government will increase the number of **Medical Foundation training** posts by 51 in 2021 and by a further 54 in 2022. These will accommodate the first of the additional graduates and enable them to proceed to the next stage of their training in order to become qualified doctors. The new places will create a greater range of placements for trainee doctors, particularly in general practice and psychiatry and in remote or rural parts of Scotland;
- Scottish Government have increased **Medical Specialty training** posts by 190 since 2014, particularly specialties such as Paediatrics and Radiology and also increasing GP Specialty Training numbers by 100 to 400 per year;
- To grow the **Pharmacy** workforce in hospitals, GP practices and community settings, Scottish Government increased the number of **funded pre-registration** places from 170 to 200 in 2018-19;
- Scottish Government has committed to maintaining the Dental Student Intake numbers, funding 135 places in 2020/2021.

Training numbers for other staffing groups such as AHPs, healthcare scientists, pharmacists and social workers, who undertake formal qualifications in advance of employment, are not centrally controlled. Instead they reflect decisions on intake by the universities providing qualifying programmes and demand from potential students. However there are actions we can take to improve workforce planning for these groups.

Following the recent review of social work education, a Social Work Education Partnership between employers and academic providers of qualifying programmes is being established with support from the Scottish Government and COSLA. Part of the remit of the Partnership will be to work with SSSC to monitor supply and demand of qualified social workers and contribute to effective workforce planning for social workers at a national level, including through a shared approach to significant changes in student numbers.

In pharmacy, the one year pre-registration course is nationally funded by Scottish Government and managed by NHS Education for Scotland. In line with previous evidence there is an expectation that at least 80% of pharmacy students will remain in Scotland after qualification.

In Optometry, we continue to fund Optometrists to become independent prescribers, which helps reduce demand on GPs and hospitals. The number of independent prescribing (IP) optometrists is growing every year, with more than a fifth of the workforce now having the qualification (representing approximately a third of all IP optometrists in the UK).

In addition to growing the numbers entering the training pipelines in the staff groups where numbers are controlled, the Scottish Government is taking a number of actions to create the workforce to deliver in our three priority areas.

Building up our Community Based Workforce

If we are to embed and sustain health and social care integration and shift the balance of care, with a focus on early intervention and prevention, we need to build up the capacity in our community based workforce to treat people closer to home and prevent unnecessary admissions to hospitals.

In part we can achieve this by a growth in the overall numbers in some of the core community based staffing groups. Scottish Government are delivering on commitments to train 1,000 more paramedics by 2021 and we have increased health visitor numbers by 500. In addition to this we are making a further commitment, based on the scenarios developed, to train and introduce an additional 375 nurses into the district nursing service, based upon the current skills mix.

Supporting the shift in balance of care into community settings by delivering care in homes and reducing rates of admission to acute hospital service. Train and introduce into the workforce an additional 375 nurses within the district nursing service based upon the current skills mix, over the next 5 years.

Recognising that General Practice is at the core of community based healthcare services actions have also been taken to grow the numbers of both GPs and other practice based staff. A commitment has been made to expand the GP workforce by at least 800 by 2028 with, by 2021, all GP practices having access to pharmacists with advanced clinical skills and up to 250 community link workers working in GP surgeries.

We continue to look at further opportunities to grow our multi-disciplined community based healthcare teams. We have set out workforce scenarios for Advanced Musculo-Skeletal (MSK) Practitioners, Pharmacists and Pharmacy Technicians. These roles can reduce the workload on GPs by delivering care closer to people's homes and reducing unnecessary admissions to hospital – ensuring people see the right person at the right time. The scenarios set out the particular demand and supply situations for these staffing groups, and in light of these findings we will:

Create 225 more Advanced MSK Practitioners in Primary Care by increasing MSc training places for the Physiotherapy workforce.

Increase Pharmacy pre-registration training places by 40 each year over the next 3 years, creating the opportunity for more Pharmacists to enter primary care.

More broadly, we will ensure that we shape existing training programmes to increase the time spent in community settings. As well as gaining valuable experience in these settings, time spent in the community during training may have a positive influence on trainees choosing future community based careers. We are therefore taking the following actions:

- A five year integrated initial education programme for Pharmacists is being developed in Scotland, which will include more time spent in primary care and out-of-hours services during their undergraduate training;
- The *Increasing Undergraduate Education in Primary Care Working Group* established jointly by the Scottish Government and the Board for Academic Medicine is considering ways of increasing medical undergraduate education in primary care settings to encourage more medical students to choose General Practice. The report is due to be published shortly;
- Scotland's first graduate entry programme for medicine has an emphasis on experience in General Practice to produce doctors more likely to choose a career in General Practice;
- To meet regional demand, a new Optometry course is starting at the University of the Highlands and Islands from September 2020. It is aimed at improving recruitment and retention of Optometrists in remote and rural areas in the Highlands and Islands.

Building our Mental Health Workforce

To achieve our ambitious aims for mental health services in Scotland, we are supporting the creation of the multi-agency, multidisciplinary teams that will deliver them. Significant steps have already been taken to grow this workforce with a commitment to an additional 800 mental health workers in A&Es, GP practices, police custody suites and prisons by 2022.

The Children and Young People's Mental Health Taskforce has taken steps to build workforce capacity in early intervention and prevention, including:

- £4 million investment to recruit 80 additional mental health professionals to work with children;
- An additional 250 school nurses recruited by 2022 to help provide a response to mild and moderate emotional and mental health difficulties experienced by young people, helping to ensure that every secondary school has access to counselling services;
- An investment of over £60 million to provide around 350 counsellors in school education across Scotland;
- In further and higher education, an investment of around £20 million to provide an additional 80-90 counsellors over the next four years.

Through actions such as making mental health and suicide prevention training mandatory for all NHS staff who receive mandatory physical health training, we are also developing a better understanding of mental health issues across our health workforce.

Targeted action to further grow our mental health workforce is also being taken. In the annex published alongside this Plan we set out workforce scenarios for Clinical Psychologists and Mental Health Officers (MHOs).

Clinical Psychologists work across a number of different specialty work areas providing services across Child & Adolescent, Adult and Older Adult mental health. They support people to understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. They are a particularly valuable resource because of their flexibility in working across these groups.

Mental Health Officers (MHOs) are social workers with a minimum of two years qualifying experience. They carry out statutory roles for local authorities in a range of areas including welfare guardianship orders, Emergency Detention Certificates and Compulsory Treatment Orders; they are required to complete the Mental Health Officer Award.

The scenarios set out the particular demand and supply situations for these two staffing groups and in light of those findings we will:

Support an 60 additional Clinical Psychologists in training by:

- **Increasing the training programme intake by 10 students per year for the next three years**
- **Maintain the current intake level (30 per annum) for both Masters training programmes. This would continue the additional 10 places which have been available in recent years.**

Support additional Mental Health Officer (MHO) capacity in local authorities by providing funding to help address the current shortfall in capacity of 55 WTE by 2022-23.

In the medium term, modelling work will take place to assess the impact of reforms to adults with incapacity requirements, particularly around guardianship applications on MHS workload and demand for MHOs.

Building the Workforce to Improve Waiting Times

In light of the potential impact the Elective Centres will have on workforce demand, a specific workforce plan for the centres is being developed, which focuses on the clinical teams required to provide increased capacity and the support these teams will need to function effectively. Using the new data platform developed by NES, indicative workforce figures for the centres have been collated. These will be refined as the models of care are developed to reflect modern work practices, which will be adopted in the centres.

To build the workforce capacity required we are building on existing academy models currently in place in several health boards and the new NHSScotland Training Academy that will be established at the Golden Jubilee Foundation. We are also linking with the *Accelerating the Development of Advanced Practitioners* programme which has been successfully tested and implemented in NHS

Lanarkshire to increase the number of advanced practitioners required for the centres. Where there may be a shortfall, for example in medical specialties, we will develop a strategy to mitigate the risks and look at solutions including combined elective and acute roles and joint appointments.

In a general hospital, Cardiac Clinical Physiologist investigations include specialist echo cardiography, pacemaker checks and implantable cardioverter-defibrillator work. In terms of in-patient work, diagnostic testing is a critical part of a patients assessment, and delays in the system affect the patient flow. For every one additional trained Physiologist, capacity would rise by an additional 600 echos per week and 40 pacer ICD checks. The scenario developed shows the identified gap and that is why we will:

Increase the Cardiac Physiologist workforce, thereby increasing capacity to carry out diagnostic testing, by supporting an additional 30 training places on the 4 year BSc course in Clinical Physiology.

Over the next 3-5 years we will also focus on increasing the workforce by promoting recruitment into Scientist Training Programmes and Practitioner BSC Programmes.

Ophthalmology is the largest hospital outpatient specialty. Enabled by a new shared Electronic Patient Record, we are providing funding to enable 80 independent prescribing (IP) Optometrists to become accredited to safely manage 20,000 low risk glaucoma and treated ocular hypertension patients in the community. The first cohort of IP Optometrists will commence training in January 2020, with the first low risk glaucoma patients being discharged to their management in early 2021. Once fully rolled out in 2024, this shift in the balance of care will free up approximately 30,000 appointments per annum in the hospital eye service.

In addition we are taking targeted action in this Plan to increase diagnostic capacity which is key to further reductions in waiting times. In the workforce scenarios we set out a scenario for clinical Radiology and reporting Radiography, which draw on the workforce planning work undertaken by the Scottish Radiology Transformation Programme. We have already recognised the need for high growth in the clinical radiology medical specialty with increases in Radiologist training places since 2014 and continued growth going forward. By 2021 these training places will have grown from 103 to 175. Reporting Radiographers also have a key role in creating capacity in the Radiology multi-disciplinary team. The scenario developed sets out the particular demand and supply situation for this staffing group and in light of those findings we will:

Increase Reporting Radiographer trainee places by 30 (10 in each of the next 3 years).

Supporting Recruitment into Health and Social Care Careers

While NHS Boards, Local Authorities and Social Care employers have responsibility for recruiting and employing their staff, we are supporting them in that national and international recruitment role with a number of national actions.

We are investing £4m in recruitment campaigns for adult social care, nursing, and medical recruitment campaigns with targeted recruitment into professions such as

GPs, Psychiatry, Anaesthetics, Paediatrics and Emergency Medicine. All of the campaigns are designed to reflect the particular demand and supply issues with those staffing groups:

- A national recruitment campaign for nursing, midwifery, allied health professionals (NMAHPs) and healthcare scientists was launched in November 2019, targeting students applying to universities. The campaign will promote the contribution NMAHPs and healthcare scientists make to positive outcomes in Scotland, and the range of positive career opportunities available in order to attract individuals into NMAHP and healthcare science careers and ensure a sustainable workforce is available to meet Scotland's future requirements;
- A national GP marketing campaign promoting Scotland as a positive place to work has been developed. The aim is to promote Scotland as a great place to work for GPs. This has been done through marketing stand representation at number of events and conferences throughout 2019/20. We are also developing a marketing strategy to design our approach to international recruitment of GPs;
- As part of the reform of adult social care programme, a national campaign to promote social care as a meaningful, valued and rewarding career choice is being developed. The campaign will support recruitment of frontline workers in care home services for adults, care at home services for adults and housing support workers. The campaign's primary focus will be on attracting people from early to mid-career stages, which form key entry points to the sector. The campaign is due to launch in early 2020;
- The medical campaigns in Psychiatry, Anaesthetics, Paediatrics and Emergency Medicine are targeting consultant level staff. The choice of those specialties are based on current vacancies, cross-referenced against the data we have on EU doctors living and working in Scotland. In the medium term, we will undertake further campaign activity across other medical specialties that support our Waiting Times priorities such as Dermatology and Urology.

These campaigns build on existing recruitment work. The SSSC delivers a range of support for recruitment and retention of the social services workforce including resources on career pathways and promotional materials for schools, colleges, employment services and employers; management and promotion of routes into careers (Foundation and Modern Apprenticeships); and a network of Ambassadors for Careers in Care. In addition, a Recruitment Working Group (RWG) established by the Coalition of Care and Support Providers in Scotland is stimulating change by providing information, analysis and support to improve recruitment outcomes in the Social Care Voluntary Sector. As a part of this process, three workshops were delivered to partners in the Voluntary Sector last year to explore key points in the recruitment process.

While recognising the diversity of the sector, future work will look at areas where there is benefit in collaborative and shared approaches to recruitment practice.

Improving fair work practices across the social care sector is a key element of the reform of adult social care programme. This is why the Scottish Government has also committed to taking forward the recommendations set out in the Fair Work in Scotland's Social Care Sector 2019 report to improve fair work practices across the health and social care workforce.

In medicine, we will learn from the recent experience of our national recruitment campaign on Radiology. Also over the last 5 years we have been working in partnership with NES and the medical Royal Colleges to recruit international doctors to non-Consultant posts by developing and supporting schemes such as the International Medical Training Fellowship and the Medical Training Initiative. Designed to provide high quality training and to support service delivery, the schemes typically offer 1 year posts, which can be extended. To date over 90 posts have been approved across medical specialties. We continue to assess and refine our approach to these schemes to ensure we are maximising benefit and attraction.

Alongside this, we are working with the General Medical Council (GMC) and the Royal College of General Practitioners to streamline and accelerate the Certificate of Eligibility for GP Registration process which support doctors trained outside the EU to come and work as substantive GPs in Scotland. We are already seeing a positive impact, with Australian GPs being able to get almost reciprocal registration with the GMC.

We have also established an International Recruitment Unit to improve Scotland's effectiveness in recruiting internationally and support the resilience of NHS Scotland as we approach potential EU Withdrawal. To this end, the unit is providing expert support on the immigration process and regulatory requirements to work in Scotland, as well as matching people to job opportunities. The unit is currently heavily involved in co-ordinating medical recruitment and will help successful candidates with relocation advice and on-boarding. Moving forward, a more systematic and collaborative approach to recruitment events will achieve economies of scale and capitalise on the strength of the NHS Scotland brand.

Widening Access to Grow the Workforce
In addition to attracting people from the rest of UK and internationally to work in health and social care in Scotland we also need to grow our own talent.

Around 360,000 people work in health and social care in Scotland. To maintain and grow that workforce, we must continue to attract significant numbers into these careers. We are committed to building on initiatives to help widen access to careers for young people and other under-represented groups in this sector.

A good illustration of the work we are doing to achieve this aim is the three year employability partnership between NHSScotland and Prince's Trust Scotland. "*Get into Healthcare*" will support around 400 young people from disadvantaged backgrounds to achieve their potential and develop their skills through a career in the health sector. We will also support similar schemes being delivered for social care in Scotland, in partnership with employers in the sector. This work will explore pilot approaches suitable for smaller employers that form a significant part of social care provision.

Modern Apprenticeships (MA) are available to young people aged 16-24 to widen access to health and social care careers. There are apprenticeship frameworks available with social services, clinical and non-clinical pathways, which give young people the opportunity to start a career in a range of job families in social care and the NHS and to work and earn whilst gaining a qualification. MA Frameworks that are available include Social Services and Healthcare, Healthcare Support (clinical and non-clinical), Business and Administration, Estates and Facilities, and IT.

Foundation, technical and professional apprenticeships are also available in the social care sector. New routes and pathways are also being considered to provide a diverse range of career opportunities for young people in health and social care.

Within Nursing and Midwifery, work is being taken forward on recommendations from the Chief Nursing Officer's commission into widening participation to nursing and midwifery education careers. Recommendations include establishing a route from school into pre-registration nursing and midwifery through the apprentice route; adopting a positive approach to commissioning pathways into nursing careers for healthcare support workers; attracting people into the professions (particularly men); and extending existing routes such as the funded HNC and the Open University (OU) options to deliver a pre-registration nursing programme for health care support workers, with a particular focus on remote and rural areas.

The OU distance learning and part-time model means healthcare support workers can still work and earn during their studies. Funding has already been provided for 300 pre-registration nurses through the University of Highlands and Islands.

The NHS Professional Careers Programme is a two-year employment opportunity for disabled graduates to prepare for a long-term sustainable career. Since 2015 the programme has helped over 40 disabled graduates (90% of participants) go into a career of their choice.

In our medical education we have acted in recent years to support a greater number of students from areas of social deprivation into medical careers. 50 of the additional undergraduate medical places have been designated as 'Widening Access' places and we are also seeing some positive results from pre-medical courses at the Medical Schools in Glasgow and Aberdeen. These pre-medical courses provide students from more socially deprived backgrounds with the educational knowledge, skills and confidence to enter into medicine. 40 out of 42 from the first course intake progressed to medicine, a result that exceeded expectations. This will lead to an increase in the number of more "home grown" students from all sectors of Scottish society studying medicine. We know that Scottish domiciled students tend to be retained in NHS Scotland at a higher rate than students from elsewhere.

Developing and Retaining our Existing Workforce

Increasing workforce numbers alone will not ensure the sustainability of our health and social care services. We need to retain the workforce we already have by supporting them, investing in training and offering attractive and rewarding careers. We also need to ensure that they are well equipped to be able to adapt to new ways of working and different ways of providing services; and to ensure that we make best use of their skills.

Training and Career Development

Access to high quality learning and clear qualification pathways with opportunities to progress have the potential to raise the status and attractiveness of careers across health and social care. This area is one of particular focus in the social care sector.

In social work, we are working with the sector to provide an improved approach to social work professional development throughout careers through:

- delivering improvements to consistency and quality of social work education through a Social Work Education Partnership between employers and Universities providing qualifying programmes;
- piloting a supported year for Newly Qualified Social Workers;
- developing a Professional Framework for Practice for Social Work up to Advanced Practice level.

These initiatives seek to support career development and improve access to high quality training opportunities that reflect current and future developments in policy and practice.

In social care, we are seeking to improve career development opportunities and progression through:

- the development by the Scottish Social Services Council (SSSC) of a new careers resource that illustrates the qualification and career pathways open to staff working in the sector;
- taking forward the recommendations set out in the Fair Work in Scotland's Social Care Sector 2019 report[20] which specifies that key stakeholders in the social care sector should apply the Fair Work Framework and commit to improving opportunities for progression for social care workers;
- work by SSSC to understand barriers and enablers to progression and identifying options for improvement, including facilitating interchange and movement between health and social care;
- undertaking research into the local and national labour markets for social care, which will also identify factors that influence employees to join or leave social care.

Registration and qualifications in the social care workforce

The majority of the social services workforce must register with the SSSC within six months of starting work. With the exception of social work, registration does not require workers in front-line roles in social care to have formal qualifications before they enter employment. However they are required to attain the appropriate qualification for their role within five years of registration. The majority of qualifications required for registration are Scottish Vocational Qualifications (SVQs), and assess the individual's ability to carry out their role and function in a specific area of care. Modern and Foundation apprenticeships are one of the mechanisms through which this training is delivered.

A number of actions are under way to support this skills development:

- Scottish Care and the Coalition of Care and Support Providers in Scotland (CCPS) are working closely with the SSSC and Skills Development Scotland to ensure planning is in progress to support employers and the workforce to attain the qualifications they need for registration with the SSSC. As part of this work, the SSSC have analysed training provision and the qualifications of those on the register. The results will be used in considering how best to focus support.

[20] Fair Work in Scotland's Social Care Sector, February 2019

- Scottish Government is also working with the Scottish Funding Council and Skills Development Scotland to ensure adequate training capacity is in place to support the expansion of the early learning and childcare workforce
- Scottish Care and CCPS are working with SSSC and Skills Development Scotland to support independent and third sector providers to access Modern Apprentices. This recognises that smaller employers in the third and independent sectors may find the level of support required for Modern Apprenticeships hard to resource. The demand for MAs from the registration of support workers in housing support and care at home is also likely to increase.
- Work on how best to support innovative approaches and encourage further uptake of Modern Apprentices in the sector will be explored over the next year.
- Scottish Government provides grants to the third sector to assist with training requirements for registration. Since 2008 funding of nearly £11.5 million has supported over 12,000 individuals to attain their qualifications. Grants are currently available for workers in Care at Home and Housing Support, nearly half of whom are employed in the third sector.

Attracting and retaining registered nurses in care homes

As part of the National Care Home Contract reform, COSLA and Scottish Care have established a Workforce Subgroup to consider the challenges facing care homes for older people. Attracting and retaining registered nurses in care homes is a key aspect of this work and actions being taken include on this include:

- Defining the role of nurses in care homes and introduce new roles such as more Advanced Nurse Practitioners;
- Developing a suite of education and training materials that care home staff can access including exploring access to NHS training, specialist training for care homes and a more streamlined mentorship programme;
- Working with the education sector and providers to ensure support for training and learning including pre-registration training support and mentoring;
- Promoting the image of care homes as a good place to work – in particular for students and registered nurses;
- Developing a skills and competency framework/passport for registered nurses and care support workers working in care homes to reduce the need to retrain staff who may move from one care home to another and to help support revalidation for nurses working in care homes.
- Additional support from the Scottish Government to Scottish Care in 2019-20 to enable engagement of the independent sector in these workstreams.

There is also work underway across the health and care workforce to improve training and career development:

- We are investing and supporting career development in our workforce through Project Lift, identifying and developing our leaders of the future at all levels. Recognising that leadership development is not a ‘one size fits all’ it provides a range of opportunities – informal and formal, including individual and collective approaches. More than 3,000 staff have registered with the App and around 1,600 have completed the self-assessment questionnaire, which identifies

leadership strengths and areas for development. Our talent management database uses that to match individuals to opportunities. Over 100 Career Conversations have been offered to aspiring directors and we have developed a new bespoke Scottish leadership development opportunity for this cohort, named Leadership³. Moving forward, we are commencing a pilot with SSSC to extend these development opportunities beyond NHS staff and those working in Health and Social Care Partnerships into the social care workforce;

- As part of our Global Citizenship programme, an innovative project is being taken forward by our remote and rural NHS Boards and Edinburgh University. The project is testing whether designing medical consultant roles which enable work overseas alongside service delivery in our Rural General Hospitals can attract and retain staff in permanent roles by giving them the career development they are seeking, while also making services sustainable in locations where this has been a challenge such as our rural island communities;
- An additional £3.9 million over three years is being invested in training and education for **district nurses**;
- We are taking actions to ensure more flexible **postgraduate medical training**. The future needs of the population demands more generalist care, where our medical workforce can implement new technologies and innovations in patient care, and more easily change career paths;
- We are working with the General Medical Council (GMC) and others to ensure that **medical credentialing** is implemented. This affords national training bodies and employers more influence over the training content for doctors and the means to more rapidly upskill doctors to support national priorities;

Upskilling Clinicians

In response to a recommendation by the Shape of Training Group (which advises Scottish Ministers on medical intake numbers) the Scottish Government is training and developing the medical workforce to meet the changing needs and priorities of patients and service providers, particularly in terms of new technologies. This involves developing credentials in medical skills that are approved by the General Medical Council (GMC).

A clear need identified is to upskill clinicians to deliver Mechanical Thrombectomy (MT) across Scotland.

MT is a new procedure used to treat stroke patients; the earlier the procedure is done (within 24 hours of the onset of the stroke) significantly contributes to improved patient outcomes, particularly in terms of reduced long-term disability.

Given the lack of trained doctors to perform MT, the Scottish Government in partnership with NHS Tayside has prioritised the upskilling of Interventional Radiologists to be able to provide MT.

Under the supervision of an experienced neurointerventional Radiologist skilled in MT, a bespoke training programme is now underway and includes:

- Investment in state of the art simulation facilities for the training of MT in Dundee with a view to developing a training centre;
- The combining of mechanical simulators with the unique Thiel cadaver model

based in Dundee, which helps provide accelerated practical learning and will be the basis for initial external assessment of the participants, and is supported by the University of Dundee for the clinical training aspects and post-procedure care. The early outcomes are to have a cohort of upskilled IR consultants able to deliver a 24/7 service for the North region and for these MT skills to be recognised as GMC-approved credentials.

- In the new **GP** contract, we have refocussed the role of GPs as Expert Medical Generalists in the community. This includes a renewed focus on improving quality, providing clinical leadership and focusing on undifferentiated and complex patient care, within a multi-disciplinary environment. We have also redesigned our GP Specialty Training posts, improving the quality of training and making them more attractive.

Digital Skills

As set out earlier, technology has the potential to have a positive impact on workforce demand, but we need our workforce to have the necessary digital skills to take advantage of these opportunities. Workforce development is an important part of the Digital Health and Care Strategy[21] and focusses on four key areas of skill development:

- **Digital Leadership**: The skills required by all staff at all levels to champion digital as an enabler in transforming health and care;
- **Workforce Skills**: The digital skills required by the general workforce to effectively deliver services to meet patients' and service users' expectations;
- **Workforce Skills (specialist)**: The skills and development of those in specialist digital roles (ICT staff) to deliver digital solutions in health and care;
- **Future Workforce**: The skills that will be required and shaped by our ongoing transformation of services, in line with patient and service user demand.

NES and SSSC (working with COSLA and Health and Social Care Partnerships), are taking forward a programme of work to support implementation of this in the health and social care environment and providing the necessary leadership to drive changes. This approach includes:

- partnership with the Scottish Government's Digital Academy, to improve access to high quality digital skills training;
- developing digital leadership skills through partnership with bodies such as NHS Digital Academy and others;
- working with our universities and colleges to ensure that digital skills are an integral part of education and training for our future workforce;
- building capacity and capability across specialist digital, IT and data professions;
- promoting existing and new solutions that enable more mobile and flexible working;
- identifying solutions that bring the most modern of technologies to our business and administrative requirements, freeing up staff to focus on frontline services;

[21] Scotland's Digital Health and Care Strategy. Digital Health and Care Scotland, April 2018.

- providing productivity and collaboration services and tools, such as shared calendars, email, video and instant messaging, to support effective, efficient and secure ways for working across organisational boundaries.

Returners

Staff who have recently left or retired from health and social care services have a wealth of knowledge, skills and experience that we do not want to lose. We already have some schemes to encourage staff from the health workforce to return, and we are looking to develop these further and wider across the health and social care workforce. We are:

- Establishing a 'one point of contact' co-ordinated process to support **AHPs who wish to return to practice**;
- Enhancing our GP retainer scheme which enables qualified GPs who are currently unable to commit themselves to a full-time post, to continue working part-time in general practice and enter a permanent post when their circumstances permit;
- Creating a flexible resource of **recently retired or part-time doctors**, who are willing to take on short-term work to support our Rural General Hospitals. To date 30 Surgeons and Anaesthetists have expressed an interest in the Clinical Collaborative which was launched in March, and already, services in Fort William and Stornoway are being supported;
- Launching an innovative Professional Practice Adviser pilot offering **recently retired nurses and midwives** the opportunity to coach and advise newly qualified staff in midwifery, health visiting, district nursing and advanced nursing practice settings;
- Encouraging **former nurses and midwives** to return by providing the opportunity for them to undertake a Return to Practice programme. Since April 2015, almost 600 former nurses and midwives have taken up the opportunity to retrain.

Support to the Existing Workforce

While working in health and social care is extremely rewarding, we recognise the pressures that come with such roles and we need to do all we can to support staff and encourage them to stay in their roles.

Listening and acting upon staff concerns and issues is a key element of any successful organisation. One of the aims of the Health and Care (Staffing) (Scotland) Act is to improve working conditions for NHS clinical staff. Staffing levels are matched to workload and employers are required to take the views of staff and staff wellbeing into account when making staffing decisions. The legislation also puts in place real-time staffing assessment and escalation procedures that will ensure the professional voice is heard.

This is also being supported through the iMatter model, a continuous improvement tool designed to help individuals, teams and Health Boards understand and improve staff experience by taking actions at these different levels within the system. iMatter was initially used by NHS Boards, and is now being used in almost all of Scotland's Health and Social Care Partnerships and has recently been successfully tested in East Renfrewshire Council with their staff. Key to the system is that staff at all levels

feel empowered and enabled to make improvements to support improved patient and client experience.

We also need to provide support for staff who are training and/or working in health and care to deal with the pressures of that career. Some examples of this to address issues doctors were facing include the new Lead Employer model introduced for all Doctors in Training. This new arrangement provides a continuous contract during training that avoids tax code complications and makes it easier for doctors in training to secure mortgages, as well as avoiding unnecessary administration related to changing employer.

For GPs, a package of support has been developed within their first five years of qualifying. This includes a mentoring scheme and training for a new group of 40+ mentors in 2018/19. We are also supporting Continuing Professional Development access and Quality Improvement project opportunities for up to 200 "First 5" GPs each year. Wider support for GPs also includes the rollout of the existing confidential wellbeing service GP across remote and rural areas of Scotland and a new coaching service launched last year and has now extended to 125 places in response to demand.

Recognising the particular issues faced by our workforce from other parts of the European Economic Area (EEA), we are ensuring that all such staff have access to advice and information and are supported through the process of applying for EU Settled Status. Through the Scottish Government's 'Stay in Scotland' campaign, this includes a support and advice service for EU citizens with more complex needs or particular challenges and a toolkit for employers.[22]

Pay and Reward

Pay and reward is an important factor in attracting and retaining our health and social care workforce and we continue to take action to ensure that these careers remain attractive employment options:

- While we recognise there have been some challenges in implementation, the introduction of the Real Living Wage for those working in adult social care has had a positive impact on pay in the sector[23];
- In 2018, a three year pay deal for NHS Agenda for Change staff (which includes all nurses, paramedics, healthcare scientists and allied health professionals) was agreed from 1 April 2018 to 31 March 2021. This will restructure pay bands meaning higher starting pay and a shorter journey to the top of scales, as well at least a 9% pay rise over 3 years for all staff;
- On 27 August 2019, a pay uplift of 2.5% for medical and dental NHS Scotland staff from 1 April 2019 to 31 March 2020 was announced. The announcement means junior doctors working on typical rotas in Scotland can be up to £6,000 a year better off than their English equivalents, and specialty doctors, associate specialist doctors and consultants will remain the best paid in the UK. This will

[22] Stay in Scotland, Scottish Government, April 2019

[23] Implementing the Scottish Living Wage in adult social care: An evaluation of the experiences of social care partners and usefulness of Joint Guidance, I Cunningham et al, Coalition of Care and Support Providers Scotland, 2018

help ensure that NHS Scotland remains an attractive employment option for medical and dental staff;

- We are also targeting specific financial incentives where it will help to attract staff to train or work in rural area. Actions include:
  - expansion of the GP Golden Hello scheme from 44 to 160 practices in rural and remote areas, offering £10,000 for GPs taking up post in their first eligible rural practice;
  - a £20,000 bursary for GP trainees taking up placements in rural and other harder to fill areas. 101 GP trainees have taken this offer up in 2018, an increase from 60 in 2017;
  - an enhanced relocation package is being offered to GPs moving to work in rural practice to cover expenses such as removal costs, rent etc. The maximum rate has been increased from £2,000 to £5,000.

Efficient Use of the Workforce

Alongside growth and retention, we need to make more efficient use of existing resources. This will involve a range of approaches, including improvements in rostering. We are procuring a NHS wide e-rostering system which will lead to implementation of a fully automated rostering system for all staff groups. This will create efficient rosters with full gap analysis and be responsive to real time situations, ensuring the most efficient and effective use of staffing resources clearly linked to demand. Alongside this a national rostering policy is being developed, which will provide roster rules and ensure more effective rosters, reducing the reliance on supplementary staffing where poor rostering is a cause.

Implementation of the Health and Care (Staffing) (Scotland) legislation will contribute to the efficient use of the workforce by providing consistent and robust analysis of the workload associated with patient need and real time assessment of staffing in those areas covered by the common staffing method to ensure safety and efficiency.

We are also looking at how new service models can maximise the efficiency of the existing workforce. An example is set out below.

Maximising workforce efficiency

The Reporting Radiographer pilot is testing how we might maximise efficiency of the current Radiology workforce and create greater capacity. It will assess the potential for a national Radiographer Reporting service by:

- Nationally coordinating Radiographer “plain film” reporting capacity and activity testing the new IT connectivity;
- Assessing the potential to utilise consultant Radiographer skills across boundaries;
- Assessing the potential to utilise a cross boundary consultant Radiologist support model;
- Establishing whether a Radiographer plain film reporting service could better utilise the existing workforce.

It will measure whether, in reality, there are sufficient numbers of reporting Radiographers to ensure adequate cover for the service. This will also allow us to quantify the workforce required to optimise this service and present an opportunity

to manage this capacity differently. The pilot commenced in March 2019.

Improving Workforce Planning Across Health and Social Care
To most effectively plan for the future health and social care workforce, taking account of the changing demand and supply issues, we need to develop our workforce planning infrastructure. We will:

- further develop workforce planning capability;
- clarify roles and responsibilities on workforce policy and planning;
- encourage more consistent use of workforce planning tools across sectors;
- provide workforce planners across sectors with access to better data.

Further Develop Workforce Planning Capability and Examine Capacity
We need the health and social care sector to have the capability to develop more effective workforce plans and to understand, and use, scenario planning methodology that reflects their particular requirements.

Revised workforce planning guidance for NHSScotland, Integration Authorities and their commissioning partners in local authorities is being published alongside this Plan. The guidance introduces improvements to the existing workforce planning process and proposes a more collaborative approach in an integrated landscape. As workforce planning requirements and practices differ substantially across health and social care organisations, the guidance signposts a range of existing methodologies and encourages all health and social care employers to use these in planning for the workforce they require. It also references the need to consider the implications of planning activities for third and independent sector employers delivering commissioned services.

In addition to planned actions to improve the capability of existing workforce planners, the National Workforce Planning Board has also committed to examining the issue of capacity for workforce planning across social care employer sectors. Work will be designed by the Scottish Government, COSLA and partners, to improve understanding of workforce planning capacity and to make recommendations accordingly.

To further support development of the competencies and skills required to effectively undertake workforce planning roles across Social Care employers, NHS Boards, IJBs and Primary Care, we will:

Design and oversee work to obtain a national picture of workforce planning capacity, methodology and capability in Local Authorities/ Health and Social Care Partnerships for planning social care services. We will respond by considering how best to support effective collaborative and strategic workforce planning in light of the findings.

Over the next 12 months, Scottish Government and COSLA will work with the Scottish University and College sectors to examine, develop and build a workforce planning educational qualification as part of a strategic approach to developing workforce planning education and skills for the health and social care workforce.

Provide additional support in 2019/20 to the third and independent sectors to enable their contributions to the developments in workforce planning to be supported through this Workforce Plan.

Clarifying Roles and Responsibilities

As we improve workforce planning in an integrated way, it is important to be clear about respective roles in workforce policy and planning. The guidance being issued alongside this Plan sets out these roles for workforce planners nationally, regionally and locally across the sectors.

Greater Consistency of Workforce Planning Tools Across Sectors

Workforce planning requirements and practices differ substantially across health and social care organisations. A level of variation is entirely appropriate given that an independent company with a few employees will have very different workforce planning needs than an NHS Board with thousands of employees. Nonetheless if we are to workforce plan in an integrated way, there is benefit in a level of consistency in the methodological approach used. The guidance we are issuing along with this Plan signposts a range of existing methodologies and encourages all health and social care employers to use these in planning for the workforce they require. It also considers the implications of planning activities for third and social sector employers delivering commissioned services.

On workforce planning tools, the Nursing and Midwifery Planning tool has already been reviewed and improved and we are exploring workforce prediction tools for skill-mixed AHP services. A scoping exercise has reviewed and mapped the landscape of workforce planning tools within the Scottish Government, NES and ISD. Following this, work will start on ensuring consistency and transparency between tools, filling gaps where appropriate.

Improving Workforce Data

Better workforce data will support more informed decision making. Significant progress has been made on creating a single workforce data platform, and work is under way to better understand the labour market for social care.

As recommended in Part 1 and Part 2 of the National Workforce Plan, NES have brought together existing workforce data sources in a new supply side platform, which was launched in April 2019. Data from the platform is already being used to inform decisions on controlled group numbers, to identify workforce gaps, and develop enhanced roles and new staffing models to mitigate them. Work will continue to identify and add to the data available and to refine social care and primary care data, so that as the platform evolves, health and social care workforce data can increasingly be accessed in one place and analysed using an integrated approach. Extensive data on the social care workforce is already published as official statistics by the SSSC and is available for interrogation in an interactive data visualisation tool.[24]

[24] https://data.sssc.uk.com/component/ssscvisualisations/local-level-data.

The work being taken forward by NES is complemented by the legislative requirement being placed on Healthcare Improvement Scotland (HIS) in the Health and Care (Staffing) (Scotland) Act 2019. Under the Act, HIS is required to monitor Health Board compliance with staffing duties, monitor and review staffing tools and methodology and develop new staffing tools. In doing so, HIS, and NHS Boards, will generate robust data on the workload required to deliver high quality care which will, in turn, inform and improve workforce data. The procurement of an NHS wide e-rostering system, in addition to creating efficient rosters, will provide further data evidence clearly linking efficient and effective use of staffing resources to demand.

The Scottish Government has also commissioned NHS National Services Scotland to develop an online tool to collect workforce information as part of the National Primary Care Workforce Survey, which ISD regularly carries out on behalf of Scottish Government. This is an important source of information to support workforce planning for primary medical care services. This workforce data may also be used to develop workforce metrics to support sustainability work at a board, cluster and practice level.

Existing staffing tools and methodology for nursing and midwifery already contribute to improving workforce planning across health by providing access to better data. This will be further improved by effective implementation of the Health and Care (Staffing) (Scotland) Act and the oversight provided by HIS. HIS will continue to improve the existing tools and develop new tools with a focus on developing multidisciplinary tools and including staffing groups beyond nurses and midwives. The Act will also require Health Boards to report annually on how they carried out their staffing duties. This will create transparency in the staffing decisions being taken across all boards and better inform national workforce planning.

As we set out in this Plan, there are significant challenges in the supply of staff for social care. As indicated earlier in this Plan, a better understanding of national labour markets can help employers to understand issues and trends and plan ahead. The research we have commissioned on national and local labour markets and their interactions with the Social Care and Early Learning and Childcare workforce will incorporate ongoing analysis by the SSSC into movements within the registered social services workforce. The findings will aim to help workforce planners to anticipate and manage recruitment and retention issues.

Delivering the Plan

This first Integrated Plan will help achieve better integrated workforce planning across health and social care in Scotland. It initiates a programme of work for the future, covering many different employers and settings. And it sets a steady future direction for those who plan for the workforce in this complex landscape.

Getting this right is of national importance – everyone in Scotland will rely on this workforce at some point in their lives.

That is why this Plan highlights the need to build our workforce; to strengthen the workforce planning infrastructure; to build on our knowledge of the effects on our workforce of changing demand, services, technologies and population; to sharpen our analytical skills and competency, locally, regionally and nationally; and to co-ordinate these actions effectively to ensure the highest quality of health and social care services.

Building on earlier recommendations made in Parts 1-3 of the National Workforce Plan, this integrated Plan sets out a series of specific actions to meet demand and to grow the workforce. These actions focus on enhancing training numbers across a broad base of professions involved in delivering national priorities for health and social care. They augment and complement existing Programme for Government actions, and we have carried out scenario planning which for the first time takes account of estimates of demand in coming years, linking closely to Medium Term Financial Strategy projections.

The benefits of workforce modelling and scenario planning against a range of future demand factors are clear, and we will refine, improve and embed this approach as better intelligence develops. More effective links also need to be forged between workforce planning, service planning and financial planning, and the Plan's associated guidance sets out how we will do this.

Using and interrogating workforce data has been a continuing challenge for planners, due in part to a lack of a consistent approach to data collection. We continue to tackle this by bringing together existing data sources. In particular, the progress made with NHS Education for Scotland on its national TURAS data platform is beginning to yield better quality information, more consistently accessible and useable across both health and social care. The work being done with NHS Health Improvement Scotland on implementing the provisions of the Health and Care (Staffing) Act 2019 will benefit from this. The evidence needed to inform important decisions about the future shape of our services will depend on it.

All of us need to do more to observe, analyse, plan and prepare for future challenges. As the importance of effective workforce planning in this has become more widely recognised, so the demands made of planners have increased. To help address this, employers in health and social care need more people with the right skills and expertise, and an infrastructure which supports their development. The large numbers of providers, of many different sizes, across a complex landscape present particular challenges. This Plan therefore sets out what we will do to strengthen workforce planning capacity and capability across the health and social care sectors.

Along with this Plan we are publishing revised Workforce planning guidance, co-produced with members of the National Workforce Planning Group. The guidance has been developed for use by NHS Scotland, Integration Authorities and their commissioning partners in local authorities. It will be kept under review, and added to, as part of more regular and structured communications on workforce planning issues with employers.

The actions detailed in this Plan form a programme of work which will be overseen by the National Workforce Planning Group's Programme Board, in addition to its existing role in delivering earlier recommendations and commitments from Parts 1-3 of the National Workforce Plan. With representation from across health and social care, the Board will reflect contributions from all parts of the system.

The Board will also be responsible for publishing regular future iterations of the Plan. These will reflect further progress in our understanding of workforce demand and supply and add to the sum of our collective knowledge and intelligence around workforce planning issues. Importantly, future iterations of the Plan will link more closely to developing policies, such as work progressing on reform of adult social care.

Individually, the actions set out in this Plan will therefore enhance our capacity and capability, deliver tangible improvements, and provide a better evidence base in an integrated context.

But taken together, they elevate workforce planning to the strategic, whole-system position it needs to inhabit – right at the core of high quality health and social care services, now and into the future.

This publication is available at **www.gov.scot**

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North Ayrshire Integration Joint Board
Date of Meeting: 13th February 2020

Subject:	**Sustainability Plan for Veterans First Point**
Purpose:	The purpose of this paper is to set out the proposed way forward to sustain the established VIP Ayrshire & Arran, which is one of 6 of Veterans First Point Centres established across Scotland.
Recommendation:	The Board is asked to consider and approve the provision of necessary funding to allow the continuation of the now established Veterans First Point Service based in Irvine.

NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
V1P	Veterans First Point
V1P A&A	Veterans First Point Ayrshire & Arran

1.	**EXECUTIVE SUMMARY**
1.1	**Key Messages** • V1P A&A service acts as a single point of entry for veterans to access services both in the third sector and statutory services. Veterans are able to access the community based one stop shop, where their needs are reviewed and the specific services required are identified and accessed with the support of the veteran peer support worker/ Clinical staff. This service-model is unique within Ayrshire. • The service is currently funded by both the Scottish Government and the 3 Partnerships in a 50 % matched agreement until March 2020. The purpose of this paper is to update to the Integrated Joint Board on the current funding position to allow the service to continue running past March 2020. • This service is successfully engaging a large proportion of clients who are male and come from SIMD 1 and SIMD 2 areas, factors which have historically been shown to have a negative impact on client engagement with health services. • This service is successfully providing support to a large proportion of highly vulnerable male patients who have a mental health diagnosis, come from SIMD 1 and SMID 2 areas, lack social support and have addiction issues, all high risk factors for suicide, the leading cause of death in men under 50 in the UK. • The Paper outlines the impact the service is making, in terms of Early intervention and Prevention as well as Improving Offending Pathway. • Each Health and Social Care Partnership and Boards are expected to play a key role in delivering the commitments set out in the Community Covenant.

2.	**BACKGROUND** Veterans First Point Ayrshire & Arran (V1P A&A) is now an established service for Veterans within Ayrshire, having been successfully running for the past 2 and a half years. The service is currently funded by both the Scottish Government and the 3 Partnerships in a 50 % matched agreement until March 2020. It is part of the National Network of Veteran First Point Centres across Scotland, and although it was the last to open, has seen the highest rate of referrals. Currently, V1P A&A provides support to all veterans of any age (16 – 65+) across Ayrshire. Veterans are supported with a whole range of difficulties from welfare, housing, employment, training, and social support as well as support for mental health issues. At the moment veterans seeking support for mental health issues are seen by our in house clinical team who can provide Psychological or Psychiatric assessment and treatment or can facilitate access for veterans to mainstream services such as the Community Mental Health teams. It should be noted that 10% of the general population are made up of the veteran community.
2.1	**<u>Clinical Services</u>** V1P A&A has received over 650 referrals since its launch in March 2017. The average number of referrals amounts to around 15 per month from across Ayrshire. Around 50% of these referrals are seeking support for mental health issues. Whilst some veterans can be supported to access mainstream services, there are many others who will only be seen within V1P. There are a number of reasons for this. For many veterans, who have been immersed in forces culture, there can be negative beliefs about help seeking. There is also the view that for some, there is a stigma attached to mental health services that stops engagement. In addition, some veterans have expressed the view that their difficulties cannot be fully understood by “civilian staff”. For some, more complex patients, clinical staff can access military records (with patient consent), which can provide more detailed information, aiding treatment. This information is not available to clinicians within mainstream services. **<u>Early Intervention & Prevention</u>** Within Ayrshire & Arran the clinical team is made up of 1 x 0.9 Counselling Psychologist (Clinical Lead), 1 x1.0 Psychological Therapist and 1 Psychiatrist (2 sessions per month – yet to be appointed). Veterans are historically a hard to reach, vulnerable population with poor engagement in healthcare services. Given the sheer volume of registered patients within the service, V1P A&A has now been able to demonstrate that this population is engaging with the service due to the success of the service model, which promotes accessibility, credibility and coordination. The role of the peer support worker is vital in supporting this model.

Patients are now engaging and can be seen quickly by the clinical team meaning that interventions can be offered and delivered earlier than would be possible in mainstream services. Equally, by being able to provide treatment quickly, the prognosis for these patients can lead to much more favourable outcomes, as well as reducing overall costs of treatment.

Improving Offending Pathway

Within Ayrshire & Arran, it was identified that veterans who have been involved in the criminal justice system and/or Prison System could significantly benefit from the support V1P has to offer following release from incarceration.

V1P A&A offer support with reintegration back into society and thus reduce the likelihood of reoffending. The Peer support workers have been working hard to develop good links with the local Prisons and now have regular visits to Barlinnie HMP, Low Moss HMP and Bowhouse HMP.

These prisons have agreed to identify any veteran prisoners who are due for release, so that the peer support workers can arrange to see them to
allow the opportunity to establish a support network following release.

Currently there is a 3rd sector organisation, SACRO who works with veterans within the criminal justice system. However, V1P A&A receive referrals from SACRO who are seeking V1P services to support for their clients

It should also be noted that although there are other 3rd sector veteran charity organisations present within Ayrshire, none of these offer mental health treatment and peer support in the community. In addition the presence of such organisations cannot be relied upon due to facing their own financial pressures. This has been seen in this past year alone when the Defence Medical Welfare and SSAFA have both had to close their offices within Ayrshire due to lack of funding provisions, as well as the recent announcement by Combat Stress to re-locate and reduce their service provisions.

Case Example

To illustrate how V1P A&A uniquely meet the needs of this vulnerable group the following case example is given below. This is a description of an actual case seen within V1P A&A with patient identifiers changed for data protection purposes.

“Harry”
Harry is a double amputee as a result of being blown up whilst in combat. He died at the scene of the explosion but was resuscitated by Army medics. He has been left with a very large open wound which will not ever heal and as such is highly vulnerable to infection.

He also has a diagnosis of Post-Traumatic Stress Disorder and Addiction issues as a result of trying to self-medicate. He has frequent nightmares and flashbacks of the incident as well as suicidal thoughts. Harry was very angry that he did not die in the explosion as he found it, understandably, difficult to adjust to life with his physical injuries and mental health issues.

Harry’s mother referred him to V1P A&A as she was desperate to get support for her son. She reported that Harry had isolated himself and refused to let her or his father provide him with support. Harry also withdrew from his wife, which led to a breakdown in the marriage and eventual divorce.

Harry also refused help from his GP. Harry had disengaged from the district nurses and had refused them entry to his house at his scheduled appointments with them. Harry also refused any involvement with the community mental health team or addictions team for help with his mental health and addiction issues.

Harry told his mother that he wished he was dead and spoke explicitly about the ways and means to complete suicide. The risk of him acting on this only increased when he had alcohol, cocaine or cannabis which he was taking on a daily basis.

Harry attempted suicide twice in the past after he sustained his injuries.

Initially one of our Veteran Peer Support Workers contacted Harry for a chat over the telephone. Due to the fact that our Veteran Peer Support worker had served in similar areas to Harry, and shared a common military language, he was able to quickly establish a good rapport with him. As a result, Harry agreed to register with V1PA&A. Due to his mobility issues and the complexity of his physical injuries, our Peer Support Worker was able to offer an appointment at home. These have continued on a weekly or fortnightly basis since this time.

Over the past several months, Harry has been supported to re-engage with the District Nursing team, which was vital to ensure Harry's wound is kept clean and free from infection. Our Peer Support Worker has also supported Harry to employ a cleaner and a gardener to help him maintain his property. He has also accompanied him to his court appearance for a pending drugs charge.

Our Peer Support Worker has been able to develop a trusting relationship with Harry and has successfully encouraged him to engage with Social Work and Addictions Services. He has also agreed to be referred to the clinical team for a mental health assessment.

It is strongly believed that Harry's needs could not have been met by any other service and that ultimately this patient was at real risk of developing a serious infection, death through accidental overdose through high use of illicit substances, completing suicide (risk factors present being social isolation, mental health diagnosis, previous suicidal attempts, pain/mobility problems, single male, addictions issues) or being arrested for not attending his court hearing.

This is just one case example out of the 600 plus cases seen within V1P A&A.

Risk Summary
Scenario: V1P Ayrshire & Arran is not funded

Patient Safety	**High**	General Adult services will have to meet the existing treatment requirement, so any veterans who require Psychiatric or Psychological assessment and treatment would need to be referred to general adult services. We have seen that many veterans do not engage within mainstream services and therefore high DNA rates for this population are anticipated. All teams are currently struggling with existing demands.

		Veterans who are released from the prison system may not have a readily available support network, a factor which is already known to limit re offending.
Addressing Inequalities	**High**	VIP Ayrshire & Arran is reaching those it needs to, demonstrated by high self-referral rates, attrition rates and the demographics of those using the service. There will be limited capacity for peer working within mainstream services. This is a key component of the service model that promotes engagement and offers wide ranging welfare and social support.
Reputation	**High**	Already, the services that V1P Ayrshire & Arran is able to offer are greatly valued and the high volume of referrals received in the 2 and a half years it has been open, demonstrates the demand within the local community within Ayrshire. Each Health and Social Care Partnership and Boards are expected to play a key role in delivering the commitments set out in the Community Covenant. The Health and Social Care Partnership and Board would be supporting the Armed Forces Covenant by recognising Veterans whose injuries can be identified as connected to disadvantage from their service in the Armed Forces

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3. PROPOSALS

3.1 It is requested that the board carefully consider the case above and funding requirement set out below to sustain the running of V1P A&A.

<u>Costs associated with sustaining the service</u>

The costs outlined below will fund the existing staff complement long term past March 2020 to March 2021.
The continuation of funding for 1 year has been agreed by East and South Ayrshire Health and Social Care Partnerships apportioned as noted in the table below based on the allocation in 2019/20.
The Scottish Government are currently undertaking a scoping exercise which has been extended along with the 50% funding for another year and until March 2021.

Ayrshire and Arran				**SG**	**North**	**South**	**East**
Role	*Grade*	*WTE*	*Cost*				
Psychiatrist		0.05 (2 sessions per month)	£6,000	£6,000			
Counselling Psychologist	8B	0.9	£76,512	£38,256	£38,256		

	Veteran Peer Support Worker (Band 3)	3	2.5	£71,254	£35,627		£17,814	£17,813
	Psychological Therapist	7	1.0	£53,894	£26,947	£26,947		
	Administrator	3	0.6	£17,070		£6,084	£5,493	£5,493
	Supplies			£9,563	£3,093		£2,279	£4,191
	Total			**£234,293**	**£109,923**	**£71,287**	**£25,586**	**£27,497**

3.2 **Anticipated Outcomes**

Veterans with physical, mental or social care needs will continue to benefit from a one stop shop approach that is best able to meet their need.

3.3 **Measuring Impact**

Impact continues to be measured and evaluated through the collection of activity data and case studies capturing outcomes.

4. IMPLICATIONS

Financial:	The costs are budgeted for on a non-recurring basis in 2019/20. East and South HSCP have agreed to pay their share on a non-recurring basis for 2020/21 and North HSCP have identified recurring funding within psychology service. It is proposed that North HSCP continue to fund the consultation identified in the table for a further year (2020/21) to enable Scottish Government recommendations to be developed. The Scottish Government have only agreed to fund their share until March 2021 so an update report will be required in December 2020 as to the longer-term sustainability of the service. The Scottish Government are undertaking a scoping exercise of Veteran's service provision which commenced in 2019. The outcome of this exercise will determine funding arrangements for the 50% currently allocated by the SG post March 2021. It is anticipated that this work will be completed mid - year 2020 to enable future service planning to take place particularly in relation to the re-distribution of the sizeable caseload if ongoing funding is not secured. A funding proposal has also been presented to the Action 15 group.
Human Resources:	Currently there is 1 member of the V1P team that is seconded from another service. (0.6 WTE Administrator) The other members of the V1P team shown below are all on fixed term contracts until 31st of March 2020. Some staff however due to length of service in these roles will already have permanency of employment rights by 2021. 1x Clinical Lead (0.9 WTE) 1x Psychological Therapist (1.0 WTE)

	3x Peer Support Worker (2.5 WTE) * 1x Consultant Psychiatrist (2 sessions per month)* *fully or partially funded by Mental Health Innovation Fund until March 2020. The V1P and wider community mental health services has been proactively reviewing the community model of provision within North Ayrshire and developing the role of peer workers to enable possible expansion/retention of this valuable role should future funding cease. Psychology services are leading on the implementation of a comprehensive Annual Operating plan to ensure the delivery of access to services within the national 18 week waiting timescale target. This programme is focused on assertive recruitment and increasing the Psychological therapy workforce where there are currently shortfalls and it is anticipated therefore that these roles will easily be absorbed into the existing workforce should this be required in 2021.
Legal:	No Legal issues
Equality:	This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues
Children and Young People	Not Applicable
Environmental & Sustainability:	Provide details of any environmental or sustainability issues arising as a result of the report.
Key Priorities:	V1P is set out as a key item within the Local Delivery plan.
Risk Implications:	A risk summary has been included within the paper.
Community Benefits:	Not Applicable

Direction Required to Council, Health Board or Both *(where Directions are required please complete Directions Template)*	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	X

5.	**CONSULTATION**
5.1	Paper was prepared in consultation with Thelma Bowers, Head of Mental Health Services.

For more information please contact Lindsay Kirkwood Clinical Lead on 01294 310 400 or Lindsay.Kirkwood2@aapct.scot.nhs.uk

Agenda Item 8

IJB
13 February 2020

Subject:	**ASN Campus and Respite and Residential Accommodation Project**
Purpose:	To provide the IJB with an update on progress on this project
Recommendation:	To note progress of the project.

Glossary of Terms	
ASN – Additional Support Needs DBDA – Design Build Development Agreement RDD – Reviewable Design Data PMI – Property Management and Investment	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	**EXECUTIVE SUMMARY**
1.1	The report provides an update on the current progress of the project.
2.	**BACKGROUND**
2.1	The ASN Educational Campus and Respite and Residential Accommodation project is being delivered through a hub South West DBDA contract by PMI. The combined project is a £30 million North Ayrshire Council/HSCP project which will provide educational facilities and separate respite and residential accommodation for young people with additional support needs. The respite and residential accommodation element of the projects is valued at £5.72 million. The Children and Disabilities Team will be located within the Campus. The project is programmed for completion in November 2020 and there will be a phased decant to allow the new facilities to be operational during January 2021.
3.	**PROGRESS**
3.1	Works are progressing on the site, with the erection of the steel and timber framework, foundations, roofing, drainage and car park installation. There is currently a delay to the contract programme of 26 days. This is due to items being mis-programmed, uncharted services, the unexploded ordnance and weather. A plan has been prepared by the Contractor to mitigate the delay to the programmed completion date. This will be reviewed again in detail in February.
3.2	A further delay was caused to the project by the discovery and disposal of unexploded ordnance on 14 January. An enhanced strategy has been developed to manage future

	excavation works, with the employment of unexploded ordnance engineers by the contractor to supervise further excavations. In addition, a geo-physical survey has been undertaken on the whole site to determine any abnormalities.
3.3	A short 3D walk-through of the facilities will be provided at the meeting.
3.4	The RDD process is underway. This process enables the project team to review and agree items that were not concluded before Financial Close. The colour strategy for the buildings was agreed at the January ASN Steering Group meeting. The room layouts within the Campus for the Children and Disabilities team are under review.
3.5	Non-Construction workstream • Two names for the buildings have been selected for approval by the IJB. A separate report has been submitted to the IJB to address this. • A property sharing leasing agreement is being developed between the HSCP/Council and the Mungo Foundation for the respite facilities.
3.6	Workforce workstream – the appointment of the new residential manager will be resubmitted to Scrutiny for approval. A staffing structure and draft rota have been produced.
3.7	Finance workstream – Details of the predicted running costs have been presented to the IJB.
3.8	A visit has been arranged for the IJB members to the shared path and viewing platform following the meeting.
3.9	**Anticipated Outcomes**
	It is anticipated that the new respite and residential facilities will provide a greater quality of life for the service users by providing the best possible care available within the financial envelope.
3.10	**Measuring Impact**
	Post occupancy reviews will be undertaken of both facilities following occupation. A benefits analysis proforma has been prepared for the project and is reviewed on a quarterly basis.
4.	**IMPLICATIONS**

Financial:	The operational running costs for the respite and residential element of the project are to be met from existing HSCP budgetary provision.
Human Resources:	Staff for the residential facility will be appointed by the HSCP.
Legal:	Development is ongoing on the lease agreement arrangements
Equality:	The school and respite and residential facilities have been developed to address equality issues.
Children and Young People	The development will improve the opportunities for children and young people with disabilities.
Environmental & Sustainability:	The properties are served by a common energy centre which is shared with the Campus. The proposal includes biomass boiler provision, photovoltaic panels and electric car charging points. .

Key Priorities:	• Tackling Inequalities • Engaging Communities • Prevention and Early Intervention • Improving Mental Health and Wellbeing • Bringing Services Together • Aspiring Communities • Inspiring Places The benefits analysis table in Appendix A shows how the project is meeting these key priorities.
Risk Implications:	The discovery of additional unexploded ordnance could further impact the programme completion date. The project is currently behind programme and this could delay entry.
Community Benefits:	A suite of additional contractual benefits has been developed for the project as a whole, including the provision of two WIFI enabled teenage dens for the garden spaces of the respite and residential accommodation.

Direction Required to Council, Health Board or Both *(where Directions are required please complete Directions Template)*	Direction to: -	✓
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	**CONSULTATION**
5.1	**A stakeholder management plan has been developed and is reviewed and update on a monthly basis.**
6.	**CONCLUSION**
6.1	**IJB members are requested to note progress of the project.**

For more information please contact Yvonne Holland on 01292 324499 or YvonneHolland@north-ayrshire.gov.uk

Appendix A

Project Title - ASN Campus and Respite and Residential Accommodation project.

Benefit No	Benefit	Expected benefit outcome	Council/Partnership Priority	Benefit Category	Baseline Value	Target Value	Benefit Owner	Date for Measurement	Actions Required
1	Providing more energy efficient buildings	Reduced energy costs - better EPC than in existing buildings	**Inspiring Places** - a sustainable environment	Cost	Current EPC and Energy Costs	EPC of at least B before renewables and reduced energy costs	YH	EPC at November 2020 Energy costs at December 2021	Collation of existing energy costs of four establishments and existing EPC ratings. Comparison against new buildings.
2	Reduction in number of assets to be maintained and increase in quality	Reduced number of assets to maintain. Condition surveys show better rating	**Inspiring Places** - a sustainable environment	Cost	Existing number of assets. Existing condition surveys and maintenance requirements	Reduced number of assets to be maintained. Improved condition surveys	YH	Jun-21	Complete building and demolitions and realise assets for existing sites
3	Access to improved sporting and leisure facilities	Community access to improved 3G pitch, grass pitch, MUGA, rebound, soft play, hydrotherapy and training pools	**Aspiring Communities** - supporting positive lifestyle choices and **Improving Mental Health and Well Being**	Satisfaction			YH	Jun-21	Community Access Strategy to be approved by Board/ELT/Cabinet
4	Co-location of Education and HSCP colleagues	Improved service delivery through better collaboration and communication. Reduced appointment times for young people, more time in education	**Aspiring Communities** - offer more opportunities for young people and their families to play more active role in school life - support mental health and wellbeing. **Bringing Services Together** - joint working opportunities	Cost, Time and Satisfaction			KMG	Jun-21	4-week map of existing workload to get baseline information. 4-week map once in operation 6 months after opening
5	Provision of fully accessible residential accommodation in North Ayrshire	Enabling young people to live in locality - maintaining relationships with families and local communities	**Aspiring Communities and Improving Mental Health and Well Being**	Cost and Satisfaction	Annual package costs on average between £250-350K per person	Reduction in annual package costs due to not having to procure externally	KMG	Jun-21	Survey on customer satisfaction with families and young people
6	Provision of fully accessible residential accommodation in North Ayrshire	Reduction in cost of buying in services from external providers	**Aspiring Communities and Tackling Inequalities**	Cost	Annual package costs on average between £250-350K per person	Reduction in annual package costs due to not having to procure externally	KMG	Jun-21	
7	Provision of fully accessible residential accommodation in North Ayrshire	Assistance in transition to adult services	**Aspiring Communities and Tackling Inequalities**	satisfaction			KMG	Jun-21	
8	Provision of fully accessible residential accommodation in North Ayrshire	Assessments undertaken more timeously	**Aspiring Communities and Tackling Inequalities**				KMG	Jun-21	

9	Provision of additional fully accessible respite facilities within North Ayrshire	Increase in numbers of young people able to access respite provision - reduction in waiting list.	**Aspiring Communities and Prevention and Early Intervention**	Cost and Satisfaction	Currently 40-45 young people per year	Increased nos	KMG	Jun-21	Temporary social worker to develop waiting list and undertake current analysis of occupancy
10	Provision of additional fully accessible respite facilities within North Ayrshire	Increase in occupancy rates of respite care	**Aspiring Communities and Tackling Inequalities**	Cost and Satisfaction	Currently 40-45 young people per year	Increased nos	KMG	Jun-21	Temporary social worker to develop waiting list and undertake current analysis of occupancy
11	Provision of additional fully accessible respite facilities within North Ayrshire	Provision of early intervention breaks to reduce pressure on families	**Aspiring Communities and Prevention and Early Intervention**	Cost and Satisfaction			KMG	Jun-21	Temporary social worker to develop at risk waiting list
12	Provision of additional fully accessible respite facilities within North Ayrshire	Increase in range of young people able to access respite care	**Aspiring Communities and Tackling Inequalities**		Current situation - unable to offer accommodation for more than 1 wheelchair user at a time. Limited alternative breakout spaces for dealing with challenging behaviours	All rooms will be fully accessible. A minimum of six different spaces in each building to allow for separation if required		Jun-21	Baseline study of different types of disabilities and nos of people able to use services. Study at 6 months following occupation to assess nos and types of disabilities who have accessed service
13	Community benefit derived through CoW appointment contract	Work placement for 1-2 days for a teacher from NAC school	**Aspiring Communities** - deliver education, skills and training	Satisfaction	0	1	YH/RK	Nov-20	Check with Ross Quality on quarterly basis. Identify teacher to attend.
14	Community Benefits derived through Hub contract	At least 1 young person from ASN school to be mentored and employed F/T in construction industry	**Aspiring Communities** - deliver education, skills and training, helping people into work and sustaining employment.	Satisfaction	0	1	YH	Nov-20	KPI monthly report - MCS/Hub
15	Community Benefits derived through Hub contract	Development of online flexible learning platform with City and Guilds accreditation	**Aspiring Communities** - deliver education, skills and training, helping people into work and sustaining employment.	Satisfaction	0	1	YH	Nov-20	KPI monthly report - MCS/Hub
16	Community Benefits derived through Hub contract	Creation of vocational learning course suitable for young people with additional support needs	**Aspiring Communities** - deliver education, skills and training, helping people into work and sustaining employment. **Tackling Inequalities**	Satisfaction	0	1	YH	Nov-20	KPI monthly report - MCS/Hub
17	Community Benefits derived through Hub contract	Work experience placements (14 years +)	Children and Young people best start in life	Satisfaction	0	20	YH	Nov-20	KPI monthly report - MCS/Hub
18	Community Benefits derived through Hub contract	Social impact events	Inclusive growing and enterprising local community		0	1	YH	Nov-20	KPI monthly report - MCS/Hub

19	Community Benefits derived through Hub contract	Supply chain institute - local companies given pricing/tendering opportunities for first time by tier 1 contractor	Inclusive growing and enterprising local community	satisfaction	0	5	YH	Nov-20	KPI monthly report - MCS/Hub
20	Community Benefits derived through Hub contract	Supply chain institute - events to engage local companies	Inclusive growing and enterprising local community	satisfaction	0	10	YH	Nov-20	KPI monthly report - MCS/Hub
21	Community Benefits derived through Hub contract	Apprentice starts and completions	Inclusive growing and enterprising local community	satisfaction	0	14	YH	Nov-20	KPI monthly report - MCS/Hub
22	Community Benefits derived through Hub contract	Training events - qualifying the workforce	Inclusive growing and enterprising local community	satisfaction	0	30	YH	Nov-20	KPI monthly report - MCS/Hub
23	Community Benefits derived through Hub contract	Annual community benefit days	Inclusive growing and enterprising local community	satisfaction	0	5	YH	Nov-20	KPI monthly report - MCS/Hub
24	Community Benefits derived through Hub contract	Local advertisement of jobs (jobs created)	Inclusive growing and enterprising local community	satisfaction	0	15	YH	Nov-20	KPI monthly report - MCS/Hub
25	Community Benefits derived through Hub contract	Graduates recruited	Inclusive growing and enterprising local community	satisfaction	0	2	YH	Nov-20	KPI monthly report - MCS/Hub

Integration Joint Board
13 February 2020

Subject:	**Naming of the ASN Residential & Respite Houses**
Purpose:	For the IJB to approve the two suggestions for the naming of the new R&R houses that are currently under construction in Stevenston.
Recommendation:	The IJB approve the two names suggested by the R&R Steering Group.

Glossary of Terms:	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
R&R	Residential & Respite Houses

1.	**EXECUTIVE SUMMARY**
1.1	Construction works on the new ASN Residential & Respite Houses in Stevenston started in July 2019. Works have progressed to the point where a name is required for both houses, this is to allow for various activities to take place including signage, advertising, communication and to allow for both buildings to gain an identity and to be used in the familiarisation and transitional plans for any potential service users.
2.	**BACKGROUND**
2.1	North Ayrshire Council Education have commissioned the building of a new Additional Special Needs School (ASN School), which will replace the outdated existing four additional support needs schools on a single site in Stevenson. Planning permission has been granted this week for the school and for the Health and Social Care Partnership to create a new purpose built 8 bedded Residential Respite Unit and an 8 bedded Residential Unit for children and young people with disabilities. This therefore presents a very necessary, exciting and unique opportunity for North Ayrshire to Get it Right for Every Child.
2.2	In June 2019 the IJB approved a proposal for the Residential care to be provided in-house by the North Ayrshire Council H&SCPS with the Respite care being delivered in our new building by our existing provider The Mungo Foundation
2.3	Construction works on the new ASN Residential & Respite Houses in Stevenston started in July 2019.

	Works have progressed to the point where a name is required for both houses. This is to allow for various activities to take place including signage, advertising and communication and to allow for both buildings to gain an identity and to be used in the familiarisation and transitional plans for any potential service users.
3.	**Assessment**
3.1	The naming process to date has consisted of the following • Consultation with the Mungo Foundation • Consultation with Workforce Workstream • Consultation with the Non-Construction Workstream • Consultation with the R&R Steering Group members Throughout the process we have tried to stay close to themes relevant to the local area and any historical events that have taken place, as well as consulting with the Mungo Foundation to consider any themes/names that they would like to propose.
	First option to consider is:
3.1a	<u>The Loccard/Lockharts</u> The town is named after Stephan Loccard or Lockhart, whose father obtained a grant of land from Richard de Morville, Lord of Cunninghame and Constable of Scotland, around 1170. The town is first mentioned in a charter of c. 1240
3.1b	<u>Robert Burns</u> The town has links to Robert Burns in that Mayville House was the birthplace in 1768 of Miss Lesley Baillie. Whom Robert Burns met in 1792 and described her to a friend as "the most beautiful, most elegant woman in the world". She inspired one or two of his love poems, in which she is described as 'Bonnie Lesley'. A memorial now stands in her memory and is situated between Sinclair Street and Glencairn Street within the town.
3.1c	<u>Ardeer estate</u> Deucathall or Dovecothall was the previous mansion house at this site, standing in the Hillcrest Drive area, but now demolished. It was the residence of George Campbell, a relation of the Loudoun branch of that clan. The new Georgian-style mansion, Ardeer House was located near to the Ardeer Bowling Club and after being sold to Nobels' in 1929 it was used as the Nobel Recreation Centre for some years but was sadly demolished in 1968. One of the most distinguished owners in the later 17th century was the covenanter Patrick Warner, a minister who was forced to escape to Holland after the Battle of Bothwell Bridge. These houses once stood on the seacoast and the site is said to have been a favourite anchorage ground, fragments of boats and anchors having been found at various points here and further inland. A sea-washed cave is located a little behind the house. The field behind the mansion house was once called the Temple Field. A miniature rifle range was once located in the old walled gardens. The Revd. Patrick Warner had picked up skills in land reclamation during his exile in Holland and his first act was to drain the bogs by cutting the Master Gott, linking several small lochans or dubbs, and it was this drain that was later partly incorporated into the Stevenston Canal.

3.1d	Stevenston Canal The Stevenston Canal of 1772 was the first commercial canal in Scotland. The canal was 2 miles (3 km) long, had no locks, was 12 feet (3.7 m) wide and had a depth of 4 feet (1.2 m), with much of its cut following the old course of the sea channel, a relic of the days when Ardeer was an island. Several branches were cut to reach the coal pits and the Master Gott is thought to be the last remaining vestige. Coal was carried on barges and the waste was dumped along the route to act as a wind break as blown sand being a recurring problem. Water was supplied via a dam on the Stevenston Burn. The coal was carried from the canal end to the waiting boats on a railway, there being no direct physical link with the harbour.
3.1e	Mining & Quarrying The town became a coal mining centre with thirty-two mines recorded on the Ardeer Estate when it was sold to the Rev Patrick Warner in 1707. The pits were mostly exhausted by the end of the 19th century, the last, Ardeer East, closing in 1926. Stevenston Stone was a high-quality white sandstone, marble-like, quarried from about 1800 and popular in places such as Dublin and Belfast. The site was allowed to flood in 1920; it was 150 to 200 feet (50 to 60 m) deep, connected to old mine workings which provided a steady and substantial water flow which has to be pumped out continuously to prevent flooding. Ballast and other material from the old Caledonian Railway embankment nearby were used to infill much of the old quarry. The Parkend Quarry produced 'Osmond Stone' which as a form of whinstone was very heat resistant and was used in ovens, furnace linings, etc. The Wand House was located near to the Master Gott. Wand's are willow rods, and these were used to make the creels in which mined coal was once carried. The site is now a public park.
3.1f	The Stevenston Iron Works In 1849 the Glengarnock Iron Company built five blast furnaces on the foreshore of the Ardeer sands to smelt pig-iron. The iron ore was imported through Ardrossan harbour and to reduce costs Merry and Cunningham Ltd., successors to the Glengarnock company, started to build a quay by dumping slag into the sea. After 300 yards of these works had been completed it became obvious that no ship could safely dock here given the force of winter storms. The quay was abandoned and to this day it is known as the 'old pier' or 'slag point'. The works closed in 1931 and were demolished in 1935.
3.1g	Explosives In the 20th century, the town was a major base for Nobel Industries and later ICI, whose Ardeer site employed many thousands of workers producing explosives and chemicals. ICI added a nylon plant in the 1960s which had a short-lived production life, and a nitric acid plant. The closure of these facilities, along with the general decline in ICI's presence in the town has had a devastating long-term effect on the town's economy. The site is now owned by Inabata, a Japanese trading firm, and operates as Nobel Enterprises. The energetic technologies side of the business is now owned by Chemring Ltd, with the nitrocellulose manufacture retained under Nobel Enterprises.

	To the south of Stevenston, on the border of the Nobel Plant, sits the South African Pavilion. Known locally as Africa House, this building was once part of the Empire Exhibition, Scotland 1938 in Bellahouston Park, Glasgow. The pavilion was rebuilt at Ardeer after the end of the exhibition and served as the staff restaurant for many years. The building now lays derelict and in disrepair, having suffered vandalism and extensive fire damage. On 8 September 2007, a major fire was reported at the Nobel site when 1500-1700 tons of nitrocellulose, stored in an open area, caught fire. There was little property damage and no serious injuries.
3.2	**Anticipated Outcomes**
	It is anticipated that the new R&R facilities will provide a greater quality of life for the service users by providing the best possible care available within the financial envelope.
3.3	**Measuring Impact**
	It is expected that the existing measurement tools will be used to determine the impact on the service users and to also measure the expenditure of each of the houses
4.	**IMPLICATIONS**

Human Resources:	As this is a new service there are no workforce implications for current NAHSCP staff
Legal:	There are no predicted Legal impacts related to the naming of the R&R houses.
Equality:	It is expected that the R&R houses will provide an efficient, cost effective service, considering the health and well-being of the individual service users, regardless of the type or tenure, therefore ensuring equity of provision.
Children and Young People	It is expected that the R&R Houses will greatly improve the lives of the children & young people who will use the services within both houses.
Environmental & Sustainability:	Both houses are being built taking both the Environment & Sustainability into account. They have been built with an EPC rating of B+ before renewables, a biomass boiler & solar panels have been incorporated within the overall design for the Campus
Key Priorities:	It is anticipated that the new R&R facilities will provide a greater quality of life for the service users by providing the best possible care available within the financial envelope.
Risk Implications:	It is predicted that the naming of the R&R houses will not provide any risks to the project.

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

(where Directions are required please complete Directions Template)	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	**CONSULTATION**
5.1	The naming process to date has consisted of the following • Consultation with the Mungo Foundation • Consultation with Workforce Workstream • Consultation with the Non-Construction Workstream • Consultation with the R&R Steering Group members The working groups have proposed that we use the following suggestions to name each house: <u>Red Rose House</u> Red Rose comes from the Robert Burns poem "A Red, Red Rose" It was felt by the group that using the name Red Rose would provide both a tribute to Robert Burns' links to the town, as described previously, and could also be used as a visual symbol of hope and new beginnings for the service users. <u>Roslin House</u> Roslin House comes from the "Lady Roslin" ship that was built in Ardrossan Harbour. The ship was used by Nobel Industries who were based in Ardeer, employing thousands of people throughout the Three Towns. It was felt by the group that with links to both Ardrossan and throughout the Three Towns that the name "Roslin House" would pay homage to the local history and the symbol of a ship could be used to visually represent the new house to our service users.
6.	**CONCLUSION**
6.1	The IJB is asked to approve both of the above suggestions to be used in the naming of the new Residential and Respite Houses.

For more information please contact Kevin McGinn on 01294324502
or Kevinmcginn@north-ayrshire.gov.uk

NORTH AYRSHIRE
Health and Social Care Partnership

Agenda Item 10

Integration Joint Board
13 February 2020

Subject:	**Caring for Ayrshire Programme Board**
Purpose:	To advise members of IJB of the proposal to formally launch the Caring for Ayrshire Programme outlining the strategic ambition of the programme.
Recommendation:	Members of IJB are asked to support the proposals to formally launch the aims and objectives of the Caring for Ayrshire programme.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
PID	Project Initiation Document
FAQs	Frequently Asked Questions

1.	**EXECUTIVE SUMMARY**
1.1	As the Caring for Ayrshire Programme progresses through its 'Scoping' phase as detailed within the Project Initiation Document [PID], we are now looking to undertake a formal launch of the programme, outlining our strategic ambition.
1.2	The aim of such a launch of this major transformational programme, will be to connect with a widespread range of stakeholders from our internal staff, health and social care partnerships, citizens, multiple organisations and key stakeholders across Ayrshire and Arran.
1.3	This will also underpin and support the commencement of an informing and engaging phase with our stakeholders in support of the strategic vision of future health and care services across Ayrshire and Arran.
2.	**BACKGROUND**
2.1	The Caring for Ayrshire Programmes 'Initiation' and 'Scoping' phases embedded several pieces of activity and work around defining Ayrshire and Arrans strategic vision around future models of health, care and wellbeing services.
2.2	During Q1/Q2 of 2019/20 we carried various levels out early pre-engagement activity, as part of the Caring for Ayrshire Conversation, collating initial views and insights around the needs of our citizens in support of future health and care services. Additionally, there has been internal engagement, gathering insights and views from our staff and workforce as well as collaborative involvement with our Health and Social Care Partnerships.

2.3	In parallel to this activity we have been working with Scottish Government around the approach and methodology in support of designing and developing a whole system redesign of health and care services to enable the delivery of this major transformation programme.
2.4	The focus over this initial period has been to articulate and conceptualise the strategic vision, in terms of future and sustainable models of care.
3.	**PROPOSALS**
3.1	Whilst every effort has been made in using the Caring for Ayrshire Programme branding, this has been carried out on informal basis with our stakeholders along with joint opportunities with our HSCPs.
3.2	As we now progress with the programme, we are looking to carry out a formal launch, targeting commencing w/e 21st February 2020, in providing widespread awareness of the strategic vision of the programme, along with models of care across Ayrshire and Arran.
3.3	This will enable more visibility of the programme, by conducting press releases, media campaign, wholesale marketing, the use of various communication methods/channels along with providing further sign posting to the programmes progress to date, relevant FAQ's and future plans. The launch of the programme will underpin and lay the foundations of a 6-week period of informing and engaging with our staff, citizens, users and stakeholders, using different methods and channels in communicating the future strategic vision of Ayrshire and Arrans health and care services.
3.4	In terms of supporting the launch of the programme, we aim to undertake a Public Relations approach, supported by the Medical Director, clinical leaders, social care leaders and representatives from the voluntary and third sector groups to showcase the programmes aims and ambitions. This will not only involve our staff and citizens, but also enable media and press to be involved and engaged on the strategic objectives of the programme, and the approach to delivering future health, care and wellbeing services.
3.5	**Anticipated Outcomes**
	The proposal of a formal launch will underpin our ambition and aims in delivering a transformational redesign of services, ensuring quality and as well being patient centric.
3.6	**Measuring Impact**
	N/A

4.	IMPLICATIONS

Financial:	All associated funding for a launch will be covered under the programmes budget allocation.
Human Resources:	N/A
Legal:	N/A
Equality:	An impact assessment has been carried out more generally in relation to the entirety of the Informing and Engagement work that is equally relevant to the initial launch of the programme.
Children and Young People	N/A
Environmental & Sustainability:	Successful management of delivering our strategic vision of future models of care requires leadership, engagement with clinical staff as well as our citizens. The Health and Social Care Partnerships have increasing influence on shaping the delivery health and care services more locally, making them more person centred and sustainable in the future.
Key Priorities:	The delivery of transforming health, care and wellbeing service complies with a number of the corporate objectives: improving health; safety/outcomes; quality of experience; equality; transforming and patient flow; supply and demand.
Risk Implications:	By formally launching the strategic vision and ambitions in Ayrshire and Arran around our future health and care services, then there is a risk around managing expectations on delivery timescales. This is a major transformational programme of work over that 10 years and beyond, that will be complex by nature. Robust governance will be put in place along with following policy guidelines around capital investment which takes time to plan and implement. The aim will be to continue to hold briefing sessions with our MPs/MSPs, proactively engage with local press in advance and conduct extensive engagement across staff, partnerships and citizens in advance of any redesign and implementation of services.
Community Benefits:	The achievement of delivering new models of care provides better access to healthcare services and should therefore have a positive effect on the health inequalities priority within local LOIPs.

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

5.	CONSULTATION

5.1	This proposal has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report. • Caring for Ayrshire – Stakeholder Engagement and Insights Group, held on 23rd January 2020
5.2	The NHS Board has carried out its duties to involve and engage external stakeholders where appropriate. There have been a number of pre engagement activities and awareness events in support of the Caring for Ayrshire Programme. For further high-level details please refer to Appendix A
6.	**CONCLUSION**
6.1	Members of IJB are asked to support the proposals to formally launch the aims and objectives of the Caring for Ayrshire programme.

For more information please contact Russell Scott, Senior Programme Manager on 01292 885844 or Russell.scott@aapct.scot.nhs.uk

Appendix A, 2019 Engagement and Communication Log

Date	Method	Key message	Audience	Comments	Lead
2019					
Q1_2019	Open Staff Sessions	Delivering the key messages around Leading reform of services across Ayrshire and Arran	Drop in @ UHC Drop in @ UHA	100+ in attendance	John Burns
Q1 & Q2_2019/20	CEO Briefings	Providing strategic vision on transforming services	PING MPs/MSPs Elected Members IJB Chairs CPPs Scottish Government Ayrshire college	100+ in attendance	John Burns
April – July 2019	Participation and Contribution Sessions	Providing strategic vision on transforming services	East Ayrshire Community Hospital Biggart Community Hospital Girvan Community Hospital WG13 Kilmarnock Ayrshire Central UHA/UHC Ayrshire Maternity Unit	200+ in attendance	John Burns
April 2019	Caring for Ayrshire Conversation – Face to Face	Two multi-stakeholder events organised to present future vision on health and care services	Locality planning groups Education sector Third and Voluntary sectors Community councils Public	170 in attendance 467 comments	John Burns Jacqui Stevenson
May 2019	On Line \Survey	Feedback tool developed to capture early insights and views from internal and external stakeholders	Vacuous and widespread	Over 150 completed surveys	Jacqui Stevenson
June 2019	What Matters to You Day	Campaign to deliver key messages and ask what matters to you	Multiple stakeholders supported and co-ordinated by HSCPs	100+ interactions	Jacqui Stevenson/ HSCP Reps
July 2019	Partnership Focus Groups	Delivering the message on the ambitions of programme	Multiple stakeholders supported and co-ordinated by HSCPs	150+ in attendance	HSCP Reps/ Jacqui Stevenson
August 2019	Caring for Ayrshire 'Models of Care' events	Clinical Programme led events outlining new models of care. Lived experience participation from community	Various including: Clinical leads Public Health HSCP reps Community orgs	150+ delegates in attendance Report and analysis captured	Dr Crawford McGuffie/Professor Haz Borland
November 2019	Caring for Ayrshire – Stakeholder Engagement and Insights Group	Remit of group to ensure appropriate levels of engagement are being conducted along with governance in place	NHS Staff HSCP Representation Public Lay Members Ayrshire College Carers Group Rep Youth Commission Group	20 In attendance	Kirtsin Dickson
13/12/2019 20/12/2019	Open staff forum	Ambition for caring for Ayrshire, updating key individuals on our future for transforming models of care	Drop in UHC Drop in UHA	50+ in attendance	Crawford McGuffie

Integration Joint Board
13 February 2020

Subject:	**Caring for Ayrshire Programme – Informing, Engagement and Communication Plans**
Purpose:	To advise members of IJB of the proposal in support of the Informing, Engagement and Communication Plans of the Caring for Ayrshire Programme.
Recommendation:	Members of IJB are asked to support the proposals in supporting informing, engaging and communicating the strategic vision, aims and objectives of the Caring for Ayrshire programme.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
PID	Project Initiation Document
FAQs	Frequently Asked Questions

1.	**EXECUTIVE SUMMARY**
1.1	The Caring for Ayrshire Programme has now progressed several streams of activity, as part of the initiation and scoping phases under the programme and are now at a stage whereby we are looking to inform and engage with staff, citizens and a wide range of stakeholders on our strategic vision of future models of care.
1.2	In order to fulfil the proposal of informing and engaging across Ayrshire and Arran, then a co-ordinated and managed collaborative plan will be developed, supported by NHS and our three HSCPs.
2.	**BACKGROUND**
2.1	During Q1/Q2 of 2019/20 we carried various levels out early pre-engagement activity, as part of the Caring for Ayrshire Conversation, resulting in collating some early insights and views around the needs of our citizens in support of future health and care services. The outputs of this engagement was presented to the Caring for Ayrshire Board in October 2019, noting some of the key themes, along with aspirations of the citizens in terms of future services.
2.2	Additionally, there has been internal engagement, gathering insights and views from our staff, colleagues and workforce as well as collaborative involvement with our Health and Social Care Partnerships.

3.	**PROPOSALS**
3.1	We have been promoting the Caring for Ayrshire Programmes aims and ambitions for some time within Ayrshire and Arran, with our stakeholders along with joint opportunities with our HSCPs.
3.2	Work has progressed in scoping and developing a health and care model, to shape the strategic vision of future health, care and wellbeing services. Work to date has described the following high-level health and care model. Our engagement period would be used to seek views and opinions from our wide stakeholder group to enable their input and feedback to shape and define the health and care model that will be used to plan services for the future.
3.3	***Health & Care Model*** **Own home / Self Care** Care that individuals could access at home, on a self-management or visiting / virtual basis as well as services provided in local conurbations such as community pharmacies. There are differences in health outcomes within our communities and many of these are the result of disadvantage (or socioeconomic differences). Our model of care will be designed to mitigate these inequalities wherever possible.
3.4	**Homely environment** Where care cannot be safely or sustainably provided in people's own homes then it will be delivered in a homely environment, depending on need, based in local communities. This would include wider access to a range of health and care professionals with wider access to MDTs on a substantive and or visiting basis.
3.5	**Primary Care** The Ayrshire & Arran Primary Care Improvement Plan was the initial plan setting out of how the three IJBs and NHS Board aimed to implement and deliver the new 2018 GMS contract on a pan Ayrshire basis. It describes the discussions and actions that were agreed, and there was always recognition and understanding that further work would be required during implementation for each element at a Health and Social Care Partnership (HSCP) level. The new model for General Practice and primary care describes how clinical pathways, the role of the GP and other health and care professional roles and their workload will be redesigned to enable consultation and treatment by the right professional. This refocusing of the GP role will require some tasks currently carried out by GPs to be carried out by additional members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. Depending on the dispersion of the population served there will be a range of services provided from practices ranging from individual practices providing core services for the local population up to co-located multiple practices providing a wider range of services across a larger catchment area. There would be a strong focus on digital links with other parts of the system reducing the need for patients to physically attend higher acuity care settings.
3.6	**Health and Wellbeing Centre** These are aimed at supporting multiple health, care and wellbeing needs under one roof in or near the local community. This could provide wider access to services provided within some primary care settings as well as outpatient and diagnostic

	services currently only accessible within acute hospital settings. These centres could accommodate larger primary care practices if required and facilitate interaction between acute and primary care professionals; for example, the use of Attend Anywhere to reduce patient and staff travel
3.7	**Health and Wellbeing Hub** Providing more localised alternatives to acute hospital attendances and admissions. These would provide a wide range of services currently provided within acute hospital settings including: • Treatment for minor injuries and illnesses • Primary Care out of hours services • An overnight stay in a bed if you can't be cared for at home but don't need to go into hospital (step-up beds) • Rehabilitation after a stay in hospital (step-down beds) • Midwife-led maternity service • Day surgery and planned investigations • CT scanning • Endoscopy • Renal dialysis (day service) • Chemotherapy (day service) • Blood analysis
3.8	**Acute Hospital** This will deliver emergency and planned care from an appropriately sized acute environment focussing on specialist, complex and high-risk care. It will provide specialist led medical services 24/7 ensuring that a wide range of services are available for the local population. Services provided will include consultant led maternity, neonatal and specialist paediatric care. The majority of outpatient activity will shift from acute settings to community settings with appropriately skilled and trained workforce supporting face to face and virtual consultations. This shift includes current and future nurse, midwife and AHP led services which will become more community based with acute reach-in. The acute hospital setting will have a new approach to urgent and emergency care which will be enabled by modern facilities, the latest technology, high quality care focussed on acute need, and subsequently allowing patients rapid transfer back to their communities or to their homes. Patients will be seen by senior clinicians at the front door enabling more rapid decision making and management of conditions with the aim of improving patient flow and reducing the length of stay of patients in the acute setting. Whilst a significant proportion of acute care will be delivered within NHS Ayrshire and Arran there will be a continuing need to access services provided by other Health Boards, particularly where these are highly specialised. In addition to the map and supporting narrative further work has been undertaken to illustrate the range of services which could be accessed within the respective service layers. This is not intended to be a comprehensive list of provision and further work will be required to establish the service specific arrangements. It is worth noting from this that the Primary Care layer recognises the relationship between the population served and the range of services provided.

3.9	**Digital Enablers** Digital Components are a key enabler and dependency in the Caring for Ayrshire Programme. Delivery of the Digitally Enabled Model will require significant investment in both the development and ongoing business as usual support and should be based on the aspects highlighted below. • Infrastructure – a robust 24/7 supported Digital Infrastructure across Health and Care will be required to deliver the model. • Person Centred Digital Technology embedded into Health and Care System supporting the patient to develop their health literacy and self-manage their health conditions are at the core of the model. • Modern Integrated and co designed Health and Digital Systems (Locally, Regionally and Nationally) are be required to support patient engagement, information sharing, service efficiency, patient safety and clinical decision making. • Cultural changes and skills development in the better use of Digital within Care Pathways and the associated Data for improvement modelling are required across the workforce.
3.9	To that extent we have now developed an informing and engagement plan, with the notion of initially running a 6-week intensive period of informing and engaging with our staff, citizens, users and stakeholders, using different methods and channels in communicating the future strategic vision of Ayrshire and Arrans health and care services. See Appendix A for detailed Informing and Engagement plan. See Appendix B for detailed Communications plan
3.10	**Anticipated Outcomes**
	The proposal of informing, engaging and communicating the strategic vision will underpin our ambition and aims in delivering a transformational redesign of services, ensuring quality and as well being patient centric.
3.11	**Measuring Impact**
	N/A

4.	IMPLICATIONS

Financial:	All associated funding for a launch will be covered under the programmes budget allocation.
Human Resources:	N/A
Legal:	N/A
Equality:	An impact assessment has been carried out more generally in relation to the entirety of the Informing and Engagement work that is equally relevant to the initial launch of the programme.
Children and Young People	N/A
Environmental & Sustainability:	Successful management of delivering our strategic vision of future models of care requires leadership, engagement with clinical staff as well as our citizens. The Health and Social Care Partnerships have increasing influence on shaping the delivery health and care services more locally, making them more person centred and sustainable in the future.
Key Priorities:	The delivery of transforming health, care and wellbeing service complies with a number of the corporate objectives: improving health; safety/outcomes; quality of experience; equality; transforming and patient flow; supply and demand.
Risk Implications:	There is a risk that by undertaking an informing, engagement and communication phase around our future health and care services, this will raise concerns with our workforce along with raising awareness with local press coverage and online media channels. In order to mitigate such a risk, we will seek to proactively engage with all staff working closely with our employee director. In terms of engaging with local press in advance, hold briefing sessions with our MPs/MSPs and ensure appropriate governance around social media threads are maintained.
Community Benefits:	The achievement of delivering new models of care provides better access to healthcare services and should therefore have a positive effect on the health inequalities priority within local LOIPs.

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

5.	**CONSULTATION**
5.1	This proposal has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report. • Caring for Ayrshire – Stakeholder Engagement and Insights Group, held on 23rd January 2020 • Caring for Ayrshire programme Board, held on 29th January 2020 • Integrated Governance Committee, held on 29th January 2020
5.2	The NHS Board has carried out its duties to involve and engage external stakeholders where appropriate. There have been a number of pre engagement activities and awareness events in support of the Caring for Ayrshire Programme. For further high-level details please refer to Appendix A
6.	**CONCLUSION**
6.1	Members of IJB are asked to support the proposals to inform, engage and communicate the strategic vision, aims and objectives of the Caring for Ayrshire programme.

For more information please contact Russell Scott, Senior Programme Manager on 01292 885844 or Russell.scott@aapct.scot.nhs.uk

Caring for Ayrshire
Informing and Engagement plan

Executive Sponsor

Name	Title	Date
Kirsti Dickson	Director of Transformation and Sustainability	

Service/Management Sponsor

Name	Title	Date
Ewing Hope	Employee Director, NHS Ayrshire and Arran	
Margaret Phelps	Partnership Programme Manager, East Ayrshire Health and Social Care Partnership	
Phil White	Partnership Facilitator, South Ayrshire Health and Social Care Partnership	
Nicola Teager	Communications and Engagement Officer, North Ayrshire Health and Social Care Partnership	

Authors/Contributors

Name	Title	Date
Elaine McClure	Portfolio Programme Manager	
Russell Scott	Caring for Ayrshire Programme Manager	
Miriam Porte	Communications Manager	
Margret Phelps, Kay McKay, Nicola Teager, Phil White	E, N and S HSCP Communication Managers	
TBC	E, N and S Council Communication Managers	
Various	CfA Stakeholder Engagement and Insights Group	

Document history

Version	Summary of Changes	Document Status	Date published
0.01	Template	N/A	
0.02	First draft	First draft	
0.03	Updated following internal comments	Second Draft	
0.04	Amendments made from feedback via Stakeholder Engagement & Insights Group	Third Draft	16th Jan 2020
0.05	Amendments made from feedback via Stakeholder Engagement & Insights Group	Fourth Draft	22 Jan 2020

Engagement Overview Plan

Plan title / topic:	Caring for Ayrshire Informing and Engagement Plan
Plan creation date (dd/mm/yyyy):	06/01/2020
Engagement start date:	24/02/2020
Engagement completion date:	03/04/2020
Engagement lead name:	TBC
Designation:	Engagement Support Officer
Department/ service:	Transformation and Sustainability
What are you trying to accomplish : *(what is the problem and what is the rationale for change)*	To develop and oversee the implementation of an Informing and Engagement Communication Plan to support the engagement of a new model of care within Ayrshire and Arran for our Caring for Ayrshire Programme. The communication **objectives** of the plan are to ensure: **Informing the 'Caring for Ayrshire' ambition:** • Engaging and informing the public and staff of new pathways of care within Ayrshire and Arran • Transforming health and care services within Ayrshire and Arran • Contributing to work to inform self-care, self-management and supportive and connected communities. **Engagement:** • Continuous engagement, including mapping all our stakeholders • Regular stakeholder engagement events with specific services as well as overall informative sessions **Communications** • Internal and external communications • An online and digital media presence • Opportunities to inform, share progress, news and invite feedback • The feedback from the engagement sessions will be fed back into the planning and design of services.
Reason for engagement:	• To ensure that staff, public and service user views and feedback are included in the planning, design and implementation of new models of care for Ayrshire and Arran.

	• To ensure that all stakeholders have the opportunity to shape, influence and know about potential changes to our health and care services. • To comply with CEL 4 (2010) guidance on informing, engaging and consulting people who will be affected by change.
Expectations from engagement: *(what do you hope to achieve)*	• To engage with internal and external stakeholders to ensure there is a collaborative approach in designing future health and care services. • To inform staff, public, service users and the wider communities, ensuring their views are heard and considered throughout the ongoing development of models of care and decision making process. • To ensure that where possible negative impacts resulting from any proposed changes are considered and mitigated. • To ensure staff, public, service users and the wider communities have a mechanism in place to provide feedback to influence new models of care.
Existing knowledge: *(Background: what do you already know that helps support the reason for engagement or change)*	• Our population is getting older • Poor health • Workforce challenges • Budget constraints • Buildings are no longer fit-for-purpose • Accessibility to health and care services • Hospital is not always the best place to provide care
Internal constraints:	• Internal capacity to engage i.e. limited staff time to engage, lack of dedicated engagement support. • Budgetary constraints • Governance arrangements
External constraints:	• Vast and diverse demographic • Complex landscape and operational environment • Increasing demands on current services • Changes to General Practitioners contract, implications of Primary Care Implementation Plan • Securing public and community support for new models of care • Ability to communicate effectively with all stakeholders.
Target Audience:	Messages will be targeted to the following audiences (stakeholders): **1.** People who use our services **(service users), carers and their families** 2. Members of the Ayrshire **public** including the young to our elderly, online groups / social media and press 3. East, North and South Ayrshire Partnership and Acute Services **staff representatives** (inc. third, private, independent and voluntary care sectors, trade unions etc) 4. **Independent contractors practices** (General Practice, Optometry, General Dental, Community Pharmacy etc)

	5. Key **decision makers** such as NHS Ayrshire & Arran Board, IJB and council elected members The term “staff” refers to all staff employed by NHS Ayrshire & Arran, Health and Social Care Partnership and three local Authorities.
Resources/support available:	• Health and Social Care Partnership Staff – Community Engagement Officers (x3), Partnership Facilitator • Council staff • Strategic Planning Partnerships • Community Planning Partnerships • NHS Ayrshire and Arran Person-centred Care Team - engagement support • Ayrshire College • Youth Commission • Equality & Diversity Advisor - EQIA • Scottish Health Council – engagement advice, support and scrutiny • Transformation and Sustainability Programme Management Office - project management and engagement advice and support • HSC Scotland- https://hscscotland.scot/resources/
Methods of Engagement:	There are a number of different ways to communicate and engage with various audiences and stakeholders, and messages should be tailored for the right medium for each of the audiences/stakeholders. It is noted that for some groups who are less likely to understand / act upon messages that specific methods of engagement / communication will be required. Channels include: • Launch event • Direct emails to audience groups (third sector, voluntary and independent etc) • Engagement workshops (staff and service users) around service provision • Planned events for staff, service users, carers and families • Digital media • Feedback and evaluation • Word of mouth • Targeted letters • Posters • Leaflets • Proactive media releases (local newspapers and radio) • Staff intranet(s) • Websites, including HSCPs and NHS • Staff briefings • Staff bulletins within services

Summary Engagement Plan

Summarise the planned approach to engagement and communication in terms of timescales and milestones

Anticipated Timescale	Project stage or specific activity
By 31/01/2020	Development of all informing materials and scoping of groups/meetings to be attended
09/01/2020 23/01/2020	Stakeholder and Insights Communication Group (virtual and meeting)
27/01/2020	Clinical Programme Group – Design Authority
29/01/2020	Caring for Ayrshire Programme Board
29/01/2020	Integrated Governance Committee
03/02/2020	NHS Board
29/01/2020 13/02/2020 19/02/2020	East Integrated Joint Board North Integrated Joint Board South Integrated Joint Board
20/02/2020	Launch
24/02/2020	Stakeholder engagement commences
24/02/20 – 03/04/20	Six week period of active engagement
Report of the engagement outputs will go through the appropriate groups and boards through the current cycle of meetings.	Report engagement outputs with Caring for Ayrshire Programme Board

Key engagement planning / delivery group

The Caring for Ayrshire Stakeholder and Engagement Insights Group is responsible for ensuring both internal and external stakeholder engagement, best practice consultation and impact assessment throughout the lifecycle of the Caring for Ayrshire Programme, whilst supporting the management of timely communications.

Mapping of relevant Staff / Public / Patient Stakeholder Groups

Group Name	**Demographic** ***(who/where do they represent)***	**Contact Details** *(Provide details with any suggested methods/channels of engagement*)
NHS A&A Staff and Workforce (e.g. Team Meetings, Service Forums)		
• University Hospital Crosshouse (UHC) Unscheduled Care Exemplar Leadership Group • University Hospital Ayr (UHA) Unscheduled Care Exemplar Leadership Group • Unscheduled Care Partnership Group • AMD (Associate Medical Director) • ASDMT(Acute Services Divisional Management Team) • CMT (Corporate Management Team) • CSBCM (Cross Site based Clinical Meeting) • CSMT(Crosshouse Senior Man Team) • Clinical Directors Forum • EIC (Excellence in Care) • JA/CCNM (Joint Acute/Community Clinical Nurse Manager) • NMSG (Nursing & Midwifery Steering Group)	Acute workforce	Engagement Plan to be finalised.

Group Name	Demographic *(who/where do they represent)*	Contact Details *(Provide details with any suggested methods/channels of engagement*)
• OPIH (Older People in Acute Hospital) • PLG (Professional Leadership Group) • SLM (Senior Leadership Meeting) • Clinical Development Fellows		
East, North and South H&SCP • Community Planning Partnership Board • Public Health - Health and Wellbeing Event • SA HSCP Locality Planning Group • NA CPP - Senior Officers Group • NA CPP - Locality Partnership Meetings • NA HSCP Locality Planning Forums	Community Teams and Partnership Groups	Engagement Plan to be finalised.
Corporate Support Services (CSS) EXEC	Facilities Staff	Engagement Plan to be finalised.
Area Partnership Group and associated Professional Committees	Clinical Forums	Engagement Plan to be finalised.
Public Health - Health and Wellbeing Event	Staff NHS and HSCP	Agree event

Group Name	Demographic *(who/where do they represent)*	Contact Details *(Provide details with any suggested methods/channels of engagement)*
Key Service User Groups (e.g. service specific Public Reference Groups)		
SA HSCP Service User Groups : *Seniors Action Group;* *Carers Reference Group;* *Mental Health Service Users Group;* *Youth Forums and Pupil Councils;* *Champions Board;* *Locality Planning Groups x 6*	Providing widespread service user engagement throughout South Ayrshire HSCP	Email: Phil.White@aapct.scot.nhs.uk
NA HSCP Service User Groups: *Carers Reference Group* *Champion's Board* *Older People's Forums* *Youth Forum* *Pupil Councils* *Mental Health Public Reference Group* *RAW Group (Children - TBC)* *MAD (Makin' a Difference – Justice Services group)* *Locality Planning Engagement Sub-Groups x6*	Providing widespread service user engagement throughout North Ayrshire HSCP	Email: NicolaTeager@north-ayrshire.gov.uk
EA HSCP Service User Groups: **Awaiting confirmation of detail**		Email: Margaret.Phelps@east-ayrshire.gov.uk
Voluntary/Third/Private/Independent Sector Organisations (service specific)		
NA, SA, EA Voluntary and third sector partnership membership		
East Ayrshire Carers Centre	Providing services to carers of all ages	Tel: 01563 571533 E-mail: admin@eastayrshirecarers.org.uk
South Ayrshire Carers Centre	Providing services to carers of all ages	Email: southayrshire.carers@unityenterprise.com 01292 263000

Group Name	Demographic *(who/where do they represent)*	Contact Details *(Provide details with any suggested methods/channels of engagement)*
North Ayrshire Carers Centre	Providing services to carers of all ages	Email: northayrshire.carers@unityenterprise.com 01294 311333
Health and Social Care Alliance Scotland	Providing widespread engagement and networks	info@alliance-scotland.org.uk
Community Friends	Part of the EA Churches Homeless Action group. Work with people who face homelessness issues as a result of addictions, have mental health issues and struggle to access appropriate services.	Tel: **07581722331** Email: Janice Grant **Janice.grant@hotmail.co.uk**
Crossroads (South Ayrshire) Care Attendant Scheme.	South Ayrshire organisation only.	brian.kelsey@crossroads-sa.org.uk
Formal Engagement Groups / Networks		
NHS Ayrshire & Arran Public Involvement Network	Virtual network of around 900 people from across Ayrshire and Arran who are interested in health related issues	Kenny Milne, Person-centred Care Officer (Involvement) Tel: 01292 665612 Email: kenny.milne@aapct.scot.nhs.uk c/o Eileen D'Agostino Tel: 01563 826083 Email: Eileen.Dagostino@aaaht.scot.nhs.uk
Public Engagement Group	Internal group comprising all engagement leads across NHS, HSCPs, third sector and independent care sector in Ayrshire and Arran with access to wider engagement networks (e.g. care sector provider forums, third sector provider forums,	Elaine McClure, Portfolio Programme Manager Tel: 01292 885842 Email: elaine.mcclure@aapct.scot.nhs.uk

Group Name	Demographic *(who/where do they represent)*	Contact Details *(Provide details with any suggested methods/channels of engagement)*
	locality planning groups).	
HSCP Strategic Planning Groups	Leading strategic and locality planning on behalf of each IJB.	**East Ayrshire** Aileen Anderson, Committee Secretary Tel: 01563 554472 (Ext. 4472) Email: Aileen.Anderson@east-ayrshire.gov.uk **North Ayrshire** Louise Harvie, Governance Assistant Tel: 01294 317745 Email: louiseharvie@north-ayrshire.gov.uk **South Ayrshire** Kimberley Ward, Secretary Tel: 01292 616438 Email: kimberley.ward@south-ayrshire.gov.uk
HSCP Locality Planning Groups	X15 locality planning groups across Ayrshire engaging with local communities on behalf of HSCPs.	**East Ayrshire (x3 Locality Groups)** Aileen Anderson, Committee Secretary Tel: 01563 554472 (Ext. 4472) Email: Aileen.Anderson@east-ayrshire.gov.uk Newsletter (Kay McKay, Communications Officer) Email: Kay.McKay@east-ayrshire.gov.uk **North Ayrshire (x6 Locality Groups)** Scott Bryan Email: sbryan@north-ayrshire.gov.uk Newsletter (Kate Smith) katesmith@north-ayrshire.gov.uk **South Ayrshire (x6 Locality Groups)** Seonaid Lewis (Troon/Prestwick) Email: seonaid.lewis@south-ayrshire.gov.uk Neil Goudie (Ayr North/Ayr South) neil.goudie@south-ayrshire.gov.uk Sharron Connolly (Girvan/Carrick) Email: Sharron.Connolly@south-ayrshire.gov.uk

Group Name	Demographic *(who/where do they represent)*	Contact Details *(Provide details with any suggested methods/channels of engagement)*
East Ayrshire Stakeholder Forum	Collective of public representatives and key stakeholders in support of East Ayrshire IJB.	Margaret Phelps Partnership Programme Manager Tel: 01563 554465 Email: margaret.phelps@east-ayrshire.gov.uk
Local Authority Community Planning Partnerships	Community planning groups engaging with partner stakeholders and local communities on behalf of Local Authorities.	**East Ayrshire** Email: communityplanning@east-ayrshire.gov.uk **North Ayrshire** Email: CommunityPlanning@north-ayrshire.gov.uk **South Ayrshire** Email: community.planning@south-ayrshire.gov.uk
Community Councils	Community Councillors representing local communities across Ayrshire and Arran.	**East Ayrshire** Federation and Community Council Development Officer Tel: 01563 578123 Email: Elaine.Millar@east-ayrshire.gov.uk **North Ayrshire** Community Council Liaison Officer Tel: 01294 324131 **South Ayrshire** Community Council Link Officers (contact details available at https://www.south-ayrshire.gov.uk/community-councils/linkofficers.aspx)
Scottish Health Council (Healthcare Improvement Scotland Community Engagement WEF April 2020) – Local Office Networks	Network of public stakeholders with an interest in health and care.	Gillian Macfarlane – Local Office (Ayrshire & Arran) Tel: 01563 825801 Email: gillian.macfarlane@scottishhealthcouncil.org

Group Name	Demographic *(who/where do they represent)*	Contact Details *(way in which you plan to communicate and engage)*
Youth and Younger Engagement		
Ayrshire College – Health and Social Care - *student ambassadors* - *Wellbeing champions* - *Student classes* - *SWAP access to nursing students*	*Various demographics within college environment both youth as well as mature students. SWAP are students who are working towards a place a UWS to commence nursing degree.*	Christine.Hutchison@ayrshire.ac.uk charlotte.mitchell@ayrshire.ac.uk
Crossroads (South Ayrshire) Care Attendant Scheme.	South Ayrshire organisation only.	brian.kelsey@crossroads-sa.org.uk

Seldom heard / Equality Diversity groups
Recognised list of groups and forums representing Equality and Diversity groups will be used to engage.

Detailed Draft Engagement Plan

Title	**Caring for Ayrshire**
Last updated:	**16/01/2020**

Engagement Level *Inform / Involve / Engage / Consult*	**Method / Activity / Action** *(what you are going to do and with whom)*	**What you hope to achieve**	**Led by**	**☐On target**	**☐Slippage**	**☐Complete**	**☐**	**Update** *(include dates of meetings, documents produced etc)*
Inform	Draft a summary document and FAQ describing future models of care and work undertaken to date.	To inform stakeholders of Caring for Ayrshire and to provide details of feedback mechanism(s).	Engagement Support Officer/ Russell Scott/ Elaine Savory/ Miriam Porte Approved by: Kirsti Dickson					
Inform	Explore non-written, accessible methods of communicating information on the proposed model of care for Ayrshire and Arran, and describing work undertaken to date such as visual/audio e.g. subtitled video/animation, sound bites, voiced-over presentation.	To inform stakeholders of the Caring for Ayrshire programme and to provide details of feedback mechanism(s).						
Inform	Display posters in health and care areas to make	To inform stakeholders of						

Engagement Level *Inform / Involve / Engage / Consult*	**Method / Activity / Action** *(what you are going to do and with whom)*	**What you hope to achieve**	**Led by**	**☐On target**	**☐Slippage**	**☐Complete**	**☐**	**Update** *(include dates of meetings, documents produced etc)*
	people aware of the review and how to provide feedback.	the Caring for Ayrshire programme and to provide details of feedback mechanism(s).						
Inform	Agree feedback being sought from engagement phase and develop/approve/publish survey tool and discussion recording template to consistently capture and analyse feedback.	To provide consistent feedback mechanism.	Engagement Support Officer					
Inform	Publish overarching summary document/FAQ, EQIA summary document, and full EQIA on website.	To ensure people have opportunity to understand the rationale for change.	Miriam Porte					
Inform/ Engage / Involve	Launch event	To raise awareness of the Caring for Ayrshire Programme and ensure stakeholders have	John Burns Tim Eltringham Eddie Fraser Stephen Brown					

Engagement Level *Inform / Involve / Engage / Consult*	**Method / Activity / Action** *(what you are going to do and with whom)*	**What you hope to achieve**	**Led by**	**☐On target**	**☐Slippage**	**☐Complete**	**☐**	**Update** *(include dates of meetings, documents produced etc)*
		opportunity to understand the new models of care are and how they can comment on them.						
Inform / Engage / Involve	Pro-active engagement with potentially affected staff.	To ensure staff have opportunity to understand the rationale for change and comment on the new models of care.	Ewing Hope					
Inform / Engage / Involve	Locality events in Ayrshire & Arran	To support wide engagement with people.	Engagement Support Officer/ East and North and South Locality Engagement Officers					
Inform	Email distribution of summary documents and survey link to list of	To support wide engagement with people.	Engagement Support Officer					The Ayrshire Community Trust Arran Community and Voluntary Service

Engagement Level *Inform / Involve / Engage / Consult*	**Method / Activity / Action** *(what you are going to do and with whom)*	**What you hope to achieve**	**Led by**	**☐On target**	**☐Slippage**	**☐Complete**	**☐**	**Update** *(include dates of meetings, documents produced etc)*
	identified public/patient stakeholder groups.							Community Connectors – E, N and South Ayrshire
Inform / Engage	Distribute hard copy of materials to existing patients attending health and care services in Ayrshire and Arran	To support wide engagement with people.	Engagement Support Officer (with support from HSCP and NHS staff)					
Engage	Deliver presentations to community groups with offer extended to attend patient support groups.	To ensure community partners understand the Caring for Ayrshire Programme and have opportunity to comment on new models of care proposals.	All					
Inform	Publish **media release** and regular **digital media posts** informing general public about the review and directing to summary	To support wide engagement with people.	Miriam Porte					

Engagement Level *Inform / Involve / Engage / Consult*	**Method / Activity / Action** *(what you are going to do and with whom)*	**What you hope to achieve**	**Led by**	**☐On target**	**☐Slippage**	**☐Complete**	**☐**	**Update** *(include dates of meetings, documents produced etc)*
	documents and feedback mechanism (survey link).							
Engage	Deliver focus group discussions to capture and explore points that stakeholders feel need further consideration.	To ensure people have opportunity to raise any points they feel still need to be considered.	Crawford McGuffie/ Hazel Borland/ Eddie Fraser/ Tim Eltringham/ Stephen Brown/ Engagement Support Officer					For instance:- • Chit Chats • Breakfast Blethers Discussion Dinners • Snowballing • Mini Publics • Pop-up surgeries • World Cafes'
Engage	Continually assess reach of presentations and key messages. **If gaps in reach identified** deliver bespoke discussion session(s) to share information with patients/ service users and their families to sense-check visionary models of care.	To ensure people understand the rationale for change and have opportunity to comment on local implications of proposals.	Crawford McGuffie/ Hazel Borland/ Eddie Fraser/ Tim Eltringham/ Stephen Brown/ Engagement Support Officer					
Inform (NHS Board)	Conscientious consideration of all engagement feedback via analysis and report on	To ensure NHS Board and IJBs are fully briefed on staff and public	Eddie Fraser/ Tim Eltringham/					

Engagement Level *Inform / Involve / Engage / Consult*	**Method / Activity / Action** *(what you are going to do and with whom)*	**What you hope to achieve**	**Led by**	**☐On target**	**☐Slippage**	**☐Complete**	**☐**	**Update** *(include dates of meetings, documents produced etc)*
	survey results and discussion feedback.	view when considering model of care proposals.	Stephen Brown/ John Burns					

Evaluation of engagement and communication

Evaluation measures	
Engagement objectives:	
Key engagement result areas *(outcomes / what you wish to achieve)*:	
Performance indicators *(how you measure success)*:	

Complete the next section on conclusion of engagement activities

Evaluation date (dd/mm/yyyy)**:**

Overall how well was this engagement process carried out?	

Critically appraise the process of engagement with reference to the level of success achieved in meeting the evaluation measures above and against the National Standards for Community Engagement?

Evaluation of the engagement process:	
Evaluation of how well people were engaged/involved: *(carry out evaluation with internal and external stakeholders)*	
Key learning points:	
Learning has been shared with:	

How well did the engagement process meet the National Standards for Community Engagement?	

Standard

Involvement

What worked well	
What could have been better	

Support	
What worked well	
What could have been better	
Planning	
What worked well	
What could have been better	
Method	
What worked well	
What could have been better	
Working together	
What worked well	
What could have been better	
Share information	
What worked well	
What could have been better	
Working with others	
What worked well	
What could have been better	
Improvement	
What worked well	
What could have been better	
Feedback	
What worked well	
What could have been better	
Monitoring	
What worked well	
What could have been better	

National Standards for Community Engagement

Involvement standard – We will identify and involve the people and organisations who have an interest in the focus of the engagement.

Indicators

1. All groups of people whose interests are affected by the issues that the engagement will address are represented.
2. Agencies and community groups actively promote the involvement of people who experience barriers to participation
3. Agencies and community groups actively promote the involvement of people from groups that are affected but not yet organised to participate
4. The people who are involved, whether from agencies or community groups:
   - want to be involved
   - have knowledge of the issues
   - have skills, or a commitment to developing skills, to play their role
   - show commitment to taking part in discussions, decisions and actions
   - attend consistently
   - have the authority of those they represent to take decisions and actions
   - have legitimacy in the eyes of those they represent
   - maintain a continuing dialogue with those that they represent

Click to go back

Support standard - We will identify and overcome any barriers to involvement.

Indicators

1. The participants identify what support each representative needs in order to participate
2. There are no practical barriers to participants in community engagement. Where needed, they have:
   - suitable transport
   - care of dependants
   - general assistance
   - personal assistants
   - access to premises
   - communication aids (such as loop systems, interpreting, advocacy)
   - meetings organised at appropriate times
   - co-operation of employers
3. There are no financial barriers to participants in community engagement including:
   - out of pocket expenses

- loss of earnings
- suitable transport
- care of dependants
- personal assistants
- communication aids (such as loop systems, interpreting, advocates)
- timing of meetings

4. Community and agency representatives have access to the equipment they need (for example computers, a telephone, photocopying)
5. Impartial professional community development support is available for groups involved in community engagement
6. Specialist professional advice is available to groups involved in community engagement

Click to go back

Planning standard - We will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken.

Indicators

1. All participants are involved from the start in:
   - identifying and defining the issues that the engagement should address, and the options for how to tackle them
   - choosing the methods of engagement that will be used (see Methods Standards)
2. Participants express views openly and honestly
3. Participants agree on the amount of time to be allocated to the process of agreeing the purpose(s) of the engagement
4. The purpose of the engagement is identified and stated, there is evidence that is needed, and the purpose is agreed by all participants and communicated to the wider community and agencies that may be affected
5. Public policies that affect the engagement are explained to the satisfaction of participants and the wider community
6. Participants identify existing and potential resources which are available to the engagement process and which may help achieve its purpose(s) (for example money, people, and equipment)
7. Intended results, that are specific, measurable and realistic, are agreed and recorded
8. The participants assess the constraints, challenges and opportunities that will be involved in implementing the plan
9. The participants agree the timescales for the achievement of the purpose(s)
10. The participants agree and clarify their respective roles and responsibilities in achieving the purpose(s)
11. Plans are reviewed and adjusted in the light of evaluation of performance

Click to go back

Methods standard - We will agree and use methods of engagement that are fit for purpose.

Indicators

1. The range of methods used is:
    - acceptable to the participants
    - suitable for all their needs and their circumstances
    - appropriate for the purpose of the engagement
2. Methods used identify, involve and support excluded groups
3. Methods are chosen to enable diverse views to be expressed, and to help resolve any conflicts of interest
4. Methods are fully explained and applied with the understanding and agreement of all participants
5. Methods are evaluated and adapted in response to feedback

Click to go back

Working Together standard - We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently.

Indicators

The participants:

1. Behave openly and honestly - there are no hidden agendas, but participants also respect confidentiality
2. Behave towards one another in a positive, respectful and non-discriminatory manner
3. Recognise participants' time is valuable and that they may have other commitments
4. Recognise existing agency and community obligations, including statutory requirements
5. Encourage openness and the ability for everyone to take part:
    - communicating with one another using plain language
    - ensuring that all participants are given equal opportunity to engage and have their knowledge and views taken into account when taking decisions
    - seeking, listening to and reflecting on the views of different individuals and organisations, taking account of minority views
    - removing barriers to participation
6. Take decisions on the basis of agreed procedures and shared knowledge
7. Identify and discuss opportunities and strategies for achieving change, ensuring that:
    - key points are summarised, agreed and progressed
    - conflicts are recognised and addressed
8. Manage change effectively by:
    - focusing on agreed purpose
    - clarifying roles and who is responsible for agreed actions
    - delegating actions to those best equipped to carry them out
    - ensuring participants are clear about the decisions that need to be made
    - ensuring that, where necessary, all parties have time to consult with those they represent
    - co-ordinating skills
    - enhancing skills where necessary
    - agreeing schedules
    - assessing risks

- addressing conflicts
- monitoring and evaluating progress
- learning from one another
- seeking continuous improvement in how things are done

9. Use resources efficiently, effectively and fairly
10. Support the process with administrative arrangements that enable it to work

Click to go back

Sharing Information standard - We will ensure that necessary information is communicated between the participants.

Indicators

1. Information relevant to the engagement is shared between all participants
2. Information is accessible, clear, understandable and relevant, with key points summarised
3. Information is made available in appropriate formats for participants
4. Information is made available in time to enable people to fully take part and consult others
5. All participants identify and explain when they are bound by confidentiality and why access to such information is restricted
6. Within the limits of confidentiality, all participants have equal access to all information that is relevant to the engagement

Click to go back

Working with others standard - We will work effectively with others with an interest in the engagement.

Indicators

The participants of the engagement:

1. Identify other structures, organisations and activities that are relevant to their work
2. Establish and maintain effective links with such other structures, activities and organisations
3. Learn about these structures, activities and organisations, to avoid duplication of their work and complement it wherever possible
4. Learn from others and seek improvement in practice
5. Encourage effective community engagement as normal practice

Click to go back

Improvement standard - We will develop actively the skills, knowledge and confident of all the participants.

Indicators

1. All those involved in the engagement process are committed to making the most of the understanding and competence of both community and agency participants
2. All participants have access to support and to opportunities for training or reflection on their experiences, to enable them and others to take part in an effective, fair and inclusive way

3. Each party identifies its own learning and development needs and together the participants regularly review their capacity to play their roles
4. Where needs are identified, the potential of participants is developed and promoted
5. The competence and understanding of the engagement system as a whole is regularly evaluated by the participants as it develops
6. Resources, including independent professional support, are available to make the most of the competence and understanding of individual participants and the engagement systems as a whole
7. There is adequate time for competence and understanding to be developed
8. Methods used to improve competence and understanding reflect diverse needs and are fit for purpose
9. Participants share their skills, experience and knowledge with community and agency colleagues

Click to go back

Feedback standard - We will feed back the results of the engagement to the wider community and agencies affected.

Indicators

1. Organisations of community engagement regularly feedback, to all those affected, the options that have been considered and the decisions and actions that have been agreed. This is done within an agreed time, to an agreed format and from an identified source
2. Feedback on the outcomes and impact of these decisions and actions is provided regularly to communities and organisations within an agreed time, to an agreed format and from an identified source
3. Explanations about why decisions and actions have been taken are shared along with details of any future activity
4. The characteristics of the audience are identified to ensure that:
   - relevant information is provided in understandable languages
   - relevant information is provided in appropriate languages
   - a suitable range of media and communication channels is used constructively
5. Information includes details about opportunities for involvement in community engagement and encourages positive contributions from groups and individuals in the community
6. Information promotes positive images of all population groups in the community and avoid stereotypes

Click to go back

Monitoring and evaluation standard - We will monitor and evaluate whether the engagement achieves its purposes and meets the National Standards for Community Engagement.

Indicators

1. The engagement process and its effects are continually evaluated to measure progress, develop skills and refine practices
2. Progress is evaluated against the intended results and other changes identified by the participants

3. The participants agree what information needs to be collected, how, when and by whom, to understand the situated both at the start of the engagement and as it progresses
4. Appropriate participants collect and record this information
5. The information is presented accurately and in a way that is easy to use
6. The participants agree on the lessons to be drawn from the evidence of the results and the changes that occurred
7. The participants act on the lessons learned
8. Progress is celebrated
9. The results of the evaluation are fed back to the participants and the wider community
10. Evidence of good practice is recorded and shared with other agencies and communities

Click to go back

Appendix B

Caring for Ayrshire

Communications action plan

January 2020

Author

Name	Title	Signature	Date
Miriam Porte	Communications Manager		16/1/20

Approval

Name	Title	Signature	Date

Document history

Version	Summary of changes	Document status	Date
1.1	East, North and South Ayrshire HSCP input	Draft	24/1/20
1.2	Clarification of available groups	Draft	27/1/20

1. Key messages

- Over the years our health and care services have continually adapted and developed as a result of new health challenges and better ways of working and will continue to do so in the future.
- Many of the people of Ayrshire and Arran are living much longer lives which is a good thing. This means our health and care services need to evolve to make sure we can look after more people in better ways.
- Our health and care services are finite resources and we need to live within our means.
- We need to provide existing and new services in better ways, providing the best quality care. We need to look after people in ways that are affordable and make best use of the healthcare workforce, their skills, and resources.
- Our health and care staff are highly skilled and dedicated people who work hard to deliver the very best care and treatment. Current workforce challenges including the recruitment and retention of key health professionals are driving the way we deliver services.
- Advances in medical treatment and technology mean we can now deliver increasingly specialised services for conditions that were unknown or untreatable when the NHS was first created more than 70 years ago. Locally-based services will continue to provide the routine community and hospital care, and more specialised services will be delivered in centres of clinical excellence within regions or, in some cases, at a national level. This will mean Ayrshire and Arran patients get access to the best clinical expertise.
- We want to build on the excellent care already provided. We will do this by continuing to work with partners across health and care services to ensure we focus resources in ways that allow us to develop the best services to meet people's needs as close to home as possible.
- We all have a role to play in supporting our health and care services. By doing what we can to look after our own health and wellbeing we can make sure services are there for when we really need them.

2. Target groups and methods

Level of commitment	Objectives
Awareness I know it is happening	To create an awareness of the need for transformational change
Understanding I know what is happening	To create an understanding with staff (NHS, health and social care partnership, local authority), the public, stakeholders and media on why existing services need to change.
Support I support what is happening	To support local people across Ayrshire and staff (NHS, health and social care partnership, local authority) to take ownership of the key messages and help to spread these within their own departments / communities.
Involvement I am doing X to make it happen	Buy-in from senior clinicians, senior partnership colleagues and other stakeholders to take part in the review and subsequent communications activity in order to ensure a consistent message.
Commitment I will do what it takes to make it happen	Staff (NHS, health and social care partnership, local authority) and other stakeholders are committed to the plan's messages and objectives and take part in communication activities to support the objectives of the exercise.

Decision-making groups

• Ayrshire and Arran NHS Board	Commitment
• Corporate Management Team	Commitment
• Area Partnership Forum (APF)	Commitment
• Area Clinical Forum (ACF)	Commitment
• Integrated Joint Boards (East, North and South)	Commitment
• Strategic Planning (Advisory) Group	Commitment
• Clinical Programme Board	Commitment
• Caring for Ayrshire Programme Board	Commitment
• Integrated Governance Committee	Commitment
• Infrastructure Programme Board	Commitment
• Stakeholders Engagement and Insight Group	Commitment

Staff

• All NHS staff	Awareness / Understanding / Support
• All H&SCP staff	Awareness / Understanding / Support

Stakeholders

• Scottish Health Council	Support / Involvement
• Healthcare Improvement Scotland Community Engagement	Support / Involvement
• Independent sector organisations	Awareness / Understanding / Support
• MPs / MSPs	Awareness / Understanding
• Elected members (East, North and South)	Awareness / Understanding
• Local authorities	Awareness / Understanding / Support
• Third sector	Awareness / Understanding / Support

• Voluntary sector	Awareness / Understanding / Support
• Independent sector	Awareness / Understanding / Support
• Housing	Awareness / Understanding / Support
• Education	Awareness / Understanding / Support
• Community Planning Partners	Awareness / Understanding / Support
• Locality planning groups/forums	Awareness / Understanding / Support
• Scottish Government	Awareness / Understanding / Support
• Other NHS Boards	Awareness / Understanding / Support
• NHS National Boards	Awareness / Understanding / Support
• Transport Scotland	Awareness / Understanding / Support
• Scottish Fire and Rescue Service	Awareness / Understanding / Support
• Police Scotland	Awareness / Understanding / Support

Public

• Media	Awareness / Understanding / Support
• Patient/Public Reference Group	Support / Involvement
• Patient groups	Awareness / Understanding
• Carers groups	Awareness / Understanding
• Service users	Awareness / Understanding
• General public	Awareness / Understanding
• Public Involvement Network	Support / Involvement
• Public Engagement Groups	Support / Involvement
• Seldom heard groups	Awareness / Understanding
• Equality and Diversity Groups	Awareness / Understanding
• Citizens'/People's Panel	Awareness / Understanding
• Educational Services	Awareness / Understanding

3. Communications action plan

Audience ⇨ Possible methods ⇩	Decision-making groups	Staff	Stakeholders	Public	Cost	Comment / timing
eNews	✓	✓	×	×	N/A	Issued weekly to NHS A&A staff
News in brief bulletin (NAC)						
Daily digest	✓	✓	×	×	N/A	Issued daily to NHS A&A staff
All staff emails	✓	✓	×	×	N/A	NHS A&A staff only
Chief Executive blog	✓	✓	×	×	N/A	NHS A&A staff only
Dialogue 2.0 staff magazine (NHS)	✓	✓	×	×	N/A	
Staff Talk magazine (NAC)	✓	✓	×	×	N/A	
Partnership newsletters	×	×	✓	✓	N/A	H&SCP
Local authority newsletters - North Ayrshire News (for elected members) - Tenancy Matters (NAC)	×	×	✓	✓	N/A	
Locality newsletters	×	×	✓	✓	N/A	H&SCP
Stop press bulletin and Stop press Xtra	✓	✓	×	×	N/A	On request NHS A&A staff only Cascade to H&SCP
Posters - Hospitals (clinical and public areas)	✓	✓	✓	✓	Dependent on quantity (Internal	Budget and distribution support required

Audience ⇨ Possible methods ⇩	Decision-making groups	Staff	Stakeholders	Public	Cost	Comment / timing
- Primary care locations - Local authority buildings					printing 7p per copy) Large quantities would need to be printed externally.	
Information displays in public areas - Hospitals - Primary care locations - Local authority buildings	×	✓	✓	✓	Dependent on requirements	Budget and support required
Information pack (stakeholder engagement pack)	×	✓	✓	×	Dependent on requirements	Budget and distribution support required
Leaflets for public made available at outpatient departments, GP surgeries and pharmacies	×	×	✓	✓	Dependent on quantity	Budget and distribution support required
Media releases and targeted features	×	×	✓	✓	N/A	Pro-active and re-active responses agreed by Communications teams across Ayrshire (NHS, H&SCP and local authority) in response to specific issues relating to each area (East, North and South Ayrshire)

Audience ⇨ Possible methods ⇩	Decision-making groups	Staff	Stakeholders	Public	Cost	Comment / timing
Press conferences / media briefings	×	×	✓	✓	Dependent on requirements	
Staff intranet - AthenA (NHS) - Local authority	✓	✓	×	×	N/A	
Public website - NHS A&A - HSCPs - CPP - CARENA	×	✓	✓	✓	N/A	
AthenA banners	✓	✓	×	×	N/A	NHS A&A staff only
Desktop banners	✓	✓	×	×	N/A	NHS A&A staff only
Social media (NHS A&A - Facebook - Twitter	×	×	✓	✓	N/A	@nhsaaa
Social media (H&SCP) - Facebook - Twitter	×	×	✓	✓	N/A	@SAHSCP, @NAHSCP, @EAHSCP
Targeted social media	×	✓	✓	✓	TBC	
Video blogs	✓	✓	✓	✓	Internally produced: N/A Externally produced: TBC	
Targeted presentation to staff groups	✓	✓	×	×	N/A	
Targeted presentation to public groups and community groups	×	×	✓	✓	N/A	

Audience ⇨ Possible methods ⇩	Decision-making groups	Staff	Stakeholders	Public	Cost	Comment / timing
Targeted presentation to seldom heard groups, for example: - Homeless - Race/ethnicity - Disability - Age (older/younger) - Religion/beliefs - Pregnancy/maternity - Involved in criminal justice system - LGBT+ - Travellers	×	×	×	✓	Dependent on requirements	Supported across NHS A&A and our three HSCPs
Information leaflet / flyer	✓	✓	✓	✓	Dependent on quantity	Supported across NHS A&A and our three HSCPs
Public engagement events / groups - Participatory budgeting events - Locality planning forum engagement groups	×	×	✓	✓	Dependent on requirements	Supported across NHS A&A and our three HSCPs
Service user groups - Carer's Reference Group - Champion's Board	×	×	✓	✓	Dependent on requirements	Supported across NHS A&A and our three HSCPs

Audience ⇨ Possible methods ⇩	Decision-making groups	Staff	Stakeholders	Public	Cost	Comment / timing
- Older People's Forums - Youth Forum - Pupil Councils - Mental Health Reference Group - Makin' a Difference group (NA Justice Services) - Learning Disability forum - Mental Health forum -						
Third / Independent Sector Provider Forums	×	×	✓	✓	Dependent on requirements	
Public Involvement Network	✓	✓	×	×	Dependent on requirements	
Payslips (NHS A&A)	✓	✓	×	×	N/A	Notice required (TBC)
Payslips (H&SCP)	✓	✓	×	×	N/A	
Smart Survey	✓	✓	✓	✓	N/A	
Case studies - written	✓	✓	✓	✓	Dependent on if printed copies are required	Supported across NHS A&A and our three HSCPs
Case studies - video	✓	✓	✓	✓	Internally produced: (DVD and travelling expenses only Externally produced: TBC	Supported across NHS A&A and our three HSCPs

Audience ⇨ Possible methods ⇩	Decision-making groups	Staff	Stakeholders	Public	Cost	Comment / timing
Newspaper advertising Radio advertising	×	×	✓	✓	Dependent on size, media outlet, frequency / length of time	
Bus advertising	×	×	✓	✓	Dependent on size, frequency / length of time	
Billboard advertising	×	×	✓	✓	Dependent on location, length of time	
Display on Town Centre TV (Bridgegate, Irvine)	×	×	×	✓	Dependent on frequency / length of time and production costs	
Mail drop	×	×	×	✓	8-page A5 leaflet (weighing no more than 20g per leaflet) is £11,658 (including VAT)	Notice required (TBC)

Integration Joint Board
13 February 2020

Subject:	**Mental Welfare Commission – Announced Visit to Woodland View, Irvine**
Purpose:	To provide feedback to Integration Joint Board (IJB) members on the announced visit by the Mental Welfare Commission (MWC) to Woodland View, Irvine on 10th September 2019.
Recommendation:	IJB members are asked to note the content of the report and the supporting action plan which has been developed in response to the recommendations within the report.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MWC	Mental Welfare Commission
DNACPR	Do Not Attempt Cardio Pulminary Resuscitation
SCN	Senior Charge Nurse
CNM	Clinical Nurse Manager
EMH	Elderly Mental Health

1.	**EXECUTIVE SUMMARY**
1.1	On 10th September 2019, the Mental Welfare Commission for Scotland made an announced visit to Ward 3, Woodland View on the Ayrshire Central Hospital Site, Irvine. This was a follow up visit from February 2018 where they made a recommendation regarding documentation.
1.2	Inspectors met with and reviewed the care and treatment of 11 patients and two relatives. They spoke with charge nurses, staff nurses, health care assistants and the bed manager. The published inspection report is attached at Appendix 1.
1.3	Following the visit, the MWC made two specific recommendations and the action plan for these recommendations is attached at Appendix 2.
2.	**BACKGROUND**
2.1	Ward 3 is a 15 bedded acute admission and assessment ward for people over the age of 65 who have a diagnosis of dementia. Patients under the age of 65, who have a diagnosis of dementia, will be admitted if it is considered to be a more appropriate admission than an acute adult ward.

3.	**FINDINGS AND RECOMMENDATIONS**
	Findings
3.1	The report contained many positives reflecting the hard efforts of the care team in supporting this vulnerable, and sometimes challenging client group. It is also worth noting that this is with a relatively new Senior Charge Nurse and Care Team, following a recent restructure of elderly mental health inpatient provision across NHS Ayrshire & Arran.
	The report acknowledged the improvement in the storage and accessibility of Adults with Incapacity and Mental Health Act Forms within the electronic care record, the good quality person centre care plans and high level of attention on physical care issues. This was a recommendation from the previous inspection in February 2018.
	Recommendations
3.2	The MWC made two recommendations, responses to these are included in Appendix 2 attached.
3.3	**Anticipated Outcomes**
	Anticipated outcomes are detailed in the action plan attached at Appendix 2.
3.4	**Measuring Impact**
	Impact measures are detailed in the action plan attached at Appendix 2.
4.	**IMPLICATIONS**

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

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

5.	**CONSULTATION**
5.1	The action plan has been prepared in discussion with the Ward 3 Care Team and the Senior Management Team.
6.	**CONCLUSION**
6.1	IJB are asked to note the content of the inspection report and associated action plan.

For more information please contact William Lauder, General Manager ACH on [Tel. No. 01294 323489] or [William.lauder@aapct.scot.nhs.uk]

Mental Welfare Commission for Scotland

Report on an announced visit to: Ward 3, Woodland View, Kilwinning Road, Irvine, KA12 8RR

Date of visit: 10 September 2019

Where we visited

Ward 3 is a 15-bedded acute admission and assessment ward for people over the age of 65 who have a diagnosis of dementia. Patients under the age of 65 who have a diagnosis of dementia will be admitted if it is considered to be a more appropriate admission than an acute adult ward. We last visited this service on 1 February 2018 and made a recommendation regarding documentation.

On the day of this visit we wanted to meet with patients and follow up on the previous recommendation.

Who we met with

We met with and or reviewed the care and treatment of 11 patients and two relatives.

We spoke with the charge nurses, staff nurses and health care assistants.

In addition we met with the bed manager.

Commission visitors

Mary Leroy, Nursing Officer

Mike Diamond, Executive Director (Social Work)

Dr Anna Fletcher, Commission-attached Psychiatry Higher Trainee

What people told us and what we found

Care, treatment, support and participation

The atmosphere on the ward on the day we visited was busy. Patients appeared comfortable in the company of staff. We saw that staff were proactive in engaging with patients. All the interactions we saw were warm, friendly and respectful.

While it was not possible to have detailed conversations with many of the patients on the ward, we did hear positive comments of the care and support provided by the multidisciplinary team (MDT). We also met with some relatives and they were complementary about the care and treatment being provided, and that medical and nursing staff made sure they were involved in decisions about care and treatment. Any concerns raised by relatives regarding individual care was addressed with staff on the day of our visit.

Nursing care plans of the patients we reviewed were person-centred and recovery focussed, including those relating to stress and distress. Plans which detailed how staff would support a patient who became stressed or distressed, were particularly clear and comprehensive.

The Commission person centred care plan guidance can be found at Person-Centred Care Plan Good Practice Guide

Most of the patients we met with on the day had complex physical healthcare needs and there was close attention to physical healthcare and follow up where necessary.

The MDT meeting is held on a weekly basis. The clinical decisions that occur during those meetings and clearly documented and generate an action plan with outcomes and treatment goals.

The ward has five consultant psychiatrists and there are also daily MDT meetings with input from medical and nursing staff, occupational and physiotherapy, pharmacy and any other relevant allied health professionals. We discussed that the team could also access to psychology on a referral basis and that social work attendance was on a referral only basis.

Use of mental health and incapacity legislation

On our last visit to the service we made a recommendation about ensuring accessibility to Mental Health (Care and Treatment) (Scotland) Act 2003 ('the Mental Health Act') documentation.

Copies of certificates authorising detention under the Mental Health Act were uploaded on to the electronic system. On the front page of the patient information sheet there was clear documentation of legal status with a link to the electronic copy of the document.

A number of the patients in the ward had a welfare proxy in place, either because they had granted power of attorney in the past or because a guardianship order had been granted. We saw copies of the orders on electronic files, and it was clear from that staff had been asking relatives to provide copies of the orders as appropriate.

Section 47 of the Adults with Incapacity (Scotland) Act 2000 authorises medical treatment for people who are unable to give or refuse consent. Under s47, a doctor (or another healthcare

professional who has undertaken the specific training) examines the person and issues a certificate of incapacity. We noted s47 certificates and treatment plans, where required, were in place for patients.

There were three patients who had in place a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form which evidenced consultation with families where appropriate. When there was a proxy decision maker they had been consulted. However staff were not clear how to access these documents.

Recommendation 1:
Managers should ensure that staff are aware of how to access completed DNACPR documentation.

Rights and restrictions

On the day of the visit no patients required to be on an enhanced level of observation.

We enquired about patients who were fit for discharge, but discharge was delayed. We were concerned to hear two thirds of the patients were recorded as having a delayed discharge. The senior charge nurse described a combination of issues. Some patients being admitted from a care home that could no longer manage their care and treatment, and difficulty in finding suitable placements for patients with a complex presentation. We were told this issue is being actively addressed through monthly monitoring meetings with both the inpatient service manager and the bed manager.

The exit door to the ward is on a time release, which allows staff to maintain patient safety without being to obtrusive or overly restrictive. Patients who are able and permitted to leave the ward are able to do so if they wish. Independent advocacy is available to all patients.

The Commission has developed *Rights in Mind*. This pathway is designed to help staff in mental health services ensure that patients have their human rights respected at key points in their treatment.

This can be found at https://www.mwcscot.org.uk/rights-mind/

Recommendation 2:
Managers should ensure that as well as regularly auditing the delayed discharge processes, that work continues alongside partners to expedite discharge.

Activity and occupation

Patients have access to the Honeycomb activity hub which they can use this on a drop-in basis. The service provides a good range of activities encouraging physical activity, social outings, and arts and crafts.

An activity co-ordinator has recently been employed for the wards. At present this provision is for half a day a week for Ward 3. We were concerned that the provision of half a day a week would be enough time to develop a programme of activities for the ward. We were informed that the service had plans to review the time allocated and impact and benefit to patients. We look forward to hearing about the development of this initiative on our next visit.

The physical environment

The ward has an excellent physical layout, allowing access to a well-maintained garden area. The ward is bright and appeared clean and has plenty of natural light. There are numerous meeting rooms at the entrance of the ward which professionals use to meet other professionals and families. There are also small meeting rooms where patients can meet their families. All patients have single en-suite bedrooms. There is also access to a small café at the entrance to the hospital which is well used by both families and patients.

Summary of recommendations

1. Managers should ensure that staff are aware of how to access completed DNACPR documentation.
2. Managers should ensure that as well as regularly auditing the delayed discharge processes, that work continues alongside partners to expedite discharge.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the date of this report.

A copy of this report will be sent for information to Healthcare Improvement Scotland.

MIKE DIAMOND
Executive Director (Social Work)

About the Mental Welfare Commission and our local visits

The Commission's key role is to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

The Commission visits people in a variety of settings.

The MWC is part of the UK National Preventive Mechanism, which ensures the UK fulfils its obligations under UN treaties to monitor places where people are detained, prevent ill-treatment, and ensure detention is consistent with international standards

When we visit:

- We find out whether individual care, treatment and support is in line with the law and good practice.
- We challenge service providers to deliver best practice in mental health, dementia and learning disability care.
- We follow up on individual cases where we have concerns, and we may investigate further.
- We provide information, advice and guidance to people we meet with.

Where we visit a group of people in a hospital, care home or prison service; we call this a local visit. The visit can be announced or unannounced.

In addition to meeting with people who use the service we speak to staff and visitors.

Before we visit, we look at information that is publicly available about the service from a variety of sources including Care Inspectorate reports, Healthcare Improvement Scotland inspection reports and Her Majesty's Inspectorate of Prisons Inspection reports.

We also look at information we have received from other sources, including telephone calls to the Commission, reports of incidents to the Commission, information from callers to our telephone advice line and other sources.

Our local visits are not inspections: our report details our findings from the day we visited. Although there are often particular things we want to talk about and look at when we visit, our main source of information on the visit day is from the people who use the service, their carers, staff, our review of the care records and our impressions about the physical environment.

When we make recommendations, we expect a response to them within three months (unless we feel the recommendations require an earlier response).

We may choose to return to the service on an announced or unannounced basis. How often we do this will depend on our findings, the response to any recommendations from the visit and other information we receive after the visit.

Further information and frequently asked questions about our local visits can be found on our website.

Contact details:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

telephone: 0131 313 8777
e-mail: enquiries@mwcscot.org.uk
website: www.mwcscot.org.uk

Service response to local visit recommendations

Name of service: Ward 3, Woodland View

Visit date: 10 September 2019
Date final report sent to service: October 2019

Recommendation	Action planned	Timescale	Responsible person
1. Managers should ensure that staff are aware of how to access completed DNACPR documentation.	As is practice for other medicolegal documents completed DNACPR documentation is uploaded to electronic clinical record and is 'flagged up' on front page of each individual's Care Partner record with a hyperlink to the document. DNACPR status is indicated on electronic patient bed state board that is accessible by all within duty room of ward.	Complete	**General Manager, Interim Clinical Nurse Manager EMH**
2. Managers should ensure that as well as regularly auditing the delayed discharge processes, that work continues alongside partners to expedite discharge.	Daily report from TrakCare identifying all recorded delayed discharges and reason. Weekly summary report sent to Head of Service and Director North HSCP. Fortnightly Older Adult Discharge Liaison Group meeting takes place to review all delayed discharges, meeting attended by SCNs, CNMs, Bed Managers and Social Work representatives. Pan-Ayrshire group meeting to review inpatient pressures, barriers to discharge,	Ongoing Ongoing Ongoing	**General Manager/Estates/Fire Officer** **General Manager/Estates/Fire Officer**

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	cause of admission and identify required community solutions/resource to minimise required inpatient stay. Paper for requested investment being generated to utilise released resource from inpatient services restructuring.	March 2020	**General Manager/Estates**

Name of person completing this form:

Signature:  **Date: 04/02/2020**

William Lauder, General Manager

This form should be returned to mwc.admin@nhs.net – please mark it for the attention of Alison Smith