Integration Joint Board Meeting

NORTH AYRSHIRE
Health and Social Care Partnership

Thursday, 27 August 2020 at 10:00

Virtual Meeting
Venue Address

Arrangements in Terms of COVID-19
In light of the current COVID-19 pandemic, this meeting will be held remotely in accordance with the provisions of the Local Government (Scotland) Act 2003. A recording of the meeting will be available to view at https://north-ayrshire.public-i.tv/core/portal/home

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 13 February and 16 July 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 North Ayrshire Alcohol and Drug Partnership Update
Submit report by Peter McArthur providing an overview of the activities and actions of the ADP since the Drug Death Summit (copy enclosed).

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

6 2019/20 Audited Annual Accounts
Submit report by Caroline Cameron, Chief Finance & Transformation Officer on the 2019/20 Audited Annual Accounts (copy enclosed).

7 External Audit Report
Submit report by Deloitte on the External Audit Report (copy enclosed).

8 Quarter 1 Finance Update
Submit report by Caroline Cameron, Chief Finance & Transformation Officer on the financial position of the North Ayrshire Health and Social Care Partnership (copy enclosed).

9 ASN Naming of Unit
Submit report by Alison Sutherland, Head of Service (Children, Families and Justice Services) on the naming of the ASN Unit (copy enclosed).

10 Strategic Plan

Submit report by Michell Sutherland, Partnership Facilitator on the next steps in producing a new Strategic Commissioning Plan (copy enclosed).

11 Arran Initial Agreement
Submit report by Ruth Betley, Senior Manager (Health and Community Care) on changes to Arran Integrated Island Services Agreement (copy enclosed).

12 Minutes of Meetings for Discussion

12. IJB PAC
1 Submit the Minutes of the meetings of the IJB PAC held on 6 March and 25 June 2020 (copy enclosed).

12. SPG
2 Submit the Minutes of the meeting of the SPG held on 28 January 2020 (copy enclosed).

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

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Integration Joint Board

Sederunt

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 Representative
Jackie Weston	Independent Sector Representative
Val Allen	Independent Sector Rep (Depute for Jackie Weston
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 13 February 2020 at 10.00 a.m.

Present

Councillor Robert Foster, North Ayrshire Council (Chair)
Bob Martin, NHS Ayrshire and Arran (Vice-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
Alistair Reid, Lead Allied Health Professional Adviser
David Thomson, Associate Nurse Director/IJB Lead Nurse
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)
Vicki Yuill, Third Sector Representative

In Attendance

Alison Sutherland, Head of Service (Children, Families and Criminal Justice)
Michelle Sutherland, Partnership Facilitator
Eleanor Currie, Principal Manager (Finance)
Janet Davies, IJB Professional Lead for Psychology
Helen McArthur, Principal Manager (Health and Community Care Services)
Yvonne Holland, Property Management and Investment Manager
William Lauder, General Manger Ayrshire Central Hospital
Karen Andrews, Team Manager Governance
Angela Little, Committee Services Officer

Apologies for Absence

Marie McWaters, Carers Representative

1. Chair's Remarks

The Committee was advised that Nigel Wanless, Independent Sector Representative had resigned from the Integration Joint Board to focus on his business interests. He will be involved in identifying a new representative for the independent sector. On behalf of the Committee, the Chair thanked Nigel for his dedication and contribution to the work of the Integration Joint Board and wished him well for the future.

2. Declarations of Interest

There were no 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.

3. Minutes/Action Note

The accuracy of the Minutes of the meeting held on 19 December 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 (a) noted that all matters are on track for completion by the appropriate timescales; and (b) agreed that the Care Home Providers be consulted at an early stage in the work to examine the issues raised in the Plugging the Leaks in the UK Care Home Industry report from a North Ayrshire context.

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:-

- A Guide to Winter Health and Care Services;
- Thinking Different/National Galleries Collaboration was part of the Firestarter Festival that allowed public services to showcase innovative and creative ways they are making a difference.
- Community Planning Partnership Conference on Kindness that took place on 25 January 2020;
- The recent appointment of Dr Morag Henderson to the role of Associate Medical Director for Mental Health and Beth Wiseman as Interim Senior Manager CAMHS;
- An on-line questionnaire for IJB Members to support the future IJB development programme;
- The opening of Trindlemoss, a state-of-the-art day centre supported living and residential accommodation for North Ayrshire residents with learning disabilities;
- A review of the current Partnership Strategic Plan that is being undertaken by the Strategic Planning Group;

- The Drug Death Summit that took place on 21 January 2020 and explored what is being carried out locally and nationally and what else can be done to prevent drug related deaths; and
- An Alcohol and Drug Partnership Participatory Budgeting Event that will take place on 18 April 2020.

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

- The Guide to Winter Services that was made available on a variety of social media platforms;
- Messages within the guide are that not seasonal and whether the Winter Guide could be rebranded and used throughout the year;
- An update that will be provided to a future meeting on the outcome from the Drugs Death Summit;
- North Ayrshire drug related admissions to hospital rates that are double the national average.
- Naloxone training that will be available to communities; and
- The NHS Staff Governance Committee that was impressed with the employment engagement that had taken place.

The Board agreed (a) that the Head of Mental Health provide an update to a future meeting on the outcome from the Drugs Death Summit; and (b) to otherwise note the report.

5. Financial Monitoring Report: Period 9

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.

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

- A payment in relation to Pay As If At Work for NHS staff that required to be backdated;
- Challenges in reducing waiting times for Care at Home packages and no further plans for savings in this area;
- Vacancies savings within Mental Health and within Addictions in particular and details of the vacant roles that will be provided to Members;
- A Budget Briefing that will take place on 26 February 2020; and
- Information that will be provided to the Third Sector representative in respect of commissioning arrangements with the lead partnership.

The Board agreed (a) to note the projected year-end overspend of £1.434m and the positive progress made by the partnership to reduce the projected overspend; (b) to approve the changes in funding as detailed in Section 2.13 and Appendix E of the report; (c) to note the position in the context of the national financial position for Integration Authorities across Scotland; and (d) that the Chief Finance and Transformation Officer (i) provide Members with details of the vacancies within the Addictions Service; and (ii) advise the Third Sector representative of the commissioning arrangements with the lead partnership.

6. An Integrated Health and Social Care Workforce Plan for Scotland

Submitted report by Michelle Sutherland, Partnership Facilitator on the key issues and next steps relating to the Integrated Health and Social Care Workforce Plan, published by the Scottish Government in December 2019 and attached at Appendix 1 to the report.

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

- Current data challenges faced by all sectors that had been identified by the Scottish Government, including workforce data issues in respect of Care at Home staff;
- Consultation that will take place with the Staff Partnership Forum; and
- Implications for HSCP staff that will be explored as part of the next HSCP Strategic Plan arrangements.

The Board agreed to approve the development of an updated HSCP Integrated Health and Social Care Workforce Plan.

7. Sustainability Plan for Veterans First Point

Submitted report by Lindsay Kirkwood, Clinical Lead on proposals to sustain the established Ayrshire and Arran Veterans First Point Service which provides support to veterans on a range of areas such as welfare, housing, employment, training, social support and mental health issues.

Members asked questions and were provided with further information in relation to;_

- The funding split between North, East and South Ayrshire that is in proportion to the uptake of the service by veterans from each area; and
- That North Ayrshire is currently using the greatest proportion of the service.

The Board agreed to approve the provision of the funding to allow the continuation of the now established Veterans First Point Service

8. Additional Support Needs (ASN) Campus Project

Submitted report by Yvonne Holland, Property Management and Investment Manager on the current progress of the Additional Support Needs Campus Project. A benefits analysis table, detailing how the project is meeting the key priorities, was attached at Appendix 1 to the report. A short 3D video walk-through of the educational, respite and residential facilities was provided. A display of the colour strategy for the facility, based on nature and the coast, was also provided.

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

- Weather conditions and temperatures that have impacted on the pour and polish of the floor slabs and an agreement with Environmental Health to work beyond normal working hours to complete the pouring of concrete floor slabs and the polishing of the concrete;
- A letter that will be circulated to local residents advising of the normal construction hours for the site, the issues experienced that have resulted in the need to extend these hours, temporary lighting/safety lighting that will be used after 7pm and details of the planned dates for the concrete pours;
- A World War 2 unexploded military shell that was found on site and safely removed by the Royal Military Bomb Squad;
- A geophysical survey that has been undertaken to highlight any potential sub-surface features and the employment of Ordnance Engineers by the contractor to supervise works;
- The commercial colour of the doors of the building that can be reviewed and the kick plates on the doors that are required to prevent damage from wheelchairs and general wear and tear; and
- The appointment of the new Residential Manager for the campus that will be advertised shortly.

Noted.

9. Naming of the Additional Support Needs Residential and Respite House

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

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

- The Council's Street Naming Policy and the naming of other capital projects by the IJB, such as Trindlemoss; and
- Consultation that will be undertaken with the Three Towns Locality Partnership and a further report to the March meeting on the outcome of this consultation.

The Board agreed that the Head of Service (Children, Families and Criminal Justice) report to the April meeting on the outcome of the consultation with the Three Town Locality Partnership.

10. Caring for Ayrshire Programme Board

Submitted report by Russell Scott, Senior Programme Manager on the proposed launch of the Caring for Ayrshire Programme. Appendix 1 to the report provided details of the pre-engagement activities and awareness events that had taken place to gather the views of staff and Health and Social Care Partnerships.

The Board agreed to support the proposals to formally launch the aims and objectives of the Caring for Ayrshire Programme.

11. Caring for Ayrshire Programme – Informing and Engagement Plan

Submitted report by Russell Scott, Senior Programme Manager on the Informing and Engagement Plan for the Caring for Ayrshire Programme. The Plan was attached at Appendix 1 to the report and will seek the views and opinions from stakeholders to help shape the health and care model that will be used to plan services for the future.

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

- The aim of the programme to connect with a wide range of stakeholders, including internal staff, the Health and Social Care Partnership, citizens and users to plan services for the future;
- Further engagement that will take place to ensure those not part of the early pre-engagement, such as GPs and local authority staff, will be involved; and
- Island proofing the health and care model to ensure it meets the needs of Arran and Cumbrae.

The Board agreed to support the Informing and Engagement Plan for the Caring for Ayrshire Programme.

12. Mental Welfare Commission Visit to Woodland View, Irvine

Submitted report by William Lauder, General Manager Ayrshire Central Hospital on the findings of the Mental Welfare Commission following their visit to Woodland View, Irvine. Appendix 1 to the report outlined the findings and recommendations of the Commission. The Partnerships' Action Plan and response to the recommendations of the Commissions' report were detailed at Appendix 2.

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

- The actions that have been undertaken to fully complete Recommendation 1 of the Commission's findings;
- An update that will be provided to the Commission, the Head of Service and Director (HSCP) on the progress of the actions in relation to Recommendation 2 of the Commission's findings;
- The compassion and care provided to the patients in Woodland View that had been highlighted by the Commission; and
- An overview report that will be provided to a future meeting.

The Board agreed (a) that the Associate Nurse Director/IJB Lead Nurse provide an overview report to the May/June meeting; and (b) to otherwise note the report.

13. Urgent Items

The Chair agreed that the following item be considered as a matter of urgency to allow the Board to be advised of the provision of a new service in Irvine.

13.1 Gamblers Anonymous

The Board was advised that Gamblers Anonymous, who provide support and help for compulsive gamblers, had held their first meeting in Irvine on 7 February 2020.

Thirty-one people attended the first meeting and future meetings will be held each Friday from 7.15pm – 9.30 pm. in the Harbourside Room, Fullarton Connextions, Irvine.

The Board welcomed the provision of this service in the Irvine area.

The meeting ended at 11.50 a.m.

North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board Virtual meeting held on
Thursday 16 July 2020 at 10.30 a.m.

Present

Councillor Robert Foster, North Ayrshire Council (Chair)
Bob Martin, NHS Ayrshire and Arran (Vice-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
Alistair Reid, Lead Allied Health Professional Adviser
David Thomson, Associate Nurse Director/IJB Lead Nurse
David MacRitchie, Chief Social Work Officer
David Donaghey, Staff Representative (NHS Ayrshire and Arran)
Louise McDaid, Staff Representative (North Ayrshire Council)
Graham Searle, Carers Representative (Depute for Marie McWaters)
Clive Shepherd, Service User Representative
Vicki Yuill, Third Sector Representative

In Attendance

Thelma Bowers, Head of Service (Mental Health)
Alison Sutherland, Head of Service (Children, Families and Criminal Justice)
Michelle Sutherland, Partnership Facilitator
Helen McArthur, Principal Manager (Health and Community Care Services)
Karen Andrews, Team Manager Governance
Melanie Anderson, Senior Manager Committee and Member Services
Angela Little, Committee Services Officer
Euan Gray, Committee Services Officer
Carolann McGill, Team Manager ICT

Apologies for Absence

Dr. Louise Wilson, GP Representative
Marie McWaters, Carers Representative

Unable to Attend due to connection issue

Janet McKay, Chair (Garnock Valley Locality Forum)

1. Chair's Remarks

On behalf of the Board the Chair expressed condolences to all affected by Covid-19. He thanked HSCP staff for the amazing work that had been done to support the community during this very difficult time.

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, John Rainey declared an interest in Agenda Item 8 – Allied Health Professions Highlight Report 2019, as a family member is employed in this sector.

3. Minutes/Action Note

The accuracy of the Minutes of the meeting held on 19 March 2020 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973, subject to the addition of a statement explaining that as lockdown measures were being initiated, the meeting had been held with specified members in attendance and all other members had been advised not to attend.

3.1 Matters Arising from the Action Note

The Board noted that as a result of Covid-19 matters have not progressed by the agreed timescales and all actions would be reviewed and updated for a future meeting.

4. Appointment to the North Ayrshire Integration Joint Board

Submitted report by Stephen Brown, Director (NAHSCP) on the change of independent sector representative on the IJB.

On 2 March 2020, Scottish Care confirmed their nomination of Jackie Weston, Regional Manager (Care Concern Group) as their representative on the IJB.

The Board agreed (a) the appointment of Jackie Weston as the independent sector representative and welcomed her to the meeting; and (b) to acknowledge and thank Nigel Wanless for his hard work, dedication and contribution to the work of the IJB.

5. Director's Report - COVID - 19 Response

Submitted report by Stephen Brown, Director (NAHSCP) providing an overview of activity in response to the COVID-19 pandemic by the Health and Social Care Partnership.

The report provided an update on the following areas:-

- Mobilisation Plan
- Service Areas
  - Mental Health & Learning Disability;
  - Health & Community Care;
  - Primary Care;
  - Children and Justice Services;
  - Finance & Commissioning;

- COVID Legislation;
- PPE; and
- Community Support

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

- Further detail that will be provided in respect of communication and additional information on hospital discharges for adults with complex support needs;
- Additional recruitment for Care at Home that enabled care packages to be put in place for those returning home from hospital;
- That 16 tenancies have been filled at the complex care unit at Trindlemoss and a further 4 will be filled shortly;
- The balance of risk in terms of reducing services and the risk of Covid-19, support that was provided to families in the community and work to resume respite care and dementia care services;
- The establishment of a Listening Service for staff will be launched on Monday 20 July 2020;
- That there was no current evidence of a correlation for North Ayrshire between an individual being discharged from hospital to a care home and an outbreak of Covid;
- That North Ayrshire had a lower rate of Covid outbreaks than other Council areas;
- Future Mobilisation Plans will include details of areas that will be challenging to restart and positive outcomes, such as the success of the changes that were made to the Methadone Programme in providing individuals with a weekly supply in place of a daily visit to the pharmacy; and
- Over 1 million meals provided to the community during the 3 months of lockdown and an evaluation of the Community Hub models is being undertaken.

The Board agreed to note the report.

6. 2019/20 Year-End Financial Performance

Submitted report by Caroline Cameron, Chief Finance and Transformation Officer on the IJB's financial performance for the year 2019/20.

Appendix A provided a detailed financial overview of the Partnership budgetary position while Appendix B gave a detailed variance analysis. Appendix C presented an overview of the savings plan, with Appendix D highlighting the movement in the overall budget position.

The Board agreed to (a) note the overall integrated financial performance report for the financial year 2019-20 and the overall reported year-end overspend of £0.154m (after new earmarking); (b) note that this position is after the allocation of £1.486m debt repayment budget from North Ayrshire Council, prior to this the position was an overspend of £1.640m; (c) approve the budget changes outlined at section 2.11; and (d) approve the required earmarking of £0.207m of reserves to reinstate specific ring-fenced Scottish Government funding.

7. COVID-19 – Finance Mobilisation Plan Impact

Submitted report by Caroline Cameron, Chief Finance and Transformation Officer on the estimated financial impact of Covid-19. Appendix 1 to the report outlined the Mobilisation plan costs submitted to the Scottish Government.

The report outlined the main areas of cost as follows:-

- Payments to Providers (£1.6m);
- PPE (£1.6M);
- Savings delays (£1.5m);
- Nursing – students and bank staff (£0.8m);
- Care at Home capacity (£0.7m);
- Loss of Income (£0.4m);
- staff cover (£0.4m);
- Care Home Beds – delayed discharges (£0.4m);
- other costs (£0.2m); and
- Offsetting costs reductions (- £0.5m)

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

- Additional costs of £7.255m based on current assumptions and plans;
- National principles for sustainability payments to social care providers to ensure the sector remains sustainable during the emergency response are currently in place until July and confirmation is awaited that these costs will be funded in their totality, as these costs are part of the overall HSCP Mobilisation plan; and
- The Social Care Staff Support Fund has been communicated to care providers in North Ayrshire, the fund is being administered by the HSCP and any support requires providers to sign a declaration confirming they are paying staff full pay if they are absent due to Covid, any concerns re non-compliance with the fund should be brought to the attention of the HSCP.

The Board agreed to (a) note the estimated cost impact of Covid-19 to March 2021 of £7.2m based on current assumptions and plans; (b) note the financial risks faced by the IJB for 2020-21 until such time as funding is confirmed; (c) receive a follow-up report at the August IJB meeting, including the projected Q1 financial position, scenarios for funding and possible options for financial recovery.

8. Allied Health Professions Highlight Report 2019

Submitted report by Alistair Reid, Allied Health Professional on the Allied Health Professional Highlight Report for 2019.

The report set out the collective objectives for AHP services in North Ayrshire for 2020 and provided an update against each of these priority areas. It gave a summary of the challenges faced in 2019, outlining the objectives for North Ayrshire AHP services for 2020 and the strong contribution that AHPs make for the people of North Ayrshire.

The Board agreed to (a) note the content of the attached AHP Highlight report; and (b) endorse the AHP Service objectives for 2020 outlined within the report.

The meeting ended at 12.15 p.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 16 July 2020

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Community Alarm/Telecare Services Transition from Analogue to Digital	26/9/19	That an update report on progress be submitted to a future meeting.	Submit to meeting in 2021	Helen McArthur
2.	UK Care Home Industry	19/12/19 13/2/20	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. Agreed that the Care Home Providers be consulted at an early stage in the work to examine the issues raised in the Plugging the Leaks in the UK Care Home Industry report from a North Ayrshire context.	Submit to meeting in April/May 2020	Stephen Brown
3.	Director's Report	13/2/20	The Board agreed (a) that the Head of Mental Health provide an update to a future meeting on the outcome from the Drugs Death Summit; and (b) to otherwise note the report.	Thelma to advise when report will be available	Thelma Bowers

4	Financial Monitoring Report: Period 9	13/2/20	The Board agreed (a);(b);(c); and (d) that the Chief Finance and Transformation Officer (i) provide Members with details of the vacancies within the Addictions Service; and (ii) advise the Third Sector representative of the commissioning arrangements with the lead partnership.	Caroline to advise when information has been provided	Caroline Cameron
5.	COVID-19 – Finance Mobilisation Plan Impact	16/7/20	The Board agreed to (a) note the estimated cost impact of Covid-19 to March 2021 of £7.2m based on current assumptions and plans; (b) note the financial risks faced by the IJB for 2020-21 until such time as funding is confirmed; (c) receive a follow-up report at the August IJB meeting, including the projected Q1 financial position, scenarios for funding and possible options for financial recovery.	Report on agenda for August meeting	Caroline Cameron

Agenda Item 4

Name of Committee/Board
Date of Meeting

Subject:	**Update from the North Ayrshire Alcohol and Drug Partnership**
Purpose:	The purpose of this report is to provide an overview of the activities and actions of the ADP since the Drug Death Summit and update the Integrated Joint Board (IJB) of the actions taken by the North Ayrshire Drug Death Prevention Group (DDPG). This paper outlines the ongoing work by the North Ayrshire Alcohol and Drug Partnership (ADP) and partner agencies to prevent drug related deaths in North Ayrshire.
Recommendation:	Note the actions which have taken place since the drug death summit and funding made available to the ADP based on the DDTF criteria for reducing drug related deaths (Appendix 1). Note the outcome of the ADP Participatory Budget event and local initiatives available to communities for the next 2 years. To note the work of the DDPG and the action plan (Appendix 2). To note the reduced unconfirmed deaths at this point in comparison to that in 2019.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NADARS	North Ayrshire Drug and Alcohol Recovery Service
N/A DDPG	North Ayrshire Drug Death Prevention Group
ADP	Alcohol and Drug Partnership
DDTF	Drug Death Task Force
PB	Participatory Budget
PEAR	Prevention Education Recovery Service

1.	**EXECUTIVE SUMMARY**
1.1	This report covers the period from February 2020 and includes our response to the feedback from the Drug Death Summit and subsequent documents produced by the DDTF which has also informed our work and planning. The DDTF produced the document “Our Emergency Response” to outline the evidenced based research and practice which should be implemented to reduce the impact of drug related deaths. They have made funding available to ADP’s to demonstrate how they would use this money in relation to the evidenced based strategies and practice. The NAADP submitted a funding proposal and was awarded £83,726, the detail of the funding is contained within our application (Appendix1)

	The DDPG continues to monitor drug related deaths and has produced its most recent live working action plan (Appendix2) which continues to progress in response to recommendations and funding available.
1.2	The ADP held a Participatory Budgeting event with £60,000 available to communities to help reduce the impact of drug related deaths and the community has identified 6 initiatives to be delivered over the next 2 years.
1.3	The report gives an update on the delivery during lockdown within services and mobilisation plans moving forward for services.
2.	**BACKGROUND**
2.1	The ADP held a Drug Death summit on 21st January this year and this was attended by 121 partners. The ADP has since reviewed feedback from the summit and completed a self-evaluation from the DDTF in relation to evidence-based strategies to prevent drug related deaths. These have formed the basis of work moving forward and planning for the next year. The ADP identified an underspend in 2019 and with support from community development partners planned a Participatory Budget event for the community entitled "The Substance of Our Communities". This was initially planned as a community event for voting but resulted in a successful media campaign and online voting event for the community with 626 votes being cast overall. The voting was narrowed down to 8 successful entries going forward online and 6 being successful. The work of the ADP has continued during lockdown, but practice and timescales have required to be adapted/amended to provide a safe working environment for staff and service users. The delivery of services has adapted effectively to meet needs throughout.
3.	**PROPOSALS**
3.1	**Drug Death Summit and associated actions.** Following on from the summit there have been a number of areas which the ADP has immediately actioned. The detail below is a combination of actions from the summit and the funding made available through the DDTF (Appendix1) Current actions in progress; • Pan Ayrshire Drug Death Group has requested post code information from Scottish Ambulance Service (SAS) in relation to non-fatal overdose information to look at patterns etc as they arise. • The ADP has been in contact with leads in (SAS) re local initiatives and are awaiting the outcome of a SG meeting with SAS in relation to information sharing initiatives. • The North Ayrshire Drug Death Prevention Group (NADDPG) has progressed the options of same day prescribing with doctors and consultants and contacts made nationally where this has already been piloted. • The ADP has completed a number of workshops in relation to the Participatory Budget event and this has also incorporated an awareness raising in relation to the use of Naloxone in community environments and with individuals at each event. • The NADDPG has approved a sum of money for pop up workshops to take place in communities, again promoting awareness around services, use of

Naloxone and overdose awareness. These will be rolled out once current restrictions on have been lifted.

- A targeted approach to support communities to raise awareness of Naloxone for those currently holding generic groups and workshops who may come in to contact with those in need. An initial meeting with councillor McPhater has taken place and some actions completed. The Lord Advocate has issued a letter of easement during Covid to allow community groups to distribute Naloxone and this will be taken forward to target those groups who can make the greatest impact on distribution of Naloxone.
- The ADP has completed a drug death survey for the DDTF in relation to current practice and identification of gaps. This paper will assist in forming part of our implementation plan for the coming year and for the 5-year life span of the ADP strategy.
- The ADP will train our commissioned PEAR Service in distribution and training of Naloxone to widen reach within communities and those not in contact with services. We will support them to establish a peer led model and outreach work.
- Initial discussions with A+E medics have taken place and a further meeting will take place in relation to non-fatal overdose and Naloxone distribution.
- The non-fatal drug overdose pathway has been drafted for a Pan Ayrshire initiative and funding secured to take this forward through the DDTF funding.
- The ADP is funding a “navigator” style post within Kilmarnock prison, who as part of their remit, will assist in providing individuals at risk of overdose on liberation (mostly remand) with proactive follow up and live connections with supporting services. This post will meet the emergency response required of the DDTF priorities the postholder is in place and the tender for the Pan Ayrshire initiative was secured by We are With You (Formerly Addaction).
- North Ayrshire Council has supported the funding of the recovery development worker for the non-fatal overdose pathway.
- The ADP and the CPC are working towards identifying joint funding and delivery of virtual training in relation to parental substance use, anti-stigma and Benzodiazepines use.
- New sub group of the ADP formed to support communities and provide a voice for and to the ADP. This group is the Community Recovery Forum and will include a range of representatives from the community.
- The Scottish Government has formed a subgroup of the task force and also made available funding to apply for Test of Change for Multiple Complex Needs. This funding is available for up to 5 million based on the criteria set and evidenced as being effective in reducing drug related deaths. North Ayrshire is working to plan for a potential Pan Ayrshire bid but if this is not feasible a local bid would be submitted. The deadline is the 3rd September for initial outlines for the panel before approval to full bid.

NA Drug Death Prevention Group

The DDPG continues to progress its live action plan and work with partners to reduce drug related deaths, part of that process involves reporting on the circumstances of the deaths through the health board and timely information being given to populate that form and subsequent analysis and reporting. The information we receive from Police Scotland colleagues is pivotal to understanding the circumstances, environment and those present at an individual’s death, this information assists in planning the action plans for groups. We have been informed by Police Scotland, after a period of not providing any information, that much of this information will now not be made available, only basic initial information. We continue to work with partners to resolve this issue.

The number of drug deaths to date have reduced in comparison to this time last year and this is encouraging but we are mindful of any impact of substances not being available due to lockdown.

NORTH					
Number of Deaths for Consideration					
	January-March	**April - June**	**July - September**	**October - December**	**TOTAL**
2016	7	15	7	8	**37**
2017	1	11	7	7	**26**
2018	7	15	12	9	**43**
2019	19	13	8	14	**54**
2020	12	12	1		**25**

The group has updated their action plan and will include new developments as they arise. (Appendix2)

The Substance of Our Communities – Participatory Budget Event.
The ADP funded the "Substance of Our Communities" Participatory Budget event, there was £60,000 available to community groups to use over 2 years and deliver initiatives which would reduce the impact of alcohol and drug use and prevent deaths.
The successful 6 initiatives below will be taken forward for delivery and they will be supported and contribute to the newly formed Community Recovery Forum.

1. Arran Youth Foundations
Locality: Arran
Funding: £10,000
Funding will be used to provide drug and alcohol services for young people on Arran. This is a hidden problem on Arran. There are few places for young people to turn, with some services only available on the mainland.

2. Café Solace Irvine
Locality: Irvine , Kilwinning , Three Towns
Funding: £10,000
The money will be used to help the Cafe Solace team continue to realise the ambitions for the group. It will enable them to become increasingly self-sufficient and expand their work in North Ayrshire, invite others into a healthy, recovery friendly environment.

3.Café Solace Kilbirnie
Locality: Kilbirnie
Funding applied for: £10,000
Café solace is a community approach to supporting and reinvigorating people in recovery and ex offenders with peer support via a community café that also supports the elderly and vulnerable, lonely and those with limited funds to come together once a week to come together for a low cost, home cooked 3 course meal.

4. Onside Ayrshire CIC
Locality: Irvine, Kilwinning, Garnock Valley, Three Towns, North Coast
Funding: £8,100
This is a consortium approach which will respond to people in Recovery who have requested 'Extra Time' to discuss the impact of their lived experiences within their

families and how to support each other following a recent street Valium Drug Related Death, This project will enable people in recovery to engage families to build resilience; enhance communication within families, provide opportunities that foster family cohesion.

5.North Ayrshire Executive Youth Council
Locality: North Ayrshire wide
Funding: £10,000
Young people emphasised the need for a resource that was instantly accessible 24/7 and with young people at the core of creation and delivery.
The group will lead a working group of young people and professionals to create meaningful and appropriate content in short and snappy blogs, animated videos and custom-made workshops. The themes will cover will be on the issues that young people and professionals mutually agree on.

6.Teen Challenge and Grub and Gospel (Joint application)
Locality: Irvine, Kilwinning, Garnock Valley, 3 Towns
Funding applied for: £8,000
Provide groups and one to one support for all those experiencing issues with substance use, the group will provide opportunities for experiencing initiatives and speak with other peer groups to aid recovery. This group also supports access to Christian faith based residential rehabilitation pathways and placements.

Impact of Covid -19 and service delivery

The NADARS service has continued to deliver face to face contact throughout lockdown with all the standard of health and safety measures in place. This was important to meet the needs of the most vulnerable and those who have no access to digital support. The delivery was through face to face, online meetings and door to door. Those leaving prison are especially high risk for overdose and best practice was to meet on day of release and assess to ensure all supports could be put in place. The service has now started seeing new referrals and our commissioned PEAR service will also be putting this in place by the end of August while continuing to adhere to lockdown measures. The services adapted the service delivery as below.

- Services have identified additional 'Priority' groups for face to face contact - those risk assessed as the most vulnerable and most in need of protection which includes, but not be limited to, - prison release clients, clients requiring IEP intervention, mental and physical health interventions and statutory interventions supporting and engaging in child protection investigations and adult support and protection interventions. (child & adult protection)
- There is currently a National issue in relation to pharmacy provision and pressures in providing supervised consumption. We have had to reduce contact with pharmacy for some clients who now collect prescriptions 2-3 times a week and this has had a positive influence on some client's recovery.
- The staff have at some points delivered of up to 30 prescriptions in one day for those who are shielding or vulnerable. This will now begin to reduce.
- Our specialist hospital-based addiction facility within Ward 5, Woodland View, Irvine in light of national advice around covid-19 (self-isolation, social distancing etc) has refocussed its service provision to prioritising hospital-based detoxification support to those individuals assessed as the most vulnerable by our community teams as requiring this specialist intervention
- PSST have produced online virtual delivery of naloxone training, including Training for Trainers to ensure Naloxone provision is not impacted on. The team

	have also facilitated, with NADARS, postal and door to door delivery of Naloxone. • There is are number of AA/NA provision of online meetings available along with the 24/7 helpline. • The PEAR commissioned service is providing on line virtual meetings and a Friday Quiz night for service users, this will continue due to its success. • The Scottish Recovery Network and the Scottish Drugs Forum have also been providing online recovery meetings. These are disseminated widely through e mail and twitter and through the addiction App. • The Scottish Government has promoted an online programme package with Breaking Free. This is a programme which they can access through a specific area code. Service users can access a range of interactive exercises and share with support workers to prevent relapse, plan their day and look at triggers to use.
3.2	**Anticipated Outcomes**
	The outcomes in relation to funding are outlined in Appendix 1 as regards the DDTF funding and the DDPG outcomes are evidences in their draft action plan. In relation to the PB applicants and their funding, agreed outcomes will be put in place once we are clearer regarding lockdown easement to ensure delivery is realistic for partners. . The work of the ADP sub groups and implementation plans will provide outcomes and feed in to the overall strategy and reporting of the ADP which will inform the Implementation plan submitted to the Scottish Government in September.
3.3	**Measuring Impact**
	The feedback through the specific action plans , work of the sub groups and reporting through ADP, local and Scottish Government structures, will provide ongoing data and outcomes to reflect the impact of work being carried out .
4.	**IMPLICATIONS**

Financial:	New funding made available of £83,726 which has been confirmed by Scottish Government as available for a period of 2 years.
Human Resources:	There will be the creation of new post Band 6 NHS post and a Recovery Development worker to assist the non-fatal overdose pathway.
Legal:	No legal issues have been identified to date.
Equality:	Equality Impact Assessments will be carried out where required.
Children and Young People	Children and young people have been included as an ADP priority and above developments above will impact positively.
Environmental & Sustainability:	No environmental issues have been identified to date.
Key Priorities:	Actions and improvements link directly with Ministerial Priorities and support the delivery of local strategic and operation plans across statutory and partner services.
Risk Implications:	The risk implications are financial given the short-term funding from Scottish Government and a risk assessment will be completed in relation to this.

Community Benefits:	Improvements will increase community confidence in partnership approaches and raise awareness of the impact of alcohol and drugs and the work of the ADP to reduce drug related deaths.

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	ADP partners and stakeholders have been engaged with and consulted regarding the above funding priorities and ADP strategy development. The actions aimed at reducing the impact of alcohol and drugs in our communities and preventing drug related deaths is on ongoing commitment for the ADP and consultation is core to this.
6.	**CONCLUSION**
6.1	The IJB is asked to note the content of the range of work that the ADP is taking forward in relation to the strategy and funding from Scottish Government. The IJB is asked to acknowledge the impact of Covid -19 in terms of planned work and adaptable practice and timescales which are required to be continually reviewed, and risk assessed.

For more information please contact Peter McArthur on 01294 317840 or Peter.McArthur@aapct.scot.nhs.uk

Drug Deaths Taskforce Funding

This appendix sets out:

- Section 1: allocations made to each ADP
- Section 2: The application form
- Section 3: Guidance to release this funding

Section 1: Allocations made to each ADP

Integration Authority	Allocation (£)
Aberdeen City	125,589
Aberdeenshire	62,794
Angus	41,863
Argyll and Bute	29,304
Clackmannanshire and Stirling	85,249
Dumfries and Galloway	57,561
Dundee City	120,356
East Ayrshire	83,726
East Dunbartonshire	37,153
East Lothian	48,142
East Renfrewshire	41,863
Edinburgh	313,972
Falkirk	62,794
Fife	146,520
Glasgow City	622,711
Highland	73,260
Inverclyde	78,493
Midlothian	39,770
Moray	14,129
North Ayrshire	83,726
North Lanarkshire	188,383
Orkney Islands	1,570
Perth and Kinross	78,493
Renfrewshire	141,287
Scottish Borders	26,688
Shetland Islands	8,896
South Ayrshire	49,189
South Lanarkshire	209,314
West Dunbartonshire	57,561
West Lothian	68,027
Western Isles	2,616
	3,000,000

Section 2: Guidance to releasing Drug Deaths Taskforce Funding

Background

The Drug Deaths Taskforce has established six evidence based Strategies to reduce drug deaths and drug harms. These are set out *here*. Section 1 sets out the further funding available to support Integration Authorities to provide these services where they are not already in place for all those at risk in the local area. All bids must be developed in partnership through ADPs to ensure they are aligned to existing approaches across the local alcohol and drug strategy.

Applying for additional funding

ADPs must complete the application form in Section 3 of this Appendix and should be submitted by email to alcoholanddrugsupport@gov.scot by **Friday 26th June 2020.**

All applications must be signed off by the IA Chief Officer as well as the ADP Chair.

Applications can only be made for the allocation set out in Section 1 of this Appendix. For example Aberdeenshire can submit an application for a maximum of £125,589.

Applications should only cover the evidence based Strategies where the IA/ADP has identified that there are gaps in delivery and further funding is required.

Applications will be reviewed by a panel made up of representatives from the Drug Deaths Taskforce including people with lived experience. The criteria used to assess the bids will be as follows:

- Clear understanding of the gaps in service delivery
- Relevance of the proposal to the evidence based Strategy
- Relevance of the proposal to meet the gaps identified in service delivery
- Innovative and person centred approach

Decisions will be communicated to ADP Chairs / IA Chief Officers by **Friday 24th July 2020.**

Section 3: The application form

Priority 1: Targeted Distribution of Naloxone
Please set out your current progress in delivering priority 1, including the current gaps in delivery.
The ADP had begun to commence wider distribution prior to Covid and had approached community venues etc where groups were held for individuals seeking support for alcohol/drug issues. The resources to distribute and the mapping of need requires further resources so that we can be more inclusive given the Lord Advocates letter. North Ayrshire have continued to meet targets in relation to Naloxone and during this pandemic period have adapted to supply door to door delivery but also postal delivery which will be evaluated and inform future provision. There is a dedicated team in North Ayrshire who delivers training and again we had trained individuals in community settings and have Naloxone in some emergency kits in these venues, we will continue to expand this initiative. All individuals staff within these settings will be provided with training. We also have a team of staff employed with lived experience within our addiction services who provide some outreach provision in relation to Naloxone at our café venues and our funded initiative's. This is very successful in providing access to those not currently on contact with services and requires to be expanded. The provision and training of Naloxone is provided within homeless accommodation to service users and family if required but we require to expand on this provision. We recently held workshops in relation to a Participatory Budgeting event and at these information sessions we also had information stalls on Naloxone and provision/training. In relation to any events every opportunity is taken to deliver the message of Naloxone provision, we need to provide an awareness event for the community to ensure the widest uptake possible.
Please set out your proposals to address these gaps / enhance existing delivery, with costings.
The ADP require **£5,156 in Naloxone/Nyxoid provision** to distribute and the mapping of need requires further resources so that we can be more inclusive given the Lord Advocates letter, this will allow a wider scope across North Ayrshire. We intend to target third sector, non-treatment agency and continue the roll out of provision within the community and ensure families are part of this provision. The provision of kits for this as you are aware is not provided by NHS funds and therefore requires ongoing costs to ensure supply is available. We also have a number of new initiatives funded from our Participatory Budget event and we have made this mandatory in terms of the use and storage of Naloxone when providing groups, sports sessions and the cafes. We have also funded a Pan Ayrshire initiative with East and South ADP's and the violence reduction Unit in relation to the Navigator posts below, this service is due to go live soon and we will require the use of Naloxone for these posts to provide post release but also to follow up and ensure kits are still available and if not replace, we would also seek to make contact with these individuals families where appropriate and provide Naloxone training and provision where we can. We will provide community sessions delivered during the day and evening to educate and make communities aware of the new provision and what the Lord Advocate's letter

means in terms of reducing drug related deaths, we will involve a number of partners in these sessions ie pharmacy, police etc and look to recruit interest to the initiative.
In order to enhance the provision within pharmacies we require to equip them with Nyxoid provision for emergency use, this is seen as an essential part of pharmacy provision but also would be available for individuals to access the pharmacy for this should someone nearby require this. This initiative will also link to Priority 4 and provide provision of Naloxone to an outreach service provided by those with lived experience. We will also look to provide provision within social work area offices and linked services.

Please set out your baseline and expected improvement against national or local indicators, including timeframes.

E.g.

- On 31 By 31 March 2021 (number) of Naloxone kits will have been distributed from community settings
- By 31 March 2021 (number) of Naloxone kits will have been distributed from prison settings.

Community Provision – 20 kits within the first year

Custody Provision – 15 kits within the first year in Saltcoats custody

Prison Release Provision – 15 kits within the first year

Family Support Provision – 20 kits within the first year

Peer supply – 30 kits within the first year

Pharmacy provision – 32 kits to be distributed over 2 years to be used in emergency situations.

Priority 2: Implement Immediate Response Pathway for Non-fatal Overdose

Please set out your current progress in delivering priority 1, including the current gaps in delivery.

The North Ayrshire provision incorporates follow up for those who have been identified as having experienced a non-fatal overdose following notification to core services. The staff carries out risk assessment and provide overdose awareness and Naloxone provision, these would also be followed up by the recovery development workers with lived experience who can link into community supports. We have an NFO notification form which we are encouraging staff and partners to use so that we can better track this in a timelier way. The Pan Ayrshire Drug Death Prevention Group has also asked for postcodes on a weekly basis from Scottish Ambulance in order to better respond to potential clusters and patterns and potentially higher purity etc which can be relayed to our police colleagues also but this has not been forthcoming. The issues around data sharing is something we

urgently need the Scottish Government to address given difficulties that many have experienced locally to enable us to respond quicker to local intelligence. Accountability all round and sharing of data between hospitals and communities is a must.
As previous local communication sessions are going to be planned to further educate communities in terms of the processes in place and reporting for fatal and non fatal overdose and the impact on families.
The links with families and those who support individuals will be explored further to support families using Naloxone, individuals have the choice to involve families in their care plans and this would include Naloxone and the risk of overdose.

Please set out your proposals to address these gaps / enhance existing delivery, with costings

The ADP requires funding for **1 Band 6 Nurse at £48.000** to deliver what we believe is a robust non -fatal overdose pathway within our existing funded services. This post would fund a Drug Liaison post within A+E.
This post provides equity in relation to liaison services within A+E and hospital provision for individuals with drug use and those brought in through NFO, it would also provide a mental health focus to the intervention for those who are, in that moment, vulnerable.
This service would be available 24/7 and would provide timely communication back to GP's and wider community services involved (who currently may not be aware of the overdose till weeks later) to provide an expeditious response all round. The system employed will prove more efficient of tracking those with multiple overdose at risk of cognitive impairment and physical /mental health impairment. We can then provide follow up within the community and assurance that Naloxone provision is followed up, a check that the individual still has the kit and a replacement if not.
The pathway will incorporate a 2nd phase community response for all but also for those who decline hospital provision at the point of ambulance callout and a follow up where possible. North Ayrshire has the highest incidents of drug related hospital admissions nationally, with alcohol liaisons remit originally, when introduced, was to assist in reducing alcohol related admissions, we feel this will provide us with the opportunity to test impact on this also. The need for convoluted agreements is not required and covers all exchanges within the 1st response of the pathway in relation to Data Protection, Caldicott, Scottish Ambulance Service, GP's, Addiction Services etc. The service would sit within Adult Mental Health Team/Alcohol Liasion and would enhance already existing skills, and widen interventions for individuals with drug use within hospital settings.

Please set out your baseline and expected improvement against national or local indicators, including timeframes.

E.g.
By 31 March 2021 an increase of (number) of people will have receiving immediate and proactive offer of treatment and support following a non-fatal overdose.

96 individuals (through drug liaison and NFO pathway) within the first year will have been identified, offered support and provided with interventions and a follow up within the community.

Priority 3: Optimise the use of Medication-Assisted Treatment

Please set out your current progress in delivering priority 3, including the current gaps in delivery.

North Ayrshire currently provide Buprenorphine sublingual and Suboxone and wish to expand the services available to individuals. We wish to be able to respond to the pilot in Kilmarnock prison for those provided Budival depot on release but also offer the use to individuals in the community.
The services provide all the interventions and support as laid out within guidelines and risk assessment throughout.

Please set out your proposals to address these gaps / enhance existing delivery, with costings

North Ayrshire ADP **require funding of £9,400** to pilot the use of Budival to offer a wider range of MAT to individuals and promote this as an alternative to Methadone. There is currently the local initiative in terms of Budival being prescribed in Kilmarnock prison and we would like to be able to provide this for those who wish to continue on release. In order for this to take place we require to apply for the Home office License that will enable us to commence the pilot.
The provision of ABI within pharmacy is a gap for those who present and may be at risk in developing alcohol related harm combined with poly drug use, this is identified within the risk factors in this priority. It is important to have provision for those attending for medication etc to be able to intervene and provide an Alcohol Brief Intervention and refer for further assessment to outline risks in relation to poly drug use and identify more chaotic individuals who attend pharmacy.
This initiative combined with further provision with the pharmacies of monitoring and dispensing of Disulfiram and Naltrexone for these individuals who may not be using Heroin but again poly drug use and perhaps occasional opiate use with Cocaine, alcohol etc who may be at risk of overdose. These pharmacies also will provide IEP education and awareness and therefore able to offer and support a whole package of care with individuals and services

Please set out your baseline and expected improvement against national or local indicators, including timeframes.

E.g. By 31 March 2021 same day prescribing will be available at a further 8 treatment service access points for all those assessed as requiring OST.

30 individuals offered Budival within the first year
60 individuals provided Disulfiram/Naltrexone provision

100 individuals in the first year provided with an ABI

Priority 4: Target the People at Most Risk

Please set out your current progress in delivering priority 4, including the current gaps in delivery.

The services in North Ayrshire provide outreach support to individuals not ion contact with core services by accessing local alcohol and drug initiatives/groups and cafes to support those most vulnerable and encourage contact with services. The services also provide recovery workshops within Kilmarnock prison and links in the community on return and access to their Change group, they also have links to the CJ led group MAD.
When we are notified of individuals leaving hospital this would trigger a appointment/home visit and follow up to support the individual and link in with any other services that had involvement. The need to have more resources who can respond at various levels in timely way, whether that be increasing support on leaving hospital, prison or being made homeless is an area we wish to expand on. This ensures that treatment and social support is balanced according to need and responding to crises to be able to provide practical support and liaise to lessen the impact when individuals may not be able to co ordinate these areas of their life is in place.

Please set out your proposals to address these gaps / enhance existing delivery, with costings

North Ayrshire ADP **require funding of £21,170** and wish to pilot a Peer Naloxone supply project which will enable services to commence a volunteer training course, addiction training and Naloxone to provide a wider community provision.
Volunteers will be supported within the existing 3rd sector provision and will link closely with existing non recurring funded services to provide pathways to those not in touch with core services and those requiring Naloxone. The volunteers would also attend some of our evening initiatives to make contact with those using the cafes also and again provide support and access to Naloxone. THE SDF staff will also support this initiative and assist with evaluation.
The volunteers will also provide support to our cafes and wider initiatives in providing individuals with support in to services or other preferred recovery services.
We would also see support to the rapid rehousing/housing first partners and making links with services and individuals to maintain housing with community support links and families where appropriate,
The second part to this would be for provision for a recovery pathway for those coming through the volunteer route to provide support to progress on to paid employment through sessional work under 16 hours a week. These workers would be trained to a specific level and provide groupwork, online support and be support to the custody initiative and DWP to ensure benefits are accessed. They would also be part of an outreach provision being flexible and responding to need.

Please set out your baseline and expected improvement against the national indicators set out below, as well as any local indicators

Volunteers provision of Naloxone - 100

8 individuals with lived experience in sessional paid employment within 1st year

Priority 5: Optimise Public Health Surveillance

Please set out your current progress in delivering priority 5, including the current gaps in delivery.
We work closely with Public Health in terms of data provided to them and from them, we currently have no data re suspected drug related deaths, and this is an area that we require the Scottish Government to address and ensure data sharing is agreed and ongoing. Work is in progress analysing emergency hospital admissions due to drug harm. In addition, a wider suit of indicators is being developed which includes: **Availability and prevalence** – including information from drug offences & court proceedings, drug misuse in prisons, survey results and estimates of a study into prevalence of problem drug use. **Drug misuse related social harm** – including drug-related crime, child protection cases and survey results. **Drug misuse related health harm** - this includes information on hospital stays and deaths resulting from drug misuse, maternity & neonatal discharges, blood-borne viruses and primary care consultations relating to drug misuse. **Treatment for drug misuse** - information on access to services, results from the Scottish Drug Misuse Database and prescribing of drug-replacement therapies. The Scottish Ambulance Service has agreed in principle to share local data but this has not progressed during COVID-19
Please set out your proposals to address these gaps / enhance existing delivery, with costings
The NFO pathway will provide us with the data that we have been unable to get at the moment ie access to those who have experienced a NFO and provide a timely follow up with information to GP also. This data should also assist with mental health intervention and follow up where required and again detail mental health issues amongst this group. Provide a more timely follow up with local services who should know within 24 hours about individuals who have experienced NFO and provide follow up, We can look at data analysis in terms of areas and monitor with other partners to share information which can assist with intelligence in a number of areas. The number of drug related hospital admissions is a concern to North Ayrshire and we are looking to monitor the impact of the NFO Pathway and reporting to reduce this. **No further funding available within existing public health provision or this funding to allocate.**
Priority 6: Ensure Equivalence of Support for People in the Criminal Justice System
Please set out your current progress in delivering priority 6, including the current gaps in delivery.

In North Ayrshire there is provision within core services and commissioned services to support those leaving custody and on liberation from prison through existing 3rd sector provision within prisons but we wish to enhance the connections with the community as linking through phone calls for some etc we do not believe is robust enough.
We have groupwork for those recently liberated and working partnerships with our CJ and CJA colleagues to continue to develop work. We have provided Kilmarnock prison with our recovery development workers with lived experience to establish contacts and provide groupwork while in prison. They are then able to follow up mon their journey on release and the provision of Naloxone.
Individuals can be linked in with core service, community or CJ peer support groupwork and meetings.
We wish to establish links in custody and enhance support on liberation to ensure a safe journey home and to support services.

Please set out your proposals to address these gaps / enhance existing delivery, with costings

The ADP wish to use our existing 3rd sector PEAR service to provide a custody referral pathway. We have had meetings with the Custody Healthcare and Interventions Inspector re a custody pathway which we will put in place to target those specifically in Saltcoats custody suite. We would look to train custody assistants in a range of training including Naloxone (still to be confirmed) and to include motivational interviewing and safe talk etc.
The initiative will provide on release, Nyxoid provision and leaflets re the PEAR service which is only a short distance from custody and will provide a drop in with food and hot beverages. Individual's for assessment or continue to access the drop in or be signposted to other services. It is agreed that the initiative in terms of funding for above for volunteers and employed sessional workers with lived experience can support this work to take forward so this has been linked to other priorities, including Naloxone and is cost neutral.
The ADP has also commissioned a Navigator post within North Ayrshire and in partnership with the East, South ADP's and Violence Reduction Unit. The model will ensure ensure the principles of, Rights, Respect and Recovery and the Violence Reduction Unit Hospital Navigator Model are embedded within the service and . The service will develop integrated links and networks of support within broader community justice services to ensure the support provided can be readily adjusted to meet the individual's needs. The service provider will evidence effective information sharing and contribution to assessments and ensure that all staff have an understanding of the Recovery Orientated System of Care (ROSC) and work within the principles of the ROSC. They will provide robust risk management mechanisms and will demonstrate effectiveness of implementation of risk management processes. All staff will have access to a range of areas and activities within Kilmarnock prison to deliver this initiative and provide support and connection to the community on release, it is intended that they will work with individuals for up to 3 months following release, this initiative is a pilot and will be funded for 1 year, the funding for this has already been identified within North Ayrshire underspend and will be evaluated following commencement which has been impacted by COVID
No cost attached , taken from existing funds.

Please set out your baseline and expected improvement against national or local indicators, including timeframes. E.g. By March 2021 an increase of (number) of people will have started treatment following intervention prior to arrest.
Custody referral will engage 50 individuals within the year. South Ayrshire has led on the Navigator tender and it is hoped this will commence soon, expected baseline for one post will be contact and follow up with 50 individuals (awaiting final KPI's from steering group).

Summary of funding required

Priority	**Total £ required**
Priority 1	**£5,156**
Priority 2	**£48,000**
Priority 3	**£9,400**
Priority 4	**£21,170**
Priority 5	**No funding available**
Priority 6	**Funded from underspend**
Overall total	**£83,726**

Please indicate any proposed or actual reductions in funding for alcohol and drug services in 2020/21.

Area of service delivery	**Funding reduction £**	**Proposed / actual**	**Impact**

Signed ADP Chair: **Signed IA Chief Officer:**

Date: **Date**

Drug Deaths Taskforce funding priorities action plan

Last updated:

Priority	Actions	Responsible officer	Baseline and expected improvement	Target completion			Current progress
				Mar-21	Jul-21	Oct-21	
1. Targeted distrubution of Naloxone	Train, distribute and supply Naloxone to be more inclusive in the Lord Advocates letter.	NADARS	By 31st March 2021 (number) of Naloxone kits will have been distributed from community settings.				Funding has been requested (£5,156)
	Target third sector, non-treatment agencies to continue to roll out of provision within the community, ensuring famiies are part of this provision.						
	Enhance provision within IEP pharmacies by providing Nyxoid supplies for emergency use.	NADARS/SPiSM	By 31st March 2021 (number) of Nyxoid supplies for emergency use within IEP pharmacies will be increased.				
	Provide provision of Naloxone to an outreach service provided by those with lived experience.	TPS					
	Expand provision within homeless accommodation to service users and family.	NAC Housing					
2. Implement immediate response pathway for non fatal overdose	To develop a robust non fatal overdose pathway within ED and community response following discharge.	ADP					Funding has been requested to support Liaison Services to develop a robust non fatal overdose pathway within our existing funded services (£48,000)
3. Optimise the use of Medication-Assisted Treatment	Increase local support from Community Pharmacies to play a more central role in the initiation, supervision and dispensing of other addiction related medications (Disulfiram, Naltrexone etc) for individuals who could benefit from additional initial support.	NADARS/SPiSM					Funding has been requested (£9400).
4. Target the people at most risk	Increase the opportunities and pathways for peer support, volunteering (paid and unpaid) and access to employment by providing outreach support to individuals not in contact with statutory services and to promote the supply and provision of Naloxone.	TPS					Funding has been requested (sessional workers and volunteering training pathway, £21,170)
	To pilot the use of Budival to offer a wider range of MAT to individuals and promote this as an alternative to Methadone.						
5. Optimise public health surveillance	Work closely with Public Health in terms of data provided from and to them	NADARS/Public Health					We have not requested any funding for this – as we have prioritised other areas of development detailed within this funding application.
6. Ensure equivalence of support for people in the Criminal Justice system	To develop a custody referral pathway within our existing 3rd sector PEAR service	ADP/TPS					No cost attached – existing ADP funds being used

Agenda Item 5

Integration Joint Board
27th August 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

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

	The service will be open 7 days per week from 9am until 10pm  For more information please contact: Paula.Shiels@aapct.scot.nhs.uk
	North Ayrshire Developments
2.2	**Integrated Mental Health Team**
	The North HSCP Community Mental Health Team have moved into the newly refurbished office at the Three Towns Resource Centre . The work on the building has made a huge difference and allowed the partnership to bring all of the key professions together under the one roof. The integrated team includes administrators, psychologists, social workers, nurses and allied health professionals who have welcomed the change and the difference that co-location has made already.
2.3	**IJB Self Assessment Questionnaire**
	The IJB member individual competency self-assessment questionnaire was circulated to IJB members earlier this year. By completing the questionnaire the IJB will meet several objectives :- 1 **Build an overall "skills and knowledge" matrix of the IJB**. This is recognized good practice in boards and can be used to show the IJB, auditors and other stakeholders that the IJB monitors the depth and range of competence in the IJB as well as taking its development seriously. 2 **Encourage individual responsibility for personal and collective competence.** Evidence shows that self-assessment is a key part of successful interventions. The questionnaire asks individuals to assess their own level of competence and importantly their estimate of their contribution to functions of the IJB as a whole. Using behaviours based on sector research and recommended best practice, it also invites personal reflection on IJB-relevant leadership behaviours. 3 **Provide each individual IJB member with a personal profile** and, with high response rates, an anonymous picture of how they compare with others in the IJB. 4 **Inform** bespoke development interventions for the IJB as a whole and for individual members of the IJB.

	5 **Prepare the IJB for any additional assessments or audits** such as external audits or other self or group assessments in areas such as performance and governance effectiveness.
	To achieve objectives 1,2 and 5 above a 100% completion would be required and a very high response rate would be required for the other objectives to be meaningful. To date, we have only received three responses to the questionnaire. IJB members are therefore asked to complete the questionnaire by accessing the link below.
	https://www.smartsurvey.co.uk/s/2020IJBtnaV2/
2.4	**Foundation Apprenticeship success**
	Over the past year, the NAHSCP Learning and Development Team have been working in partnership with colleagues in Education to deliver a Pilot Foundation Apprenticeship in Social Service and Health Care. This was delivered to nine 6th year pupils from across North, East and South Ayrshire at Irvine Royal Academy.
	All nine pupils achieved the National Progression Award as part of the course, with five going on to successfully complete a placement in a health and social care setting, achieving an SVQ and completing the full Foundation Apprenticeship.
	A huge thank you to all involved, including staff at Irvine Royal Academy and our services for providing placement opportunities and mentors.
2.5	**Care Home Clinical and Professional Care Home Oversight Group**
	On 17th May 2020 the Cabinet Secretary wrote to local authorities instructing them to put arrangements in place to ensure appropriate clinical and care professionals across Health & Social Care Partnerships take direct responsibility for the clinical support required for each care home in their area. This support is provided through the establishment of a Care Home Clinical and Care Professional Oversight Team.
	The NAHSCP Care Home Oversight Group [CHOG] was established on 21 May 2020 and includes representation from :-
	• Chief Officer [Chair] • Chief Social Work Officer • Nurse Director [delegated to Associate Nurse Director] • Clinical Director • Director of Public Health [or delegate] • Senior Managers from services, commissioning and finance.
	The Care Inspectorate are also represented at the meeting one day per week.
	Initially, the meetings were held 7 days per week, but as the situation within care homes stabilised, the meetings were reduced to 5 days per week. The daily meetings allow the sharing of intelligence arising from a variety of sources such as :-
	• Assurance visits to every adult and elderly care home in North Ayrshire. The visiting team comprised a senior nurse and social worker. • Public Health data in relation to outbreaks, testing, COVID deaths. • The requirement for weekly testing of all staff within care homes;

	• Risk Assessments from care home for the re-introduction of visiting. • Financial Health assessments for providers; • Financial support to care homes through the introduction of the Scottish Government sustainability payments; The input from the CHOG has, in the main, been welcomed by providers.
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.gcsx.gov.uk

Integration Joint Board
27 August 2020
Agenda Item No.

Subject:	**Deloitte LLP: 2019/20 Annual Audit Report**
Purpose:	The Board is required to approve the audited annual accounts for 2019/20 for issue by 30 September 2020 and to consider the report from External Audit.
Recommendation:	That the Board: (a) Note that Deloitte LLP have completed their audit of the annual accounts for 2019-20 and have issued an unqualified independent report auditor's report; (b) Note the recommendations within the Deloitte LLP report; and (c) Approve the Audited Annual Accounts to be signed for issue.

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

1.	**EXECUTIVE SUMMARY**
1.1	The Integration Joint Board (IJB) were required to produce a set of annual accounts for 2019-20. These accounts were produced within the statutory timescale and have been subject to independent audit by the Integration Joint Board's external auditors, Deloitte LLP. The audit process has been completed and external audit have issued an unqualified independent auditors report. The annual accounts were submitted to Deloitte LLP for audit in accordance with the statutory timescales. The external auditor is required to report on certain matters arising to those charged with governance in sufficient time to enable appropriate action to be taken before the financial statements are approved and certified.
1.2	The Audited Annual Accounts require to be approved by the IJB prior to 30 September 2020. As part of the independent audit there were some minor changes required, these were mainly presentational and to provide additional information or clarification and there are no changes to the financial position reported to the Performance and Audit Committee in June. Deloitte LLP's External Audit Annual Audit Report includes the findings of the audit and recommendations for improvement arising from the audit.

2.	**BACKGROUND**
2.1	The Integration Joint Board is subject to the audit and accounts provisions of a body under section 106 of the Local Authority Government (Scotland) Act 1973. This requires annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations. The requirements are proportionate to the number of transactions of the Integration Joint Board whilst complying with the requirement for transparency and true and fair reporting in the public sector.
2.2	The audited annual accounts have been prepared in accordance with the Code of Practice on Accounting for Local Authorities in the United Kingdom 2019-20. Additional guidance was issued by the Scottish Government Integrated Resources Advisory Group (IRAG) and CIPFA LASAAC and this guidance has been followed to produce the unaudited accounts. In addition support was provided by CIPFA and Audit Scotland to ensure a consistency of approach and shared best practice across Integration Joint Boards.
2.3	The Audited Annual Accounts for 2019-20 are included as Appendix 1, these incorporate the independent auditors report. Deloitte LLP are able to conclude that the Integration Joint Board's accounts present a true and fair view of the IJB.
2.4	Appendix 2 includes a covering letter from Deloitte LLP which incorporates their ISA260 letter "report to those charged with governance" together with their proposed Independent Auditor's Report and the letter of representation to be signed by the Chief Finance Officer (NAHSCP) as responsible officer for North Ayrshire Health and Social Care Partnership. Deloitte LLP's External Audit Annual Audit Report to members, which summarises the findings of the audit is a separate item on the agenda.
2.5	Deloitte LLP have given an unqualified opinion that the 2019-20 financial statements give a true and fair view of the financial position and expenditure and income of the IJB for the year, concluding that the accounts have been properly prepared in accordance with relevant legislation, applicable accounting standards and other reporting requirements. No monetary adjustments have been identified and the overall financial position remains as reported to the Performance and Audit Committee in June 2020.
2.6	The recommendations for improvement arising from the audit are: i) Quarterly online publication of performance information; ii) Lead Partnership working papers to be produced earlier with supporting back up; iii) Set Aside - continue to make progress with implementing delegated hospital budgets and set aside requirements, in collaboration with the Scottish Government, NHS Ayrshire and Arran and other Ayrshire partnerships. The management responses to these recommendations are noted in the report.
2.7	As part of their audit work, alongside the audit of the annual accounts, Deloitte LLP assessed the key financial and strategic risks being faced by the IJB, reviewing the

	IJB's financial position and aspects of financial management, sustainability, transparency, governance and value for money. Representatives from Deloitte LLP will provide an overview and further feedback on the report at the meeting.
2.8	The Integration Joint Board are required to formally approve the Audited Annual Accounts prior to 30 September 2020, the IJB are asked to approve the accounts for signature and issue. Thereafter they will be published on the partnership website.
3.	**PROPOSALS**
3.1	The Board is invited to:- (a) note that Deloitte LLP have completed their audit of the annual accounts for 2019-20 and have issued an unqualified independent auditor's report; (b) Note the recommendations within the Deloitte LLP report; and (c) approve the Audited Annual Accounts to be signed for issue.
3.2	**Anticipated Outcomes**
	The annual accounts are a key statutory reporting requirement and can be a useful way to join up financial and service delivery performance information in a readily available public document, the IJB has a statutory responsibility to approve the Audited Accounts for issue by 30 September 2020.
3.3	**Measuring Impact**
	Progress against the recommendations will be reviewed by the Performance and Audit Committee during 2020-21.
4.	**IMPLICATIONS**

Financial :	The IJB are required to consider and approved the Audited Annual Accounts for 2019-20 by 30 September 2020.
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	None
Risk Implications :	None

Direction Required to Council, Health Board or Both *(where Directions are required please complete Directions*	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran2	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

Template)		

5.	**CONSULTATION**
5.1	The unaudited annual accounts were advertised and made publicly available for inspection; the audited accounts will require to be published by 30 September 2020. There were no objections noted from the public inspection. The Chief Officer and other officers of the IJB have been consulted during the audit process.
6.	**CONCLUSION**
6.1	Deloitte LLP have issued an unqualified opinion on the 2019-20 annual accounts.

For more information please contact:

Caroline Cameron, Chief Finance & Transformation Officer on 01294 324954 or carolinecameron@north-ayrshire.gov.uk

ANNUAL ACCOUNTS
FOR THE PERIOD ENDED 31 MARCH 2020

NORTH AYRSHIRE INTEGRATION JOINT BOARD

Delivering care together

CONTENTS

Management commentary

This publication contains the Annual Accounts of North Ayrshire Integration Joint Board (IJB) for the period ended 31 March 2020.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the period 2019-20 and how this has supported delivery of the IJB's strategic priorities. This commentary also looks forward, outlining the future financial plans for the IJB and the challenges and risks that we will face as we strive to meet the needs of the people of North Ayrshire.

North Ayrshire IJB

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

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

NAHSCP is facing significant challenges.

In 2018, NAHSCP launched a refreshed strategic plan, *Let's Deliver Care Together*, outlining our ambitions for 2018–2021.

http://nahscp.org/wp-content/uploads/2018/06/StrategicPlan2018_FULL.pdf

The plan sets out the key partnership vision North Ayrshire Health and Social Care.

Partnership's vision is:

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

This vision is supported by five strategic priorities:

NAHSCP priorities

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

The Chief Officer is supported by heads of service for each service area, the Chief Finance and Transformation Officer and the wider partnership management team.

NAHSCP structure

The Strategic Plan continues to complement North Ayrshire Community Planning Partnership's Local Outcome Improvement Plan (LOIP). In 2019 the HSCP supported North Ayrshire Council in updating its Council plan, engaging with local communities across localities and has supported NHS Ayrshire and Arran to develop the 'Caring for Ayrshire' approach as part of its overall longer term planning.

A review of progress in achieving the actions identified in the plan was undertaken by the stakeholders on the Strategic Planning Group which found that 47% of the key actions had already been completed, 25% were over halfway complete and 28% were less than halfway complete.

The five key strategic priorities will ensure that we deliver our vision and it is vital to ensure that our limited resources are targeted in a way that makes a significant contribution to our shared priorities working effectively with key partners. Our plan seeks to address the increasing health inequalities in North Ayrshire and focuses on improving the efficiency and quality of the services being provided, putting individuals, families and communities at the heart of the plan.

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

North Ayrshire today

North Ayrshire is home to 134,740 people and covers an area of 340 square miles and includes the islands of Arran, Great Cumbrae and Little Cumbrae.

During 2018, it was estimated that 9,000 (21.8%) households in North Ayrshire were workless. Between October 2018–September 2019, unemployment was 6.5%, (Scottish average, 3.9%). The claimant count in North Ayrshire (February 2020) was 5.7%, again above the Scotland average of 3.4%

We know that the population of North Ayrshire is expected to fall by 3% over the next 10 years and we expect that there will be fewer people aged 65 and under, reducing the number of working age adults. We also expect that the number of people aged 65+ will increase by 20%, with the highest increase (38%) in those aged 75 or over.

According to Scottish Index of Multiple Deprivation (SIMD) 2020, 41% of North Ayrshire residents live in areas identified as amongst the most deprived in Scotland.

41% equates to almost 56,000 people

The Comparative Illness Factor and Mortality Ratio are higher in the most deprived areas (a value of 100 in these metrics equates to being equal to the national average, a figure beneath 100 indicates the area is better than national average, where anything above 100 is poorer)

In reviewing key health metrics, a relationship between deprivation and key health outcomes is evident. In the North Coast Locality, where levels of deprivation are lower, we see lower levels of people receiving support allowances and benefits (average CIF of 82) and the mortality ratio across all age groups are lower (average of 84). In areas of higher deprivation, such as the Three Towns locality these measures are much higher, the CIF is above the national standard at 147 and the locality has a much higher mortality ratio at 122.

A snapshot of achievements during 2019-20

The Community Link Worker service provided 6,273 links to local and national supports and services.

The **Money Matters Team** undertook 4,951 cases arising from enquiries or referrals and achieved financial gains of over £15million for individuals

Our new **Facebook** page launched in February. The page will enable the partnership to reach a wider audience, sharing our news and events with more people within our communities. *www.facebook.com/NorthAyrshireHSCP*.

Work began on the new **ASN Campus** which will provide respite and residential accommodation for young people with additional support needs.

The Alcohol and Drug Partnership produced a new 5-year Alcohol and Drug Strategy 2019-2024 focussed on the prevention of harm across communities.

Justice Services appointed a dedicated Desistance Officer to support people in the justice system to integrate meaningfully within local communities.

Joint working between the Health and Social Care Partnership, North Ayrshire Council's Communities Directorate and partners has led to the creation of a North Ayrshire **Intergenerational working** case study booklet

In collaboration with Carers UK/Scotland, a **Digital resource for Carers** has been launched to provide comprehensive information and support for carers.

The Police Triage Pathway is now fully rolled out with regular referrals through the **Crisis Resolution Team**.

Child and Adult Mental Health Service (CAMHS) the wellness model was implemented in the Largs locality.

NHS Ayrshire and Arran and the three Integration Joint Boards of the health and social care partnerships in East, North and South Ayrshire launched their **"Caring for Ayrshire"** vision, outlining how health and care services could be delivered over the next ten years across Ayrshire and Arran.

Around 150 key partners, stakeholders and members of the community including emergency services, charities and community groups attended a **Drugs Death Summit** to collectively explore what is currently being carried out locally and nationally and discuss what else can be done collectively to prevent drug related deaths.

The new state-of-the-art **Trindlemoss** day service and residential accommodation unit for North Ayrshire residents with learning disabilities is now up and running. It offers the chance for people with learning disabilities to take part in a host of activities and learn new skills whilst promoting their independence.

The interactive staff experience **Thinking Different Doing Better** has welcomed staff, community and students to challenge how we all work together to improve the health and wellbeing of our population.

Organisational performance

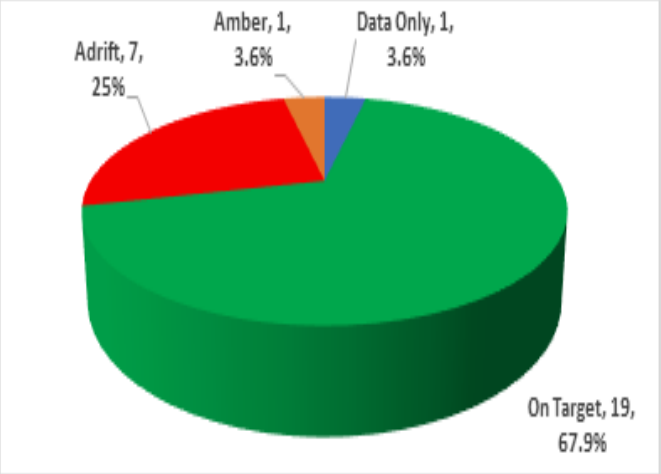
The planning and delivery of transformational change within the Health and Social Care Partnership requires our services to make a difference to people's lives within North Ayrshire. To support service change the Partnership continually monitors service performance, and reviews this in various ways.

Performance information drives improvement with an outcomes focus on improving how services are provided, as well as the difference that integrated health and social care services should make to individuals. In our performance monitoring and reporting, we show trends over time, where we are against target and where available, how we compare with other geographical areas. We monitor against all the agreed national indicators, including Local Government Benchmarking Framework (LGBF) indicators, Ministerial Steering Group Indictors (MSG), the NHS' Local Delivery Plan HEAT (Health Improvement, Efficiency, Access and Treatment) targets, HSCP National Health and Wellbeing Outcome Indicators, as well as a range of locally defined measures.

All reports comprise of a series of key performance indicators and key actions, which link directly back to our strategic plan. Performance is reported at a number of levels within the organisation including the Integration Joint Board Performance and Audit Committee (IJB PAC), the Integration Joint Board (IJB), the Joint Review with North Ayrshire Council and NHS Ayrshire & Arran Chief Executives, and all service performance reviews within each service area.

Where an indicator is off track, commentary with proposed resolution and future mitigation is provided on how to improve performance.

Services are continually supported in the review of performance indicators to ensure we continue to measure the right things. At the end of 2019-20 we measured 28 key indicators of performance. The latest Performance and Audit Committee Report (Q4 2019-20) shows progress against the key measures and this is represented in the chart below.



For some measures performance has exceeded targeted levels, however it is clear that the challenges remain for others. These include challenges around workforce gaps, service demand pressures and the pace of transformational change not happening fast enough to ensure performance is achieved or improved in all areas.

As part of our commitment to continuous improvement, we recognise areas where we could do more and by monitoring indicators which present as significantly adrift enables us to identify and target plans to address performance issues.

The key areas off target for 2019-20 are:

- Number of days people spend in hospital when they are ready to be discharged
- Care at Home capacity lost due to cancelled hospital discharges
- Number of people delayed, at point of discharge from hospital, due to funding being confirmed
- Number of Child and Adolescent Mental Health Services (CAMHS) referrals
- Referral to Treatment Times for Psychological Therapies
- Working days lost to sickness absence per employee (for both NHS and North Ayrshire Council employed staff)

The hospital activity outcome indicators have shown improvement towards the end of the period. The partnership now has a hospital-

based team in Crosshouse Hospital with daily huddles to improve the flow of patients through the hospital and assist with the discharge process. This was impacted towards the end of the period when the measures in response to Covid-19 came into place, this included the targets to reduce delays as part of the mobilisation plan. Further work is required to understand the underlying data and interdependencies with community services to inform the future commissioning plans which require to be developed to ensure the set aside arrangements are fit for purpose and support the IJB to plan across the whole of the unplanned care pathway.

Mental health services continue to face challenges in relation to waiting times for Psychological Therapies and CAMHS. There are planned actions to improve performance and these are currently being revised in the context of the Covid-19 emergency response.

Further information on performance will be contained in the Annual Performance Report, this publication is delayed until later in the period.

Annual accounts

The Annual Accounts set out the financial statements of the IJB for the period ended 31 March 2020. The main purpose is to demonstrate the stewardship of the public funds that have been entrusted to the IJB for the delivery of its vision and strategic priorities as outlined in the Strategic Plan. The requirements governing the format and content of the Annual Accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code), the Annual Accounts for 2019-20 have been prepared in accordance with this Code.

The financial plan

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

In 2019-20 the IJB agreed a one-year balanced budget which included addressing a historic NHS unallocated savings target and resulted in an overall savings requirement of £6.134m. The financial position was monitored closely during the financial period with a financial recovery plan approved in September 2019 to ensure the partnership could take action to reduce the forecast overspend position.

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

The Medium-Term Financial Plan (MTFP) was due to be presented to the IJB in June 2020. This has been delayed by the focus on responding to the Covid-19 response, including tracking the costs of the response and supporting our commissioned care providers, in addition the pandemic has left greater uncertainty over future funding for the IJB. The refreshed MTFP will need to consider the impact of Covid-19 on service delivery moving forward as some services will need to be redesigned to ensure safe and sustainable delivery. It will also need to support the delivery of the strategic plan. This plan will set out the expectation to start to deliver a shift in care from a hospital setting to a community setting within the resources available.

Financial performance

Financial information is part of the performance management framework with regular reporting of financial performance to the IJB. This included an integrated approach to financial monitoring, reporting on progress with savings delivery, financial risks and any

variations and changes to the delegated budget. There were significant financial challenges during the period due to increasing demand for social care services, the delivery of the transformation programme and associated savings.

Throughout the period there was a projected overspend position, as a consequence a financial recovery plan was approved by the IJB in September to work towards delivering financial balance. The financial recovery plan and progress was monitored throughout the financial period. Progress was made to reduce but not eliminate the projected overspend.

The recovery plan was targeted at reducing the overspend for 2019-20 but also focussed on actions which would address underlying recurring deficits in services to allow the IJB to move into the new financial period in a financially sustainable position. Later in the financial period it was acknowledged that it wasn't going to be possible to bring the position back into line in-year, instead the focus was on ensuring the final outturn position was limited to an overspend of £1.5m to ensure no increase to the overall debt owed to the Council at the period-end.

The overall financial performance against budget for the financial period 2019-20 was an overall overspend of £0.154m (£1.250m over in social care services and £1.096m underspend in health services). This position includes the £1.486m budget being held on behalf of the IJB by the Council for debt repayment, as this was required to be transferred back to the IJB at the financial period-end.

This overall overspend will add to the historic debt carried forward from previous years.

The IJB plans during 2019-20 were that prior to the £1.486m set aside for debt repayment being reallocated to the partnership that the IJB would work towards delivering financial balance in-year which would have allowed the full amount set-aside to be allocated towards the debt at the period-end. The full repayment was not possible during 2019-20.

The table below reconciles the deficit on the provision of services of £0.224m as noted in the Comprehensive Income and Expenditure Statement to the financial outturn position of £0.154m (overspend):

	£m	£m
Deficit on provision of services		**0.224**
Earmarked reserves released to services during 2019-20	(0.277)	
NEW Earmarked Reserve Balances during 2019-20	0.207	
Financial Outturn (overspend)		**0.154**

The table on the following page summarises the financial performance for 2019-20 and 2018-19. This notes the budget outturn on a managed basis (including the full allocation for North HSCP lead partnership services), adjusts this for the net impact of lead partnership allocations across North, South and East Ayrshire and also for new earmarked balances.

The table includes the financial performance for services managed by the IJB during the period, therefore it excludes the large hospital Set Aside Budget of £31.807m which was allocated at the end of the period to the IJB. The set aside budget is included within the financial statements.

During 2019-20 the management of the Douglas Grant and Redburn wards at the Ayrshire Central site was transferred to the partnership from NHS Ayrshire and Arran. The budget has not been accepted by the IJB as being delegated as due diligence highlighted a historic shortfall in funding for these wards. The costs of the services are included in North Ayrshire IJB accounts as the services were delegated to and provided by the North Ayrshire HSCP. The budget shortfall was addressed by a year-end increase to the budget match actual spend on a non-recurring basis.

2018–19 Budget £000	2018–19 Actual £000	Variance (Fav) / Adv £000		2019–20 Budget £000	2019–20 Actual £000	Variance (Fav) / Adv £000
65,900	65,952	52	Health and Community Care	71,521	72,051	530
73,308	72,982	(326)	Mental Health	77,490	78,245	755
35,591	35,705	114	Children, Families and Justice	35,392	36,665	1,273
48,916	48,839	(77)	Primary Care	53,154	53,007	(147)
4,636	4,588	(48)	Allied Health Professionals	5,200	5,089	(111)
6,821	5,970	(851)	Management and Support Costs	9,456	7,114	(2,342)
2,623	2,290	(333)	Change Programme	1,579	1,435	(144)
237,795	**236,326**	**(1,469)**	**TOTAL EXPENDITURE**	**253,792**	**253,606**	**(186)**
(237,795)	**(237,795)**	**0**	**TOTAL INCOME**	**(253,792)**	**(253,792)**	**0**
0	**(1,469)**	**(1,469)**	**OUTTURN ON A MANAGED BASIS**	**0**	**(186)**	**(186)**
0	524	524	Lead Partnership Allocations	0	133	133
0	**(945)**	**(945)**	**OUTTURN ON AN IJB BASIS**	**0**	**(53)**	**(53)**
0	277	277	New Earmarking	0	207	207
0	**(668)**	**(668)**		**0**	**154**	**154**

The main areas of variance during 2019-20 are noted below:

Health and Community Care – overspend of £0.530m mainly relates to an overspend in care at home placements, models of care and elderly in-patients partially offset by underspends in care homes, adaptations, district nursing and health care packages.

Mental Health – overspend of £0.755m which relates to an overspend in learning disability care packages partly offset by underspends in community mental health and the Lead Partnership for mental health (psychology, child and adolescent mental health services (CAMHS), Action 15 and psychiatry).

Children, Families and Justice – overspend of £1.273m is mainly related to an overspend in residential and secure placements.

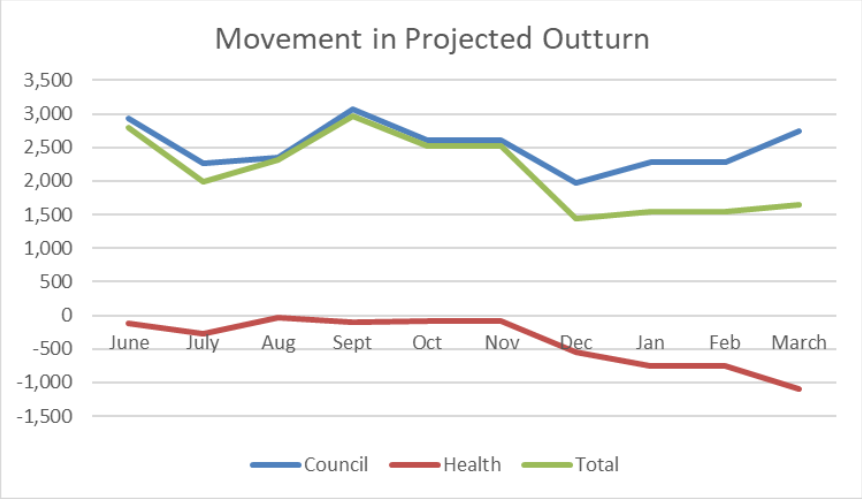
In general, the areas above are overspent within the social care aspect of service provision which is demand led and subject to fluctuations throughout the period. These are at times difficult to deliver within budget as some services by their nature can be low in volume but at very high cost.

Further work has been undertaken to establish for the main demand driven areas, where there has been a significant variation and movement during the period, the impact on the opening financial position for these services moving into 2020-21. The IJB were presented with the opening financial projections for these service areas moving into the new financial period and as part of the budget approved in March 2020 a number of budget re-alignments were approved to ensure services start the new financial period with a deliverable and realistic position.

Management and Support Costs – underspend of £2.342m mainly relates to the period-end allocation of the £1.5m for the debt repayment and budget pressure funding where spend commitments were delayed and therefore funding was not transferred to services in-year.

Movement in Projected Outturn Position:

The overall movement in the projected outturn during the period is illustrated below:



This excludes the period-end transfer of £1.5m for debt repayment, to illustrate the changes in projections and the actual outturn throughout the period. Clearly the position has fluctuated but there is a notable steady stepped reduction in the overspend from September then November onwards reflecting the implementation of the financial recovery plan and the confidence in the actions therein reducing the ongoing financial commitment.

Thereafter there was a growth in social care costs and a steady reduction in health budget commitments, mainly due to increased demand and delays in savings delivery for social care offset by additional vacancy savings in health services.

The accuracy of financial projections overall has improved during 2019-20, however there are still a number of areas where further improvements can be made and these will be taken forward in the new financial period.

Lead Partnership Services

The final outturn is adjusted to reflect the impact of Lead Partnership services. During 2018-19 agreement was reached with the other Ayrshire partnerships that in the absence of detailed service activity information and alternative risk sharing arrangements that the outturn for all Lead Partnership services would be shared across the 3 partnerships on an NRAC (NHS Resource Allocation Committee) basis. This basis is also used in 2019-20 pending completion of the ongoing work by the Ayrshire Finance Leads to establish the baseline resources for each partnership and how this compares to the Fair Share of resources. It was planned that this work would be taken forward early in 2020-21, however this has been delayed due the prioritising the Covid-19 response.

The outturn of the lead partnership services for each IJB is provided below, the adjustment to the North IJB outturn reflects the impact of reallocating a share of the North lead partnership services underspend to the other two areas and an NRAC share of the outturn for the South and East partnerships. In addition, any allocations of ring-fenced funding are returned to each IJB in line with allocations and expenditure to allow each IJB to carry forward for future use.

IJB	£000	Over/Under	
North	(395)	Underspend	Mental health services, mainly due to vacancies and recruitment delays
South	136	Overspend	Pressures from the Joint Community Equipment Store
East	(650)	Underspend	Primary care mainly due to vacancies in Ayrshire Urgent Care Service, Dental and prison services.

Set Aside Budget

The Integration Scheme establishes that pressures in respect of large hospital set aside budgets will be managed in-year by NHS Ayrshire and Arran. The 2019-20 budget delegated by NHS Ayrshire and Arran includes the acute set aside resource of £31.807m, this is based on Information Services Division Scotland (ISD) data. The set aside allocation below highlights that North Ayrshire's use of the resource is £2.1m above the NRAC (NHS Resource Allocation Committee) 'fair share':

IJB	NRAC Budget Share 2019-20 £m	NRAC %	Set Aside 2019-20 £m	Over / (Under) NRAC Fair Share £m
East Ayrshire	26.161	32.4%	24.024	(2.137)
North Ayrshire	29.726	36.8%	31.807	2.081
South Ayrshire	24.828	30.8%	24.884	0.056
Total	**80.715**	**100%**	**80.715**	**-**

There is an expectation that each partnership will move towards it's NRAC 'fair share' of resources.

The Scottish Government's Health and Social Care Medium Term Financial Framework refers to system reform assumptions including material savings to be achieved from reducing variation in hospital utilisation across health and social care partnerships, with assumed efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. Furthermore, the Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care contained the proposal that delegated hospital budgets and set aside requirements must be fully implemented. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published.

The full implementation of the set aside arrangements is key to delivering this commitment to planning across the whole unplanned care pathway and partnerships must ensure that set aside arrangements are fit for purpose and enable this approach.

This has not been achieved in Ayrshire and Arran during the current financial period. However preparatory work is well underway with the support of the Scottish Government, NHS AA and the other Ayrshire partnerships to progress and develop the set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Commissioning Plans and overall progression towards Fair Share allocations of resources.

It was anticipated that 2020-21 would be used as a shadow period for these arrangements, however this work was put on hold due to the Covid-19 response and the timescales for progressing the work have not yet been agreed. This will also be significantly impacted and will need to be informed by the recovery phase of the Covid-19 response and future plans for acute services and unscheduled care activity.

Overall position

It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on that basis. Financial balance has not been delivered in previous

years, significant progress has been made during 2019-20 to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2020-21. This will need to be considered alongside the impact of Covid-19 and the need to redesign services taking full cognisance of the financial risks and opportunities which this presents.

It is disappointing that the IJB end the financial period with a relatively small increase (£0.154m) to the debt owed to North Ayrshire Council, taking the total closing debt balance to £5.293m. Despite this there were a number of key successes for 2019-20:

- Continue to demonstrate the IJB position being accounted for in a truly integrated way with resource shifting from the NHS budget to offset Social Care pressures;
- Implemented the financial recovery plan and the actions therein contributed to a steady reduction to the forecast overspend through the year, despite new demands for services partly offsetting the financial impact of the plan;
- Savings totalling £4.5m were delivered in-year, against an approved plan of £6.1m, with savings delivered in excess of those being assessed as low risk for delivery at the start of the financial year;
- Progress with reducing the financial overspends specifically for care home and children's residential placements which will have a significant impact on the financial plans and sustainability for future years; and
- Further work has been undertaken to establish where there are areas where there has been a significant variation and movement during the period which has resulted in a re-alignment of the opening budget moving into 2020-21.

Strong financial leadership will continue to be required to ensure that future spend is contained within the budget resources available, the IJB move into the 2020-21 with an approved balanced budget. This budget was approved in March 2020 and it is likely that this will require to be re-visited during the year to ensure ongoing deliverability alongside the financial implications of the Covid-19 response.

Financial outlook, risks and plans for the future

In October 2018, the Scottish Government published the Medium-Term Health and Social Care Financial Framework which sets out the future shape of Health and Social Care Demand and Expenditure. Within the report it outlined that the Institute of Fiscal Studies and Health Foundation reported that UK spending on healthcare would require to increase in real terms by an average of 3.3% per year over the next 15 years to maintain NHS provision at current levels, and that social care funding would require to increase by 3.9% per year to meet the needs of a population living linger and an increasing number of younger adults living with disabilities.

The report recognised that despite additional planned investment in health and social care the system still needs to adapt and change.

The focus of the financial framework is on the main health and social care expenditure commitments, as set out below.

- Over the course of this parliament, baseline allocations to frontline health boards will be maintained in real terms, with additional funding over and above inflation being allocated to support the shift in the balance of care.
- Over the next five years, hospital expenditure will account for less than 50% of frontline NHS expenditure. This relates to the policy commitment to 'shift the balance of care', with a greater proportion of care provided in a setting close to a person's home rather than in a hospital.
- Funding for primary care will increase to 11% of the frontline NHS budget by 2021–22. This will amount to increased spending of £500 million, and about half of this growth will be invested directly into GP services. The remainder will be invested in primary care services provided in the community.

- The share of the frontline NHS budget dedicated to mental health, and to primary, community, and social care will increase in every year of the parliament. For adults, and in some cases for children, these services, along with unscheduled hospital care, are now managed by Integration Authorities.

The Ministerial Strategic Group (MSG) for Health and Community Care published a report following the Review of Progress with Integration of Health and Social Care (February 2019). Within the integrated finance and financial planning area the proposals include:

- Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration
- Delegated budgets for IJBs must be agreed timeously
- Delegated hospital budgets and set aside requirements must be fully implemented
- Each IJB must develop a transparent and prudent reserves policy
- Statutory partners must ensure appropriate support is provided to IJB Section 95 officers
- IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

The Partnership has a responsibility, with our local hospital services at University Hospital Crosshouse and University Hospital Ayr, for planning services that are mostly used in an unscheduled way. The aim is to ensure that we work across the health and care system to deliver the best, most effective care and support. Service areas most commonly associated with unplanned use are included in the 'Set Aside' budget. Set Aside budgets relate to the strategic planning role of the Partnership. Key areas within this budget are:

- Accident and emergency
- Inpatient services for general medicine
- Geriatric medicine
- Rehabilitation
- Respiratory
- Learning disability, psychiatry and palliative care services provided in hospital

Acute Services within NHS Ayrshire and Arran continue to face particular budget pressures around the costs of covering a high level of medical vacancies and the increasing needs of patients requiring nursing support above funded levels. There have been a high number of unfunded beds in use to meet demands and this pressure has been managed in-year by NHS Ayrshire and Arran in line with the Integration Scheme. The ability to plan with the overall resource for defined populations and user groups and to use budgets flexibly is one of the hallmarks of integrated care.

It is recognised that there is a need to understand the progress that is being made towards planning across the full pathway of care, including the acute hospital component and the way in which the statutory guidance on the use of delegated hospital budgets is being applied in practice.

Set Aside resources, as well as Lead Partnership were recognised as areas requiring further development as part of the review of the Integration Scheme carried out in 2017 and in the Strategic Planning, Commissioning and Delivery of Health and Social Care Services within NHS Ayrshire and Arran report to the IJB on 13 June 2018.

This report sets out arrangements for the next steps in respect of 'fair share' commissioning within the NHS Ayrshire and Arran health and social care system. The report also outlines future developments in respect of Directions as per the model provided by the Public Works (Joint Working) Scotland Act 2014 for IJBs to commission services from Councils and NHS Boards.

Pan-Ayrshire workshops have been held with representatives from the Scottish Government to take forward a national pilot project on 'fair share' commissioning through the use of Directions. This national pilot will ensure that delegated hospital budgets and Set Aside budget requirements will be fully implemented. The Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care report published February 2019 set this out as a key proposal under integrated finances and financial planning requirements.

The Scottish Government issued Statutory Guidance in January 2020 outlining the requirements for the use of Directions from Integration Authorities to Health Boards and Local Authorities. The guidance sets out how to improve practice in the issuing (by IJBs) and implementation (by Health Boards and Local Authorities) of directions issued under the Public Bodies (Joint Working) (Scotland) Act 2014. It supersedes the Good Practice Note on Directions issued in March 2016. The Scottish Government worked closely with IJB Chief Officers to better understand the diversity of practice across Scotland surrounding directions and to identify good practice. They also discussed the use of directions with a range of local systems at regular partnership engagement meetings, including with Health Board and Local Authority Chief Executives. The three

Ayrshire HSCPs supported Scottish Government colleagues to develop the guidance and provided feedback on its practical application.

Preparatory work is well underway with the support of the Scottish Government, NHS Ayrshire and Arran and the other Ayrshire HSCPs to progress and develop the set-aside arrangements and lead partnership services to fully implement the legislative requirements. Including arrangements in relation to the use of Directions, Commissioning Plans and overall progress towards a Fair Share allocation of resources. Progress with this work has been delayed due to focussing on the Covid-19 response and will require to be progressed later in 2020-21.

In March 2017, the IJB approved the first Medium Term Financial Plan covering the period 2017-2020. This is being refreshed and will be presented to the IJB during 2020, this was planned to be presented to the IJB in June 2020, however this has not been possible due to focussing on the Covid-19 response and also the ongoing uncertainty over costs and funding not only for 2020-21 as part of the response but also the impact on future funding for the public sector.

Availability of funding for public services correlates with economic growth, which continues to be weak with continuing uncertainty on the impact of Brexit and the Covid-19 pandemic. The partnership is supporting the continuing work within the Council and NHS Ayrshire & Arran to minimise the impact of Brexit and the Covid-19 pandemic. An area of risk to the partnership is the consequence of the funding pass through from the Council and NHS and the availability of workforce. The implementation of new policy initiatives and the lifting of the public sector pay cap also impact on the funding available for core services and the flexibility to use resource in line with local requirements.

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

Impact of budgetary pressures

- **Mitigation**
- Medium Term Financial Plan
- Strategic Plan
- Change Programme/Service Redesign
- Active Demand Management
- Covid-19 Funding

Delivery of the Change Programme

- **Mitigation**
- Transformation Board
- Programme Leads
- Strategic Planning Officers Group (SPOG)
- Transformation Team Project Management Support

Culture and practice

- **Mitigation**
- Thinking Different, Doing Better HSCP experience
- Multi Disciplinary Team Approach
- Strategic Workforce Plan
- Valued Health and Social Care Services

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

However, the main risk to the partnership moving into the new financial period is the uncertainty around Covid-19. From the outset of the pandemic the HSCP acted very swiftly to respond by reprioritising resources to protect and adapt core services to support the safety of our staff and communities. Whilst responding to the specific needs of North Ayrshire communities our approach is informed by the extensive and continually evolving range of national guidance which has been produced at pace by the Scottish Government and other agencies. It has been a real challenge for the North Ayrshire HSCP, and for partnerships across Scotland, to operate in this unprecedented environment, keeping up with the evolving position and associated demands and impacts on services.

The HSCP developed a mobilisation plan detailing the additional activities to support our response to Covid-19, alongside the estimated financial impact. The plan provides a focal point for the partnership's response to the pandemic and this set out clearly from the start how we would adapt and mobilise services to either expand or retract, re-prioritise activities and resources and also highlights the areas of greatest risk.

Key areas of the mobilisation plan submitted to the Scottish Government include:

- Reducing the level of delayed discharges for patients in acute, Mental Health inpatients and community hospitals;
- Island resilience with planning supported by a Multi Disciplinary Team approach including local GPs;
- Our community hospital response to managing potentially high bed occupancy levels, alongside staff availability and the flow from acute;
- Maintain as far as possible mental health services, with community provision limiting face to face contact and flexibility of resources for in-patient services to ensure no cessation of services;
- Resilience and sustainability of current levels of care at home provision, alongside increasing capacity to facilitate hospital discharge and support shielded individuals;
- Step Up/Step Down residential provision, establish provision of temporary residential or nursing care provision to both facilitate quicker hospital discharge and also to avoid further hospital admissions from the community, including planning for contingency surge capacity;
- Supporting adults with complex needs by ensuring alternative community supports on closure of respite and day services alongside social distancing requirements;
- Maintaining existing levels of care in our children's services to protect vulnerable children and adopting new ways of keeping in touch with vulnerable children;
- Established "enhanced" locality-based Community Hubs to support vulnerable individuals, including those shielding; and
- Sourcing and establishing reliable supply chains of Personal Protective Equipment (PPE).

The mobilisation plan is monitored regularly and updates on the costs associated with the NAHSCP response to Covid-19 are submitted to the Scottish Government.

The most recent submission by North Ayrshire HSCP outlines an estimated cost of £7.3m for the duration of 2020-21. The costs remain estimates as the situation continually evolves and there have been several iterations of the financial plan. The majority of the additional costs for the HSCP relate to the provision of social care services and the most significant areas are PPE, additional staff costs for staff absence and student nurses, loss of income due to closed services, additional

care home placements, payments to commissioned care providers to ensure future sustainability and the impact on our approved savings programme.

There is an expectation that the Scottish Government will provide additional funding to IJBs to support additional costs aligned to mobilisation plans. Our full funding allocation has not yet been confirmed by the Scottish Government, and whilst we have received an interim allocation to address immediate social care pressures, this is not sufficient to fund all of our highlighted pressures.

There is a significant risk of insufficient funding being allocated to fund the resultant costs from Covid-19. The current plans nationally exceed the funding available for the Health and Social Care response. It is not clear how this gap will be filled, be it through an expectation that cost estimates will decrease, further funding will be allocated, or resources will be re-prioritised from elsewhere (by Scottish Government or local areas). A number of benchmarking groups have been set up to understand and explain the significant variation in the across areas and costs included in local mobilisation plans to give the Scottish Government confidence and assurance over cost estimates before further funding will be released.

At the time of writing the NHS remains on an emergency footing to ensure capacity if available for any further outbreaks of infection, alongside this there is a need to slowly restart services in line with Scottish Government phased route map out of the crisis. This will require planning as to how services are restarted and redesigned to allow safe and sustainable delivery.

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

Most importantly, the Partnership must work closer with local people and maximise the use of existing assets within communities to improve the overall health and wellbeing of people in North Ayrshire. 2020-21 is the final period of the current Strategic Plan, the timing of the development of a new Strategic Plan will allow for a period of reflection on the Covid-19 response and a timely opportunity to engage with communities over the future of our Health and Social Care services.

2020-21 Budget

When setting the 2020-21 budget the intention was to bring a refreshed 3-year Medium Term Financial Plan to the IJB for approval, this was not possible due to the delay in the funding announcements being made and then the focus on the Covid-19 related finance work. The MTFP will be refreshed and brought to the IJB for approval later in 2020.

The Scottish Government finance settlement set out a number of conditions and requirements for Health Boards and Councils in relation to funding delegated to Integration Authorities. The delegated funding from both North Ayrshire Council and NHS Ayrshire and Arran meets those Scottish Government requirements. The requirements include:

- In 2020-21, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 3% over 2019-20 recurring budgets, representing a pass through of the baseline uplift for Territorial Health Boards.
- In addition to this and separate from the Board Funding uplift, the Health Portfolio will invest a further £100m in Local Authorities for investment in health and social care integration, and

continued support for school councillors. This will take the total funding transferred from the health portfolio to £811m in 2020-21.

- The additional £100m for local government includes funding to continue the delivery of the Living Wage (£25m), uprating of free personal and nursing care payments (£2.2m), the implementation of the Carer's Act (£11.6m), along with further support for school counselling support (£4m).
- The funding allocated from Councils should be additional and not substitutional to the 2019-20 recurrent budgets for social care services that are delegated. This means that, when taken together, Local Authority social care budgets for allocation to Integration Authorities and funding for school counselling services must be £100m greater than 2019-20 recurring budgets.
- In addition to the baseline funding uplift, a total of £461m will be invested to improve patient outcomes during 2020-21 including in Primary Care, Waiting Times Improvement, Mental Health and CAMHS and Trauma Networks. Full details of the method of allocation and agreed outcomes will be communicated by individual Scottish Government policy areas.

- There is an additional £12.7m being made available nationally to tackle the harm associated with drugs and alcohol, with further information to follow on the investment of this funding. It is expected that in addition to this, investment by Health Boards and Integration Authorities will increase by 3% over and above the 2019-20 agreed recurring budgets for alcohol and drugs services.
- In 2020-21 Integration Authorities will be responsible for more than £9.4bn of expenditure previously managed by Health Boards and Local Authorities and Integration Authorities must be empowered and supported by their partners to use the totality of the resources to better meet the needs of their local populations.
- On 28 February 2020 the Scottish Government announced that similar to 2019-20, flexibility would be available to Local Authorities to offer their adult social care allocations to Integration Authorities by up to £50m based on local need (a reduction of up to 2% of adult social care allocations).

The total flexibility permitted in North Ayrshire for 2020-21 is £1.119m, in line with the flexibility permitted, North Ayrshire Council approved the budget allocation to the IJB with this element of funding to be allocated on a non-recurring basis, providing the Council with the flexibility to re-visit the allocation in future years.

Moving into 2020-21, the Partnership is proactively working to provide safe and effective services for the residents of North Ayrshire within the financial envelope. The IJB approved a one-year balanced budget for 2020-21 on 19 March 2020. This included funding previously unfunded pressures for areas where they were previously not recommended to be funded on the basis that services could potentially be re-designed to reduce the costs, there were uncertainties of the value of the pressure or costs were to be managed in-year through a recovery plan. The pressures now funded in the 2020-21 budget include a historic overspend in Ward 1 Woodland View, paid as if at work for NHS staff, the Heath Visitor pay re-grade and Intermediate Care and Rehab investment.

Funding these pressures, together with new cost and demand pressures resulted in a requirement to identify and approve additional savings of £3.861m, as noted in the summary below:

	Social Care (NAC) £m	Health (NHS A&A) £m	Total £m
Funding Increase	1.612	2.894	4.506
Funded Pressures	(4.657)	(3.710)	(8.367)
Budget Gap / Savings Required	**(3.045)**	**(0.816)**	**(3.861)**

The Integration Joint Board in common with most Public Sector bodies is facing a period of significant financial challenge, with cost and demand pressures expected to outstrip any funding uplifts. The most significant financial pressures continue to be pay awards for staff, inflationary cost increases for contracted services and demographic changes driving increased demand for services, funding these unavoidable pressures year on year drives our savings requirement.

There are a number of highlighted financial risk areas that may impact on the 2020-21 budget during the year, these include:

- High risk areas of low volume / high cost services areas e.g. Learning Disability care packages, children's residential placements, complex care packages
- Progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this
- Ongoing implementation costs of the Scottish Government policy directives, for example Free Personal Care for under 65's and implementation of the Scottish Living Wage
- Lead / hosted service arrangements, including managing pressures and reporting this across the 3 IJBs
- The impact on Lead partnership and acute services from decisions taken by other Ayrshire areas
- North managed Health Wards where there is an impact from capacity used by other areas. For these wards the North financial assumptions include:
    - Ward 2 Woodland View – East Ayrshire partnership intention to reduce funding continuation following a decision to commission less beds, position being negotiated, North assumption is that the position can be mitigated
    - Lochranza – only South and East Ayrshire patients remain in this ward, assumption that from 1 April 2020 financial (and potentially operational) responsibility will transfer
    - Douglas Grant and Redburn – assumption that financial responsibility for wards will transfer to North Ayrshire once costs are reduced and contained within delegated budget, this is a shared responsibility with East Ayrshire.
- The non-recurring nature of an element of Social Care funding which poses a risk to robust medium term financial planning and required the IJB to balance funding recurring costs and pressures acknowledging that £1.1m of funding is non-recurring in nature
- The potential financial impact of the HSCP response to the Covid-19 pandemic and the wider public sector financial impact, including on the Council and Health Board.

The IJB will be required to re-visit the budget for 2020-21, as this was approved just prior to the pandemic and lock down, some of the plans and timescales in the balanced budget are clearly no longer realistic nor deliverable. There is a risk that if the full cost of the Covid-19 response is not

funded that the IJB may be required to recover any overspend in-year, this also impacts on the affordability of the planned instalment of debt repayment to the Council.

This Covid-19 mobilisation plan and the financial risks will be monitored during 2020-21 and the financial impact reported through the financial monitoring report.

Conclusion

The fifth year as an integrated Health and Social Care Partnership has seen progress towards achieving financial balance and overall service sustainability. The IJB has a deficit of £5.293m (2018-19 £5.139m) as it moves into 2020-21. There is a repayment plan to allow the deficit to be recovered over the medium term to support the financial sustainability of the Partnership.

The IJB recognises it must deliver services within its financial envelope for 2020-21 and our transformation programme will continue with delivery of the savings plan and service redesign, albeit with some delays due to services prioritising the Covid-19 response.

There is a focus on the integration of services to deliver real change to the way services are being delivered, with a realism that continuing to deliver services in the same way is no longer sustainable and changes need to be made in the way services are accessed and provided. The scale and pace of change will be accelerated as services need to adapt to 'the new normal' following the Covid-19 pandemic, however the requirement to change and re-design services to improve outcomes for individuals would exist despite the financial and pandemic pressures.

There is an expectation that within North Ayrshire the pattern of spend will change and there will be a shift in the balance of care from institutional to community settings. The integration of health and social care provides a unique opportunity to change the way services are delivered, it is an opportunity to put people at the heart of the process, focussing on the outcomes they want by operating as a single health and social care service.

The IJB through the Strategic Plan outlines the belief that together we can transform health and social care services to achieve the joint vision for the future "all people who live in North Ayrshire are able to have a safe, healthy and active life". Moving into 2020-21, we are working proactively to address the financial challenges, while at the same time, providing high-quality and sustainable health and social care services for the communities in North Ayrshire.

Where to find more information

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

Stephen Brown
Chief Officer

27 August 2020

Cllr Robert Foster
IJB Chair

27 August 2020

Caroline Whyte
Chief Finance Officer

27 August 2020

Statement of responsibilities

Responsibilities of the IJB

The IJB is required to:

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

I confirm that the audited annual financial statements were approved for signature at a meeting of the IJB on 27 August 2020.

Cllr Robert Foster
IJB Chair

27 August 2020

Responsibilities of the Chief Finance Officer

The Chief Finance Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the annual accounts, the Chief Finance Officer has:

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

The Chief Finance Officer is also required to:

- Keep proper accounting records which are up to date
- Take reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board

I certify that the financial statements give a true and fair view of the financial position of the North Ayrshire Integration Joint Board as at 31 March 2020, and its income and expenditure for the period then ended.

Caroline Cameron
Chief Finance Officer

27 August 2020

Annual governance statement

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

Scope of responsibility

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

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

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

Purpose of the governance framework

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

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

Governance framework

The main features of the governance framework that was in place during 2019-20 are summarised below:

- The IJB, comprising all IJB Board members, was the key decision-making body. The Performance and Audit Committee considered all matters in relation to Internal and External Audit, Risk Management and Performance
- Strategic decision-making is governed by the IJB's key constitutional documents including the Integration Scheme, standing orders, scheme of administration, scheme of delegation to officers and financial regulations

- The Integration Scheme sets out the process to determine financial contributions by partners to Integration Joint Boards. This has been supplemented by directives from the Scottish Government in relation to additional resources for Health and Social Care Integration
- The IJB's purpose and vision are outlined in the IJB Strategic Plan which links closely to the vision of the North Ayrshire Community Planning Partnership and the Local Outcome Improvement Plan (LOIP) and is underpinned by an annual action plan and performance indicators. The Strategic Plan was most recently approved by the IJB in April 2018. Regular progress reports on the delivery of the Strategic Plan were provided to the Performance and Audit Committee and the IJB
- The Performance Management Strategy focuses very firmly on embedding a performance management culture throughout the IJB. Regular reporting to Board Members takes place
- A risk management strategy and strategic risk register is in place for the IJB.
- A Health and Care Governance Framework was agreed by the IJB on 9 March 2017. This covers governance arrangements in relation to complaints and customer feedback, risk management, health and safety, Internal Audit, workforce planning and public protection. Regular updates are provided to the IJB by the Health and Care Governance Group.
- The IJB has adopted a 'Code of Conduct' for all of its Board Members and employees, a register of interests is in place for all Board members and senior officers
- The IJB has in place an informal development programme for all Board Members, the Partnership Senior Management Team and senior managers across the Partnership. Performance and Personal Development (PPD) schemes are in place for all staff, the aim of which is to focus all staff on their performance and development that contributes towards achieving service objectives
- The IJB has established six locality planning forums, reflecting the previously agreed local planning areas. These provide Board Members, health and social care staff and local community representatives with the opportunity to be involved in considering and influencing priorities for each area
- A Transformation programme is in place, covering four main themes of building teams around children, developing a wider range of primary care services, supporting older people and people with complex care needs and creating mental health and learning disability services to better support people to stay well. A Transformation Board has oversight of the programme.

The governance framework was in place during the period ended 31 March 2020.

System of internal financial control

The governance framework described operates on the foundation of internal controls. The system of internal financial control is based on a framework of regular management information, financial regulations, administrative procedures (including segregation of duties), management supervision, and a system of delegation and accountability.

Development and maintenance of these systems is supported by NHS Ayrshire & Arran and North Ayrshire Council in relation to the operational delivery of health and social care services. In particular, these systems include:

- Financial regulations and codes of financial practice
- Comprehensive budgeting systems
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts

- Setting targets to measure financial and other performance
- Formal project management disciplines
- The establishment of a Transformation Board to provide further scrutiny of service re-design and financial delivery
- An effective Internal Audit function

The IJB's financial management arrangements conform to the governance requirements of the CIPFA statement: 'The Role of the Chief Finance Officer in Local Government (2016)'.

Review of effectiveness

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

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Finance Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2019-20.

The Internal Audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2019-20, the partnership operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards.

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

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

Developments during 2019-20

The elements noted below incorporate progress with the further actions or developments identified in the 2019-20 Annual Accounts.

Membership of IJB

The following new appointments were made:

- Chair and Vice Chair, IJB
- Chair and Vice Chair, Performance and Audit Committee
- Chair, Strategic Planning Group

Annual Performance Report

The IJB endorsed the Annual Performance Report for 2018-19 at the meeting in August 2019. This report outlined the good performance of the Health and Social Care Partnership and how it delivered against the strategic priorities and the national outcomes.

Review of Progress with Integration of Health and Social Care

The Ministerial Strategic Group's (MSG) final report relating to the review of progress with integration of health and social care was submitted to IJB on 14 February 2019. North Ayrshire HSCP benchmarked and evaluated their position against the 25 proposals outlined in the report and the Audit Scotland report, and produced an action plan which was presented to the IJB in May 2019. A further progress update was provided to IJB in December 2019.

Best Value

The IJB participated in the recent Best Value Audit of North Ayrshire Council. This included officers providing information and evidence in relation to IJB led activities and the contribution to securing Best Value as part of North Ayrshire Council and also through the wider Health and Social Care Partnership.

Audit Scotland indicated that as part of their strategic audit work programme they were considering a consistent approach to Best Value by IJBs, no further guidance on a national approach has been provided.

We continue to undertake an assessment of meeting our requirement to secure Best Value and will look to develop a framework for North Ayrshire IJB during 2020-21.

Reserves Policy

An updated Reserves Policy was approved by the IJB in October 2019.

The main update was to incorporate the policy in relation to holding a negative reserve balance and to be clearer in relation to responsibilities for planning for adequate reserves as part of the IJB budget planning.

This was part of a rolling programme of review of the IJB's key governance documents.

Risk Management

It was planned to undertake a Risk Management development session with the IJB to collectively inform and agree the risk appetite statement.

An IJB member skills self-assessment was issued during the period to gather a fuller understanding of areas for development to inform a fuller programme for an IJB induction and ongoing supported development sessions. This was issued to ensure we had a fuller understanding of knowledge and skills gaps, including risk management, before developing a programme. This was all put on hold due to Covid and will require to be progressed during 2020-21.

Workforce Planning

There was a requirement included within the Integration Scheme to develop an Integrated

Workforce Strategy. This was agreed by the IJB in May 2019.

In February 2020, a report was received on the first Integrated Health and Social Care Workforce Plan for Scotland (published by the Scottish Government in December 2019).

The IJB agreed that this would result in the requirement to update its own Strategy and that this would be done by April 2021.

Joint Inspection Improvement Plan

Scottish Ministers asked Healthcare Improvement Scotland and the Care Inspectorate to report on the effectiveness of strategic planning by Integration Authorities.

North Ayrshire was the fourth Integration Authority to be inspected in this way with the report being published at the end of March 2019.

The North Ayrshire IJB was graded against 3 quality indicators: Key Performance Outcomes (adequate); Policy Development/Strategic Planning (good); Leadership and Direction (good).

In June 2019 the IJB noted the key findings and agreed an action plan to address these findings.

Directions

In January 2020, the Scottish Government issued new statutory guidance for directions from Integration Authorities (IJBs) to Health Boards and Local Authorities.

Directions are the mechanism to action the strategic commissioning plans (Strategic Plan).

In March 2020 the IJB noted the new statutory guidance and agreed to continue to work with partners in East and South Ayrshire to progress improvement plans, including enhancing governance arrangements for lead partnership services.

This work is underway and a follow up development session with the North Ayrshire IJB incorporating Directions, Set Aside, Commissioning Plans and progress towards Fair Shares will be scheduled for later in 2020.

Locality Planning Forums

Dedicated locality pages have been created on the Partnership web site and improved communication routes with the CPP Locality Partnership are also being developed.

All of the public events planned for winter 2019 and spring of 2020 were delivered, with Locality Planning Forums holding locality-based events on Arran, in the North Coast, Kilwinning, Kilbirnie and Irvine, with CPP colleagues, third sector groups, social enterprises. The LPFs also delivered a 2020 engagement vision.

Standing Orders

In August 2019 the IJB agreed an amendment to Standing Orders to allow the webcasting of meetings enabling better engagement with the population of North Ayrshire.

Delegated Authority - COVID-19

On 11th March 2020 the World Health Organisation declared the outbreak of Covid-19 as a global pandemic and on 23rd March the United Kingdom entered a period of lockdown. This had an unprecedented impact on the governance of the Integration Joint Board and the operations through the Health and Social Care Partnership. It was recognised that it was no longer going to be practical to take decisions via the established governance routes, due to the pace of the pandemic response and the availability of individuals to continue to meet formally.

A range of delegated authorities for the Chief Officer, Section 95 Officer and other officers in the HSCP currently form part of the Integration Scheme and Scheme of Delegation for North Ayrshire IJB. There are powers which are reserved to the Board and these are outlined in the Scheme of Delegation. The IJB held a meeting on 19 March where they approved delegated authority for the Chief Officer and S95 Officer for the foreseeable future to take decisions in respect of those matters that would normally require Board approval, subject to consultation with the Chair and Vice Chair of the Board.

The IJB and formal sub-committees have not formally met since March 2020 and plans are underway for the planned resumption of Committee business as part of recovery. As part of this a formal report will be presented to the IJB to outline those decisions taken during the Covid-19 response period.

Further actions for 2020-21

The IJB has identified the following actions for 2020-21 that will assist with the further strengthening of corporate governance arrangements:

- Further develop the performance management framework and reports, including making more performance information accessible and available for public scrutiny
- Review governance arrangements as formal meeting and committee structures are brought back on line as part of the Covid-19 recovery
- Develop Risk Management arrangements, including an agreed risk appetite statement
- Support the Pan Ayrshire work on developing Directions for Lead Partnership services
- Develop commissioning plans and Directions in relation to the acute set-aside resources
- Continue to review, on a rolling basis, IJB key governance documents, including for example Standing Orders, Scheme of Delegation and Financial Regulations
- Further support and develop Locality Planning Forums to establish and implement locality plans

Some of these areas were planned to be progressed during 2019-20 and were either

delayed due to Covid-19 or due to timescales in co-ordinating work with partners.

Assurance

Subject to the above, and on the basis of the assurances provided, we consider the governance and internal control environment operating during 2019-20 to provide reasonable and objective assurance that any significant risks impacting on the achievement of our actions will be identified and actions taken to avoid or mitigate their impact.

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

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

The impact of the Covid-19 pandemic has resulted in unprecedented impacts on the governance and operations of the IJB moving into 2020-21.

Stephen Brown
Chief Officer

27 August 2020

Cllr Robert Foster
IJB Chair

27 August 2020

Remuneration report

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

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

Remuneration: IJB Chair and Vice Chair

The IJB comprises eight voting members appointed through nomination in equal numbers by NHS Ayrshire & Arran and North Ayrshire Council. A Chair and Vice Chair are appointed in accordance with the Integration Scheme and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. As required in Article 4 of the Order the nomination of the IJB Chair and Vice Chair post holders alternates between a Council and Health Board representative, with the Vice Chair appointment by the constituent authority who did not appoint the Chair.

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

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

Remuneration: Senior Officers of the IJB

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

Chief Officer and Chief Finance Officer

The appointment of an Integration Joint Board Chief Officer and Chief Finance Officer is required by section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 which includes the statement “an Integration Joint Board is to appoint, as a member of staff, a chief officer”.

The Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer adheres to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer’s employment are approved by the IJB.

Other Officers

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

Total remuneration 2018-19 £	Name and post title	Salary, fees and allowances £	Taxable expenses £	Total remuneration 2019-20 £
108,506	**Stephen Brown, Chief Officer**	111,761	0	111,761
59,336*	**Caroline Cameron, Chief Finance Officer**	85,776	0	85,776

** 2018-19 part year salary for the period 14 July 2018 to 31 March 2019. The full year equivalent for 2018-19 is £83,104.*

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

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

	In Period pension contributions		Accrued pension benefits		
	2018-19 £	2019-20 £		Difference from 2018-19	2019-20
Stephen Brown, Chief Officer	0	0	Pension Lump Sum	0 0	0 0
Caroline Cameron, Chief Finance Officer	11,412	16,520	Pension Lump Sum	1,776	2,983

Disclosure by pay bands

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

Number of employees in band 2018-19	Remuneration band	Number of employees in band 2019-20
0	**£110,000-£114,999**	1
1	**£105,000–£109,999**	0
0	**£85,000-£89,999**	1
1	**£55,000 - £59,999**	0

Exit packages

There were no exit packages during 2018-19 or 2019-20.

Financial statements

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

2018-19		2019-20		
Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
65,751	Community Care and Health	71,919	-	71,919
27,816	Mental Health	29,156	-	29,156
35,300	Children's Services and Criminal Justice	36,665	-	36,665
48,839	Primary Care	53,006	-	53,006
6,306	Management and Support Costs	8,323	-	8,323
2,156	Change Programme	1,434	-	1,434
4,588	Allied Health Professionals	5,089	-	5,089
77,455	Lead Partnership and Set Aside	79,862	-	79,862
268,211	**Cost of Services**	**285,454**	**-**	**285,454**
(95,169)	North Ayrshire Council Funding	-	(97,973)	(97,973)
(173,987)	NHS Ayrshire & Arran Funding	-	(187,257)	(187,257)
(269,156)	**Total Taxation And Non-Specific Grant Income (note 5)**	**-**	**(285,230)**	**(285,230)**
(945)	**(Surplus) or Deficit on Provision of Services**	**285,454**	**(285,230)**	**224**

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

The **Movement in Reserves Statement** shows the movement in the period on the reserves held by the IJB. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices. In 2019-20 there were no statutory adjustments.

Total Reserves 2018-19	Movement in reserves	General Fund Balance 2019-20	Unusable Reserves 2019-20	Total Reserves 2019-20
(5,807)	Opening balance as at 1 April	(4,862)	0	(4,862)
945	Total Comprehensive Income and Expenditure	(224)	0	(224)
0	Adjustments between accounting basis and funding basis under regulations	0	0	0
945	**Increase or (decrease) in period**	**(224)**	**0**	**(224)**
(4,862)	Closing Balance as at 31 March	**(5,086)**	**0**	**(5,086)**

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

31 March 2019 £000		Notes	31 March 2020 £000
277	Short Term Debtors	6	207
(5,139)	Long Term Creditors	7	(5,293)
(4,862)	**Net Assets**		**(5,086)**
(4,862)	Usable Reserve: General Fund	8	(5,086)
(4,862)	**Total Reserves**		**(5,086)**

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2020 and its income and expenditure for the period then ended.

The unaudited financial statements were authorised for issue on 25 June 2020 and the audited financial statements will be authorised for issue on 27 August 2020.

Caroline Cameron
Chief Finance Officer

27 August 2020

Notes to the financial statements

NOTE 1 – SIGNIFICANT ACCOUNTING POLICIES

General principles

The Financial Statements summarise the authority's transactions for the 2019-20 financial period and its position at the period-end as at 31 March 2020.

The North Ayrshire IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019-20, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The annual accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. Whilst the financial statements show an overall negative balance sheet position the Integration Scheme outlines the partnership arrangement between the Council and Health Board and the requirements for those organisations to underwrite the financial position of the IJB.

The historical cost convention has been adopted.

Accruals of expenditure and income

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

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

For the Integration Joint Board financial statements a debtor and/or creditor will be recorded where the partner contributions differ from the actual net expenditure in period, this allows any surplus or deficit on the provision of services to be transferred to the reserves held by the Integration Joint Board.

Funding

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

Cash and cash equivalents

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

Employee benefits

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

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

Provisions, Contingent Liabilities and Contingent Assets

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

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

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

Reserves

The Integration Joint Board's reserves are classified as either Usable or Unusable Reserves. The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

The IJB's only Unusable Reserve is the Employee Statutory Adjustment Account. This is required by legislation. It defers the charge to the General Fund for the Chief Officer's absence entitlement as at 31 March, for example any annual leave earned but not yet taken. The General Fund is only charged for this when the leave is taken, normally during the next financial year.

Indemnity insurance

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

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

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

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

VAT Status

The IJB is a non-taxable body and does not charge or recover VAT on its functions.

NOTE 2 – CRITICAL JUDGEMENTS AND ESTIMATION UNCERTAINTY

The critical judgements include:

- On behalf of all IJBs within the NHS Ayrshire and Arran area, the IJB acts as the lead partner for Mental Health Services. It commissions services on behalf of the three Ayrshire IJBs and reclaims the costs involved. This arrangement is treated as an agency arrangement. In the absence of an alternative agreement or approach being outlined in the Integration Scheme, the recharges across the partnerships for lead services are based on an NRAC share of costs, this may not reflect the actual cost of delivering services to the population in the three areas.
- In applying the accounting policies, the IJB has had to make a critical judgement relating to the values included for Set Aside services. The Set Aside figure included in the IJB accounts is based upon Information Services Division Scotland (ISD) activity data at historic prices with inflation applied. As such, the Set Aside sum included in the accounts will not reflect actual hospital usage in 2019-20.

There are no material estimation uncertainties included within the Financial Statements. The impact of Covid-19 and associated costs incurred in 2019/20 have been accounted for in the financial statements.

NOTE 3 – EVENTS AFTER THE REPORTING PERIOD

The audited annual financial statements will be authorised for issue by the Chief Finance Officer on 27 August 2020. Events taking place after this date are not reflected in the financial statements or notes.

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. Two types of events can be identified:

- Those that provide evidence of conditions that existed at the end of the reporting period - the financial statements are adjusted to reflect such events
- Those that are indicative of conditions that arose after the reporting period – the financial statements are not adjusted to reflect for such events, but where a category of events would have a material impact disclosure is made in the notes of the nature of the events and their estimated financial effect.

On 11 March 2020 the World Health Organisation declared a worldwide pandemic for COVID-19. The IJB's response has gone through a containment phase to delay phase and is currently in the

response phase whilst starting to plan for recovery. Significant resources have been deployed to increase capacity to cope with increased health and social care demand as a result of COVID-19. An estimate of its financial effect cannot be made at the time of reporting.

The impact of Covid-19 and associated costs incurred in 2019/20 have been accounted for in the financial statements and the management commentary provides more information on the impact that Covid-19 has and will have on services.

NOTE 4 – EXPENDITURE AND INCOME ANALYSIS BY NATURE

2018-19 £000's		2019-20 £000's
117,023	Services commissioned from North Ayrshire Council	122,112
151,163	Services commissioned from NHS Ayrshire & Arran	163,315
25	Auditor Fee: External Audit Work	27
(269,156)	Partners Funding Contributions and Non-Specific Grant Income	**(285,230)**
945	**Surplus / (deficit) on the Provision of Services**	**(224)**

NOTE 5 - TAXATION AND NON-SPECIFIC GRANT INCOME

2018-19 £000's		2019-20 £000's
(95,169)	Funding Contribution from North Ayrshire Council	(97,973)
(173,987)	Funding Contribution from NHS Ayrshire & Arran	(187,257)
(269,156)	**Taxation and Non-specific Grant Income**	**(285,230)**

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement. There was no ring-fenced funding in 2018-19 or 2019-20.

The funding contribution from NHS Ayrshire & Arran shown above includes £31.807m (2018-19 £30.114m) in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

NOTE 6 - DEBTORS

31 March 2019 £000's		31 March 2020 £000's
131	North Ayrshire Council	0
146	NHS Ayrshire & Arran	207
277	**Total Debtors**	**207**

Amounts owed to the funding partners are stated on a net basis. Debtor and Creditor balances recognised by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the Integration Joint Board.

NOTE 7 – CREDITORS

31 March 2019 £000's		31 March 2020 £000's
(5,139)	North Ayrshire Council	(5,293)
0	NHS Ayrshire & Arran	0
(5,139)	**Total Creditors**	**(5,293)**

Amounts owed to the funding partners are stated on a net basis. Debtor and Creditor balances recognised by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the Integration Joint Board.

The Debtor balances recognised on the Balance Sheet represent the value of reserves held by partners supporting the earmarked element of the General Fund balance. The remaining balance of the surplus on the provision of services is offset against the Creditor in relation to the outstanding debt to North Ayrshire Council. This is in line with the amounts owed to funding partners being stated on a net basis irrespective of settlement in cash terms.

This position is summarised below:

Funding Partner	Surplus / (deficit) on provision of services	Movement in Reserves	Uncommitted Surplus/ / (deficit)
	£000's	£000's	£000's
North Ayrshire Council	(1,381)	131	(1,250)
NHS Ayrshire & Arran	1,157	(61)	1,096
Total	**(224)**	**70**	**(154)**

NOTE 8 – USABLE RESERVE: GENERAL FUND

The IJB holds a balance on the General Fund which will normally comprise one of three elements:

- As a working balance to help cushion the impact of uneven cash flows.
- As a contingency to manage the impact of unexpected events or emergencies.
- As a means of building up funds, often referred to as earmarked reserve, to meet known or predicted liabilities.

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned expenditure and the amount held in unallocated reserves.

Action 15 and the Primary Care Improvement Fund (PCIF) are Scottish Government allocations which require to be carried forward for use in future years.

The IJB has an overall negative reserves position with the unallocated balance representing the balance of payment due to North Ayrshire to repay the debt due for previous year deficits, the movement in this balance represents the increase in debt during 2019-20.

2018-19				2019-20		
Transfers Out 2018-19	Transfers In 2018-19	Balance at 31 March 2019		Transfers Out 2019-20	Transfers In 2019-20	Balance at 31 March 2020
			Earmarked Funds			
0	131	131	: Alcohol & Drug Partnership	(131)	0	0
0	116	116	: Action 15	(116)	63	63
0	30	30	: PCIF	(30)	144	144
0	**277**	**277**	**Total Earmarked**	**(277)**	**207**	**207**
0	668	(5,139)	Unallocated General Fund	0	(154)	(5,293)
0	**945**	**(4,862)**	**General Fund**	**(277)**	**53**	**(5,086)**

NOTE 9 – AGENCY INCOME AND EXPENDITURE

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

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

2018-19 £000		2019-20 £000
29,018	Expenditure on Agency Service	30,493
(29,018)	Reimbursement for Agency Services	(30,493)
0	**Net Agency Expenditure Excluded from the CIES**	**0**

NOTE 10 – RELATED PARTY TRANSACTIONS

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

2018-19 £000	Transactions with NHS Ayrshire & Arran	2019-20 £000
(173,987)	Funding Contributions received from NHS Board	(187,257)
0	Service Income received from NHS Board	0
151,121	Expenditure on Services Provided by NHS Board	163,273
54	Key Management Personnel: Non-Voting Board Members	56
0	Support Services	0
(22,812)	**Net Transactions with NHS Board**	**(23,928)**

31 March 2019 £000	Balances with NHS Ayrshire & Arran	31 March 2020 £000
146	Debtor Balances: Amounts due from NHS Board	207
0	Creditor Balances: Amounts due to NHS Board	0
146	**Net Balances with NHS Board**	**207**

2018-19 £000	Transactions with North Ayrshire Council	2019-20 £000
(95,169)	Funding Contributions received from the Council	(97,973)
0	Service Income received from the Council	0
116,981	Expenditure on Services Provided by the Council	122,069
55	Key Management Personnel: Non-Voting Board Members	56
0	Support Services	0
21,867	**Net Transactions with the Council**	**24,152**

31 March 2019 £000	Balances with North Ayrshire Council	31 March 2020 £000
131	Debtor Balances: Amounts due from the Council	0
(5,139)	Creditor Balances: Amounts due to the Council	(5,293)
(5,008)	**Net Balances with the Council**	**(5,293)**

There are key management personnel employed by NHS Ayrshire & Arran and North Ayrshire Council, these costs are included in the expenditure on services provided. The non-voting Board members employed by the Council and Health Board include the Chief Officer, Chief Finance Officer, Chief Social Work Officer, representatives of primary care, nursing and non-primary care services; and a staff representative. Details of the remuneration for some specific post-holders is provided in the Remuneration Report.

Support services were not delegated to the Integration Joint Board through the Integration Scheme and are instead provided by NHS Ayrshire & Arran and North Ayrshire Council free of charge as 'services in kind'. These include services such as financial management, human resources, legal services, committee services, ICT, payroll, internal audit and accommodation.

NOTE 11 – VAT

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

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

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

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

NOTE 12 – ACCOUNTING STANDARDS ISSUED NOT YET ADOPTED

The Code requires the disclosure of information about accounting changes that will be required by new accounting standards that has been issued but not yet adopted. The IJB considers that there are no such standards which would have an impact on the 2019-20 financial statements.

Independent auditor's report

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

Report on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of the North Ayrshire Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of the body as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 31 May 2016. The period of total uninterrupted appointment is four years. We are independent of the body in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

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

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

- the Chief Finance Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

We report in a separate Annual Audit Report, available from the Audit Scotland website, the most significant assessed risks of material misstatement that we identified and our conclusions thereon.

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

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

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

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

Auditor's responsibilities for the audit of the financial statements

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

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. We therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

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

Other information in the annual accounts

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

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

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

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

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

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

Matters on which we are required to report by exception

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

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

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

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

Pat Kenny, CPFA (for and on behalf of Deloitte LLP)
110 Queen Street
Glasgow
G1 3BX
United Kingdom
27 August 2020

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Delivering care together

Appendix 2

NORTH AYRSHIRE
Health and Social Care Partnership

Delivering care together

DIRECTOR (North Ayrshire Health & Social Care Partnership): Stephen Brown
5th Floor West Wing, Cunninghame House, Friarscroft, Irvine KA12 8EE
Our Ref: PK/NAIJB/2020

27 August 2020
Deloitte LLP
110 Queen Street
Glasgow
G1 3BX

Our Ref: PK/CB/NAIJB/2020

Date: 27 August 2020

Dear Pat Kenny,

This representation letter is provided in connection with your audit of the financial statements of the North Ayrshire Integrated Joint Board ('the entity') for the year ended 31 March 2020 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view of the financial position of the entity as of 31 March 2020 and of the results of its comprehensive net income and expenditure and its cash flows for the year then ended in accordance with the applicable accounting framework as interpreted by the with the Code of Practice on Local Authority Accounting in the United Kingdom.

In addition to the above, this representation letter is provided in connection with your audit of the other information in the annual report, for the purposes set out in the Code of Audit Practice 2016.

We are aware that it is an offence to mislead an auditor of a public body.
On behalf of the entity, I confirm as Chief Finance and Transformation Officer, to the best of my knowledge and belief, the following representations.

Financial statements

1. We understand and have fulfilled our responsibilities for the preparation of the financial statements in accordance with the applicable financial reporting framework, as set out in the with the Code of Practice on Local Authority Accounting in the United Kingdom, which give a true and fair view, as set out in the terms of the audit engagement letter.

2. Significant assumptions used by us in making accounting estimates, including those measured at fair value and assessing the impact of Covid-19 on the entity are reasonable. We have made sufficient and appropriate disclosure of the general increased estimation uncertainty arising from the impact of Covid-19.

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

4. All events subsequent to the date of the financial statements and for which the applicable financial reporting framework requires adjustment of or disclosure have been adjusted or disclosed. The impact of Covid-19 has been considered a non-adjusting event given the timing of the outbreak of the epidemic in the United Kingdom.

5. There are no uncorrected misstatements and disclosure deficiencies.

6. We confirm that the financial statements have been prepared on the going concern basis and disclose in accordance with IAS 1 all matters of which we are aware that are relevant to the entity's ability to continue as a going concern, including principal conditions or events and our plans. We do not intend to cease operations as we consider we have realistic alternatives to doing so. We are not aware of any material uncertainties related to events or conditions that may cast significant doubt upon the entity's ability to continue as a going concern. We confirm the completeness of the information provided regarding events and conditions relating to going concern at the date of approval of the financial statements, including our plans for future actions.

7. We have recorded or disclosed, as appropriate, all liabilities, both actual and contingent.

Information provided

8. We have provided you with all relevant information and access as agreed in the terms of the audit engagement letter with Audit Scotland.

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

10. We acknowledge our responsibilities for the design, implementation and maintenance of internal control to prevent and detect fraud and error. We are not aware of any deficiencies in internal control of which you should be aware.

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

12. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the entity or group and involves:

    (i) management;

(ii) employees who have significant roles in internal control; or

(iii) others where the fraud could have a material effect on the financial statements.

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

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

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

16. All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to you and accounted for and disclosed in accordance with the applicable financial reporting framework. No other claims in connection with litigation have been or are expected to be received.

17. We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities reflected in the financial statements.

18. We confirm that:

(i) we consider that the entity has appropriate processes to prevent and identify any cyber breaches other than those that are clearly inconsequential; and

(ii) we have disclosed to you all cyber breaches of which we are aware that have resulted in more than inconsequential unauthorised access of data, applications, services, networks and/or devices.

19. All minutes of the Board and Committee meetings during and since the financial year have been made available to you.

20. We have drawn to your attention all correspondence and notes of meetings with regulators.

21. We confirm that all of the disclosures relating to sections of the annual report which are considered 'other information' as set out in the Code of Audit Practice 2016 have been prepared in accordance with relevant legislation and guidance.

22. I confirm that I have appropriately discharged my responsibility for the regularity of transactions.

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

Yours faithfully

Caroline Cameron
Signed as Chief Finance and Transformation Officer, and on behalf of the Board

Deloitte.

NORTH AYRSHIRE
Health and Social Care
Partnership

North Ayrshire Integration Joint Board

Report to the Members of the IJB and the Controller of Audit
on the 2019/20 audit

Issued on 19 August for the meeting on 27 August 2020

Contents

Introduction

The key messages in this report

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

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

I have pleasure in presenting our final report to the North Ayrshire Integration Joint Board ("the IJB" "the Board") for the 2019/20 audit. The scope of our audit was set out within our planning report presented to the Performance and Audit Committee in March 2020.

This audit was carried out under unusual circumstances, being a remote audit conducted during the national lockdown in response to COVID-19. We recognise the extra pressure faced by the IJB in preparing the annual report and in preparing for the audit. We engaged early with management on the potential implications of COVID-19 for the preparation of the annual report as well as the audit, and management confirmed their desire to stick to the original timetable. While the shift to remote working placed pressure on the original timetable for preparation of the annual report and completion of the audit, we have worked closely with management to mitigate this whilst maintaining audit quality as our number one focus.

This report summarises our findings and conclusions in relation to:

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

Introduction (continued)

The key messages in this report (continued)

I would like to draw your attention to the key messages of this paper:

Conclusions from our testing

Based on our audit work completed to date we expect to issue an unmodified audit opinion.

The management commentary and annual governance statement comply with the statutory guidance and proper practice and are consistent with the financial statements and our knowledge of the Board.

The auditable parts of the remuneration report have been prepared in accordance with the relevant regulation.

A summary of our work on the significant risks is provided in the dashboard on page 10.

No misstatements in excess of our reporting threshold of £199,000 or disclosure deficiencies have been identified up to the date of this report.

Status of the financial statements audit

Outstanding matters to conclude the audit include:

- Receipt of signed financial statements;
- Receipt of signed management representation letter; and
- Our review of events since 31 March 2020.

Conclusions on audit dimensions

As set out on page 3, our audit work covered the four audit dimensions. Our audit work was risk based and proportionate, covering each of the four dimensions.

Due to the impact of the COVID-19 pandemic and cancellation of Committee meetings up to the end of July, we did not prepare a separate interim report as planned and have instead reported our detailed findings and conclusions within this report.

The outbreak of COVID-19 has brought unprecedented challenges to organisations around the country. It is not yet known what long term impacts these will have on populations and on the delivery of public services, but they will be significant and could continue for some time. While this report makes reference to COVID-19 where relevant in each of the dimensions, we have not considered the full impact of COVID-19 on IJB at this stage.

Introduction (continued)

The key messages in this report (continued)

Conclusions on audit dimensions (continued)

Financial Management

The IJB has effective financial planning and management arrangements in place with a strong and consistent finance team. The accuracy of the financial projections have improved over the year through close working between finance and service areas. This has also benefited from a revised finance structure and systematic processes in place. The implementation of the Financial Recovery Plan has resulted in an improved year-end financial position. Further work is still, however, required to align the Strategic Plan to the Medium Term Financial Strategy to demonstrate that resources are being directed in line with priorities.

Financial sustainability

While the IJB has achieved short term financial balance, it has been unable to repay any of the debt due to North Ayrshire Council in 2019/20 and a number of risks remain with the 2020/21 budget, in particular the impact of COVID-19. The Medium Term Financial Plan (MTFP) has not yet been updated, with further delays as a result of management focusing on responding to COVID-19. The IJB is therefore unable to evidence it is financially sustainable in the medium to longer term.

The IJB is progressing with its transformation programme and is taking an innovative approach to determining future service delivery. Significant work is still required to make the level of transformational change needed, with COVID-19 likely to impact on timelines and plans.

Governance and Transparency

The IJB has strong leadership and, with its partners, has a clear vision. Appropriate governance arrangements have been put in place in response to the COVID-19 pandemic.

Further improvements have been to the IJB's approach to openness and transparency during the year with all minutes of the Performance and Audit Committee now publicly available and all IJB meetings are now being webcast.

The IJB is starting the development of its next Strategic Plan. It is important that this work is progressed in line with the updated MTFP to ensure a clear linkage with priorities, outcomes and resources. This should take into account lessons learned from the COVID-19 pandemic.

Value for money

The IJB continues to have an embedded performance management culture. Performance data has shown an improved position during 2019/20, however, there remain areas of specific challenge. The pace and scale of transformation needs to increase to address the challenges faced. We do, however, recognise that resources are currently focused on managing the impact of COVID-19.

Our detailed conclusions are included on pages 18 to 31 of this report. We will consider progress with the agreed actions as part of the 2020/21 audit.

Introduction (continued)

The key messages in this report (continued)

Emerging issues

Deloitte's wider public sector team prepare a number of publications to share research, informed perspective and best practice across different sectors. Most recently, a number of articles have been published focusing on the impact of COVID-19. We have provided a summary of those most relevant to the IJB as an Appendix on pages 34 and 35 of this report.

Next steps

An agreed Action Plan is included as an Appendix on pages 38 to 43 of this report which includes a follow up of progress on previous years agreed actions. We will consider progress with the agreed actions as part of our 2020/21 audit.

Added value

Our aim is to add value to the Board by providing insight into, and offering foresight on, financial sustainability, risk and performance by identifying areas for improvement and recommending and encouraging good practice. In so doing, we aim to help the Board promote improved standards of governance, better management and decision making, and more effective use of resources. This is provided throughout the report.

We have also included conclusions on the Board's Best Value arrangements, which are discussed on page 32.

In addition, as information emerges as a result of the COVID-19 pandemic, we have shared guidance with management on areas to consider in relation to internal controls, fraud risks and annual reporting. In addition, invites have been issued to our weekly webinar "Responding to COVID-19: Updates and practical steps" which is open to anyone to join.

Pat Kenny
Audit Director

Financial statements audit

Quality indicators

Impact on the execution of our audit

Management and those charged with governance are in a position to influence the effectiveness of our audit, through timely formulation of judgements, provision of accurate information, and responsiveness to issues identified in the course of the audit. This slide summarises some key metrics related to your control environment which can significantly impact the execution of the audit. We consider these metrics important in assessing the reliability of your financial reporting and provide context for other messages in this report.

Area	Grading	Reason
Timing of key accounting judgements		There are no significant accounting judgements include in the IJB accounts.
Adherence to deliverables timetable		The audit of the annual accounts commenced on 15 June. However, receipt of the first draft of the annual report and accounts was not received until 25 June (10 days after the agreed date). We were advised that this was due to competing priorities with COVID-19 mobilisation returns due around the same time, although this did not create significant issues.
Access to finance team		Deloitte and North Ayrshire IJB have worked together to facilitate remote communication during the audit which has been successful.
Quality and accuracy of management accounting papers		On the whole documentation provided has been a good standard. Improvements can be made to make it clear how the final management accounts reconcile to the draft Comprehensive Income and Expenditure Statement (CIES) position as these were difficult to follow.
Quality of draft financial statements		A full draft of the annual report and accounts was received for audit on 25 June 2020. The draft was of a good standard with minor changes required.
Response to control deficiencies identified		No control deficiencies were identified.
Volume and magnitude of identified errors		We have not identified any significant financial adjustments to date, although we identified adjustments required to the management commentary in relation to the Lead Partnership Services. We have also added a recommendation on page 38 regarding the timely provision of Lead Partnership recharges workings to include in the draft annual accounts.

! Lagging ! Developing Mature

Our audit explained

We tailor our audit to your business and your strategy

Identify changes in your business and environment

In our planning report we identified the key changes in your business and articulated how these impacted our audit approach.

Scoping

Our planning report set out the scoping of our audit in line with the Code of Audit Practice. We have completed our audit in line with our audit plan.

Other findings

As well as our conclusions on the significant risks we are required to report to you our observations on the internal control environment as well as any other findings from the audit. There are no findings to report.

Determine materiality

When planning our audit we set our materiality at £3.846m based on forecast gross expenditure. We have updated this to reflect final figures and completed our audit to materiality of £3.996m, performance materiality of £3.196m and report to you in this paper all misstatements above £199,000.

Significant risk assessment

In our planning report we explained our risk assessment process and detailed the significant risks we have identified on this engagement. We report our findings and conclusions on these risks in this report.

Conclude on significant risk areas

We draw to the Board's attention our conclusions on the significant audit risks. In particular the Board must satisfy themselves that management's judgements are appropriate.

Our audit report

Based on the current status of our audit work, we envisage issuing an unmodified audit report.

Significant risks

Dashboard

Risk	Material	Fraud risk	Planned approach to controls testing	Controls testing conclusion	Consistency of judgements with Deloitte's expectations	Comments	Page no.
Completeness and accuracy of income	✓	✓	D+I	Satisfactory	●	Satisfactory	11
Management override of controls	✓	✓	D+I	Satisfactory	●	Satisfactory	12

Overly prudent, likely to lead to future credit ⊖ ⊖ ● ⊕ ⊕ Overly optimistic, likely to lead to future debit.

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

Significant risks (continued)

Risk 1 – Completeness and accuracy of income

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

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

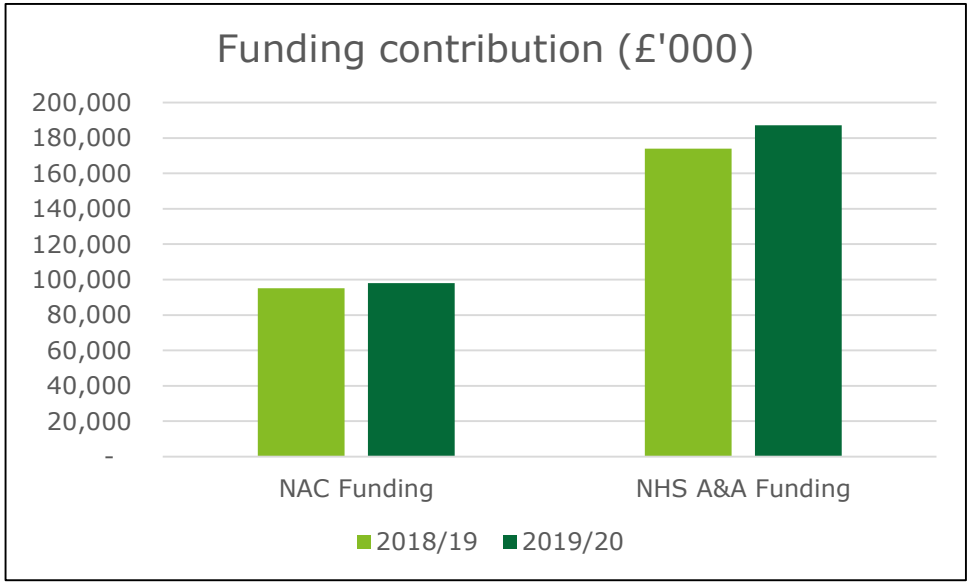
Key judgements and our challenge of them

Given the year-end deficit projected by the IJB, there is a risk that overspends could be funded by funding partners in the year following their approval, and therefore contributions could differ from the approved budget.

Deloitte response

We have performed the following:

- tested the income to ensure that the correct contributions have been input and received in accordance with that agreed as part of budget process and that any amendments have been appropriately applied;
- tested the reconciliations performed by the IJB at 31 March 2020 to confirm all income is correctly recorded in the ledger;
- confirmed that the reconciliations performed during 2019/20 have been reviewed on a regular basis; and
- assessed the design and implementation of the controls around recognition of income.



Deloitte view

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

Significant risks (continued)

Risk 2 - Management override of controls

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

Key judgements

The key judgement in the financial statements is that which we have selected to be the significant audit risk around the completeness and accuracy of income (page 11). This is inherently the area in which management has the potential to use their judgement to influence the financial statements.

Deloitte response

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

- The Board's results throughout the year were projecting overspends in operational areas. This was closely monitored and whilst projecting overspends, the underlying reasons were well understood; and
- Senior management's remuneration is not tied to particular financial results.

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

Significant and unusual transactions

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

Journals

We have performed design and implementation testing of the controls in place for the review of management accounts.

We have used Spotlight data analytics to risk assess journals and select items for detailed follow up testing. The journal entries were selected using computer-assisted profiling based on areas which we consider to be of increased interest.

We have tested the appropriateness of journal entries recorded in the general ledger, and other adjustments made in the preparation of financial reporting. No issues were noted.

Accounting estimates and judgements

We reviewed the financial statements for accounting estimates and judgements which could include biases that could result in material misstatements due to fraud.

No issues have been identified from our testing.

Deloitte view

We have not identified any significant bias in the key judgements made by management based on work performed.

We have not identified any instances of management override of controls in relation to the specific transactions tested.

Other significant findings

Financial reporting findings

Below are the findings from our audit surrounding your financial reporting process.

Qualitative aspects of your accounting practices:

The IJB accounts have been prepared in accordance with the Local Authority Code of Practice (the Code). The accounting policies adopted are in line with the Code.

Other matters relevant to financial reporting:

We have not identified other matters arising from the audit that, in the auditor's professional judgement, are significant to the oversight of the financial reporting process.

Significant matters discussed with management:

Significant matters discussed with management related primarily to the impact of COVID-19 on the organisation and the need to review medium to long term plans.

We will obtain written representations from the Board on matters material to the financial statements when other sufficient appropriate audit evidence cannot reasonably be expected to exist. A copy of the draft representations letter has been circulated separately.

Coronavirus (Covid-19) outbreak

Impact on the annual report and audit

The current crisis is unprecedented in recent times. The NHS and social care sectors are most directly exposed to the practical challenges and tragedies of the pandemic, and is undergoing major, rapid operational changes in response.

The uncertainties and changes to ways of working also impact upon the reporting and audit processes, and present new issues and judgements that management and Performance and Audit Committees need to consider. We summarise below the key impacts on reporting and audit:

Impact on Board annual report and financial statements	Impact on our audit
The Board need to consider the impact of the outbreak on the annual report and financial statements including: • Principal risk disclosures • Impact of performance in 20/21 • Change in the funding regime for 20/21 • Onerous contracts and any potential provisions • Going concern • Events after the end of the reporting period	Covid-19 has fundamentally changed the way we have conducted our audit this year including: • Teams are primarily working remotely with some challenges in accessing 'physical' documentation and with availability of some Board staff. • The teams have had regular status updates to discuss progress and facilitate the flow of information. • Timetable of the audit has been shorter given initial accounts delay and Board date. • Consideration of impacts on the areas of the financial statements and annual report listed has been included as part of our audit work in the current year and comments have been included where appropriate within this report. • In conjunction with the Board, we will continue to consider any developments for potential impact up to the finalisation of our work on 27 August 2020.

Our audit report

Other matters relating to the form and content of our report

Here we discuss how the results of the audit impact on other significant sections of our audit report.

Our opinion on the financial statements

Based on our audit work completed to date we expect to issue an unmodified audit opinion.

Material uncertainty related to going concern

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

While the Board is faced with financial sustainability issues (as discussed on page 24), it ended 2019/20 with a small overspend and has agreed a balance budget for 2020/21. There is also a general assumption set out in Practice Note 10 (Audit of financial statements of public sector bodies in the United Kingdom) that public bodies will continue in operation, therefore it is appropriate to continue as a going concern.

Emphasis of matter and other matter paragraphs

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

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

Other reporting responsibilities

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

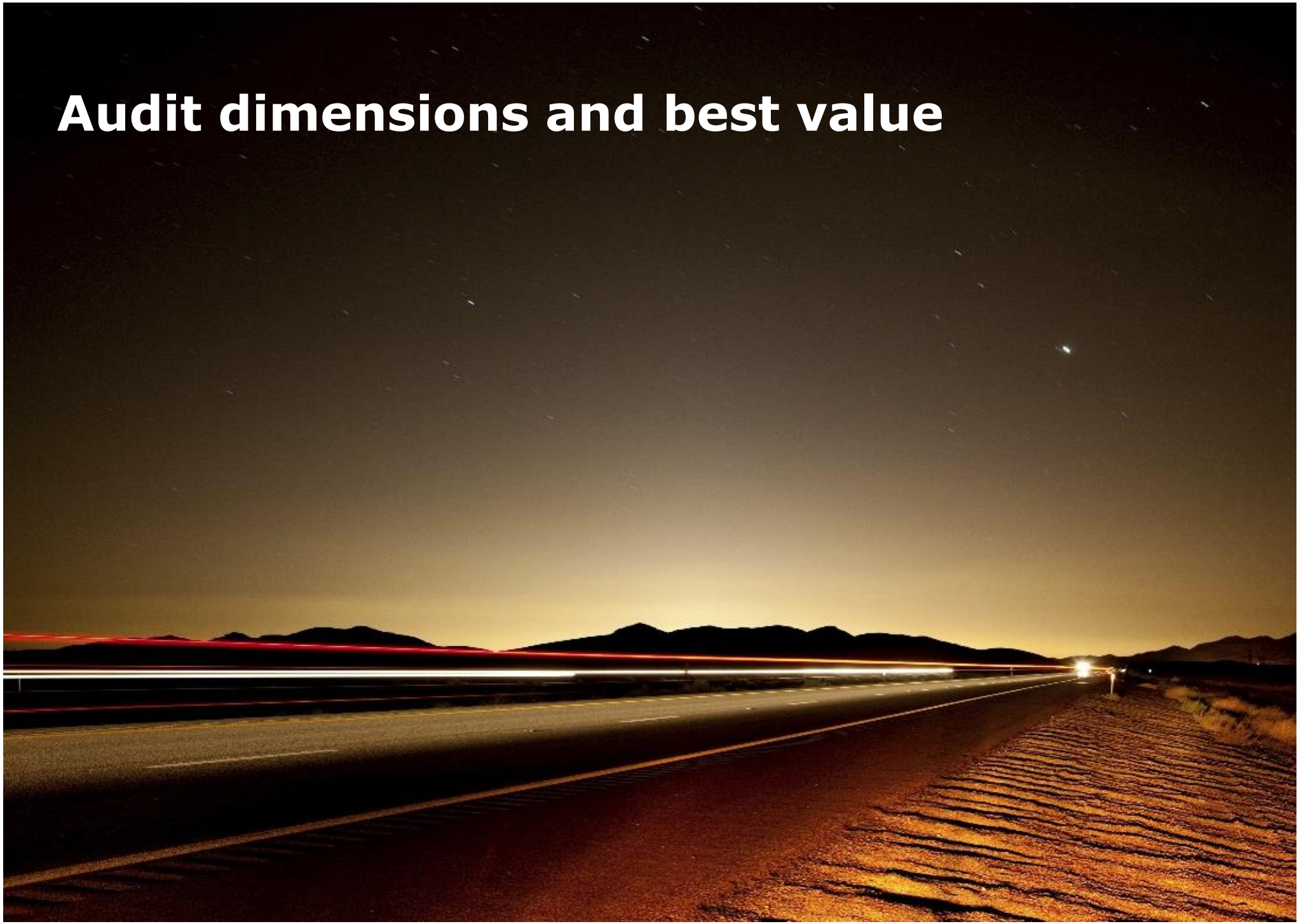
Our opinion on matters prescribed by the Controller of Audit are discussed further on page 16.

Your annual report

We are required to provide an opinion on the auditable parts of the remuneration and staff report, the annual governance statement and whether the management commentaries are consistent with the disclosures in the accounts.

	Requirement	Deloitte response
Management Commentary	The management commentary comments on financial performance, strategy and performance review and targets. The commentary included both financial and non financial KPIs and made good use of graphs and diagrams. The Board also focuses on the strategic planning context.	We have assessed whether the management commentary has been prepared in accordance with the statutory guidance. We have also read the management commentary and confirmed that the information contained within is materially correct and consistent with our knowledge acquired during the course of performing the audit, and is not otherwise misleading. Following minor amendments made during the course of the audit, we are satisfied that the management commentary has been prepared in accordance with guidance, is consistent with our knowledge and is not otherwise misleading. Improvements can be made going forward to reduce the amount of narrative, particularly in the financial performance, and by balancing it with more graphics to make it more accessible.
Remuneration Report	The remuneration report must be prepared in accordance with the 2014 Regulations, disclosing the remuneration and pension benefits of the Chief Officer.	We have completed our procedures on the remuneration and pension benefits, pay bands, and exit packages, and further to an amendment for one minor disclosure omission, we can confirm that the remuneration report disclosures have been properly prepared in accordance with the regulations.
Annual Governance Statement	The Annual Governance Statement reports that the Board governance arrangements provide assurance, are adequate and are operating effectively.	We have assessed whether the information given in the Annual Governance Statement is consistent with the financial statements and has been prepared in accordance with the accounts regulations, and we are satisfied that the Annual Governance Statement is consistent with the financial statements, our knowledge and the accounts regulations.

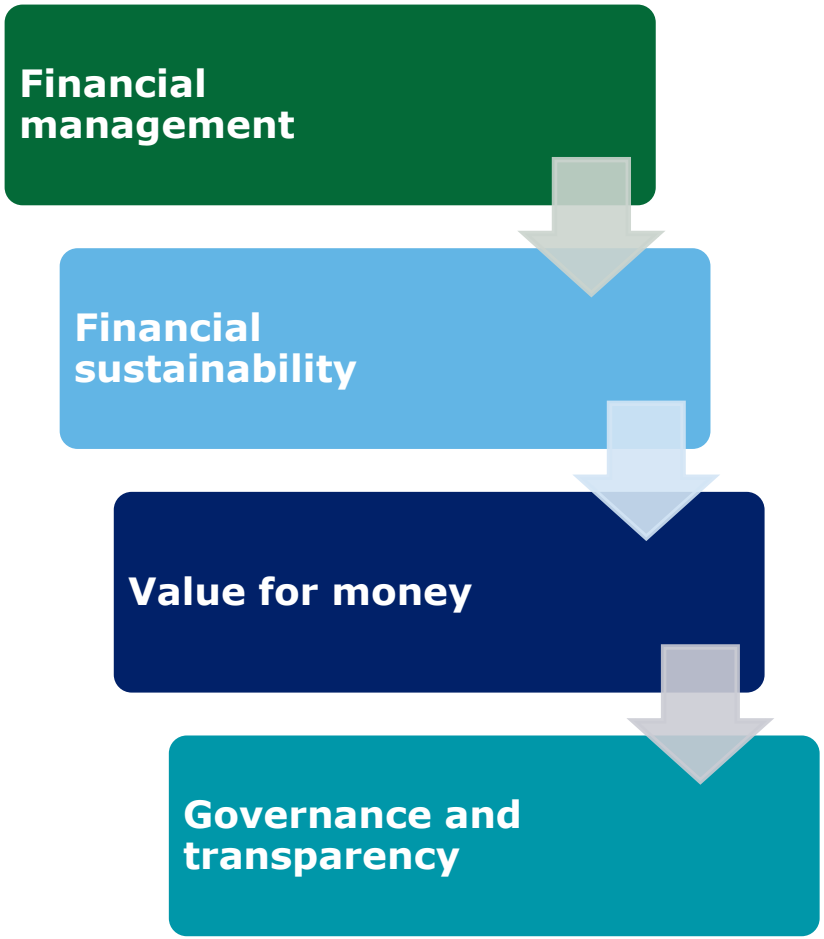
Audit dimensions and best value



Audit dimensions

Overview

As set out in our Audit Plan, public audit in Scotland is wider in scope than financial audits. This section of our report sets out our conclusions on our audit work covering the following areas. Our report is structured in accordance with the four **audit dimensions**, but also covers relevant risks identified by Audit Scotland.



The Islands (Scotland) Act 2018 received royal assent in July 2018. The Islands (Scotland) Act 2018 places a duty on 'relevant authorities' to have regard to island communities in exercising their functions. Relevant authorities must prepare an island communities impact assessment for any policy, strategy or service likely to have an effect on an island community which significantly differs from that on other communities. This is known as "island-proofing". The Act requires relevant authorities to publish information at least once annually detailing steps taken to comply with their duty of having regard to island communities.

We have considered the implications of the Act as part of our consideration of BV arrangements (discussed further on page 32).

Financial management

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

Is financial management effective? | Are budget setting and monitoring processes operating effectively? | Is there sufficient financial capacity? | **Financial Management**

Areas considered

Our approach to the audit dimensions is risk focused. We identified the following risk in audit plan:

"*Given the current year projected overspend, there remains a risk that the budget setting and monitoring arrangements are not sufficiently robust to ensure that the IJB operates within the delegated budgets*".

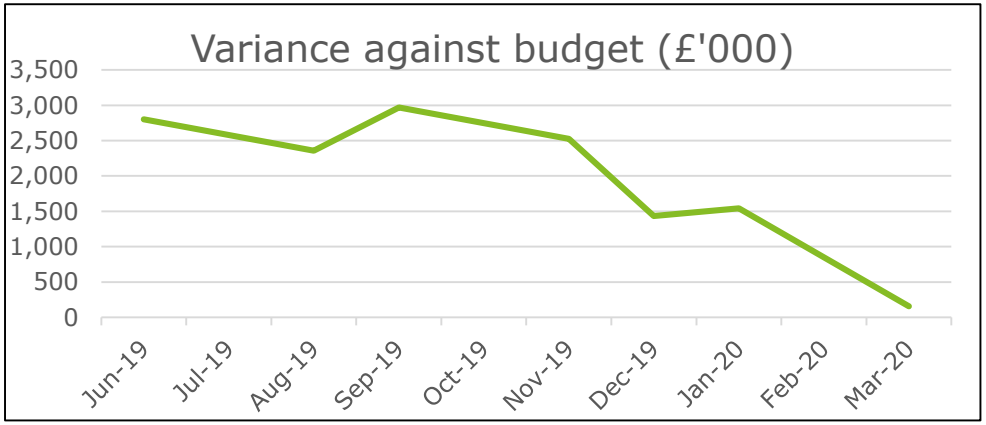
Budget monitoring

2018/19 Conclusion: The IJB achieved an underspend of £0.945m in 2018/19, after £1.486m was transferred back from North Ayrshire Council which was held on behalf of the IJB.

2019/20 Update: The IJB reported overspends throughout the year, with this peaking at a projected overspend of £2.9m in September 2019. This was largely as a result of overspends in Community Care Service Delivery (£1.356m overspend projected in September) and Looked After and Accommodated Children (£1.278m overspend projected in September).

In response to the increasing overspends, the IJB approved a Financial Recovery Plan in September 2019 to take action to bring overall service delivery back in line with the available resource. This included specific targeted actions with a focus on addressing the pressure area which would not only improve the projected overspends in the current year but also address recurring overspends in service areas moving into future years.

The financial recovery plan was closely monitored, and the final outturn position was a year-end overspend of £0.154m, as demonstrated in the graph below. This position was after the allocation of £1.486m debt repayment budget from North Ayrshire Council. The position before this was an overspend of £1.640m. This means that the IJB has been unable to repay the historical debt to North Ayrshire Council and has now increased this by £0.154m.



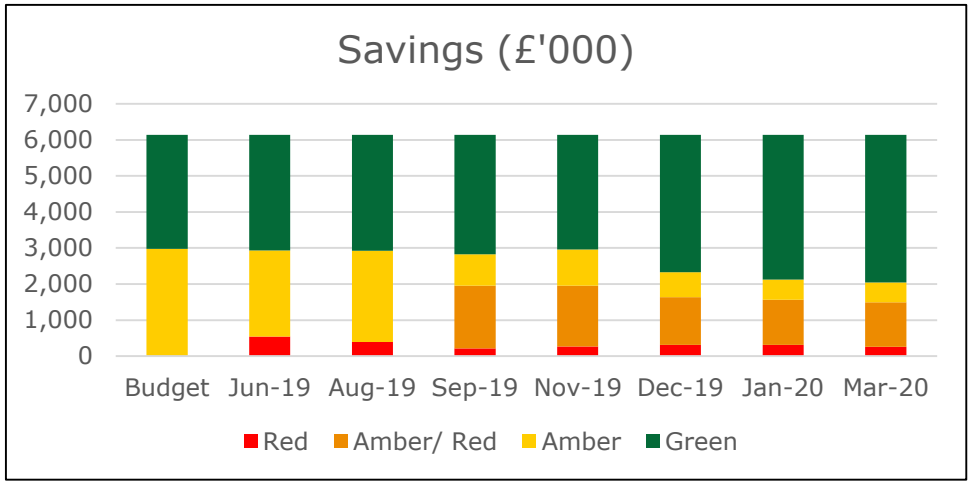
2019/20 Conclusion: The accuracy of the financial projections have improved over the year through close working between finance and service areas. This has also benefited from a revised finance structure and systematic processes in place. The implementation of the Financial Recovery Plan has resulted in an improved year-end financial position. However, the IJB still ended the year in a deficit position, increasing its debts due to the Council.

Financial management (continued)

Savings Plans

2018/19 Conclusion: Savings of £4.043m were achieved against a savings requirement of £6.615m in 2018/19.

2019/20 Update: The approved budget includes £6.134m of savings. This was monitored as part of the financial monitoring reports to the Board during the year through the use of a Red, Amber, Green (RAG) rating. Savings totalling £4.5m were delivered in-year.



2019/20 Conclusion: The IJB continues to face challenges in achieving savings required. In order to ensure future financial sustainability, it is critical that the Board set realistic targets with clear plans in place, ensuring there is sufficient lead time to implement the changes required.

Financial reporting

2018/19 Conclusion: Improvements were made to the quality and frequency of financial monitoring reports and we concluded that there was now an effective integrated budget monitoring arrangement in place. We did, however, recommend that there needs to be a clearer link between the budgeted spend and the IJB's priorities as set out within the Strategic Commissioning Plan and impact on budgets.

2019/20 Update: From our review of the monitoring reports during 2019/20, it is clear that in overall terms, the reports to management and the Board are consistent and transparent, with appropriate action taken, as evidenced from the financial recovery plan developed in the year in response to the overspend position.

The transformation change programme (discussed further on page 24), agreed as part of the 2019/20 budget process aligned the service change to the IJB priorities. The 2020/21 budget also includes specific areas of investment to improve outcomes. Further work is still, however, required to align the Strategic Plan to the Medium Term Financial Strategy to demonstrate that resources are being directed in line with priorities. This is expected to be reviewed as part of the refresh of the MTFP, discussed further on page 24.

2019/20 Conclusion: The IJB continues to have effective financial planning and management arrangements in place. Further work is still required to align the Strategic Plan to the Medium Term Financial Strategy.

Financial management (continued)

Financial capacity

2018/19 Conclusion: The finance team is led by the Chief Finance and Transformation Officer who was appointed to her role in July 2018. We concluded that this appointment had been pivotal in the significant improvement of the IJB's financial position. The Social Care Finance Team moved across to the partnership during 2018/19 to facilitate improved communication and joint working with front line HSCP colleagues. This provided an opportunity to strengthen financial management arrangements, including the reliability and accuracy of financial projections and financial processes.

2019/20 Update: The finance team continue to be led by the Chief Finance and Transformation Officer, supported by the integrated social care finance team.

2019/20 Conclusion: The IJB continues to have a strong and consistent finance team with the relevant financial skills, capacity and capability.

Internal audit

North Ayrshire Council's Chief Internal Auditor provides the Internal Audit function for North Ayrshire IJB. The NHS Ayrshire and Arran Health Board also share relevant work via their Internal Auditor, Grant Thornton.

The Internal Audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal controls. During the year, we have completed an assessment of the independence and competence of the internal audit team and reviewed their work and findings. The conclusions have helped inform our audit work, although no specific reliance has been placed on the work of internal audit.

Standards of conduct for prevention and detection of fraud and error

We have reviewed the IJB's arrangements for the prevention and detection of fraud and irregularities. Overall we found the IJB's arrangements to be designed and implemented appropriately.

Deloitte view – financial management

The Board has effective financial planning and management arrangements in place with a strong and consistent finance tem. The accuracy of the financial projections have improved over the year through close working between finance and service areas. This has also benefited from a revised finance structure and systematic processes in place. The implementation of the Financial Recovery Plan has resulted in an improved year-end financial position. However, the IJB still ended the year in a deficit position, increasing its debts due to the Council. Further improvement is therefore required to ensure that the approved budget, savings plans and projections made are robust. Further work is still required to align the Strategic Plan to the Medium Term Financial Strategy.

Financial sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.

Areas considered

Our approach to the audit dimensions is risk focused. We identified the following risk in audit plan:

"*There is a risk that the plans for efficiency savings, achieving financial balance and service redesign are not robust enough to allow the benefits to be realised*".

Budget setting

2018/19 Conclusion: The IJB achieved short term financial balance in 2018/19 and commenced repayment of the historic debt outstanding to North Ayrshire Council. A balanced budget was set for 2019/20, however, this included significant efficiencies and service transformation programmes that need to be achieved in order for a balanced budget to be maintained.

2019/20 Update: A balanced 2020/21 budget was approved by the Board on 19 March 2020. This includes £8.367m of budget pressures, offset by a baseline funding increase of £4.506m, i.e. an initial budget gap of £3.861m. Savings plans were approved as part of the budget setting process to address this gap, with a RAG rating given - £2.527m assessed as Amber and £1.334m assessed as Green.

In setting its budget the Board has recognised that a number of risks exist including:

- High risk areas of low volume/ high cost services areas, e.g. Learning Disability care packages, children's residential placements, complex care packages.
- Progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this.
- Ongoing implementation costs of the Scottish Government policy directives, for example Free Personal Care for under 65's.
- Lead/hosted service arrangements, including managed pressures and reporting this across the three IJBs.
- The impact on Lead partnership and acute services from decisions taken by other Ayrshire areas.
- North managed Health Wards where there is an impact from capacity used by other areas.
- The potential financial impact of the HSCP response to the COVID-19 pandemic and the wider public sector financial impact, including the Council and Health Board.

Financial sustainability (continued)

Budget setting (continued)

Impact of COVID-19

In setting the budget on 19 March, the Board has highlighted that there is a risk in relation to the potential financial impact of the response to COVID-19. The approved budget therefore does not incorporate any additional associated costs.

The HSCP developed a mobilisation plan detailing the additional activities undertaken to support its response to COVID-19, alongside the estimated financial impact. This is being monitored and updated on a regular basis, with the estimated costs associated with the HSCPs submitted to the Scottish Government. The most recent submission in June 2020 outlines an estimated cost of £7.3m for the duration of 2020/21. There is an expectation from the HSCP that the Scottish Government will provide additional funding to IJBs to support additional costs aligned to mobilisation plans. The full funding allocation has not yet been confirmed, and the interim allocation to address immediate social care pressures, is not sufficient to fund all pressures.

2019/20 Conclusion: The level of savings required in 2020/21 is significantly lower than previous years and more in line with savings actually achieved in the past. The impact of COVID-19 remains a significant challenge.

Reserves

2018/19 Conclusion: The IJB Reserve Policy approved in 2016 approved a reserve level of no more than 2-4% of net expenditure. As part of the annual budget process, the IJB recognised that given the significant financial pressures facing the partnership and the requirement to deliver significant savings, this optimal reserve balance was aspirational.

The reserves position in the North Ayrshire IJB is unique in that the Board hold a negative reserve balance which has accumulated from previous year overspends, the negative reserve balance is offset by a debtor on the balance sheet reflecting the debt due to North Ayrshire Council

2019/20 Update: The IJB approved the updated Reserves Policy Strategy in October 2019. The fundamental operations of reserves has not changed, however, the Policy has been updated to incorporate the policy in relation to holding a negative reserves balance and to be clearer in relation to responsibilities for planning for adequate reserves as part of the IJB budget planning.

In setting the 2020/21 budget, the Board did not set a target for allocating any resources to the general reserves, but agreed that consideration should be given to this in future and considered as part of the Medium Term Financial Plan to allow the IJB to cushion some of the impacts of demand fluctuations for services and to support financial planning over a longer time period.

The actual reserves position per the financial statements is noted below:

	Total Reserves (£'000)
Balance 31 March 2019	(4,862)
Overspend in 2019/20	(224)
Balance 31 March 2020	(5,086)

2019/20 Conclusion: In line with good practice, the IJB continues to review its reserves strategy and it is positive to note that it has recognised that consideration may be given to allocating resources to reserves in the future to support financial planning over the medium to longer term. The negative reserves position and ability to repay this to the Council still represents a significant risk given the history of the in year financial positon.

Financial sustainability (continued)

Medium term financial planning

2018/19 Conclusion: In the medium-term, the IJB is faced with an extremely challenging financial position as the current level of service provision is not financially sustainable. A Medium Term Financial Plan is in place covering the period 2017/18 to 2019/20, which sets out the key demand pressures and funding assumptions over the three year period. This was due to be updated in 2019/20 to take account of issues set out in the Scottish Government's five-year Medium Term Financial Strategy, its Health and Social Care Medium Term Financial Framework and the work of the Transformation Board.

2019/20 Update: In setting the 2020/21 budget, the intention was to bring a refreshed three year Medium Term Financial Plan to the IJB for approval. Management has confirmed that this was not possible due to the one year Scottish Government finance settlement for Local Government and NHS Boards. The focus was therefore made on balancing the budget for 2020/21 and gaining approval for the pressures and savings plans prior to the start of the new financial year. The MTFP was due to be refreshed and brought to the IJB for approval in June 2020, however, this has again been delayed due to management focusing on responding to the impact of COVID-19.

2019/20 Conclusion: The IJB continues to be faced with an extremely challenging financial position in the medium to longer term. Given the risks associated with COVID-19 highlighted in the 2020/21 budget, discussed on page 22, these will need to be taken into account in updated medium and long term plans. The MTFP has not yet been updated, with further delays as a result of management focusing on responding to COVID-19. The IJB is therefore unable to evidence it is financially sustainable in the medium to longer term.

Transformation

2018/19 Conclusion: The Transformation Board has been established to drive the delivery of transformational change at the required scale and pace to set the direction for the Strategic Plan 2018-21.

2019/20 Update: A Transformation change programme is in place, covering four main themes of building teams around children, developing a wider range of primary care services, supporting older people and people with complex care needs and creating mental health and learning disability services to better support people to stay well. The Transformation Board has continued to meet during 2019/20 and has oversight of the programme. The Transformation Board review progress with savings and any corrective action required to bring any plans back on line.

The **North Ayrshire Council Best Value Assurance Report** published by the Accounts Commission in June 2020 highlighted the following in relation to the IJB's Transformation work:

"In response to the need to increase the pace of delivery of transformation, the IJB is progressing its "Thinking Different, Doing Better" experience. This is an innovative approach to engaging with all staff and community groups. The objective is to empower them to meet individual outcomes in a more creative, person-centred way. The ideas and outputs from each session are being collated and will be used to determine how services will look like in the future"

2019/20 Conclusion: The IJB is progressing with its transformation programme and is taking an innovative approach to determining future service delivery. Significant work is still required to make the level of transformational change needed, with COVID-19 likely to impact on timelines and plans.

Financial sustainability (continued)

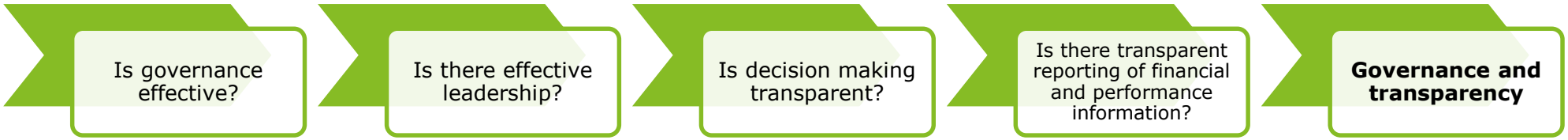
Deloitte view – Financial sustainability

As noted on page 19, the IJB ended 2019/20 with an overspend of £0.154m and has set a balanced budget for the 2020/21. However, it has been unable to repay any of the debt due to North Ayrshire Council in 2019/20 and a number of risks remain with the 2020/21 budget, in particular the impact of COVID-19. The MTFP has not yet been updated, with further delays as a result of management focusing on responding to COVID-19. The IJB is therefore unable to evidence it is financially sustainable in the medium to longer term.

The Board is progressing with its transformation programme and is taking an innovative approach to determining future service delivery. Significant work is still required to make the level of transformational change needed, with COVID-19 likely to impact on timelines and plans.

Governance and transparency

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



Areas considered

Our approach to the audit dimensions is risk focused. Our planning paper identified the following risk:

"*There continues to be an ongoing risk that that the IJB does not achieve the full benefits of integration. We will consider the ongoing work to review the key governance documents of the IJB and deliver transformational change*".

Leadership

2018/19 Conclusion: The IJB has strong leadership and, with its partners, has a clear vision for what it wants to achieve for the people of East Ayrshire. Board members and staff support the vision.

2019/20 Update: There have been a few changes in the Board composition during the year including Robert Martin stepping down as the Chair of the IJB and Councillor Robert Foster assuming the role with effect from 17 May 2019. Other changes have been made to both Council NHS and Independent Sector representatives on the Board. These changes transitioned smoothly with appropriate training and support.

2019/20 Conclusion: The IJB continues to have strong leadership and the transition of new board members during the year went smoothly.

Governance and scrutiny arrangements

2018/19 Conclusion: It was positive to note that the IJB and its partners are reviewing and updating the governance arrangements for the IJBs to take cognisance of the experience from early integration. We noted that the IJB had a number of key governing documents which had not been reviewed or refreshed since 2015 therefore recommended that the IJB carry out a periodic review of its key governing documents to ensure that they are still fit for purpose.

2019/20 Update: Progress has been made in the past few years in a number of areas to review and enhance the governance and scrutiny arrangements. Some key governance documents, such as Standing Orders and Scheme of Delegation have not been reviewed and updated since 2015.

The IJB took part in a pan-Ayrshire review to develop approaches to "Directions", which was supported by the Scottish Government and resulted in guidance being issued to all IJBs by the Scottish Government in January 2020. This was designed to help empower IJBs to use the totality of resources at their disposal to better meet the needs of the population. It also provides greater clarity on the legal mechanism of Directions and the relationship between the three bodies.

Governance and transparency (continued)

Governance and scrutiny arrangements (continued)

The IJB benchmarked and evaluated its position against the 25 proposals outlined in the Ministerial Strategic Group's (MSG) report relating to the review of progress with integration of health and social care and produced an Action Plan, which was most recently updated in December 2019. The status of the actions is summarised below:

Key areas	Assessment
Collaborative Leadership and Relationship Building	Established
Integrated finance and financial planning	Established
Effective strategic planning for improvement	Established
Governance and accountability	Established
Ability and willingness to share information	Established
Meaningful and sustained engagement	Exemplary

It has concluded from its self assessment that local issues are being taken forward effectively. Those issues that remain outstanding are as a result of those requiring either a pan-Ayrshire or national solution, including use of Directions and third sector funding to be involved in the IJB.

The MSG has continued to highlight that delegated hospital budgets and set aside requirements still need to be fully implemented. North Ayrshire IJB has highlighted in its annual report that the full implementation is key to delivering the commitment to planning across the whole unplanned care pathway and partnerships must ensure that set aside arrangements are fit for purpose and enable this approach. This has not yet been achieved across Ayrshire and Arran. However, preparatory work is underway with the support of the Scottish Government, NHS Ayrshire and Arran and the other Ayrshire partnerships. This includes arrangements in relation to the use of Directions, Commissioning Plans and overall progression towards Fair Share allocations of resources.

It was anticipated that 2020/21 would be used as a shadow year for these arrangements, however, the work was put on hold due to the response to COVID-19 and timescales for progressing the work have not yet been agreed.

In response to the COVID-19 pandemic, all formal governance meetings were suspended until the end of July 2020. Consideration is currently being given to how meetings can recommence. The Performance and Audit Committee met on 25 June 2020 to consider the unaudited accounts and performance report, and the IJB met in full on 16 July 2020.

A range of delegated authorities currently form part of the Integration Scheme and Scheme of Delegation. There are powers which are reserved to the Board. The IJB agreed emergency governance measures on 19 March 2020 to ensure that any such matters could be progressed by consultation with the Chair and Vice Chair.

2019/20 Conclusion: The IJB continues to have robust governance and scrutiny arrangements in place and continues to identify areas for improvement. Appropriate arrangements have been put in place in response to the COVID-19 pandemic. The IJB should continue to review all governance documents to ensure they are up to date and fit for purpose.

The IJB should continue to make progress with implementing delegated hospital budgets and set aside requirements, in collaboration with the Scottish Government, NHS Ayrshire and Arran and other Ayrshire partnerships.

Governance and transparency (continued)

Strategic Plan

2018/19 Conclusion: The Strategic Plan 2018 – 2021 was approved by the Board in April 2018. This noted that all of the work being taken forward continues to be done within the context of a challenging financial and operational environment.

2019/20 Update: The Strategic Plan continues to complement North Ayrshire Community Planning Partnership's Local Outcome Improvement Plan (LOIP). In 2019, the HSCP supported North Ayrshire Council in updating its Council Plan and has supported NHS Ayrshire and Arran to develop the "Caring for Ayrshire" approach to its planning. A Workforce Development Strategy and action plan were agreed by the IJB in May 2019.

As the IJB moves into the final year of the current Strategic Plan, it recognises that the timing of the development of the new Plan will allow for a period of reflection on the COVID-19 response and a timely opportunity to engage with communities over the future of Health and Social Care services.

2019/20 Conclusion: The IJB continues to have a robust approach to strategic planning and is starting the development of the next Plan. It is important that this work is progressed in line with the updated MTFP to ensure a clear linkage with priorities, outcomes and resources.

Openness and transparency

2018/19 Conclusion: We concluded that in general, the IJB has a good attitude to openness and transparency and there is a supportive culture that underpins this. However, we did note that this could be further enhanced by publishing the papers and minutes of the Performance and Audit online.

2019/20 Update: In response to our recommendation, the IJB's approach to openness and transparency has been further enhanced with the Performance and Audit Committee minutes now published on the website as part of the Board agenda papers. All performance reports should now also be published quarterly online, although only Q1 reports have been published for 2019/20. It is therefore important that this information is updated on a timely basis.

In an effort to increase engagement with local people and wider stakeholders; increase public knowledge of IJB/ HSCP business; ensure transparency of decision making; and increase accountability to the people it serves, including staff, the IJB has agreed to webcast all IJB meetings.

2019/20 Conclusion: The IJB continues to demonstrate a good attitude towards openness and transparency which has been further enhanced during the year including the webcasting of meetings. Further improvements can be made by ensuring data is published on the IJB website on a timely basis.

Deloitte view – Governance and transparency

The IJB has strong leadership and, with its partners, has a clear vision for what it wants to achieve for the people of North Ayrshire. The transition of new Board members during the year went smoothly and appropriate governance arrangements have been put in place in response to the COVID-19 pandemic.

We are pleased to note that further improvements have been made to the IJB's approach to openness and transparency in response to our audit recommendation, with all minutes of the Performance and Audit Committee now published on the website and IJB meetings now being webcast. Further improvements can be made by ensuring performance reports are published on the IJB website on a timely basis.

The IJB continues to have a robust approach to strategic planning and is starting the development of the next Plan. It is important that this work is progressed in line with the updated MTFP to ensure a clear linkage with priorities, outcomes and resources. This should take into account lessons learned from the COVID-19 pandemic.

Value for money

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

Areas considered

Our approach to the audit dimensions is risk focused. While we did not identify any specific risks in this area in our audit plan, we have continued to review the IJB's performance against its objectives, the IJB's reporting and monitoring of these and the actions taken to improve the performance of the IJB.

Performance management

2018/19 Conclusion: The IJB has an embedded performance management culture supported by its performance management systems which analyse data, track progress and identify actions. In addition, there is regular performance information which is provided to the Performance and Audit Committee, IJB members, operational managers and is publicly reported.

2019/20 Update: The Board continues to have a well established performance management framework in place. It monitors against all the agreed national indicators including:

- Local Government Benchmarking framework indicators
- Ministerial Steering Group Indicators
- The NHS Local Delivery Plan targets
- HSCP National Health and Wellbeing Outcome Indicators

2019/20 Conclusion: The IJB continues to have an embedded performance management culture supported by its performance management systems, which analyse data, track progress and identify actions. In addition, there is regular performance information which is provided to the Audit and Performance Committee, IJB members, operational managers and is publicly reported. However, we recognise that, as a result of the COVID-19 pandemic, the normal performance monitoring arrangements are not in place and the Annual Performance Report will be published later in the year.

Performance data

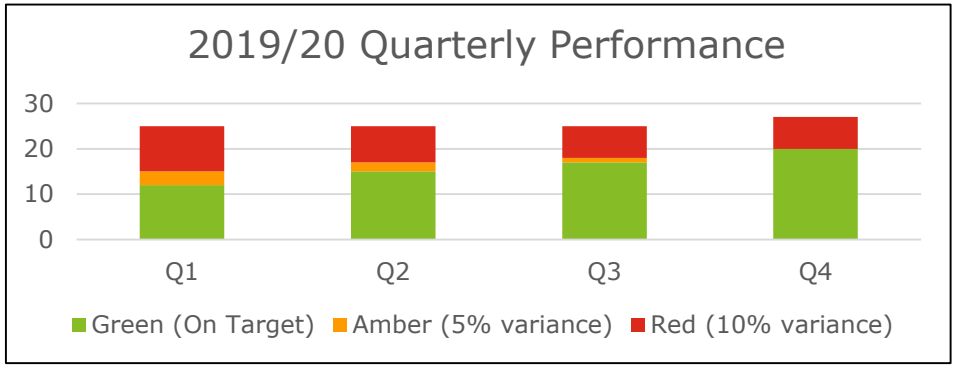
2018/19 Conclusion: While there was a decline in performance in some areas, the Partnership Performance Reports set out how the IJB intends to address each area of underperformance. In particular, there is a focus on trying to shift the balance of care from a hospital to a community setting.

2019/20 Update: From our analysis of performance data for 2019/20, we note that performance has improved during the year, with the number of Green (on target) indicators, increasing from 12 in Q1 to 20 in Q4. This is summarised in the chart on the following page.

Value for money (continued)

Performance data

Performance data (continued)



The IJB recognises that whilst some measures of performance have exceeded targeted levels, there remains challenges for others. This includes challenges around workforce gaps, service demand pressures and the pace of transformational change not happening fast enough to ensure performance is achieved and improved in all areas.

The ***North Ayrshire Council Best Value Assurance Report*** published by the Accounts Commission in June 2020 highlighted the following in relation to the IJB's service deliver:

"The IJB has made good progress and there are examples of changes to models of service delivery to improve outcomes for residents. These include:

- *the pan-Ayrshire model for enhanced intermediate care and rehabilitation focused on high quality care and support through early intervention and prevention action*
- *the Trindlemoss facility*
- *Kilwinning Academy, which piloted basing a child and adolescent mental health services (CAMHS) worker and social worker in the school, with a focus on early intervention and preventing crisis; after a significant fall in crisis interventions and referrals this pilot is now being rolled out to other schools".*

It is too early to see the impact of these activities on the performance data and outcomes.

As noted on page 23, the HSCP developed a mobilisation plan detailing additional activities to support its response to COVID-19. The plan provided a focal point for the HSCP's response to the pandemic and set out clearly from the start how it would adapt and mobilise services to either expand or retract, re-prioritise activities and resources and also highlight the areas of greatest risk. Some of the key actions included:

- Reducing the level of delayed discharge;
- Maintaining as far as possible mental health services;
- Resilience and sustainability of care at home provision;
- Supporting adults with complex needs;
- Maintaining existing levels of care in children's services to protect vulnerable children;
- Establishing "enhanced" locality-based Community Hubs; and
- Sourcing and establishing reliable supply chains of Personal Protective Equipment.

It is important that as the Board moves to the next phase in responding to COVID-19 that it focuses on lessons learned and how some of the changes made can be sustained.

2019/20 Conclusion: Prior to the COVID-19 pandemic, while actions have been identified to change models of service delivery and improve outcomes, the impact is not yet evidenced in the performance data. The pace and scale of transformation needs to increase to address the challenges faced. We do, however, recognise that resources are currently focused on managing the impact of COVID-19.

Value for money (continued)

Deloitte view – Value for money

The IJB continues to have an embedded performance management culture supported by its performance management systems which analyse data, track progress and identify actions. In addition, there is regular performance information which is provided to Committee, IJB members, operational managers and is publicly reported.

Performance data has shown an improved position during 2019/20, however, there remain areas of specific challenge. Prior to the COVID-19 pandemic, while actions had been identified to change models of service delivery and improve outcomes, it was not yet clear in the performance data. The pace and scale of transformation needs to increase to address the challenges faced. We do, however, recognise that resources are currently focused on managing the impact of COVID-19.

Best value

It is the duty of the IJB to secure ***Best Value (BV)*** as prescribed in Part 1 of the Local Government in Scotland Act 2003**.**

Duty to secure best value

1. It is the duty of the IJB to make arrangements which secure best value.
2. Best value is continuous improvement in the performance of the IJB's functions.
3. In securing best value, the IJB shall maintain an appropriate balance among:
   a) The quality of its performance of its functions;
   b) The cost to the IJB of that performance; and
   c) The cost to persons of any service provided by the IJB for them on a wholly or partly rechargeable basis.
4. In maintaining that balance, the IJB shall have regard to:
   a) Efficiency;
   b) Effectiveness;
   c) Economy; and
   d) The need to make the equal opportunity requirements.
5. The IJB shall discharge its duties in a way that contributes to the achievement of sustainable development.
6. In measuring the improvement of the performance of an IJB's functions, regard shall be had to the extent to which the outcomes of that performance have improved.

BV arrangements

The IJB has a number of arrangements in place to secure best value. This is evidenced through the Strategic Plan and the Annual Performance Reporting.

As noted elsewhere within this report, the IJB has an established governance framework and strong leadership and partnership working. There is a culture of continuous improvement, which is highlighted as part of the North Ayrshire Council Best Value Assurance Report published in June 2020.

The IJB recognises that it must deliver services within the financial resources available and, as noted elsewhere in this report, further work is required to achieve medium to longer term financial sustainability.

In relation to the new requirements in relation to the Islands Act, North Ayrshire Council have added island assessment to its equalities and socio-economic assessment templates. As a result, every policy and strategy should now be automatically subject to island assessment. This equally applies to the IJB.

Deloitte view – best value

The IJB has sufficient arrangements in place to secure best value and has a clear understanding of areas which require further development.

Sector developments

Sector developments

Responding to COVID-19

As part of our "added value" to the audit process, we are sharing our research, informed perspectives and best practice from our work across the wider public sector.

An emerging legacy
How COVID-19 could change the public sector

While governments and public services continue to respond at scale and pace to the COVID-19 pandemic, its leaders have begun to consider how the crisis might permanently change their agencies – and seven legacies are emerging.

The COVID-19 pandemic has been unchartered territory for governments. Elected representatives, officials and public service leaders around the world are making profound decisions with no precedent to draw upon and little certainty around when the crisis will end. As French President Emmanuel Macron observed, this is a kinetic crisis – in constant motion with little time to make far-reaching decisions.

In the UK and across much of Europe, government responses have been radical and exhaustive. Health services have mobilised at scale, finance ministries have acted fast to support businesses, and the full spectrum of departments have made rapid adjustments to ensure public needs continue to be met.

While leaders across the public sector remain focused on the immediate COVID-19 threat, they are increasingly mindful of its longer-term implications – and for some, the crisis could be an inflection point for their agency. This paper explores the pandemic's likely legacy on governments, public services and the debates that shape them.

Seven emerging legacies:

1. Our view of resilience has been recast;

2. Governments could be left with higher debt after a shock to the public finances;

3. Debates around inequality and globalisation are renewed;

4. Lines have blurred between organisations and sectors;

5. The lockdown has accelerated collaborative technologies;

6. Civil society has been rebooted and citizen behaviour may change; and

7. The legacy that still needs to be captured.

Read the full article at:

https://www2.deloitte.com/uk/en/pages/public-sector/articles/an-emerging-legacy-how-corona-virus-could-change-the-public-sector.html

Sector developments (continued)

Responding to COVID-19 (continued)

COVID-19: Lockdown exit and recovery

Whilst many things remain uncertain in the current environment, it is increasingly clear that many organisations are beginning to plan for the easing of the lockdown.

Two documents have been developed to support you in your thinking:

- **Lockdown exit and recovery:**– Based on insight from Henry Nicholson, our Chief Strategy Officer and our Economic and Financial Advisory Team, this document provides an overview of economic forecasts to predictions around exit strategies, potential economic impact, plus key considerations to consider in relation to: Supply, Demand, Operations, People and Financing.

- **Exit timelines**: This document provides an overview for each of the major European countries of their current status, key statistics and a reported or illustrative timeline (as relevant) for their exit strategy. It also includes some actions organisations are taking in the workplace to 'return to work' plus advice for management teams.

Copies of these documents can be accessed through the following link:
https://www2.deloitte.com/uk/en/pages/financial-advisory/articles/covid19-uk-lockdown-exit-and-recovery.html

COVID-19: Impact on the workforce

It's likely that the way we work will be forever changed as a result of COVID-19. All of us are seeking answers to guide the way forward. That's why Deloitte's Global and UK Human Capital practice have produced a series of articles to inform business leaders on their path to respond, recover, and thrive in these uncertain times. These articles explore the impact of COVID-19 on the workforce and are aimed at supporting HR teams as they navigate their organisation's response to the pandemic.

HR leaders, in particular, have been at the centre of their organisation's rapid response to COVID-19, and have been playing a central role in keeping the workforce engaged, productive and resilient. Understandably, recent priorities have been focused almost exclusively on the respond phase. As progress is made against respond efforts, another reality is forming quickly. Now is the time for HR leaders to turn their attention toward recovery to ensure their organisations are prepared to thrive.

The latest thinking from our UK Human Capital practice is "**COVID-19 CHRO Lens: Work, Workforce and Workplace Considerations**". This workbook provides a framework to enable leaders to plan for recovery. It sets out a series of key questions across the dimensions of work, workforce and workplace, enabling organisations to plan for multiple scenarios and time horizons, as they shift from crisis response to recovery.

The workbook can be found at the following link, along with links to other articles which we would encourage you to explore.

https://www2.deloitte.com/uk/en/pages/human-capital/articles/covid-19-impact-on-the-workforce-insight-for-hr-teams.html

Appendices

Purpose of our report and responsibility statement

Our report is designed to help you meet your governance duties

What we report

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

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

What we don't report

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

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

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

The scope of our work

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

We described the scope of our work in our audit plan.

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

Use of this report

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

Pat Kenny, CPFA

For and on behalf of Deloitte LLP

Glasgow | 19 August 2020

Action plan

Recommendations for improvement

No.	Area	Recommendation	Management Response	Responsible person	Target Date	Priority
1	*Performance reporting*	All performance reports should now also be published quarterly online, although only Q1 reports have been published for 2019/20. It is therefore important that this information is updated on a timely basis.	The HSCP plan to publish performance information more openly, there has been a challenge with the ISD information included in performance reports which is not public at the time of issue to PAC but it is anticipated we can work round this challenge.	Neil McLaughlin, Performance and Information Systems Manager	December 2020	Medium
2	*Lead partnership working papers*	In order to allow for more timely provision of the draft annual accounts and the supporting working papers, we recommend that the lead partnership recharges workings are produced earlier to share with the IJB, and clearly set out basis of all figures.	The Lead Partnership reporting arrangements are complex, discussion will be led through Ayrshire Finance Leads to prepare in advance of the 2020-21 year-end to ensure the recharges are clearer to follow.	Eleanor Currie, Finance Manager	March 2021	Medium
3	*Set aside*	The IJB should continue to make progress with implementing delegated hospital budgets and set aside requirements, in collaboration with the Scottish Government, NHS Ayrshire and Arran and other Ayrshire partnerships (see page 27).	This pan-Ayrshire work has been delayed due to the Covid-19 response, but will require to be progressed during 2020-21 to ensure the 3 partnerships can work towards a fair share of resources.	Caroline Cameron, Chief Finance and Transformation Officer	March 2021	Medium

Action plan (continued)

Follow-up previous year action plans

We have followed up the recommendations made in our previous year reports and note that three of the total seven recommendations have been partially implemented, but none have been fully implemented. We will continue to monitor these as part of our 2020/21 audit work.

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2019/20 Update
Performance and Audit Committee Papers and Minutes	The IJB should consider publishing the papers and minutes of the Performance and Audit Committee online.	The Terms of Reference for PAC includes a requirement to submit copies of minutes to the IJB for review. The partnership will publish quarterly performance reports online during 2019-20.	Chief Finance and Transformation Officer	September 2019	Medium	***Partially implemented:*** The PAC minutes are now publicly available. There is also an area on the IJB website for quarterly performance reports but this has not been updated since Q1 2019/20. **Updated management response**: Reflected in new recommendation. **Updated target date:** December 2020
Review of Governing Documents	The key governing documents of the IJB should be reviewed and refreshed on a periodic basis to ensure that they are still fit for purpose.	A schedule of key governance documents including review timescales and responsible officers will be submitted to PAC in June 2019. Thereafter progress with document reviews will be monitored through PAC.	Chief Finance and Transformation Officer	March 2020	Medium	***Not implemented:*** Documents still to be updated. **Updated management response**: Whilst some governance documents were updated there has not been a full review undertaken and some documents are in progress for review. This will be picked up as governance meetings have now re-started. **Updated target date:** December 2020
Scottish Government Medium Term Financial Strategy	The planned update to the Board's Medium Term Financial Plan should take account of the financial implications of the Scottish Government five-year Medium Term Financial Strategy.	Updated MTFP will be presented to the IJB in August 2019 for approval.	Chief Finance and Transformation Officer	August 2019	Medium	***Not implemented:*** The planned update of the MTFP has been delayed. **Updated management response**: The MTFP was planned to go to the IJB in June 2020 for approval, but the production of this was impacted by Covid-19. This will be prepared alongside planning for the 2021-22 budget. **Updated target date:** March 2021

Action plan (continued)

Follow-up previous year action plans (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2019/20 Update
Budgeting process	We recommended the following improvements to the budget setting process: • There needs to be a link between the budgeted spend and the IJB's priorities as set out in the Strategic Commissioning Plan. • There needs to be improved links between the budget and outcomes: there is no information of the outcomes the IJB expects to be progressed (and to what extent) by the budget, which makes it difficult for the IJB to assess to what extent budgetary decisions are impacting on outcomes achieved.	The service change programme approved as part of the 2019/20 budget aligned the service change to the IJB priorities and impact on service delivery is taken into consideration. Consideration will be given to how this can be more explicit across the entirety of the IJB budget as part of the development of the MTFP. Recognition nationally (by the SG Health and Sport Committee) that there is difficulty in attributing budgets to the National Health and Wellbeing outcomes.	Chief Finance and Transformation Officer	March 2020	Medium	***Not implemented:*** The planned update of the MTFP has been delayed. **Updated management response**: As above in relation to the MTFP, the linking of budget to outcomes has been a challenge nationally but where this will add value this will be considered as part of the MTFP refresh. **Updated target date:** March 2021

Action plan (continued)

Follow-up previous year action plans (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2019/20 Update
Medium Term Financial Plan	The Medium Term Financial Plan (MTFP) should be refreshed to determine the current expected funding gap. As part of this plan, we would expect it to include: • Scenario planning to assess the funding gap when key assumptions are adjusted. • Detailed savings plans are identified in order to reduce the projected funding gap. • A fully integrated budget to allow effective resource planning. • Integration of the set aside budget.	The 2019/20 budget was approved by the IJB in March 2019 with the MTFP to follow. Unable to present estimate for more than one year at that time due to protracted negotiations over funding. MTFP to be refreshed over coming months and plan to take to IJB in August 2019. The MTFP has been delayed due to uncertainty around the level of funding being provided by NHS Ayrshire and Arran which has an impact of the scenario planning for the MTFP. The work in relation to set aside is being progressed on a pan-Ayrshire basis with SG support, this work is at the early stages with two planning meetings which have taken place focusing on Directions and data.	Chief Finance and Transformation Officer	August 2019 (follow up with savings approval March 2020)	High	***Not implemented:*** The planned update of the MTFP has been delayed. **Updated management response**: The MTFP was planned to go to the IJB in June 2020 for approval, the production of this was impacted by Covid-19. This will be prepared alongside planning for the 2021-22 budget. **Updated target date:** March 2021

Action plan (continued)

Follow-up previous year action plans (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2019/20 Update
Strategic / Transformational Planning	There should be a clear link between the Board's Strategic Plan and the MTFP to demonstrate what transformational work is to be carried out to achieve long term financial sustainability. A corporate workforce plan needs to be integral to this strategy. A change management programme should then be put in place, with appropriate tools and templates to allow the IJB to demonstrate that the benefits are being achieved.	Service change proposals for 2019-20 were aligned to the SP priorities. The Workforce Plan is to be presented to the IJB in May 2019. The MTFP will be refreshed over the coming months, plan to present to IJB in August to commence formal planning for 2020-22 budget proposals. The Change Management Programme is monitored via the Transformation Board. The Change Team support has been reviewed · Meetings with the approved lead, change team planning managers, finance lead takes place in March 2019 to agree timescales, milestones and savings trajectories.	Chief Finance and Transformation Officer	August 2019	High	***Partially implemented:*** Service change proposals are aligned to Strategic Plan priorities and the Workforce Development Strategy was approved by the IJB in May 2019. The planned update of the MTFP has been delayed. **Updated management response**: The Transformation Board is established and is working well. The MTFP refresh has been delayed. **Updated target date:** March 2021

Action plan (continued)

Follow-up previous year action plans (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2019/20 Update
Openness and Transparency	Whilst decision making is transparent and subject to scrutiny and challenge, we recommend that the IJB consider how performance information could be made more publicly available on the IJB's website. This would improve levels of openness and transparency.	The key points from PAC meetings will be highlighted at the IJB in due course and agreed measures that link across statutory reporting and other plans that the HSCP input to will be publicised as a matter of course e.g. Council Plan updates, LOIP, MSG objective setting, CLAS, CP and Justice statutory returns, APR, etc. Further specific updates stemming from the monitoring of the change programme works will be presented to the IJB as required. Statutory information is currently in the public domain as is the council plan, LOIP and MSG objectives to date. Again, any significant changes to these that the HSCP feed into will be highlighted to the IJB at future meetings. PAC ToR updated to reflect a requirement for the minutes of PAC meetings to be taken to the IJB for information.	Chief Officer / Chief Finance and Transformation Officer	September 2019	Low	***Partially implemented:*** The PAC minutes are now publicly available. There is also an area on the IJB website for quarterly performance reports but this has not been updated since Q1 2019/20 **Updated management response**: Refer to new recommended action which is accepted. **Updated target date:** December 2020

Our other responsibilities explained

Fraud responsibilities and representations

Responsibilities:

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

Required representations:

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

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

Audit work performed:

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

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

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

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

Concerns:

No issues to report.

Independence and fees

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

Independence confirmation	We confirm the audit engagement team, and others in the firm as appropriate, Deloitte LLP and, where applicable, all Deloitte network firms are independent of the Board and and our objectivity is not compromised.
Fees	The audit fee for 2019/20, in line with the expected fee range provided by Audit Scotland, is £26,560, as analysed below:

	£
Auditor remuneration	18,300
Audit Scotland fixed charges:	
Pooled costs	1,790
Contribution to PABV	5,360
Audit support costs	1,110
Total fee	**26,560**

No non-audit services fees have been charged for the period.

Non-audit services	In our opinion there are no inconsistencies between the FRC's Ethical Standard and the company's policy for the supply of non-audit services or any apparent breach of that policy. We continue to review our independence and ensure that appropriate safeguards are in place including, but not limited to, the rotation of senior partners and professional staff and the involvement of additional partners and professional staff to carry out reviews of the work performed and to otherwise advise as necessary.
Relationships	We are required to provide written details of all relationships (including the provision of non-audit services) between us and the organisation, its board and senior management and its affiliates, including all services provided by us and the DTTL network to the audited entity, its board and senior management and its affiliates, and other services provided to other known connected parties that we consider may reasonably be thought to bear on our objectivity and independence. We are not aware of any relationships which are required to be disclosed.

Quality of public audit in Scotland

Annual report 2018/19

Audit Scotland published its annual assessment of audit quality carried out on the audit work delivered by Audit Scotland and appointed firms.
A copy of the full report is available: https://www.audit-scotland.gov.uk/report/quality-of-public-audit-in-scotland-annual-report-201819

Public audit in Scotland

Recent high-profile corporate collapses in the private sector have led to considerable scrutiny of the audit profession. The Brydon review is looking into the quality and effectiveness of the UK audit market. The Kingman review, the Competition and Markets Authority market study of the audit services market and the Business, Energy and Industrial Strategy Committee's report on the Future of Audit have all reported on structural weaknesses in the private sector audit regime. The reviews are placing a strong focus on the need for independence of auditors from the bodies they audit.

The public audit model in Scotland is fundamentally different to the private sector audit regime and is well placed to meet the challenges arising from the reviews of the auditing profession. Public audit in Scotland already operates many of the proposed features to reduce threats to auditor independence including:

- independent appointment of auditors by the Auditor General for Scotland and Accounts Commission
- rotation of auditors every five years
- independent fee-setting arrangements and limits on non-audit services
- a comprehensive Audit Quality Framework.

The Audit Scotland Audit Quality and Appointments (AQA) team will continue to develop its activities to provide the Auditor General for Scotland and Accounts Commission with assurance about audit quality. The Audit Quality Framework will be refreshed to take account of the findings from the first two years of its application and to reflect on the developments in the wider audit environment. Further development is planned over the following year to include:

- enhancing stakeholder feedback
- reviewing the structure and transparency of audit quality reporting.

Key messages

The programme of work carried out under the Audit Quality Framework provides evidence of compliance with auditing standards and the Code of audit practice (the Code), together with good levels of qualitative performance and some scope for improvements in audit work delivered in the period 1 April 2018 to 31 March 2019.

Independent external reviews of audit quality carried out by The Institute of Chartered Accountants of Scotland (ICAS) show evidence of compliance with expected standards:

- ICAS did not identify any concerns with audit opinions
- 55 per cent of financial audit files reviewed by ICAS over the last two years were graded as limited improvement required, the remaining reviews were graded as improvement required *(100% of Deloitte files – limited improvement)*
- ICAS noted considerable improvements in the documentation of performance audits and Best Value assurance reports.

Other performance measures showing good performance include:

- 78 per cent of internal reviews of financial audits in the last two years required only limited improvements *(100% of Deloitte internal reviews graded as no improvement required)*
- all audit providers have a strong culture of support for performing high-quality audit
- stakeholder feedback shows audit work has had impact
- non-audit services (NAS) are declining in number and value and requests made complied with the Auditor General for Scotland and Accounts Commission's NAS policy.

AQA monitors progress against areas for improvement. A common area for improvement in the last two years has been the need for better documentation of audit evidence. In 2018/19 further areas for improvement were identified in:

- the use of analytical procedures
- the application of sampling.

Deloitte.

NORTH AYRSHIRE
Health and Social Care Partnership

Agenda Item 8

Integration Joint Board
27 August 2020

Subject:	**2020-21 - Quarter 1 Finance Update**
Purpose:	To provide an overview of the IJB's financial performance as at Period 3 including an update on the estimated financial impact of the Covid-19 response.
Recommendation:	It is recommended that the IJB: (a) notes the overall integrated financial performance report for the financial year 2020-21 and the overall projected year-end overspend of £0.027m at period 3; (b) notes the estimated costs of the Covid mobilisation plan of £7.2m, including savings delays, and the associated funding received to date; (c) note the financial risks for 2020-21, including the impact of Covid 19, and that there is no recommendation at this time to implement a formal Financial Recovery Plan for the IJB; (d) approve the budget changes outlined at section 2.8.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
CAMHS	Child & Adolescent Mental Health Services
RAG	Red, Amber, Green
UNPACS	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
NRAC	NHS Resource Allocation Committee
GAE	Grant Aided Expenditure
PAC	Performance and Audit 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 June 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, before the impact of Covid-19, is a year-end overspend of £0.027m for 2020-21, it should be noted that this is the first monitoring period and at a point relatively early in the financial year. 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. The position has been adjusted to reflect the potential impact of Lead Partnership services. In the absence of any alternative risk sharing agreement for lead partnership services an NRAC share of the projected position has been assumed as this would be in line with the allocation in previous years. The South and East partnerships have not reported a period 3 position therefore these recharges are not included in this report, at this point in time we are not aware of any significant issues.
1.3	From the core projections, overall the main areas of pressure are learning disability care packages, looked after children and adult in-patients within the lead partnership. However, there has been significant progress to reduce the pressures in these areas. The financial projection of effectively a break-even position demonstrates the progress made towards financial balance as part of the 2019-20 recovery plan and other service transformation plans contributing to reduced costs. The position also demonstrates that the work started before the pandemic to ensure the IJB moved into the new financial year in a financially sustainable position has not been delayed or impacted by the Covid-19 response. If this position can be sustained as we move through the year, and assuming all Covid-19 costs are fully funded, the IJB will secure financial balance and repay £1.5m of the debt to North Ayrshire Council as planned.
1.4	The most up to date position in terms of the mobilisation plan for Covid-19 based on the return to the Scottish Government on 14 August projects £7.2m of a financial impact, which is split between additional costs of £6.1m and anticipated savings delays of £1.1m. The impact of savings delays has been built into the core financial projection above on the basis that there is less confidence that funding will be provided to compensate for this. There are financial risks associated with Covid-19 as the IJB has yet to receive confirmation of the full funding allocation, to date we have received a share of £75m nationally (£2m for North Ayrshire) to assist with pressures for social care services, we have not received any funding to date to fund any additional health costs. It is anticipated that further funding will be allocated in the coming weeks and by the end of September to NHS Boards for Health Services.
1.5	Until the funding for Covid-19 is confirmed there is a risk that there may be a shortfall in funding to fully compensate the North Ayrshire IJB for the additional costs. However, there is no recommendation at this time to implement a Financial Recovery Plan on the basis that: • There is increasing confidence that additional costs will be funded based on the recently received and future expected funding allocations; • It is likely that any gap will be clearer towards the end of September when NHS Board funding allocations are expected to be confirmed; • The potential worst-case scenario in terms of any funding shortfall would be in the range of £1.3m and £2.7m, if this gap materialises there are areas we could explore to mitigate later in the year as part of a recovery plan if required; • The most significant area of additional Covid cost is the purchase of PPE for social care, the model for the purchase and supply is currently under review and any options to change from the current model are likely to reduce the future estimated costs; • The period 3 position projects a balanced financial position (excluding Covid) and this does not include any assumption re the £1.5m held by the Council towards the IJB debt, this position assumes the debt repayment is made as planned, this position also incorporates estimated delays with savings delivery.

	The financial position will continue to be reported to the IJB at each meeting, these reports will outline the monthly financial projections and the updated position in relation to estimates for Covid costs. This will include the ongoing consideration of whether a Financial Recovery Plan may be required in the future.
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 plans to work towards financial balance. The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response.
	FINANCIAL PERFORMANCE – AT PERIOD 3
2.2	The projected outturn position at period 3 reflects the cost of core service delivery and does not include the costs of the Covid 19 response as these costs are considered separately alongside the funding implications. Against the full-year budget of £254.208m there is a projected year-end overspend of £0.027m (0.01%). 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. Following this approach, 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 £0.743m in social care services offset by a projected underspend of £0.716m in health services. As highlighted at the end of last year the payroll turnover target was to be centralised for future years as the approach in previous years left some service areas with unachievable targets whilst other areas were able to overachieve, it was agreed that a more transparent approach would be to manage the payroll turnover and vacancy savings centrally. This approach has been adopted for 2020-21, this has helped to de-clutter the financial report and also to make it more transparent re the overall turnover target and the progress towards achieving this across the partnership. Section 2.6 highlights progress with the partnership vacancy target. 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	**Health and Community Care Services**
	Against the full-year budget of £69.826m there is an underspend of £1.337m (1.9%). The main variances are: a) Care home placements including respite placements (net position after service user contributions) – underspent by £1.397m. The care home budget moved into a sustainable position towards the end of 2019-20 and the opening position for the budget for 2020-21 was expected to be an underspend position as at that time we set the budget at a level to fund 810 places and we were funding 782. The occupancy in care homes has fallen further in the first quarter of 2020-21 and there

	are significant vacancies in care homes, the projected underspend includes a steady net increase of 10 placements per month until the year-end. b) Independent Living Services are overspent by £0.300m which is due to an overspend on physical disability care packages within the community and direct payments. There is an expectation that there will be some recovery of funds from Direct Payments where services have ceased, this may improve the projected position. 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. The roll out of the CM2000 system for Adult services was postponed towards the year-end due to the Covid response and will be implemented early October. c) Care at home is projected to overspent by £0.016m. Significant progress was made during 2019-20 to reduce the overspend as part of the Financial Recovery Plan, the remaining overspend was considered and addressed as part of the budget approved for 2020-21 as part of the overall budget re-alignment, demand pressures and savings included in the budget. This left care at home with resources to grow the service during the year which has assisted with the response to Covid 19. The financial projections assume maintaining the service at the current level until the end of 2020-21 and also account for the increased costs of transferring work from two of the commissioned framework providers to the in-house service. d) Aids and adaptations projected underspend of £0.300m. There have been significant delays with carrying out assessments and also providing equipment and adaptations during lock down. The year to date spend at quarter 1 is less than £0.100m. It is expected that during the year there will be considerable delays with this spend, the level projected currently is in line with the underspend in 2019-20 and it is likely this underspend will be greater, however this cannot be determined at this stage in the year. e) Carers Act Funding is projected to underspend by £0.150m based on the currently committed spend and delays with taking forward developments to support carers. The total uncommitted budget is £0.267m so this projected position assumes there will be carers' support plans undertaken and a level of demand/services identified from these plans to be delivered later in the year.
2.4	**Mental Health Services**
	Against the full-year budget of £77.542m there is a projected underspend of £0.356m (0.5%). The main variances are: a) Learning Disabilities are projected to overspend by £1.623m, included within this is £1.435m in relation to community care packages and £0.176m for residential placements. The 2020-21 budget for all adult care packages (LD, PD and MH) were realigned with any projected underspends in other areas being used to reduce the LD projected overspend. 2020-21 savings relating to the implementation of the Adult Community Support Contract are delayed as the full implementation of the CM2000 system has been postponed as the focus has been on the response to COVID-19, the financial benefits of the system are included in the projection later in the year. Community Learning Disability Care packages are proving to be one of the most challenging areas to address overspends. The current projection assumes the current level of commissioned support will continue for the year, there are opportunities to reduce this commitment as a significant number of these care packages were reduced or suspended during lock down, these will be reviewed

when services are re-started to ensure support is re-started at the appropriate level, this may potentially reduce the year-end projected position.

b) Community Mental Health services are projected to underspend by £0.208m mainly due to a reduction in care packages. There has been a reduction in the number of care packages since the start of the year and there have been some temporary reductions to care packages during lock-down, currently these are assumed to be temporary reductions, these will also be reviewed when brought back online.

c) The Lead Partnership for Mental Health has an overall projected underspend of £1.796m which consists of:

- A projected overspend in Adult Inpatients of £0.271m mainly due to the delay in closing the Lochranza ward on the Ailsa site. This projected overspend has significantly reduced from the position in 2019-20 (£0.549m) as there are firm plans in place to discharge the remaining patients and close the ward during August 2020. Staff re-deployment costs have been included in the projection and the overspend may reduce if alternatives can be identified for displaced staff sooner.
- UNPACS is projected to underspend by £0.187m based on current placements, this is also an improved position from last year.
- A projected underspend of £0.350m in Elderly Inpatients due to the completion of the work to reconfigure the Elderly Mental wards, this represents the part-year saving with the full financial benefit being available in 2021-22 (est £0.934m). Staff re-deployment costs have been included in the projection and the underspend may increase if alternatives can be identified for displaced staff sooner.
- A projected underspend in MH Pharmacy of £0.190m due to continued lower substitute prescribing costs.
- The target for turnover or vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.4m in 2020-21, further information on this is included in the table below:

Vacancy Savings Target	(£0.400m)
Projected to March 2021	£1.608m
Over/(Under) Achievement	£1.208m

There were significant vacancy savings delivered during 2019-20 from lead partnership services and these were brought into the financial position during the year as it became clear that services were not going to be able to recruit to all vacancies. The current projection to the year-end is informed by the recruitment plans and the confidence in recruitment success and realistic timescales for filling individual vacancies.

The main areas contributing to this position are noted below:

- Adult Community Health services £0.143m
- Addictions £0.041m
- CAMHS £0.160m
- Mental Health Admin £0.266m
- Psychiatry £0.508m
- Psychology £0.447m
- Associate Nurse Director £0.043m

2.5	**Children Services & Criminal Justice**
	Against the full-year budget of £36.001m there is an overspend of £0.559m (1.6%). The main variances are: a) Looked After and Accommodated Children are projected to overspend by £0.699m. The main areas within this are noted below: • Children's residential placements are projected to overspend by £0.721m, as at period 3 there are 18 placements with plans to reduce this by 4 by the end of October and an assumption that there will be no further placements during the year, therefore ending the year with 14 placements. Budget plans for 2020-21 were based on starting the year with 18, reducing to 14 by the end of Q1 and to 10 places by the end of Q2 and for the remainder of the year. Progress with plans to move children from residential placements have been impacted by Covid-19 as there has been an impact on Children's Hearings and also this has limited the availability of tenancies. However, despite these delays it is positive that there were no children placed into external residential placement during lock down and the numbers did not increase. Children's services are hopeful to further improve the position as we move through the year as starting the 2021-22 financial year with 14 placements will impact on the savings planned for next year. • Fostering placements are projected to overspend by £0.093m based on the budget for 129 places and 133 actual placements since the start of the year. The fostering service is an area we are trying to grow, and a recruitment campaign was undertaken early in the new year to attract more in-house foster carers to limit the ongoing requirement for external foster placements. There are a number of additional fostering placements attributed to Covid-19 which are out with these numbers as the costs have been included on the Covid-19 mobilisation plan.
2.6	**Turnover/Vacancy Savings**
	The payroll turnover target has been centralised for 2020-21 as it was noted last year that some service areas have historic targets which cannot be achieved whilst others overachieve, the financial monitoring report was cluttered with over and underspends as a result and a more transparent way to report on progress with the overall achievement of payroll turnover is to manage it centrally. The turnover target for the North Lead Partnership for Mental Health services is detailed within the Lead Partnership information at section 2.4. The turnover targets and projected achievement for the financial year for Health and Social Care services out with the Lead Partnership is noted below:

	Social Care	Health Services
Vacancy Savings Target	*(£1.957m)	(0.645m)
Projected to March 2021	£1.957m	0.869m
Over/(Under) Achievement	0	0.224m

(*the target for social care services has been increased on a non-recurring basis for 2020-21 only by £0.110m to offset the saving for the roll out of Multi-Disciplinary Teams, as no permanent reductions to the structure can be identified at this time but will be by the service from 2021-22 onwards)

The position in the table above reflects the assumption in the current financial projections. For social care vacancies there have been significant vacancy savings to period 3 due to delays with recruitment and a total of £0.643m has been achieved to date. It is not anticipated that the level of vacancies will continue at this rate to the financial year-end, the full annual target is expected to be achieved on the basis that there will vacancies sustained at around 65% of that level. We may potentially exceed the target, as was the case in previous years, but the likelihood of this will not be known with confidence until services and recruitment re-starts fully over the coming months.

The Health vacancy projection to the year-end is informed by the recruitment plans and confidence in recruitment to posts for the remainder of the year.

The main areas contributing to the health and social care vacancy savings are spread across a wide range of services with vacancy savings being achieved in most areas, the most notable in terms of value being social worker posts (across all services), the Community Mental Health Teams and Allied Health Professionals.

2.7 **Savings Progress**

a) The approved 2020-21 budget included £3.861m of savings.

RAG Status	Position at Budget Approval £m	Position at Period 3 £m
Red	-	0.274
Amber	2.801	1.887
Green	1.060	1.700
TOTAL	**3.861**	**3.861**

b) The main areas to note are:

i) Red savings of £0.274m relating to reducing LD sleepovers and the review of Adoption Allowances, both of which have been impacted by Covid-19, the delays in these savings have been included in the overall projected outturn position;

ii) Whilst all savings remain on the plan to be delivered there are delays with some savings with delays in implementation due to Covid-19, for example the implementation of the Adult Community Support Framework as the introduction of the CM2000 system is on hold as providers are focussing on COVID related service and staffing issues;

iii) The confidence with some savings has increased since the budget was set due to the progress made towards the end of 2019-20, for example with freeing up additional capacity for Care at Home services by reducing care home placements.

Appendix C provides an overview of the savings plan, this highlights that during 2020-21 it is anticipated that a total of £2.746m of savings will be delivered in-year, with £1.115m of savings potentially delayed or reduced. The delays are due to Covid-19 and have been included in the mobilisation plan return to the Scottish Government, but at this stage they have also been reflected in the overall projected outturn position as there is less confidence that the impact of savings delays will be compensated with additional funding.

	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. Whilst some of our plans were put on hold due to Covid, the transformation plans will be re-mobilised at pace to ensure we taken any opportunities to join up the re-design services as they come back online. The Transformation Board has re-started in July and there will be a concerted effort to ensure the maximum savings delivery can be achieved in-year, to assist with the current year position and to ensure there is no budget gap rolled forward into 2021-22.
2.8	**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 D highlights the movement in the overall budget position for the partnership following the initial approved budget. ***Reductions Requiring Approval:*** The specific reductions the IJB are required to approve are: • WAN Circuits Budget Transfer to IT £0.001m • British Sign Language funding to Democratic Services £0.005m • Non-recurring Funding 19/20 £0.388m • Full Year effect of Part Year Reductions £0.054m • Primary Care Prescribing - CRES £0.756m • Funding transfer to Acute (Medical Records) £0.033m • Prescribing Reduction £0.540m • Lochranza Discharges to South HSCP £0.170m It is recommended that the IJB approve the budget reductions outlined above, some of which relate to changes made and approved during 2019-20. **Future Planned Changes:** An area due to be transferred in the future are 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 and Arran that the financial responsibility will not transfer until balance is found. In the meantime, we are managing services and plans are well progressed to reduce the projected overspend prior to any transfer.
2.9	**NHS – Further Developments/Pan Ayrshire Services**
	<u>Lead Partnerships:</u> The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. During 2019-20 agreement was reached with the other two Ayrshire partnerships that in the absence of any service activity information and alternative agreed risk sharing

	arrangements that the outturn for all Lead Partnership services would be shared across the 3 partnerships on an NRAC basis. This position will be the default position at the start of 2020-21 as the further work taken forward to develop a framework to report the financial position and risk sharing across the 3 partnerships in relation to hosted or lead service arrangements has been delayed by the requirement to focus efforts on the Covid response. The underspend in relation to North Lead Partnership services is not fully attributed to the North IJB as a share has been allocated to East and South partnerships, similarly the impact of the outturn on East and South led services will require to be shared with North. Neither the East or South partnerships have reported a period 3 position therefore there is no impact or information on the position at period 3 including the impact on the North partnership. At this point in time we are not aware of any significant issues which would impact on the North position. <u>Set Aside:</u> The budget for set aside resources for 2020-21 is assumed to be in line with the amount for 2019-20 (£30.094m) inflated by the 3% baseline uplift, this value was used in the absence of any updated information on the share of resources and is £30.997m. At the time of setting the IJB budget it was noted that this may require to be updated following the further work being undertaken by the Ayrshire Finance Leads to establish the baseline resources for each partnership and how this compares to the Fair Share of resources. It was anticipated that 2020-21 would be used as a shadow year for these arrangements, however this work has been delayed due to the Covid-19 response. A further update will be provided to IJBs as this work progresses.
	COVID-19 – FINANCE MOBILISATION PLAN IMPACT
2.10	**Summary of position**
	The IJB were provided with a report on 16 July 2020 which highlighted the potential financial impact of the Covid-19 response and the significant financial risk to the IJB. From the outset of the pandemic the HSCP acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. Financial returns have been submitted to the Scottish Government on a regular basis, on the premise that any additional costs aligned to mobilisation plans would be fully funded. There is a risk that if the full cost of the Covid-19 response is not funded that the IJB may require to recover any overspend in-year. In July the IJB agreed that a follow up report would be presented to the IJB in August outlining the updated cost estimates, the financial year-end projections and any potential funding gap based on scenarios re Covid-19 funding. The IJB also need to consider any action required to recover the financial position in-year.
2.11	**Mobilisation Plan Costs**
	The cost return for North Ayrshire HSCP submitted on 22 June 2020 estimated additional costs of £7.255m for the duration of 2020-21. The costs remain estimates as the situation continually evolves and there have been several iterations of the financial plan. The most recent mobilisation plan cost submission submitted on 14 August 2020 estimates the costs to be £7.211m to March 2021.

The majority of the additional costs for the HSCP relate to the provision of social care services and the most significant areas are PPE, additional staff costs for staff absence and student nurses, loss of income due to closed services, additional care home placements, payments to commissioned care providers to ensure future sustainability and the impact on our approved savings programme.

The mobilisation plan submission is included as Appendix E. The main areas of cost together with the change in estimates from June are summarised below:

Service Area	**Previous (22 June 2020) £m**	**Latest (14 Aug 2020) £m**	**Increase/(Decrease) £m**
Payments to Providers	1.648	1.655	0.007
Personal Protective Equipment (PPE)	1.628	2.052	0.424
Savings Delays	1.508	1.115	-0.393
Nursing – Students and Bank Staff	0.848	0.733	-0.115
Care at Home Capacity	0.669	0.416	-0.253
Loss of Income	0.442	0.442	0.000
Staff Cover	0.425	0.425	0.000
Care Home Beds – Delayed Discharges	0.396	0.396	0.000
Fostering Placements	0.000	0.196	0.196
Other costs	0.221	0.311	0.090
Offsetting cost reductions	-0.530	-0.530	0.000
TOTAL	**7.255**	**7.211**	**-0.044**

Further information on the elements of the plan are included in the IJB report from 16 July 2020. There is little movement in the overall estimated cost but there are some significant movements for individual cost elements, the main areas where estimates have been updated are noted below:

- Payments to providers have been re-phased to reflect the extension of the principles to the end of September and the cessation of support thereafter, this is currently being reviewed by COSLA and the Scottish Government to determine the best approach to taper down support and also the model of support for ongoing increases in costs beyond the end of September;
- PPE returns have been updated to include the continuation of the current purchasing arrangements that are currently in place for social care PPE, i.e. being that social care providers (including the HSCP) primarily source and procure their own supplies and use the cluster PPE hubs as a top up and emergency stock. A business case is being developed by the Scottish Government for approval at the end of August, this will determine the future supply of PPE, a change in approach, for example with SG centrally sourced and supplied PPE will change the estimated future costs;
- Savings delays have been re-visited based on the P3 position with a more optimistic view of deliverable savings in the year;
- Nursing – Students and Bank staff have been reduced in line with updated cost estimated supplied by NHS finance, the previous estimate was based on limited information provided by NES on the posts, the position has been clarified in relation to the individual students;
- Care at Home Capacity has been reduced following analysis of the period 3 position, the original estimate was a 5% increase in capacity, in reality the increase has been less as the 2020-21 budget already allowed for an element

	of growth within the service, the current estimates include maintaining the current capacity levels until March 2021 and for an additional 20 planned posts; • Fostering placements have been added to the updated plan, there are 20 additional short term placements which have been necessary due to Covid-19, these have been facilitated by the Scottish Government permitting foster carers to look after 3 or more children and it has been difficult to reduce these placements with the impact on Children's Hearings. The updated estimates assume half of these placements will remain at the end of September and all will be removed by December.
2.12	**Covid-19 Funding Position**
	At the outset of the pandemic there was an assurance that subject to any additional expenditure being fully aligned to local mobilisation plans, including the IJB responses, reasonable funding requirements will be supported. This was on the basis that a process would be developed for these to be accurately and immediately recorded and shared with the Scottish Government. The basis of this reporting was drawn up and agreed with COSLA and Health and Social Care Partnerships. On 12 May 2020 we received confirmation of initial funding of £50 million, particularly to support immediate challenges in the social care sector. This interim funding was released to support sustainability across the sector and the ongoing provision of social care, while further work is undertaken to provide the necessary assurance for further allocations of funding to support additional costs. The share of this allocation is £1.339m for North Ayrshire. Following on from this on 3 August it was confirmed that in recognition of challenges for Local Authorities, IJBs and social care providers, and commensurate with data submitted through the local mobilisation plan financial returns, the Scottish Government would provide an additional tranche of funding up to £50 million to meet costs. The full funding will be provided on the basis of appropriate evidence and assurance in respect of actual expenditure and will continue to be considered within the context of the overall package of financial support. On 10 August it was advised that £25m of this funding would be released immediately, the North Ayrshire share is £0.669m and has been allocated on an NRAC/GAE basis in line with the original £50m. The remaining up to £25million as not yet been allocated and the distribution of this funding will be reliant on additional information being provided to the Scottish Government to evidence the funding requirement. To date this is the total funding received to date, i.e. £2.008m towards the social care response. No funding has been allocated for the Health delivered services, the NHS Boards were required to submit detailed quarter 1 returns to the Scottish Government on 14 August and these will inform an allocation towards the end of September, this will include the allocation to IJBs for health services. Whilst the allocations of funding for social care are welcomed to support cash flow for Local Government and provides some assurance that funding will be released, this is clearly not sufficient to fund all of our highlighted pressures and there remains a significant gap.
2.13	**Covid – Financial Risk**
	There are a number of financial risks related to the Covid-19 response for North Ayrshire IJB, risks include:

- Delays in funding being confirmed result in the IJB considering balancing the budget based on funding assumptions in the absence of a confirmed funding allocation;
- Scottish Government funding is not sufficient to fully fund the response and there is a shortfall in funding when allocated;
- Risk that financial position cannot be recovered in-year and the IJB overspend and add to the debt owed to North Ayrshire Council;
- If insufficient funding is provided an exercise will be required at a later stage to re-allocate costs and funding to the 3 IJB areas for Lead Partnership services, this could lead to greater costs being aligned to the North IJB particularly for any shortfall in funding for Primary Care including Covid Assessment Hubs;
- Further uncertainty of funding for pressures which may continue beyond 2020-21, including for example PPE;
- Currently provider Sustainability Payment Principles are due to cease at the end of September with tapering down of support, some elements may be extended beyond that time, there is an ongoing responsibility for HSCPs to ensure the sustainability of the social care sector;
- Financial position from 2021-22 onwards and the impact on public sector funding and the future funding of Health and Social Care services.

The table below summarises the overall estimated Covid-19 costs for the North HSCP alongside the funding received to date to highlight the potential gap:

ESTIMATED COVID COSTS	**Social Care £m**	**Health £m**	**Total £m**
Additional Spend	5.414	0.682	6.096
Delayed Savings	1.115	0	1.115
Total Costs	**6.529**	**0.682**	**7.211**
Covid Funding - to date - £75m social care	(2.008)	0	(2.008)
Up to additional £25m	tbc	0	tbc
Estimated Net Spend (Exc Savings)	**3.406**	**0.682**	**4.088**
Actual Spend to 14 August (exc savings delay)	2.937	0.457	3.394
YTD Net Spend (Exc Savings)	**0.929**	**0.457**	**1.386**

- The savings delays impact estimated at £1.115m has been removed from the above net position as these delays have already been factored into the period 3 position, this is a prudent approach on the basis that despite this financial impact being highlighted on mobilisation plan returns there is no agreement in principle re savings delays being financially compensated for;
- The estimated additional costs to March 2021 compared to the funding received to date leaves an estimated balance of £4.088m for which funding has not yet been received or allocated;
- The year to date spend to 14 August is noted in the table and compared to the funding received to date leaves a gap of £1.386m, this reflects the amount of spend to date which has not yet been funded, cash flow information has been provided

to the Scottish Government to inform the further allocation of funding for Social Care.

The funding received to date is not the final allocation of funding for IJBs for the Health and Social Care response to Covid-19, we fully expect to receive an allocation for Health services towards the end of September and the initial allocation of up to £100m for social care services has been allocated in response to cash flow issues faced by some Local Authorities and also to provide confidence that funding will flow through the system to allow for sustainability payments to be made to commissioned social care providers.

To two scenarios below illustrate the estimated worst case scenarios where funding may not be sufficient to cover the estimated costs:

	Total Potential Gap £m
<u>Scenario 1</u> £100m NRAC/GAE Social Care & Health Fully Funded	**2.737**
or:	
<u>Scenario 2</u> Policy Areas Fully Funded*	**1.311**

*policy areas/decisions including PPE, Sustainability Payments, delayed discharge care home beds, Student Nurses

The estimated worst-case scenario funding shortfall is estimated to be between £1.3m and £2.7m based on the two scenarios above. The below illustrates the ways in which this financial risk can be mitigated:

Given the scale of the financial risk at this stage in the year it is not recommended that the IJB consider a formal financial recovery plan at this time.

	This recommendation is on the basis that: • There is increasing confidence that additional costs will be funded based on the recently received and future expected funding allocations; • It is likely that any gap will be clearer towards the end of September when NHS Board funding allocations are expected to be confirmed; • The potential worst-case scenario in terms of any funding shortfall would be in the range of £1.3m and £2.7m, if this gap materialises there are areas we could explore to mitigate later in the year as part of a recovery plan if required; • The most significant area of additional Covid cost is the purchase of PPE for social care, the model for the purchase and supply is currently under review and any options to change from the current model are likely to reduce the future estimated costs; • The period 3 position projects a balanced financial position (excluding Covid) and this does not include any assumption re the £1.5m held by the Council towards the IJB debt, this position assumes the debt repayment is made as planned, this position also incorporates estimated delays with savings delivery. The financial position will continue to be reported to the IJB at each meeting, these reports will outline the monthly financial projections and the updated position in relation to estimates for Covid costs. This will include the ongoing consideration of whether a Financial Recovery Plan may be required in the future.
3.	**PROPOSALS**
3.1	**Anticipated Outcomes**
	Continuing to closely monitor the financial position will allow the IJB to take corrective action where required to ensure the partnership can deliver services in 2020-21 from within the available resource, thereby limiting the financial risk the funding partners, i.e. NAC and NHS AA. The estimated costs and funding in relation to the Covid-19 response also require to be closely monitored to ensure that the IJB can plan for the impact of this and also to ensure that the IJB is in the position to re-claim funding to compensate for the additional costs.
3.2	**Measuring Impact**
	Ongoing updates to the financial position will be reported to the IJB throughout 2020-21.
4.	**IMPLICATIONS**

Financial:	The financial implications are as outlined in the report. Against the full-year budget of £254.208m there is a projected overspend of £0.027m (0.01%). The report outlines the main variances for individual services. This is an early indication of the projected outturn at the first quarter of the financial year, 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. One of the main areas of risk is the additional costs related to the Covid-19 response and these are detailed in the report together with an updated position in relation to funding.
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. The greatest financial risk for 2020-21 is the additional costs in relation to Covid-19.
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 Head of Finance after the report has been finalised for the IJB.
5.	**CONCLUSION**
5.1	It is recommended that the IJB: (a) notes the overall integrated financial performance report for the financial year 2020-21 and the overall projected year-end overspend of £0.027m at period 3; (b) notes the estimated costs of the Covid mobilisation plan of £7.3m, including savings delays, and the associated funding received to date; (c) note the financial risks for 2020-21, including the impact of Covid 19, and that there is no recommendation at this time to implement a formal Financial Recovery Plan for the IJB; (d) approve the budget changes outlined at section 2.8.

For more information please contact:

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2020-21 Budget Monitoring Report–Objective Summary as at 30 June 2020 — Appendix A

Partnership Budget - Objective Summary	2020/21 Budget								
	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
COMMUNITY CARE AND HEALTH	**56,074**	**54,590**	**(1,484)**	**13,752**	**13,899**	**147**	**69,826**	**68,489**	**(1,337)**
: Locality Services	23,630	22,532	(1,098)	4,799	4,799	0	28,429	27,331	(1,098)
: Community Care Service Delivery	28,608	28,622	14	0	0	0	28,608	28,622	14
: Rehabilitation and Reablement	1,985	1,695	(290)	1,902	1,910	8	3,887	3,605	(282)
: Long Term Conditions	1,487	1,363	(124)	4,941	5,100	159	6,428	6,463	35
: Integrated Island Services	364	378	14	2,110	2,090	(20)	2,474	2,468	(6)
MENTAL HEALTH SERVICES	**24,794**	**26,234**	**1,440**	**52,748**	**50,952**	**(1,796)**	**77,542**	**77,186**	**(356)**
: Learning Disabilities	18,572	20,195	1,623	448	448	0	19,020	20,643	1,623
: Community Mental Health	4,739	4,531	(208)	1,635	1,635	0	6,374	6,166	(208)
: Addictions	1,483	1,508	25	1,340	1,340	0	2,823	2,848	25
: Lead Partnership Mental Health NHS Area Wide	0	0	0	49,325	47,529	(1,796)	49,325	47,529	(1,796)
CHILDREN & JUSTICE SERVICES	**32,186**	**32,745**	**559**	**3,815**	**3,815**	**0**	**36,001**	**36,560**	**559**
Irvine, Kilwinning and Three Towns	3,281	3,236	(45)	0	0	0	3,281	3,236	(45)
Garnock Valley, North Coast and Arran	1,256	1,180	(76)	0	0	0	1,256	1,180	(76)
Intervention Services	2,104	2,094	(10)	315	315	0	2,419	2,409	(10)
Looked After and Accommodated Children	17,626	18,325	699	0	0	0	17,626	18,325	699
Quality Improvement	4,310	4,304	(6)	0	0	0	4,310	4,304	(6)
Public Protection	636	634	(2)	0	0	0	636	634	(2)
Justice Services	2,506	2,504	(2)	0	0	0	2,506	2,504	(2)
Universal Early Years	467	468	1	3,090	3,090	0	3,557	3,558	1
: Lead Partnership NHS Children's Services	0	0	0	410	410	0	410	410	0
PRIMARY CARE	0	0	0	52,521	52,521	0	52,521	52,521	0
ALLIED HEALTH PROFESSIONALS				5,443	5,443	0	5,443	5,443	0
MANAGEMENT AND SUPPORT COSTS	7,975	8,186	211	3,888	3,686	(202)	11,863	11,872	9
CHANGE PROGRAMME	1	18	17	1,011	1,011	0	1,012	1,029	17
OUTTURN ON A MANAGED BASIS	**121,030**	**121,773**	**743**	**133,178**	**131,327**	**(1,851)**	**254,208**	**253,100**	**(1,108)**
Return Hosted Over/Underspends East	0	0	0	0	582	582	0	582	582
Return Hosted Over/Underspends South	0	0	0	0	553	553	0	553	553
OUTTURN ON AN IJB BASIS	**121,030**	**121,773**	**743**	**133,178**	**132,462**	**(716)**	**254,208**	**254,235**	**27**

2020-21 Budget Monitoring Report – Detailed Variance Analysis — Appendix B

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	**69,826**	**68,489**	**(1,337)**	
Locality Services	28,429	27,331	(1,098)	**Older People care homes inc respite -** underspend of £1.475m based on 707 placements. Income from Charging Orders - under recovery of £0.078m **Independent Living Services :** * Direct Payment packages- overspend of £0.115m on 62 packages. * Residential Packages - overspend of £0.055m based on 33 packages. * Community Packages (physical disability) - overspend of £0.130m based on 48 packages
Community Care Service Delivery	28,608	28,622	14	Outwith the threshold for reporting
Rehabilitation and Reablement	3,887	3,605	(282)	**Aids and Adaptations** - underspend of £0.290m related to the reduced number of OT assessments taking place during COVID 19.
Long Term Conditions	6,428	6,463	35	Outwith the threshold for reporting
Integrated Island Services	2,474	2,468	(6)	Outwith the threshold for reporting

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
MENTAL HEALTH SERVICES	**77,542**	**77,186**	**(357)**	
Learning Disabilities	19,020	20,643	1,623	**Residential Packages**- overspend of £0.176m based on 37 current packages. **Community Packages (inc direct payments**) - overspend of £1.77m based on 334 current packages. The direct payments projection is based on 41 current packages. Covid 19 community service reductions were approx. £154k for first qtr and a further £97k reduction for Day services not delivered
Community Mental Health	6,374	6,166	(209)	**Employee costs** - on line with budget **Community and Residential Packages** - underspend of £0.093m based on 94 community packages and 28 residential placements.
Addictions	2,823	2,848	25	Outwith the threshold for reporting
Lead Partnership (MHS)	49,325	47,529	(1,796)	**Adult Community** - underspend of £0.143m due to vacancies. **Adult Inpatients**- overspend of £0.271m due to a delay in closing the Lochranza wards. **UNPACs** - underspend of £0.187m based on current placements and assumed service level agreement costs. **Elderly Inpatients** - projected underspend of £0.350m which includes the £0.934m of unallocated funding following the elderly MH review. **CAMHS** - underspend of £0.160m due to vacancies. **MH Admin** - underspend of £0.266m due to vacancies.. **Psychiatry** - underspend of £0.508m due to vacancies. **MH Pharmac**y - underspend of £0.190m mainly within substitute prescribing. **Psychology**- underspend of £0.447m due to vacancies.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
CHIDREN'S AND JUSTICE SERVICES	**36,001**	**36,560**	**559**	
Irvine, Kilwinning and Three Towns	3,281	3,236	(45)	Outwith the threshold for reporting
Garnock Valley, North Coast and Arran	1,256	1,180	(76)	**Employee Costs** - Projecting £0.054m underspend due to a substantive post being vacant . This will be offsetting an overspend in employee Costs within Quality Improvement. **Transports costs** - Projected underspend of 0.009m d ue a reduction in spend in Staff Mileage costs, assumes a 70% spend of all mileage budgets across the service. **Cornerstone Respite** - Projected underspend of £0.013m due to respite services not taking place due to COVID.
Intervention Services	2,419	2,409	(10)	Outwith the threshold for reporting
Looked After and Accommodated Children	17,626	18,325	699	**Employee Costs** - Projected overspend of £0.058m which is due to additional hours/overtime hours being worked within the Children's Houses **Looked After Children placements - projected overspend of £0.090m based on the following:-** **Kinship -** projected underspend of £0.076m. Budget for 359 placements, currently 344 placement but projecting 352 placements by the year end. **Adoption -** projected overspend of £0.026m. Budget for 69 placements, currently 71 placements. **Fostering** - projected overspend of £0.93m. Budget for 129 placements, currently 133 placements and projecting 133 placements by the year end. **Fostering Xtra** - projected underspend of £0.050m. Budget for 32 placements, currently 34 placements but projecting 34 placements by the year end. **Private fostering -** projected overspend of £0.003m. Budget for 10 placements, currently 10 placements. **IMPACCT carers** - projected online Budget for 2 placements, currently 2 placements. **Residential School placements -** Projected overspend £0.721m, current number of placements is 18,, assumption that 2 will end in September and 2 ending in October and no further new admissions resulting in 14 placements at the year end. No secure placements.
Quality Improvement	4,310	4,304	(6)	Outwith the threshold for reporting
Public Protection	636	634	(2)	Outwith the threshold for reporting
Justice Services	2,506	2,504	(2)	Outwith the threshold for reporting
Universal Early Years	3,557	3,558	1	Outwith the threshold for reporting
: Lead Partnership NHS Children's Services	410	410	0	Outwith the threshold for reporting
PRIMARY CARE	52,521	52,521	0	Outwith the threshold for reporting
ALLIED HEALTH PROFESSIONALS	5,443	5,443	0	Outwith the threshold for reporting
MANAGEMENT AND SUPPORT	11,863	11,873	10	Outwith the threshold for reporting
CHANGE PROGRAMME & CHALLENGE FUND	1,012	1,029	17	Outwith the threshold for reporting
TOTAL	**254,208**	**253,101**	**(1,108)**	

Threshold for reporting is + or - £50,000

2020-21 Savings Tracker

Appendix C

Savings reference number	Description	Deliverability Status at budget setting	Approved Saving 2020/21 £m	Deliverability Status Month 3	Saving Delivered @ Month 3 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
Children, Families & Criminal Justice								
1	Children and Young People - External Residential Placements	**Amber**	0.583	**Amber**	-	0.284	0.299	Currently projecting an overspend. Some plans to move children have been impacted by COVID. Expect to have 14 places at the year-end when the original plan was to have 10 places, will impact on savings for 2021-22.
2	Adoption Allowances	**Amber**	0.074	Red	-	-	0.074	Current projected overspend but outcome of the adoption review to be implemented
3	Children's Services - Early Intervention and Prevention	**Amber**	0.050	**Green**	0.050	-	-	Fully achieved, met through efficiencies across Children's services
4	Fostering - Reduce external placements	**Green**	0.036	**Amber**	-	-	0.036	Not been able to reduce placements, may progress later in the year.
5	Community Support - Children's Care Packages	**Amber**	0.008	**Green**	0.008	-	-	Tender delayed, saving can be met through budget underspend for 2020-21.
Mental Health and LD Services								
6	LD - Reduction to Sleepover Provision	Amber	0.200	Red	-	-	0.200	Cluster sleepover models centred around core supported accomodation are being considered but will be delayed. The supported accomodation build timescales have slipped due to COVID.
7	Learning Disability Day Services	Amber	0.279	Amber	-	0.050	0.229	The provision of day care is being reviewed to ensure it can be delivered safely. This will include a review of the staffing, a new staffing structure has been planned which will deliver the full year saving but will be delayed until January 2021.
8	Trindlemoss	Green	0.150	Amber	0.150	-	-	Fully achieved
9	Mental Health - Flexible Intervention Service	Green	0.008	Green	0.008	-	-	Fully achieved, slightly over-delivered (£10k)
Health and Community Care								
10	Roll out of multidisciplinary teams - Community Care and Health	Amber	0.110	Green	-	0.110	-	For 2020-21 only this saving has been added to the vacancy savings target to be met non-recurringly. There are a number of vacancies across Community Care and Health but at this stage the service can not identify posts to be removed on a permanent basis, will be formalised and removed from establishment from 2021-22.
11	Carers Act Funding - Respite in Care Homes	Green	0.273	Green	0.273	-	-	Fully achieved
12	Care at Home - Reablement Investment	Amber	0.300	Green	-	0.300	-	Expect to fully achieve, level of service activity within budget.
13	Care at Home - Efficiency and Capacity Improvement	Amber	0.135	Green	-	0.135	-	Expect to fully achieve, level of service activity within budget.
14	Day Centres - Older People	Amber	0.038	Amber	-	-	0.038	Day centres are currently closed and staff have been re-deployed, will look for opportunities to release savings when the services re-open.
15	Charging Policy - Montrose House	Amber	0.050	Amber	-	-	0.050	New charging policy in place, achieving the saving has been impacted by movement in care home placements.

Savings reference number	Description	Deliverability Status at budget setting	Approved Saving 2020/21 £m	Deliverability Status Month 3	Saving Delivered @ Month 3 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
Whole System								
16	Adults - New Supported Accommodation Models	Amber	0.063	Amber	-	0.025	0.038	Project has slipped. Expected completion date is early 2021. Saving was based on 5mths, Assume only 2mths are achieved
17	Adult Community Support - Commissioning of Services	Amber	0.638	Amber	-	0.512	0.126	Implementation of CM2000 was delayed due to Covid, expect to bring system on line for Adult providers from the start of October.
18	Charging Policy - Inflationary Increase	Green	0.050	Amber	-	0.025	0.025	Charging has been suspended during COVID 19, with the exception of care homes and community alarms, expect to bring back on line in September.
TOTAL SOCIAL CARE SAVINGS			**3.045**		**0.489**	**1.441**	**1.115**	

Health:

Savings reference number	Description	Deliverability Status at budget setting	Approved Saving 2020/21 £m	Deliverability Status Month 3	Saving Delivered @ Month 3 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
19	Trindlemoss	Green	0.120	Green	0.120	-	-	Fully achieved
20	Packages of care	Green	0.100	Green	0.100	-	-	Fully achieved
21	Elderly Mental Health inpatients (lead partnership)	Green	0.216	Green	0.216	-	-	Fully achieved
22	MH Payroll Turnover (lead partnership)	Green	0.100	Green	0.100	-	-	Fully achieved
23	North Payroll Turnover	Green	0.280	Green	0.280	-	-	Fully achieved
TOTAL HEALTH SAVINGS			**0.816**		**0.816**	**0.000**	**0**	

TOTAL NORTH HSCP SAVINGS		**3.861**		**1.305**	**1.441**	**1.115**	

2020-21 Budget Reconciliation

Appendix D

COUNCIL	Period	Permanent or Temporary	£
Initial Approved Budget			96,963
Rounding error			5
Error in budget			1,299
Resource Transfer			22,769
WAN Circuits Budget Transfer - Kyle Road - New data Connection (Store Costs	1	P	(1)
British Sign Lanaguage funding transferred to Democratic Services	3	P	(5)
Budget Reported at Month 3			**121,030**

HEALTH	Period	Permanent or Temporary	£
Initial Approved Budget			149,830
Resource Transfer			(22,769)
Adjustment to base budget	1	P	(90)
2019/20 Month 10-12 budget adjustments	1	P	3,999
Non recurring Funding 19/20	3	T	(298)
Full Year effect of Part Year Reductions	3	P	(54)
Additional COVID funding	3	T	1,339
Additional living wage funding	3	P	186
V1P Funding 20/21	3	T	105
Primary Care Prescribing - Uplift	3	P	2,060
Primary Care Prescribing - CRES	3	P	(756)
Outcomes Framework - Breast Feeding	3	T	33
South HSCP V1P contribution	3	T	20
ANP Allocation - MIN	3	T	20
Training Grade Funding	3	P	49
Funding transfer to Acute (Medical Records)	3	T	(33)
Public Health Outcomes Bundle	3	T	235
Specialist Pharmacist in Substance Misuse	3	T	12
Prescribing Reduction - COVID	3	T	(540)
Lochranza Discharges to South HSCP	3	P	(170)
Budget Reported at Month 3			**133,178**

COMBINED BUDGET	**254,208**

Appendix E

COVID-19 Local Mobilisation Plan- Financial Plan- H&SCP

Name of Body	North Ayrshire HSCP
Finance Contact:	Caroline Cameron, Chief
Date of last update	11/08/2020

Delayed Discharge Reduction- Assumptions	**Supporting Narrative**
Delayed Discharge Reduction- Additional Care Home Beds	32 placements from March to date where funding accellerated or agreed to reduce DD in hospital and expediate discharge, further DD in hospital but not all will require care home placement
Delayed Discharge Reduction- other measures	Anam Cara Respite in-house respite facility being used temporarily for step down

	Revenue												Revenue	Capital		
H&SCP Costs	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**	**2020/21**	**2020/21**	**Body incurring cost (NHS or LA)**	**Supporting Narrative**
Delayed Discharge Reduction- Additional Care Home Beds	82,102	78,564	78,564	78,564	78,564								396,358		LA	Only requested funding to August on the basis that interim funding is to facilitate discharge and HSCP would have to fund placements in the longer term. This is to fund 32 specific placements, not assuming there will be additional funding for any new discharges to maintain DD performance.
Delayed Discharge Reduction- other measures	5,453	4,362	4,362	4,362	4,362	4,362							27,263		LA	Anam Cara Respite facility being used temporarily for step down - cost is only in relation to lost income from respite charging, existing staff group delivering care
Delayed Discharge Reduction- other measures	60,151												60,151		LA	Adaptations and equipment purchased to get social care surge sites ready for use, would likely to be further costs if sites are required to be brought into use in the future.
Personal protection equipment	259,469	263,477	249,157	142,248	142,248	142,248	142,248	142,248	142,248	142,248	142,248	142,248	2,052,335		NHS/LA	Sourcing majority of PPE for social care locally. Currently sourcing about 85%-95% (range depending on items) of social care PPE supply by HSCP with the rest coming from NSS top up supply. Orders placed totalling £912k as at 18th June. Assumption that from October onwards (linked to MoU for PPE Hub) NSS supply will potentially increase to provide 50% of requirement, however there remains a risk that costs will continue to rise and this depends on arrangement for national distribution .
Deep cleans		224	971										1,195		NHS	
Estates & Facilities cost		4,790	3,549										8,339		NHS	
Additional staff Overtime and Enhancements	70,596	43,682	47,882	50,000	50,000	50,000	25,000	25,000	25,000	12,500	12,500	12,500	424,660		LA	Cost of additional staff hours to cover absence, mainly in Care at Home Services and residential Children's Houses
Additional temporary staff spend - Student Nurses & AHP		227,159	142,067	142,067	142,067	79,704							733,063		NHS	Actual spend to June for student nurses and other nursing and AHP additional hours, from July onwards based on student costs plus £50k estimate of ongoing additional bank hours.
Additional temporary staff spend - Health and Support Care Workers			40,958										40,958		NHS	
Additional costs for externally provided services	220,798	278,694	314,548	264,036	264,036	188,268	25,000	25,000	25,000	25,000	25,000	-	1,655,380			Provision per month for additional payments to providers primarilty for PPE and sickness absence, position statement shared with providers in line with COSLA commissioning guidance. Additional provision for occupany payments to care homes from April to September and assuming tapered reduction in Sept. Included provision for 5% increase in costs for community support services (care at home and adults) from April to September, not included at 25% as not seen requests at that level, this may increase as sickness policy is implemented. Included small provision for support after Sept with PPE and infection control costs.
Additional FHS Payments- GP Practices	13,527	6,203	7,000	7,000	7,000								40,730		NHS	Additional GP sessions for Arran for the hospital and to support local team in co-ordinating planning and response
Loss of income	88,500	88,500	88,500	88,500	88,500								442,500		LA	Ceased provision of day services and respite, also suspended charges for community supports on basis of rapid changes to care, capacity to ensure accurate financially assessed charges and also financial hardship.
Additional Travel Costs		1,304	4,553										5,857			
IT & Telephony Costs		937											937			
Equipment & Sundries		75,584											75,584		NHS/LA	Thermometers moved here from PPE
Children and Family Services	6,952	12,166	20,856	34,760	34,760	34,760	17,380	17,380	17,380				196,394			Additional Fostering Placements, 20 increased placements from April to now which are Covid related temporary placements, delay in children's hearings and housing has led to a delay in moving children on from foster care. Cost of 20 placements as they came on line from April, assume 10 will leave care by Sept and a further 10 between October and December.
Other- Security Costs PPE Store	8,000	8,000	8,000	8,000	8,000	8,000							48,000		LA	
Other- Additional Care at Home Capacity	38,845	38,845	38,845	38,845	38,845	31,649	31,649	31,649	31,649	31,649	31,649	31,649	415,768		LA	Additional costs for in-house service to ensure service can faciliate hospital discharge and put in place care packages despite operating at high absence levels. Demands for this service have increased with more individuals and families choosing to be cared for at home.
Offsetting cost reductions - HSCP	(108,007)	(108,007)	(108,007)	(68,583)	(68,583)	(68,583)							(529,770)		NHS/LA	
Total	**746,386**	**1,024,484**	**941,805**	**789,799**	**789,799**	**470,408**	**241,277**	**241,277**	**241,277**	**211,397**	**211,397**	**186,397**	**6,095,703**	**-**		
												Subtotal		**6,095,703**		
Expected underachievement of savings (HSCP)	139,375	139,375	139,375	139,375	139,375	139,375	46,458	46,458	46,458	46,458	46,458	46,458	1,115,000		NHS/LA	
Total	**885,761**	**1,163,859**	**1,081,180**	**929,174**	**929,174**	**609,783**	**287,735**	**287,735**	**287,735**	**257,855**	**257,855**	**232,855**	**7,210,703**	**-**		
												Total		**7,210,703**		

Cash Flow Analysis	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**
Local Authority- Actual Spend	535,748	831,861	1,050,255	858,028	358,372							
Local Authority- Accrual	904,830	970,158	928,998	787,599	787,599	537,571	287,735	287,735	287,735	257,855	257,855	232,855

-

Integration Joint Board
27 August 2020

Subject:	**Naming of the ASN Residential & Respite Houses: UPDATE**
Purpose:	The purpose of this report is for IJB to approve two suggestions for the naming of the new Respite & Residential Houses that are currently under construction in Stevenston.
Recommendation:	IJB are asked approve two names as the final names for the Residential and Respite Houses.

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 Additional Support Needs Respite & Residential Houses in Stevenston started in July 2019. Despite a delay to the build as a result of the unexploded ordinance and COVID-19 pandemic, works have now 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 give both buildings an identity and be used in the familiarisation and transitional plans for any potential service users.
2.	**BACKGROUND**
2.1	North Ayrshire Council Education Department commissioned the building of a new Additional Special Needs (ASN) School which will replace the outdated existing four additional support needs schools on a single site in Stevenson. Planning permission has been sought and granted for the Health and Social Care Partnership to create a new purpose-built 8 bedded Residential Respite facility and an 8 bedded Residential accommodation for children and young people with severe and complex needs. This presents a very necessary, exciting and unique opportunity for North Ayrshire to Get it Right for Every Child.

2.2	In June 2019 IJB approved a proposal for the residential accommodation to be provided in-house by North Ayrshire Council Health & Social Care Partnership with the respite care being delivered in our new building by our existing provider - The Mungo Foundation.

3.	**Naming Process to Date:**
3.1	The naming process has consisted of the following: • Consultation with children and young people • Consultation with families, carers and staff • Consultation with The Mungo Foundation • Consultation with the Workforce Workstream • Consultation with the Non-Construction Workstream • Consultation with the R&R Steering Group members • Consultation with the Three Towns LPP Forum • Consultation with NAC Legal Services Throughout the process we have tried to stay close to themes relevant to the local area. Any historical events that have taken place, as well as any historical and/or prominent people linked to the area, have also been considered. The two proposed names presented to IJB in February 2020 were: **(1)Red Rose House** 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, and could also be used as a visual symbol of hope and love for our service users. **(2)Roslin House** 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. The group felt that this name linked to both Ardrossan and the Three Towns and that the name “Roslin House” would pay homage to the local history. In addition, it was felt that the symbol of a ship could represent adventure and new beginnings. **<u>Further Names</u>** At IJB in February, some reservations were expressed about the two proposed names and as a result, in August 2020, we took the decision to consider seven additional names which have been proposed by local historical societies and local residents in the Three Towns area. The names and a short explanation of their origins are listed below: 1. **Warner House**: Warner was a distinguished historical landowner. 2. **Caponcraig House**: The House is built on the geographical fault which has been reputed to have been the cause of the mining disaster and flooding of the entire Auchenharvie golf area from the club building and the former St. John’s school area, to the pump station. A small historical obelisk was erected outside the clubhouse in memory of the local miners who died.

	3. **Lansborough House**: David Lansborough is a former minister from Stevenston (1800s) and scholar. 4. **Seabank House**: This is the former name of Auchenharvie Estate. 5. **Sir Tom Moore House**: Former British Army Officer and Centenarian who raised considerable sums of money for the NHS during this pandemic. 6. **Angela Dunbar House/Dunbar House**: Angela Dunbar has contributed a great deal to the local area over many years. Angela was previously on the NHS Board for a significant period of time, is former Depute Lord Lieutenant of Ayrshire and a former local elected member in the Saltcoats area. 7. **Robert Burns House**: Named after the bard himself. The seven names detailed above, in addition to the two initial names proposed to IJB in February, were communicated for consideration to Elected Members in the Three Towns locality and to the steering group in August 2020. The two most popular names as a result of the further consultation are: (1)Red Rose House; and (2)Roslin House
3.2	**Anticipated Outcomes**
	It is anticipated the new R&R facilities will provide a greater quality of life and quality of experiences for our children and young people by providing the best possible care, with state of the art facilities, available within the financial envelope. By finalising the names of the Houses, work can continue to progress within the anticipated timescales and not delay construction works on the site.
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, taking into consideration the health and well-being of individual service-users thus ensuring equity of provision.
Children and Young People	It is expected that the R&R Houses will greatly improve the lives and experiences of the children & young people who will use the services within both Houses. The buildings will have modern furnishings and state of the art technology and facilities.

Environmental & Sustainability:	Both Houses are being constructed taking full account of sustainability and environmental issues. They have been built with an EPC rating of B+ before renewables and a biomass boiler, in addition to solar panels being incorporated within the overall design of the Campus.
Key Priorities:	It is anticipated that the new R&R facilities will provide a greater quality of life and experiences for our children and young people 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	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	**CONCLUSION**
5.1	The IJB is asked to approve the names: (1)Red Rose House; and (2)Roslin House as the final names for the Residential and Respite Houses.

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NORTH AYRSHIRE
Health and Social Care Partnership

Agenda Item 10

Integration Joint Board
27 August 2020

Subject:	**Strategic Plan Update**
Purpose:	To outline the next steps to produce a new strategic commissioning plan and seek support from the IJB for the recommended approach.
Recommendation:	IJB to approve: a) Production of a one-year bridging strategic plan covering the period April 2021 to March 2022. This will reflect on the current plan, outline the recovery and the 2030 vision. b) During the recovery period, develop a longer-term detailed strategic commissioning plan setting out the IJBs direction to 2030, to be published by March 2022.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
Strategic Plan	Strategic Commissioning Plan

1.	**EXECUTIVE SUMMARY**
1.1	The existing strategic commissioning plan ceases on the 31 March 2021 and there is a statutory requirement to have a new plan in place from 1 April 2021. The provisions in the Coronavirus (Scotland) Act 2020 do not permit any change to the requirements and publication of the Strategic Plan.
1.2	Due to the recent pandemic there are significant barriers in place to successfully producing a strategic plan which is meaningful and realistic, including our ability to carry out meaningful engagement with communities.
1.3	As a result, the partnership has sought legal and Scottish Government advice and it is proposed to develop a 1 year 'bridging plan' to be published by March 2021. This plan will reflect on the current plan, set out the IJBs intention to recover and renew partnership services, post pandemic, and enable the development of a longer-term detailed plan from April 2022. This document will also, where possible, describe a 2030 vision.
2.	**BACKGROUND**
2.1	There are a range of legislative requirements which require to be developed to inform a new strategic plan. It is proposed to bring together a Strategic Planning Working Group, with a range of sub-groups and use existing governance groups e.g. Transformation Board to develop the new strategic plan:

	Strategic (Commissioning) Plan ➢ Needs Assessment ➢ Planning using Outcomes ➢ Performance approach based on outcomes ➢ Medium Term Financial Plan Update ➢ Transformation Plan ➢ Organisational Development Strategy re-fresh ➢ Participation and Engagement strategy re-fresh ➢ Workforce strategy re-fresh ➢ Commissioning Strategy at locality level for services and Lead Partnership arrangement ➢ Update of older people strategy as 'Reshaping Care for Older People' is due to expire.
2.2	Discussions were held with the HSCP Director early in the new year and this was followed up by the Strategic Planning and Transformation Team holding two 'think tank sessions' to support the production of a draft approach for consideration. The Finance and Transformation senior team considered approaches and in late January the Strategic Planning Group, which has responsibility to produce the strategic plan, began their work by considering these three questions: • What value should the next strategic planning process add? • What key contributions have you made to the HSCP, in the last 18 months, of which you are most proud? • What more could you do working with services and communities, to co-produce longer term solutions, building on our existing engagement approaches and community assets, to ensure HSCP sustainability? Further work on the outcome and proposals from the strategic planning group were placed on hold as a result of the pandemic.
2.3	Due to the pandemic there are now barriers in successfully producing a plan which is both meaningful and relevant. There are several issues: - The requirement for a new needs' assessment was highlighted as an action in the recent Joint Inspection, however the implementation of 'test and protect' approaches for an estimated 18-month period impacts on the ability to develop a robust needs assessment, as public health teams who usually support this work, are deployed to the pandemic; - The re-mobilisation plans across key services areas and the independent/third sector providers are in place to March 2021, however the impact and outcomes of attempting re-mobilisation during the pandemic are unknown. It is unlikely that the outcomes of recovery plans will be clear until the end of 2022. This in turn has an impact on the requirement for the HSCP to successfully develop its financial and transformation plans, organisational development and integrated workforce plan; - There remain considerable financial uncertainties which make longer term financial planning challenging; - There has been a review of performance measures during COVID resulting in changes to the current baseline performance data and the need to produce new/amended performance measures. It will take time in the recovery phase to

	identify the required performance information moving forward to meet new strategic requirements; - There is a risk that demographic and data analysis will be based on old data and unreflective of the impact of the pandemic. There may be some lag in the publication of more recent and meaningful data to inform a new strategy; - The requirement to social distance requires engagement approaches to be virtual for the foreseeable future and this presents challenges in consulting on plans and developing a new participation and engagement strategy. There is also a concern that people's current pandemic mindset may limit the ability for individuals to look to the future without bias; - The delay to iMatter reduces the ability to compare outcomes and improvements based on staff views; - The joint inspection identified a gap in terms of a requirement to have a new adults and older people strategy and it had been planned to develop this at the same time as the new strategy. However, the national review of adult social care may have an impact on current commissioned models and workforce planning arrangements.
2.4	The Strategic Planning and Transformation Team lead chaired two meeting with South and East Ayrshire to determine their current approaches and to ensure a consistency of approach in planning the Lead Partnership arrangements.
2.5	In July 2020 the Chief Finance and Transformation Officer chaired a meeting with civil servants from the Scottish government about the challenges being faced in developing a strategic plan post pandemic. The key areas to consider were: - Learning from pandemic, - Recovery, renewal and enable process, - The big ambitions, which remained relevant during the pandemic and bridging these to the new environment, - The review of adult social care at national level and its future impact. The development of a one-year bridging plan was proposed that would take the partnership from April 2021 to March 2022 when a more informed longer-term plan would be published. It was agreed that as there were several HSCPs across Scotland, in the same position e.g. Shetland; that the Health and Care Directorate team would host a meeting at the beginning of August to agree a way forward.
2.6	A meeting with Scottish Government leads was held early August, with representatives from HSCPs who also require to review Strategic Plans by April 2021, including East Ayrshire, South Ayrshire, East Renfrewshire, East Dunbartonshire, Scottish Borders and Dumfries and Galloway. Overall, the feedback highlighted a shared concern in relation to developing a meaningful strategic plan by March 2021, considering the various barriers put in place as a result of the Pandemic.

	Most areas represented, agreed the 'one-year bridging plan' approach proposed by North Ayrshire was sensible. This should allow Partnership's to adhere to their strategic review obligations, a 'rolling on' of current plans for a fixed period would not fulfil our statutory responsibilities. The outliers to the proposal include East Ayrshire, who intend to develop a full long-term plan to 2030, for publication by April 2021; and Dumfries and Galloway, who will seek a six-month extension to their existing plan as they prepare a refreshed 3-year strategic plan. Further meetings of this group have been proposed to allow areas to work together and share learning and ideas to co-ordinate plans, Scottish Government colleagues are keen to support this work.
3.	**PROPOSALS**
3.1	IJB to approve: a) Production of a one-year bridging strategic plan covering the period April 2021 to March 2022. This will reflect on the current plan, outline the recovery and the 2030 vision. b) During the recovery period, develop a longer-term detailed strategic commissioning plan setting out the IJBs direction to 2030, to be published by March 2022.
3.2	**Anticipated Outcomes**
	The partnership Strategic Planning and Transformation Team has worked with the Performance and Systems Team to map existing outcomes to both the National Health & Wellbeing outcomes, National Recovery outcomes and the National Mental Health Quality Indicators.
3.3	**Measuring Impact**
	With the creation of a new strategic plan a new set of performance indicators, linked to revised outcomes will be identified.
4.	**IMPLICATIONS**

Financial:	The plan will provide the relevant financial information.
Human Resources:	The plan will provide the relevant workforce information.
Legal:	Legal advice has been sought to ensure this planning proposal meets the required legislation.
Equality:	An Equality Impact Assessment will be developed.
Children and Young People	This will be considered as part of the new Equality Impact Assessment.
Environmental & Sustainability:	This will be considered as part of the new Equality Impact Assessment.
Key Priorities:	As part of the planning process the key priorities and plans will be reviewed.
Risk Implications:	The new plan will consider HSCP risks and challenges.
Community Benefits:	N/A

	Direction to :-	

Direction Required to Council, Health Board or Both	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	There has been consultation with the Strategic Planning Group, the three Ayrshire HSCPs, NAC legal services and the Scottish Government Health and Care Directorate. The Strategic Planning Group considered this approach on 10 August 2020 and there was support. It was also proposed that a small subgroup of the Strategic Planning Group be formed to progress key elements of the work e.g. the engagement plan. The Third Sector lead and the Programme Manager for 'Caring for Ayrshire' have already offered support for this work, creating synergy across the sectors.
6.	**CONCLUSION**
6.1	The approach outlined will allow the IJB to meet the statutory requirements to review the Strategic Plan whilst giving a period of reflection on the existing Strategic Plan, reflecting on the response and recovery phase of the pandemic and will provide an opportunity to carry out meaningful engagement and planning exercise to inform a longer term plan.

For more information please contact Michelle Sutherland on 01294 317751 or msutherland@north-ayrshire.gov.uk or Scott Bryan on 01294 317747 or sbryan@north-ayrshire.gov.uk

NORTH AYRSHIRE
Health and Social Care Partnership

Agenda Item 11

Integration Joint Board
27th August 2020

Subject:	**Arran Integrated Island Services – changes to Initial Agreement**
Purpose:	The Integration Joint Board are asked to approve the changes to the Initial Agreement.
Recommendation:	Members are asked to note the changes on Arran over the last four months and support re-submission of the initial agreement to Scottish Government.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IA	Initial Agreement
CIG	Capital Investment Group
SCIM	Scottish Capital Investment Manual

1.	**EXECUTIVE SUMMARY**
1.1	This report provides an update on the re-formatting and updates carried out on the Arran Integrated Island Services Initial Agreement after comments received from the Scottish Government Capital Investment Group in February and March 2020.
2.	**BACKGROUND**
2.1	Following submission of the Initial Agreement for "Arran Integrated Island Services" to Scottish Government Capital Investment Group (CIG) in November 2019, it was noted that the format deviated slightly from the standard guidance contained in the Scottish Capital Investment Manual (SCIM) and NHS AA were requested to address this.
3.	**PROPOSALS**
3.1	The current version of the IA (Version 2.7 Reformatted) now aligns specifically to the SCIM guidance. This has been done by changing the order in the document of the various sections. There have been a couple of smaller changes within the document itself to link sections appropriately. One section has been added to address the possible disposal in the future of any existing buildings.
3.2	As the document is to be re-submitted to CIG, after the peak of Coronavirus and all of its resultant change requirements, it was considered that an opening section to the IA should be created to reflect the changes/accelerated service change and models of delivery and accelerated facility closures that have taken place since the original IA was submitted.

3.3	A summary of the changes are noted below :- • IA content retains 99.9% of the original content but in a slightly different order. Some linking sentences/paragraphs have been inserted to improve flow of information • All costs remain as per the original document previously submitted through NHS A&A internal governance. • Construction Cost indices have been updated but this has had no impact of the original cost projections • One new section reflecting on the changes required by Covid 19 confirms the new model of care described in the Initial Agreement. In addition the necessary temporary facility closures due to Covid 19 have also supported and tested the new model and proven how some of the efficiencies with new ways of working can be delivered. • One new section, not in the original IA, notes that some facilities will be available for disposal following successful completion of the project.
3.4	**Anticipated Outcomes**
	It is anticipated that the Arran IA will be approved by the Scottish Government to move to the next stage of the SCIM process i.e. to develop an Outline Business Case.
3.5	**Measuring Impact**
	This Initial Agreement precedes the Caring for Ayrshire Programme Initial Agreement and is seen as being closely aligned to this initiative and is potentially an early example of what will be agreed for the mainland.
4.	**IMPLICATIONS**

Financial:	Costs remain same as in initial agreement considered by the Integrated Joint Board on 20th June 2019
Human Resources:	No staffing implications.
Legal:	No legal implications.
Equality:	Not applicable
Children and Young People	Not applicable
Environmental & Sustainability:	Not applicable
Key Priorities:	Not applicable
Risk Implications:	Delivery of integrated plans for Arran locality will be impacted without support for the Arran IA.
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	The Board has carried out its duties to involve and engage external stakeholders where appropriate through the project group.
6.	**CONCLUSION**
6.1	Members are asked to note the changes that have occurred on Arran over the last four months and support re-submission of the initial agreement.

For more information please contact Ruth Betley on 01770 600777 or ruth.betley@aapct.scot.nhs.uk

North Ayrshire Health and Social Care Partnership

Arran Integrated Island Services

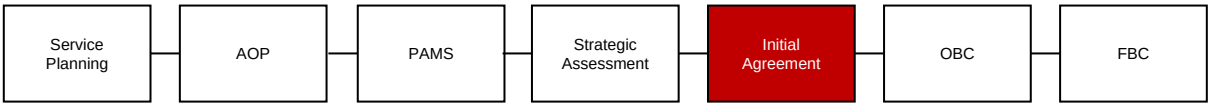
Initial Agreement

Version 2.7 (20th July 2020)

Version Control Table

Version	Date Issued	To	Content
1.4	11th Feb 2019	Steering Group	Initial Draft for Comment
1.5	5th Mar 2019	Hub South West	Revised draft incorporating comments and changes from SG members
1.6	18th Apr 2019	Hub South West	Insertion:- Model diagram; Paragraph relating to the Plaque in the AWMH; Inclusion of all Costings
1.7	17th May 2019	Steering Group	Final SG changes
1.8	11th Jun 2019	Steering Group	Final Version
1.9	12th July 2019	Infrastructure Programme Board	Revised to include updated Finance section relating to revenue costs and Governance programming
1.10	22nd Aug 2019	Caring For Ayrshire Board	Revised to include reference to Caring For Ayrshire Strategy
1.11	5th Nov 2019	Performance Governance Committee	Revised to include comments relating to workforce numbers.
2.1	27th Apr 2020	Steering Group	Reformatted version
2.2	2nd Jun 2020	Steering Group	Reformat with Covid 19 Learning
2.3	11th Jun 2020	Steering Group	Retitle and Indices updated p86 as per Currie & Brown update
2.4	14th Jun 2020	Steering Group	Remove Covid Action Plan as an appendix as per RB 12/6 email
2.5	18th Jun 2020	Steering Group	Retitle and changes from CfA team
2.6	17th Jul 2020	Steering Group	Timetable amendments
2.7	20th Jul 2020	Performance Governance Committee	Timetable updated for governance and business case production.

Table of Contents



APPENDICES

Appendix A: NAHSCP Workforce Analysis

Appendix B: Service Communications Plan

Appendix C: Detailed outputs from the Capital Planning System

Appendix D: Project Benefits Register

Appendix E: Benefits Assessment Workshop Attendees

Appendix F: Project Design Statement

Appendix G: AEDET IA Benchmark & Target Assessment

Appendix H: Complex Care - PDSA Pilot of Generic Role

Appendix I: Project Risk Register

Appendix J: Risk Register Workshop Attendees

Appendix K: Options Assessment Attendees

Appendix L: Draft Schedule of Accommodation v5.0

Appendix M (i): Options Cost Estimates – Option 1, Option 4, Option 5A, Option 5B

Appendix M (ii) Options Life Cycle Costs – Option 1, Option 4, Option 5A, Option 5B

Appendix N Project Structure Diagram

Appendix O: NHS Ayrshire & Arran / North Ayrshire Health and Social Care Partnership / North Ayrshire Council - Joint Governance Diagram

Appendix P: High-level Programme

Appendix Q: Project Steering Group Membership

Appendix R: Infrastructure Programme Board Membership

Appendix S: Scottish Health Council engagement assessment

Appendix T: Realising the True Value of Integrated Care: Beyond COVID-19, International Foundation for Integrated Care

1 Executive Summary

1.1 COVID 19

During the process of submission and comment on this Initial Agreement (IA), the COVID 19 pandemic occurred requiring all health and care services to immediately develop and implement new and innovative ways of working. It is important that, with the resubmission of this IA, it now reflects changes in existing services and highlights the differences in the model of care that have been developed to cope with these extraordinary circumstances. Key service model changes include: -

- Staffing – accelerated integration of nursing teams with all aspects working together during crisis – practice nurses, community nurses and hospital
- Coordination Centre – acting as a single point for coordination of all island health and social care services to assess capacity and meet pressures due to operational challenges of COVID e.g. staff self-isolating, PPE, redeployment of staff from e.g. physio to assist in hospital
- NHS Near me – move to all appointments by phone or NHS Near me – reduction in requirement for sites for GP and nurse consultations
- Three GP practice sites closed
- Care at home and community nurses integrating to provide e.g. palliative care at home and facilitate early discharge
- Zero delayed discharges facilitated by care at home, community nurses and Multi-disciplinary hospital at home
- Vulnerable and frailty lists assessed, and Anticipatory Care Plans developed and put in place at pace
- Adoption of virtual team meetings meaning a reduction or removal of some proposed meeting rooms that are now considered no longer necessary
- New nursing rota tried and tested to accommodate COVID and non COVID ward areas and sustain essential services eg Urgent Unscheduled Care Services
- Care homes supported with enhanced clinical input and advice regarding COVID
- Voluntary/Community Hub established to support most vulnerable and isolated with medication delivery and food packages
- Arran CVS established Keep Arran Talking Service for all island residents

Some of the above relate to specific learning and changes implemented by the Health & Social Care team on Arran itself but many of these changes resonate on a wider scale across Ayrshire & Arran and all Scottish Boards. They also reflect more global changes in care across the world, and some of these are noted in a new publication in May 2020 from the International Foundation for Integrated Care, "Realising the True Value of Integrated Care: Beyond COVID-19. Key challenges and ideas on future delivery of care noted in the document include:-

- The current innovative and risk enabled inter-professional ethos augurs well for workforce reform. We have a unique opportunity to test integrated workforce solutions that will strengthen our systems and lead to better health, better care and better value.
- The evidence of how digital solutions can help deliver care with greater scale, flexibility and sustainability is there for everyone to see and we have a responsibility to act now to ensure we all continue to benefit.
- Network governance models can be used to rethink the way cross-organisational services and joint actions are contracted and funded, coordinated, inspected and regulated, and on how outcomes and benefits are assessed for the care recipient, care teams and the system.

- Just as there is no 'one size fits all' model of integrated care that suits all ambitions, situations and contexts, there is no one single tool or approach that can be used to measure the progress, results and impact of an integrated care initiative which consists of a number of interrelated interventions, rather than a single one.
- Our goal as a society must be to strengthen and accelerate efforts towards universal access, and crucially to address the determinants of health on a global scale.
- Harnessing the power of multi-sectoral, interdisciplinary, collective action, begins through co-creating shared values, societal goals and vision amongst all partners.
- We need to take advantage of the current appetite for more radical options to transform public services. We need to ensure that they are adequately supported by public funds and institutions and that they are shaped by the people who need them.
- The current pandemic has heightened our sense of solidarity and illustrated that we cannot overcome a crisis of this scale on our own.
- Health and care workers are our greatest asset, working alongside family carers, community partners and local networks of support. However, without reforms, sustaining the workforce is also one of our greatest challenges.

The changes implemented to services on Arran are broadly in line with many of these and has provided a confidence in the model going forward. The document has also been attached to this IA at **Appendix T.**

While these changes, have accelerated originally proposed service changes by necessity, there remains a vital challenge on the island in relation to inpatient beds and urgent unscheduled care services being delivered in a separate location from the long term care beds and the pressures that this continues to place on GP's and hospital staff providing cover for both the hospital beds, long term care beds and the urgent unscheduled care service. In that respect the proposed model of care and requirement for a single site for all beds on the island remains the same.

1.2 What is the proposal about?

The integration of Health, Social Care, Third and Independent Services within North Ayrshire provided an opportunity to review how services are provided on the Isle of Arran by local Health and Social Care Teams, as well as by Third and Independent Sector providers. This approach aligns with the Caring for Ayrshire programme of work which is the strategic direction of health and care services over the next ten years in Ayrshire and Arran. This whole system health and care redesign programme will be a collaboration with North, East and South Health and Social Care Partnerships and will align with their individual Strategic Plans. The opportunity to co-produce and collaborate services at a locality planning level will ensure that the local planning of services is informed by staff, public and key stakeholders who deliver and access these services. The Arran Integrated Island Services approach reflects the key elements of the Caring for Ayrshire health and care model and is an integral component of our approach to whole system redesign of services.

To support this review a multiagency, multidisciplinary group was formed to engage members of the public and staff through a review and assessment process.

Using a wide range of consultative techniques, the Arran Review of Services 2015-16 led to a clear consensus on a future model of care. The review provided an overview of current services, need, challenges and opportunities. Detailed recommendations on delivering integration on the island were endorsed by the Integrated Joint Board in May 2016.

Health and Social Care on Arran reflects the structures, staffing and need seen across Scotland. It is a

small-scale example of the complexities and challenges of integration and supply vs demand in a demographically challenging environment. It includes all of the core areas of provision seen elsewhere in the country including hospital services; inpatient beds; urgent unscheduled care services; residential care; day care; home care; social work; community nursing; primary care; dental services; teams, etc and faces the same challenges – frequently to an even greater degree due to specific local circumstances. It is, in effect - and in-line with the island's popular strap line: "Scotland's Health and Social Care challenges in miniature". This means that an effective solution developed for Arran, is likely to have more widespread applications.

Public sector teams on Arran have historically worked separately, under different lines of management and with different budgets. They have used different records systems and have organised care around the capacity and diary of each individual team. They are often geographically isolated from each other, based in several sites across the island, in buildings of variable standard. The teams are small, often a fragment of a larger mainland-based service, and services are highly vulnerable to difficulties with recruitment, retention and sickness absence.

Reflecting national issues and an elderly population with high multi-morbidity, there is already significant difficulty in meeting the need for Health and Social Care on Arran. The dependency ratio, shrinking workforce and additional challenges associated with demographic changes in coming years will have a profound impact on the demand for health, social and long-term care. The current model of care is ill adapted to cope with this.

Over a number of years, the partners on the island have strived to improve health and social care services within existing budgets and ever-increasing demands on services. Primary Care has remodelled itself from multiple practices into one practice to support stresses on the provision of 24-hour rotas and to provide peer-to-peer interaction. This change is already acting as a major enabler, however the on-going use of dispersed and multiple delivery locations across the island limits the impact that could be achieved by situating more services in a single primary delivery point supporting satellite services through other community sites and more innovative ways of accessing services. Bringing services, staff and teams together into a single Hub will support and facilitate the success of the new Model of Care.

This document sets out the proposed development of a new "Hub" concept that would provide this central primary delivery point and include all health and social care beds on the island as well as a service delivery and administration point to enable all partners to work together in one place. By providing flexible and multi-functional space all partners would have the ability to work together, including staff and consultants from the mainland who visit the island regularly. Making maximum use of the estate resource and protecting future service model requirements will allow models of care to evolve and develop in a facility that will serve the population and visitors to the island for many years to come.

It is envisaged that Scottish Ambulance Service will also be part of this hub, with the potential for staff to become integrated into the proposed Model of Care, to enhance the robustness and the sustainability of 24-hour care on the island. By providing flexibility and innovation in health care delivery through integrated and multi-disciplinary teams, significant improvement in the delivery of Health and Social Care could be achieved.

The historical separation of Hospital and Care Home places has placed especially severe pressure on the island's ability to provide appropriate numbers of the required staff in both settings – particularly as these areas represent the balance of 24 hour care services on the island. This is particularly challenging in the face of unpredictable urgent unscheduled care presentations and daunting in the

face of a shrinking island workforce and growing demand. The development of integrated and flexible teams using innovative and forward-thinking care models would support longer-term sustainability of all services across Health and Social Care.

Some physical reconfiguration work has and is being undertaken at the existing Arran War Memorial Hospital (AWMH) to improve unscheduled care access and assessment. This will increase capacity and supports new ways of working including developing advanced nurse practitioner roles. An innovative pilot study, of integrated care, including a new Health and Social care worker role, is on-going and provides a dedicated team member looking after Complex Care cases. Work has begun on the local integration plan and changes are taking place in how teams deliver the services required. However, although these initiatives are improving service delivery today, there still exist major challenges that cannot be addressed within the existing estate configuration which leaves Primary, Social and Hospital care in a fragile state that could easily be disrupted through any loss of staff, staff illness, increased needs within the community, recruitment and retention challenges, a lack of affordable housing or a myriad of other reasons.

The Arran Review confirmed that "the time is right" and change is required now – the services, communities, and the Arran Economic Group, are all committed to change and an extensive consultation supports this view. The key estate facilities are ageing and not fit for the delivery of modern health care and the opportunities to build on recent investment are very real. The challenge has never been greater, and the way forward must lie through integration of the delivery partners on and off the island to support the new Model of Care.

In order to deliver this change, and fully implement the new Model of Care, the on-going creation of a virtual central Hub is essential to embedding the new care delivery services. Although some of the on-going work is making a significant difference, the full opportunities and benefits associated with this virtual hub cannot be realised until it developed into an actual physical entity that supports the physical co-location of all 24 hour services on the island, along with re-developed, integrated multi-disciplinary teams that are also physically co-located.

The defined geographical area, advanced local integration plan and engagement of frontline teams presents an opportunity to rapidly advance HSCP integration and new ways of working on the Isle of Arran. Transforming services is the key driver for the development of a Hub designed around the future model of care and will allow a sustainable vision of health and care to be delivered on Arran. With additional capital investment a new Hub will provide the infrastructure that will support true integration and flexible service delivery to provide patients with seamless Health and Social Care through multi-disciplinary working and sustainable care provision that consolidates all resources – but especially those delivering services outwith normal hours and 24 hours/day – into the same physical locale and under the management of the same single 24 hour team.

1.3 Summary of the Strategic Case

With ever increasing pressures on resource and the need to maintain Primary and Secondary Care services on the island and a fully supported Urgent Unscheduled Care Service, the Board believe that to provide sustainable services on the island, major service redesign and reconfiguration of existing estate has to take place to deliver the proposed model of care.

The key objectives for health and social care services on Arran that must be considered include:

- Flexible, equable, integrated and sustainable hospital, primary care and community services supported by the Integrated Joint Board

- An Arran population that is able to live healthier lives, at home or in a homely setting on the islands for as long as possible.
- The need to plan for all services – but especially acute, hospital-based services – in a local, regional and national context to ensure safety, optimum local delivery, minimal travel (especially off island) and sustainability.
- Urgent Unscheduled Care Service, assessment, diagnosis and a range of sub-specialist care being delivered through a sustainable local Rural General Hospital (RGH) or equivalent on Arran.
- A consolidation of the physical locations delivering beds and 24 hour services.

Along with all other Boards, it is recognised that NHS Ayrshire & Arran is working in a challenging context in which there is a need to balance delivery of quality services with ambitious improvement targets and standards, while also living within the financial realities facing public sector. The need for transformational change is recognised, alongside continuing to delivery safe and effective services of the best quality possible.

In addition, Arran faces particular challenges associated with the sustainability of services and the recruitment and retention of staff, who often work in small teams or single-handed and often in rural areas. Care at Home services are a key area where services cannot meet the demand, particularly in the outlying rural communities.

Staff recruitment and retention is further exacerbated by a chronic shortage of affordable housing. Many homes on the island are used as second homes or for tourist rentals and turnover of homes in this area is very low. The Arran Economic Group had previously undertaken a survey that identified a need for an additional 200 affordable homes on the island. The Group has work ongoing around developing Arran as a place to Work, Live and Visit. This includes discussions with Scottish Government, and North Ayrshire Council. The NAC now has plans to build an additional 32 “housing units” to replace public/community homes.. The newly formed Arran Development Trust charity will apply for SG funding from the Regional Island Housing Fund and if successful this could support the addition of 30 new homes per year over the next 6 to 7 years. This work is critically supported by the integrated relationships that have been developed across the island.

Notwithstanding these challenges, which are being addressed through a range of on-going projects, it is important to recognise that all recent business strategies (including those developed locally, regionally and nationally) underline the requirement for hospital service delivery on Arran and the consequential requirement for a hospital facility to support this.

The proposals contained in this IA can therefore be seen as the natural continuation of a structured, whole-system planning process that has been continuous but that can trace its specific ancestry to the 2020 vision of 2005 or earlier. Specifically, its intention is to present a strategy for delivering care through multidisciplinary integrated and co-located teams that are supported by a new Hub facility which will maintain the delivery of acute services in Arran through the effective use of otherwise essential investment wherever possible, recognising the finite lifespan of the existing buildings.

In summary, it is possible to conclude that:

- Arran, like other areas across the country, is facing a growing range of challenges relating to the delivery of safe, sustainable and affordable health and social care delivery.
- The challenge in Arran is escalated by the issues relating to island geography including issues around recruitment and retention.

- There are too many disparate service delivery locations and facilities for an island/population of this size.
- The new model must have the ability to increase Out of Hours cover – which can only be achieved through a single 24-hour service and new flexible and innovative "mixed" rota from staff who are truly integrated and co-located in a single site including the development of new roles such as ANP.
- The new model can only be fully implemented by a solution that brings both inpatient and residential care beds together on one site.
- The impact and cost of transfer to the mainland is a major consideration on a patient by patient basis and at a strategic level.
- Regional planning is playing an increasing role in determining the future of acute services across Scotland, with NAHSCP and its planning partners actively engaged in the West of Scotland Regional planning discussions.
- Local, regional and national planning has done nothing to negate or change the requirement for an acute hospital facility in Arran.
- The push for more local service delivery, especially out-patient services and ambulatory care, facilitated by enhanced technology and techniques, will only add to the requirement for these services to be delivered on Arran.
- The existing hospital facility on Arran, the Arran War Memorial Hospital, has long since exceeded its lifespan and – based on national estates planning tools & guidance – requires complete replacement as soon as possible.
- The existing Arran War Memorial facility, whilst reasonably maintained for its age, has very poor clinical functionality – particularly in relation to the in-patient accommodation, outpatient functionality and urgent unscheduled care facilities. This will continue to be a huge burden to effective and sustainable service delivery if it is not addressed.
- While an ongoing small reconfiguration project will address some of the clinical concerns for Unscheduled Care and Radiography the planning exercise has concluded that there is no way to address these clinical functionality issues within the existing Hospital that fall short of its complete replacement. Also, given that the in-patient facilities are effectively spread across seven areas and there is restricted access to key hospital services, that replacement of these facilities effectively means replacement of the entire facility.
- This represents the use of "otherwise essential investment" to address a long-standing clinical functionality and capacity issue within the Hospital as a whole, whilst addressing concerns regarding in-patient areas.

Overall, the purpose of this IA, in line with Scottish Govt. guidance, is to secure the required funding to address core clinical functionality issues within existing facilities, deliver appropriate accommodation to fully implement the on-going findings of the review process, support multi-disciplinary teams in the most effective way possible given the estimated lifespan of the existing buildings and the current pressures on providing robust 24-hour care.

1.4 Summary of the Economic Case

The Economic Case provides a robust assessment of the service solution set out in the Preferred Way Forward. The details of the project have been developed in a methodical and measured manner to provide all governance groups with the information required to support decision making with appropriate evidence to show that best value has been secured when compared against a 'Short List' of options.

The project team engaged in an extensive review and option appraisal process, involving consultation with key stakeholders. Extensive communication has also taken place with patient and

public groups, with more in depth engagement scheduled to take place following approval of this IA and in advance of developing the Outline Business Case (OBC).

An initial 'Long List' of options for the proposed model of care, and any associated physical infrastructure required to support this service model, was then developed.

The Preferred Strategic Service solution for the proposed model of care requires all island services, including inpatient and care beds, to be co-located and integrated. Various options to deliver this were looked at along with options which would only partially support this. It was agreed by all that to deliver a sustainable service with hospital and unscheduled care maintained, that all staff across the Health and Social Care Partnership need to be co-located to drive maximum efficiency within existing resources.

In consideration of all of the issues, business needs, risks, opportunities, inter-dependencies and other relevant considerations, the options short-listed for consideration at IA stage are therefore:

Option 1. Do Nothing (The Status Quo): Continue to deliver services in the same way from existing facilities without change.

Option 4. Descriptor Twin Hub - Maintain the current residential home (Montrose House) within the existing facility. Re-provide hospital, GP, community and social care services within a new, separate, primary & secondary care hub.

Option 5A - Single Combined Acute, Primary & Social Care Hub – Reconfigure/Extend Montrose House -Reconfigure and extend Montrose House to bring together hospital and residential home beds plus GP, community and social care services into a single, integrated service delivery model and single physical "hub" facility

Option 5B - Single Combined Acute, Primary & Social Care Hub – New Build/Site - Build a new facility to bring together hospital and residential home beds plus GP, community and social care services into a single, integrated service delivery model and single physical "hub" facility

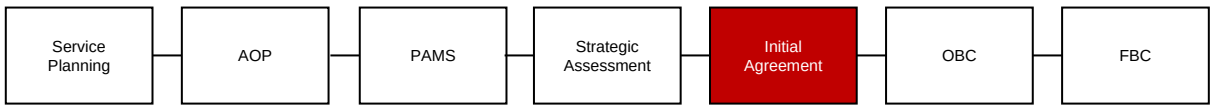
Options 5A and 5B are considered to be realistic options that will support the proposed model of care while Option 4 will only deliver a partial version of that, with inpatient beds and teams continuing to be provided on separate sites reducing the ability to deliver maximum efficiency.

1.5 Summary of the Commercial Case

The Commercial Case concludes that the proposed service and estate solutions will be attractive to developers and the Board believes that a commercially beneficial deal can be secured despite the geographical challenges the project has. While the procurement routes are set out within this document no firm decision has yet been taken on the most appropriate choice and this will be taken forward in line with Scottish Government guidance and support from Health Facilities Scotland and Scottish Futures Trust.

External advisors for Technical and Legal services will be procured by NHS A&A to scrutinise design stage submissions, and to assist the Project Team in the administration of the project.

The procurement timetable will be aligned with the business case process at Outline Business Case (OBC and Full Business Case (FBC) stages.



1.6 Summary of the Financial Case

The Financial Case sets out the solutions that could support the Preferred Strategic Service solution and provides the details of the projected costings.

Indicative Capital Costs

Costs in £millions	Option 1. Do Nothing	Option 4 Twin Hub	Option 5A Single/Montrose	Option 5B Single/New Build
Capital cost (or equivalent value)	**Circa £7.1m**	**Circa. £30.10m**	**Circa. £28m**	**Circa. £39.70m**
Whole of life capital costs	Low- £23,956,000 High - £27,018,000	Low - £15,785,000 High - £19,543,000	Low - £10,335,000 High - £12,796,000	Low - £14,137,000 High - £17,503,000
Whole of life operating costs	N/A	£0.87m	£0.72m	£1.27m
Estimated Net Present Value of Costs	N/A	£30.93m	£26.97m	£42.95m

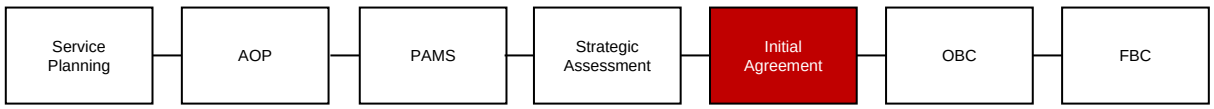
Indicative Revenue Costs

NON CLINICAL REVENUE COSTS FOR RE-PROVISION OF SERVICES

		Current/ Do Nothing	Proposed Solution 1 (Option 4)	Proposed Solution 2 (Option 5A)	Proposed Solution 3 (Option 5B)
New Build Square Metre		2,035	**3,360**	**2,752**	**4,488**
Refurbishment Square Metre				**529**	
		£	£	£	£
ANALYSIS OF NON-CLINICAL COSTS					
Catering	Presume Same patient numbers no additional cost	84,978	84,978	84,978	84,978
Rates	£36 per m² New	30,360	120,960	99,000	161,568
Energy	£30 per m² New (Assumed no Income)	43,761	100,800	82,560	134,640
Domestic	£45 per m²	119,781	151,200	123,840	201,960
Maintenance	£29 per m² New	25,930	97,440	79,810	130,152
Portering	£12 per m² New	38,462	40,320	33,027	53,856
Laundry		8,800	8,800	8,800	8,800
Capital Charges	Depreciation (based on 50 years new/10 years Equipment) 4/5A/5B	78,949	715,845	664,581	943,866
TOTAL RUNNING COSTS FOR NEW PROJECT		**431,021**	**1,320,343**	**1,176,596**	**1,719,820**
CURRENT COSTS FROM EXISTING COSTS SHEET		0	454,923	454,923	454,923
ADDITIONAL RECURRING COSTS		**0**	**865,420**	**721,673**	**1,264,897**

1.7 Summary of the Management Case

The Management Case highlights the key challenges to be managed and mitigated to effectively and efficiently implement the service solution through robust governance arrangements across all relevant partners including NHS A&A, NAHSCP and SAS.



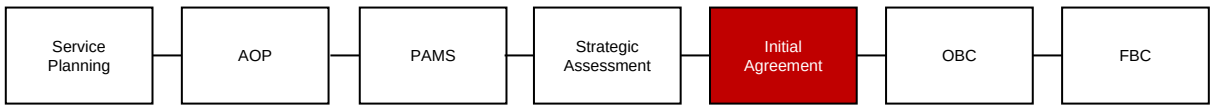
A project governance structure has been established for this project using a Programme and Project Management approach (PPM).

A high-level programme for the project has been compiled by the Board that considers all required planning activities/timescales, approvals/business case and construction elements. This includes estimated timescales for the further submission of Outline Business and Full Business Case's required to deliver the preferred way forward whilst ensuring service continuity and is presented as **Appendix O**.

This programme will be kept under continual review and modified/updated/enhanced as appropriate as the project moves forward.

Key dates in the overall Programme include:

Activity	**Completion / Target Dates**
NHS A&A, NAHSP & NAC Approvals Complete Integration Joint Board meeting Infrastructure Programme Board Caring for Ayrshire Programme Board Corporate Management Team Performance Governance Committee NHS Board meeting	30th August 2019 20th June, 2019 8th July 2019 21st August 2019 17th September 2019 10th October 2019 2nd December 2019
Initial Agreement submission to Scottish Government Capital Investment Group	11th December 2019
Initial Agreement considered at Scottish Government Capital investment Group	10th February 2020
Initial Agreement re-formatted and updated	May 2020
Infrastructure Programme Board	6th July 2020
Caring for Ayrshire Programme Board	8th July 2020
Performance Governance Committee	30th July 2020
NHS Ayrshire & Arran Board	17th August 2020
Scottish Government Capital Investment Group	September 2020
Taking account of the Covid-19 Pandemic and its impact on all services, the remaining timetable has been adjusted to incorporate not only the actual delays through the first half of 2020 but also acknowledges the likelihood that other activity and engagement going forward in developing the OBC will take longer to allow for ongoing social distancing etc. These dates will be reviewed on an ongoing basis and adjusted where required.	
OBC Commences	September 2020
OBC complete	June 2021
Governance	June – September 2021
FBC Commences	September 2021
FBC complete	May 2022
Construction commences	June 2022
Construction complete	June 2024/5



1.8 Conclusion

To support and facilitate all the above it was recognised that the current estate does not provide opportunities for bringing staff together from all partners to work in multi-disciplinary teams to deliver efficient and seamless care to patients and users of services. The sustainability of the current model of care and disseminated teams is challenging and places significant pressure on team members trying to maintain 24-hour care where and when this is required. The Review identified a need for a new "Hub" that would bring all partners together in a single location and provide true integration for teams to deliver flexible and sustainable services. It would allow the rapid establishment of the new service and model of care that focuses on the patient at the heart of all activity. This new service will include:

- A Single Management Structure
- Single Teams
- A new Model of Care
- Single Care Records
- Single Point of Contact - SPOC
- A new Hub facility

It is recognised that AWMH is an ageing facility that is not well suited to the delivery of modern-day healthcare" and would not support the establishment of integrated teams nor offer the opportunity for the model of care to be fully developed. Although recent service redesign projects have identified optimal patient pathways through hospital care, limitations of space and long-time establishment of some departments make it very difficult to configure the hospital in a way that is best suited to service delivery".

The development of a new integrated Hub will provide improved access to a wider range of services from a single location in a central facility and fully support the proposed collocated and integrated MDT's.

Importantly – and essentially – this new hub would also physically bring all existing beds on the island together to ensure sustainability, efficiency, and optimally safe service delivery for all.

2 Strategic Case

2.1 Current Arrangements

2.1.1 Service Details

The following facilities, which deliver both acute and primary care services on Arran, are relevant to this IA:

- Arran War Memorial Hospital (AWMH)
- Brodick Health Centre
- Lamlash Medical Centre
- Lochranza Surgery (Branch Surgery)

The above properties are all effectively owned and maintained by NHS Ayrshire and Arran and subject to contract arrangements with the Arran Medical Group.

In addition, the following properties are operated under a 3rd Party agreement with the Arran Medical

Group. Both leases were signed in 2007 and run for 25 years:

- Shiskine Surgery
- Whiting Bay Surgery (Branch Surgery)

These two buildings will be retained in the future model to continue to provide local service delivery on an outreach basis.

Other properties owned and operated by North Ayrshire Council which are used as part of the North Ayrshire Health and Social Care Partnership service provision that have also been reviewed are:

- Montrose House – A 30 bed care home in Brodick
- North Ayrshire Council North Ayrshire Health and Social Care Partnership – Lamlash (Within North Ayrshire Council offices)

In addition, discussions have taken place with Police Scotland, the Scottish Fire and Rescue Service and multiple third sector organisations on the island regarding existing facility availability and need.

2.1.2 Service Arrangements

2.1.2.1 Acute Hospital Provision on Arran: The Arran War Memorial Hospital, Lamlash

The AWMH, Lamlash is the only acute general hospital on Arran. It serves both the population of Arran of approximately 5,000 as well as a seasonal population of around 400,000 visitors, mainly in the summer months, along with a high number of temporary residents.

The hospital is a 2-storey building, opened officially in 1922. At that time it was a 10-bed hospital with 1 operating theatre and 1 consulting room. Over the years the building has been extended, remodelled and added to and now provides 12 inpatient beds (additional beds added in 1974) with urgent unscheduled care services, maternity (added in 1930), a surgical operating theatre (added in 1980 but no longer in use) and a range of outpatient services. It is staffed by local GPs supported by other professions, both visiting and inhouse. The hospital had up to 17 beds available until recently although this has been reduced to 12 due to changing activity patterns, staffing, extension of the urgent unscheduled care facility and on-going re-design activity. The 12 inpatient beds are spread over multiple areas throughout the whole hospital footprint. Two single rooms have been modernised and ensuite facilities added however the rest of the bedded areas do not lend themselves to the provision of quality clinical care, with limited manoeuvrability and lack of privacy. Apart from the two single rooms, there are no ensuite facilities. Storage provision is distributed in small areas throughout the hospital.

The hospital is NOT clinically fit for purpose and fails to meet many modern space and care standards. In addition it is:

- Functionally unsuitable
- Ageing badly (Condition “C”)
- Difficult to access (externally and internally)
- Difficult and costly to staff and supervise
- Dis-jointed and sprawling despite it’s diminutive size
- Without any meaningful pick up and drop off area
- Lacking in storage space
- Located at the top of a hill

- Constructed over multiple different levels and height changes
- Lacking in car parking
- Difficult to secure due to multiple entrances
- Spread across multiple separate buildings
- Nowhere near a suitable helicopter landing site
- Etc.

Services currently delivered at AWMH include:

- Urgent Unscheduled Care Services (full acute trauma PCEC 24/7 supported by existing Arran based staffing compliment and retrieval team if required e.g. EMRS / liaison with University Hospital Crosshouse)
- In-patient GP beds
- Day cases / ward attenders (including IV therapies and transfusions, cancer therapies, ECGs)
- Radiography service (Plain film X-ray only)
- Visiting out-patient services (Various specialties)
- Physiotherapy treatment and gym (outpatients, inpatients and community/domiciliary visits)
- Occupational therapy team input
- Midwifery service
- Nursing, Medical, Management, Hotel Services, Porter, Catering, Reception / Administrative / Medical Records
- Mortuary service (no local mortuary management, contract in place with local undertaker firm re usage, agreement in place with Police Scotland re usage)

A Modular (outpatients) building supports:

- District Nursing, Community Psychiatric Nursing, Reception (when required), local 'Alert' Social Care Team
- Approximately 25 outpatient clinics/week including AWMH nurse led, visiting specialists e.g. AHPs, visiting clinicians / consultants, some supported via video conference e.g. cardiac - Range of clinic frequency: weekly, monthly, quarterly, ad-hoc...
- Meeting / training / conference needs as its modest meeting space is the largest resource available to health and social care and also used by local groups

Unfortunately, the ageing design of the building and lack of smooth Patient pathways through the building means that the facility is not as flexible as it could/should be. Clinical areas are not functional or suitable for modern health care.

As a small Rural General Hospital (RGH), the AWMH faces the challenge of providing a broad range of medical and urgent unscheduled care services from a small, multi-functional footprint that includes all of the basic elements of a much larger hospital but in a more flexible way.

Care is provided for a widely diverse patient population in terms of age and morbidity with the hospital providing the only in-patient area for the island and also the main ‘place of safety’ required for mental health and other patients. Some general improvements have been initiated including:

- All areas now benefit from cardiac monitoring facilities via WiFi, centralised to the main ward nursing station.

- Reconfiguration of some areas to provide for new radiography equipment when it arrives in early 2019 and a more functional and dedicated space for Urgent Unscheduled Care Services.

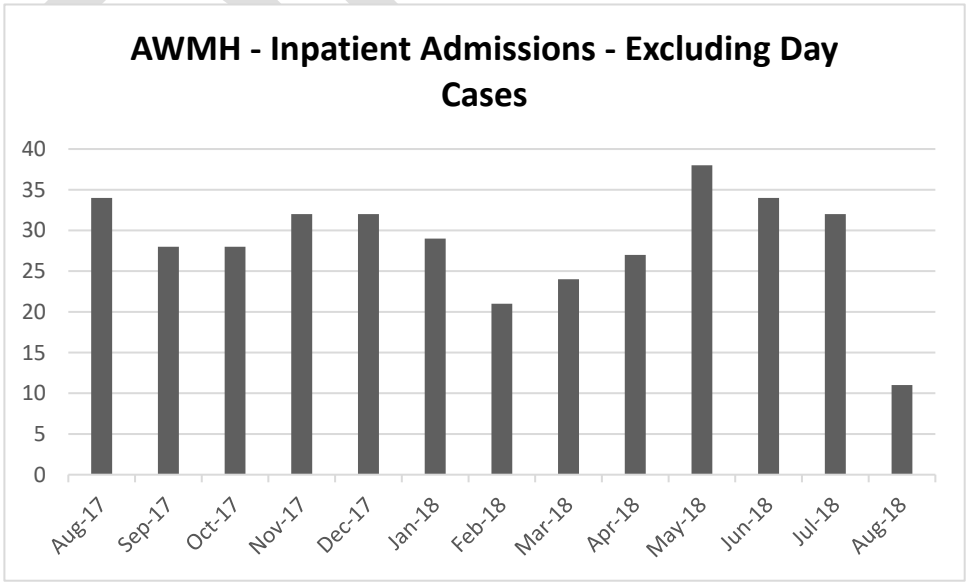
Staff rotas are fragile in both AWMH and Montrose House with key areas of concern around staff illness, work patterns and holidays. In Montrose House there is a legal requirement to have a senior team member on every rota and this is supported by Social Care staff. There is also a real sense that the current struggle to recruit appropriately qualified staff presents a "competitive" element between AWMH and Montrose House that helps neither facility or the population of the Island.

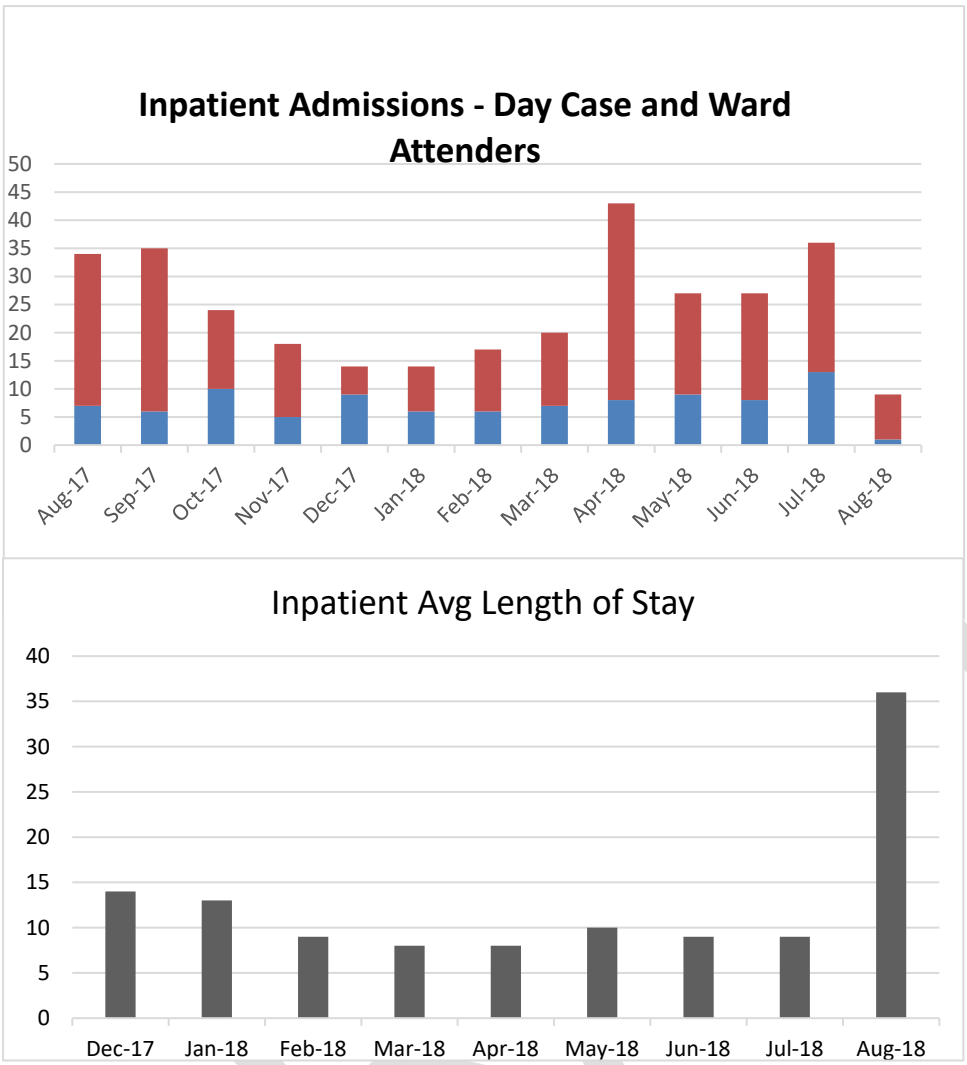
2.1.2.2 Inpatient Services - Arran War Memorial Hospital

Arran War Memorial Hospital is an active community hospital and delivers a wide range of essential and planned healthcare 24/7/365 to residents and visitors. This includes a non-bypass urgent unscheduled care service providing complete treatment to the majority of attendees. Care encompasses simple presentations such as minor illness and injury but extends to the full range of medical and surgical presentations including major trauma, sepsis and paediatric emergencies. High acuity cases are stabilised prior to emergency transfer to mainland units, and this often necessitates several hours of care before helicopter transfer can be affected. The hospital is also the Primary Care Urgent Unscheduled Care Service facility for out of hours care and this is integrated with urgent unscheduled care services. It is also the designated place of safety for psychiatric emergency care. There is a small midwife led, standalone birthing unit.

The 12 bedded inpatient unit allows the majority of those in need of an acute medical admission to be treated entirely on the island. Commonly treated conditions include pneumonia, urinary sepsis and delirium. In addition, a range of day case treatments are provided including drug infusions and blood transfusions. The inpatient unit delivers a significant proportion of the palliative and terminal care needs for Arran as well as step down care from larger mainland facilities.
Care is delivered by a team of Rural GPs and nurses who must have a broad skill set.

Inpatient data for 2017-2018 are shown below for Inpatients





Current Challenges in Inpatient Services

Key challenges facing in-patient services on the island include:

- OOH services are heavily doctor dependent with a GP as only healthcare member able to see, treat and discharge all presentations.
- With 1 duty GP to cover urgent unscheduled care, hospital care, care at home and in the community out of hours, periods of increased demand can lead to delays in care as GP will prioritise in-patients below A&E and urgent cases. The different physical locations also mean that OOH teams can spend unnecessary amounts of time travelling between facilities.
- Changing demand and working patterns are prompting changes to GP OOH rotas as prolonged shifts are no longer sustainable. This will reduce the availability of GPs in hours and increase the need for other healthcare staff to be first point of contact for presentations.
- The unpredictable workload of unscheduled care and lack of dedicated A&E staff means nursing staff must prioritise between urgent unscheduled care and in-patient activity.
- Minimal nursing staff out of hours when a high percentage of acute admissions and management of the deteriorating patient happens.

- Nursing staff must adapt rapidly to respond to major trauma patients in urgent unscheduled care and be expected to maintain skill levels to deal with this patient group.
- No dedicated Day-Case facilities
- Inpatient services have no dedicated administration staff, and this results in Admission Documentation being undertaken by nursing staff which is time consuming and removing registered nursing staff away from direct patient care
- No GP present 24 hours therefore nursing staff are on the frontline for urgent unscheduled care and in-patient deterioration.
- Mainland nurse bank cannot easily cover nursing shortfall on the island
- Limited to no specialist nursing input unless initiate phone contact.
- Out-patient and day case services have no staff allocation
- Pressure on hospital nursing staff to manage patients out with their speciality as no mental health cover out of hours.
- Difficulties organising and maintaining staff competencies due to the diversity of patients nursed.
- Although there is one nursing station and a 'duty office', available space for clinicians to work from is cramped.
- Access to IT facilities is good, however staff are required to work with a multitude of IT systems related to primary care, secondary, lab request & reporting and Out of Hours care.
- There is one very small waiting room for the hospital which is also used for urgent unscheduled care patients, x-ray patients, physiotherapy and day care patients, frequently over spilling into the narrow corridors accessing both the Accident Unit and Ward 1. No separate area for children (may see distressing situations) No Play area.
- Administrative services are provided on a Monday to Friday basis, this is related to reception for all hospital departments with minimal additional support provided to the inpatient and outpatient areas.
- Car parking for patients/relatives and staff is extremely limited and is provided in two small car parks each holding approximately 15 vehicles. The hospital is thereafter accessed by a steep road or stairway.
- Limited public transport is provided to the hospital.

- Environment
    - Small room for urgent unscheduled care services which can become very congested when patients require resus or acute care. No other area to see urgent unscheduled care presentations therefore having to utilise in-patient beds.
    - Separate buildings for in-patient areas and out-patients that the same staff will set up and work between.
    - The building is not fit for purpose with limited wheelchair access and dangerous grounds with steep slopes and constricted manoeuvrability for vehicles.
    - There is minimal security in the main hospital building. The layout of the building makes security a significant challenge. There are multiple entrances and minimal security measures in place. Outside Mon-Fri 0830-1800 there is no administration staff, and reception is unmanned.
    - Single carriage road access with no pavement or street lighting
- Human resources
    - Due to the sporadic nature of the activity, nurses are called in to work frequently out with their normal working hours. There is no formal process to manage this and it relies on the goodwill of staff to work on their days off or annual leave.
    - Recruitment issues- due to the shift pattern, nursing staff must live on the island therefore there is an expectation that staff will move to the island to work.
    - Lack of affordable housing

- Nursing staff who take charge have to problem solve all hospital issues and not just those relating to nursing
- Same group of nursing staff working in urgent unscheduled care, out-patients, wards, day cases, on a daily basis therefore staff management can be difficult.
- There is no community nursing or social care available for the majority of the out of hours period. This means that many cases, that could be dealt with in the community, default to AWMH, including on occasions resulting in admission. At periods of peak demand this will mean that medical cases are transferred off island as capacity has been exceeded.

- Discharge
  - Delays in discharge as local chemist who dispenses discharge prescriptions has limited stock. Often there are delays of 24 hours for them to receive a postal delivery of drugs.
  - Social care services on the Island do not have the capacity to meet current demand and delays to discharge are frequent as a result. As the social care team are based at a different site there are challenges to effecting efficient discharge.
  - The Scottish Ambulance Service has a single vehicle on Arran. This ambulance also covers the PTS Service. This presents several challenges as planned discharges and transfers can be cancelled or significantly delayed if urgent unscheduled care cases arise.
  - Extra nursing time therefore spent liaising with homecare/ social services and family.

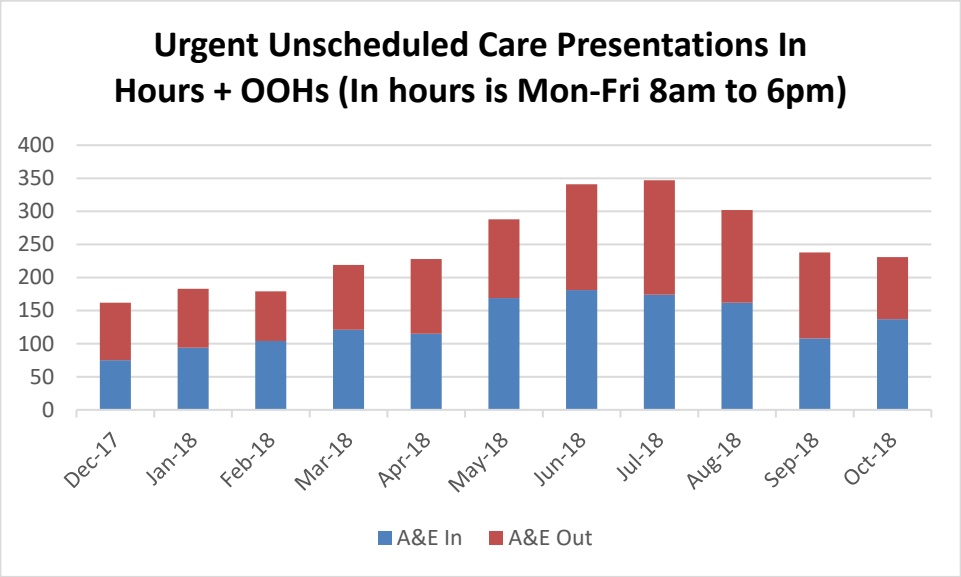
- Administrative
  - There are no dedicated administration services for nursing staff which results in nursing staff spending time away from direct patient care.
  - Nursing staff answer all calls to the hospital out of hours as there is no telephonist/ receptionist service out of hours.

2.1.2.3 Urgent Unscheduled Care Services

The AWMH Urgent Unscheduled Care Service is provided on a 24 hour a day, 7 days a week basis including public holidays. The service is GP led, supported by nursing staff. While many smaller hospitals provide minor injury services only with serious trauma and illness bypassing to larger units this is not possible on an Island. This means there must be capacity for the full range of presentations to be treated, from minor injuries to major trauma patients requiring resuscitation, stabilisation and emergency transfers to mainland facilities. Within AWMH, medical staff provide resource for this service plus inpatient and community patients at the same time, therefore prioritising both routine and emergency care across the island. Demand is highly seasonal in urgent unscheduled care as a result of visitors to the island and can be doubled in peak months compared to low season.

There are no ENP or ANPs at AWMH though some nursing staff have minor injury training.

Activity such as Major trauma, Resuscitation, Minor Injuries, limb immobilisation, medical, surgical and paediatric admissions are provided in a single urgent unscheduled care room. Major resuscitations may continue for several hours and can involve the participation of mainland services such as additional clinicians and from the Emergency Medical Retrieval Service. There are no facilities to assess more than one patient at a time. There are no facilities to provide triage for patients. The unit sees approximately 2500s patient annually



- There is roughly a 50:50 split between in hours and out of hours
- The unit accepts adults and children
- There are minimal patient testing facilities available
- X-ray is provided with a 9-1 service (weekdays) and on-call service thereafter

Helicopter evacuation of acutely unwell people from AWMH is a frequent occurrence. Several factors are contributing to a rise in these. In the six months Jan-Jun 2017 there were 62 emergency helicopter transfers, compared to 45 in the same period in 2016. The period during which care for these patients must be provided at AWMH can vary greatly depending on helicopter availability in an approximate 1.5 – 8-hour window. The only landing site currently available is in the next village Whiting Bay, requiring additional road transport and extra physical transfers between stretchers for critically ill patients. Any future reprovision of facilities must consider the use of MediVac Helicopters and the relative proximity to the site or on-site provision.

Ferry transport is available for more stable patients needing urgent transfer and a recent service development has introduced twice daily transfers accompanied by Scottish Ambulance Service staff.

Emergency transfer of unwell patients from Arran is a frequent occurrence. In Jan-Jun 2017 there were 62. This compares to 45 in the same period in 2016.

Unscheduled Care has specific issues relating to availability of staff and lack of appropriate space including:

- Only one doctor to provide urgent unscheduled care services, inpatient and domiciliary care
- No other staff are able to see, treat and discharge any presentation Hospital nursing staff have different levels of training and experience in urgent unscheduled care presentations so there is variation in care
- There is no administrative support to urgent unscheduled care or patient arrival outside of normal working hours, i.e. evenings, weekends, and public holidays. Requiring nursing staff to also undertake an administrative role.

- A single high acuity case can demand all available staff to attend and can occupy the team for several hours. This is highly problematic when there are no admin staff Out of Hours and inpatients and other urgent unscheduled care presentations to attend to.
- There is no covered access to the entrance of urgent unscheduled care protecting patients from weather and providing privacy
- Seriously unwell or distressed patients are brought in the main entrance used by all visitors, relatives and past the waiting area on the way into the urgent unscheduled care facility. This presents challenges in several areas: dignity, confidentiality, distress to family and infection control.
- Access to the entrance is narrow and there is a slope up to it. This is the drop off point for disabled and frail patients and urgent unscheduled care ambulance access can be blocked at time.
- Narrow hallways
- No manoeuvrability for patient trolleys/wheelchairs
- The unit it is situated immediately adjacent to the main kitchen
- Lack of privacy for patients as the urgent unscheduled care facility is adjacent to the kitchen resulting in patient exposure to noise, cooking smells, equipment movement etc
- X-ray immediately adjacent to A&E with patient privacy compromised because of x-ray outpatient clinics
- The Urgent Unscheduled Care accommodation is very cramped, compromising clinical care.
- There is only one clinical room which is used for
    - Resuscitation
    - Assessment and treatment of minor injury patients
    - Assessment and treatment of medical and surgical patients
    - Assessment and treatment of adults and children
    - Fracture clinic
    - Limb immobilisation (casting)
    - Portable x-ray facilities
- There is space to treat only one patient at a time, there is no other space to assess and treat other patients arriving at the hospital
- Chairs need to be removed from the area before adequate work space can be achieve for a trolley patient
- There is insufficient space for multiple clinicians to work together safely, especially during resuscitation situation
- Insufficient accommodation for required additional patient care equipment eg., portable x-ray, resuscitation equipment ECG etc
- Cramped working accommodation increases Health and Safety issues and compromises A&A guidelines relating to urgent unscheduled care waiting area is very small and combines with the hospital waiting areas, outpatient waiting areas and AHP waiting areas.
- Frequent overspills with patients waiting in corridors and inpatient ward areas, therefore compromising patient privacy and increasing chances of cross infection
- There is no separate waiting or treatment area for children therefore exposing them to distressing situations/scenes
- There are no public telephones
- There are no refreshment area/machines due to lack of space
- There is no area to accommodate distressed relatives

Overall there is inadequate space to provide optimal patient care for one or more patients. There is insufficient space for the clinical team to safely work in the area at the same time and the limitations prevent service development. The treatment of a patient with major illness/injury

prevents the assessment and treatment of any other patients attending the hospital for a number of hours.

2.1.2.4 Out Patient Service

Outpatient clinics are held with a modular building in the grounds of the AWMH. It is also used as a base by district nursing, community psychiatric nursing and the local 'Alert' social care team. There are currently 25 different outpatient clinics provided from AWMH ranging from Podiatry to paediatric to videoconferencing cardiology clinics. These include those led by AWMH nursing staff, AHP's, visiting specialists e.g. visiting clinicians / consultants and mental health staff. Some clinics are supported via video conference e.g. cardiac - Range of clinic frequency: weekly, monthly, quarterly, ad-hoc..

Further nurse led clinics are held within Arran Medical Group (GP surgeries) including Asthma & COPD, chronic Kidney disease, diabetes, hypertension, pre operative assessments, dressings and sexual health.

In 2014 over 2100 patients were seen locally. Facilities are generally good however require to be adaptive for the number of specialist clinics taking place.

Current pressures on the services include:

- Care delivery is divided between numerous sites.
- There are steep steps, or significant slope on the roadway, to access other parts of the site e.g. for an x-ray
- There is no dedicated staff either clinical or administrative.
- It is often not possible to staff the separate reception and patients would have to make their way to the main building to seek assistance.
- The transportation of medical documentation is required between the main building and the Outpatient building.
- Privacy can be compromised because of the quality of sound proofing, this is especially true when utilising videoconferencing in the main outpatient building.
- Storage within the main outpatient building is poor

2.1.2.5 Radiology

X-ray services are a vital tool for inpatient, outpatient and GP diagnostic services and are currently delivered from two small areas across from the kitchen and adjacent to urgent unscheduled care services. The rooms are accessed by a narrow corridor which greatly hampers the manoeuvrability of patient equipment. The corridor is also used for urgent unscheduled care access and access to the kitchen.

X-ray is staffed by two part time radiographers, one of whom is retiring.
The provision of service is limited to the type and calibre of equipment available, but this is being updated in 2019..

Existing pressures and challenges include:

- Recruitment of radiography staff
- There is limited space to manoeuvre patients safely
- Restrictions on the equipment that can be used

- X-ray services are compromised because of immediacy to kitchen

2.1.2.6 Physiotherapy Service

The Arran physiotherapy service is based in the physiotherapy dept within AWMH. Staffing consists of three permanent staff that are based on Arran:

Grade	Wte	Job roles
Band 7 Physiotherapist	1.0	Provides care to musculoskeletal (MSK) out patients, urgent unscheduled care and AWMH ward patients
Band 6 Physiotherapist	1.0	Provides community physiotherapy plus non-MSK physiotherapy via out-patient clinics, community-based classes or 1:1 treatment sessions.
Band 3 Physiotherapy Technical Instructor	0.8	Supports both qualified staff and is responsible for own mixed clinical caseload.

Diversity of non MSK physiotherapy out-patients include cardiac rehab, pulmonary rehab, women's health, early pregnancy, neurology and falls prevention. We offer community-based classes for falls prevention and the Healthy and Active Rehabilitation Programme (HARP).
Visiting specialist physiotherapy is currently available for: lymphoedema, paediatrics and MSK complex-cases. MSK referrals are received through the dedicated pan Ayrshire MSK hub with new patients being appointed directly by the hub. Patients attend for treatment at the physiotherapy department within AWMH. AWMH ward referrals are received through verbal routes within the hospital MDT via the daily morning handover.

The band 6 Physiotherapist is part of a multidisciplinary (MDT) re-ablement team who receive referrals through a dedicated clinical mailbox which ensures a prompt, MDT approach to care. The Scottish Ambulance Service is able to directly refer to the team enabling early input with the aim of avoiding the need for hospital admission. Referrals for other non-MSK patients are also received via re-ablement mailbox.

The current service pressures include:

- Having only 2 qualified staff, means there are occasions when unplanned absence may result in no qualified physiotherapist being available. This results in a reduced service to all patients including MSK, ward or community patients.
- Limited gym space results in lack of MSK and non-MSK classes and reduces scope for assessment and treatment options for patients. Storage space for equipment is also limited.
- Video conferencing is used where possible both for clinical and management support; however, staff may have difficulty attending professional development opportunities on the mainland, particularly through the winter months when regular ferry cancellations can occur due to bad weather.
- Lack of common IT systems results in difficulty sharing patient related information.
- Limited network access on the island causes difficulties around lone working.

2.1.2.7 Occupational Therapy

The service began with an integrated Health and Social Care Occupational Therapy post providing input to community by way of equipment and adaptation provision, support with

housing assessment and input to AWM hospital. The service has since developed its scope and provides assessment and intervention across community rehabilitation and mental health services (AMH, CMHTE and primary care). The reablement and falls pathway has been developed via change fund and subsequently mainstreamed.

The team currently comprises:

Band 7: Management/team leader duties	1:1 assessment and intervention in community – equipment and adaptations, community rehabilitation, palliative care, AMH (CMHT) and older adult mental health (CMHTE), Primary care mental health referrals. Group intervention – delivery of 8-week mindfulness courses and 1:1 intervention. Delivery of low intensity psychological interventions 1:1 Cover AWM/Reablement caseloads when colleague is on leave.
Band 6: Hospital	Supporting discharge planning and pre-operative assessments, reablement team. HARP group, community equipment and adaptations, community rehabilitation, palliative care. Links with physiotherapy for reablement team meeting.
Band 4: Hospital cover	Can undertake assessments as directed by senior staff, fall groups/ falls assessments, equipment provision, and community rehabilitation – supporting delivery of plans developed by senior staff. Delivery and uplift of equipment.

Other examples of integrated working/potential developments:

- Physiotherapy colleagues: HARP group and Falls group are facilitated jointly by OT
- CMHT – Monthly supervision undertaken with Adult Mental Health (AMH) team lead and OT team lead. Also link with CPN support worker who is supporting OT work with client.
- OT team lead currently involved in Arran dementia friendly communities steering group. OT team lead is a dementia champion and sits on the dementia champion's forum
- Sensory impairment team – Joint visits have been undertaken with regular input then offered to facilitate a plan on Island.
- Specialist nurses – MND Nurse – communication/joint visit/links with other key people to co-ordinate care.
- Speech and language/Podiatry – relevant cases discussed/referrals.
- Psychology – CAHMS and adult mental health –
- Social services/Homecare – regular discussions regards shared clients/joint visits/responsiveness to urgent assessments enhanced
- Education staff – OT team lead provides 8-week mindfulness course and invited staff from education.
- Primary care mental health referrals from GP's have increased – OT team lead provides mindfulness-based interventions
- GP staff – link around people referred or people who we feel require further assessment/review.
- NAC community OT staff – links around equipment and adaptations restructure and ongoing development of Arran system.
- District nursing team – Trusted assessor training – 2 of the team members are able to provide assessment and provision of basic equipment

Current Service pressures/considerations:

- Equipment and adaptations/Store of equipment – space inadequate/delivery and uplift of equipment/minor adaptations process development still in process. Care & Repair role not fully functional yet–
- Equipment new contractor is mainland based – Potential impact on provision/ ability to respond to critical requests/cost will be higher for fitting of grab rails/banisters/Handrails
- Delivery of large pieces of equipment – Currently only 1 technician when delivering equipment to the Island. Equipment delivery can be delayed due to lack of staff to facilitate moving of large equipment.
- Mainland store deliver stock – there is no pre-determined time. Call and request delivery to replenish stock or for specific equipment requests - in accordance with technician availability/leave/boat bookings. More problematic in summer.
- The mainland store technicians are time limited and arrive at 11am and return of 13.55 (Winter) 3.15 (Summer).
- Working towards the care & repair member of staff co-ordinating stock audit, store visits and monitoring of stock however at present ongoing support is required.

2.1.2.8 Maternity Service

The Maternity service on Arran is based in the AWMH at present, this is classed as a midwife led unit. There are 35-45 births to Arran mothers each year but few of these are on the island (2 in 2017) with the majority of patients giving birth in the Ayrshire Maternity Unit, which is attached to Crosshouse Hospital in Kilmarnock. A well-defined pathway system has been implemented for expectant mothers to clearly identify and highlight where deliveries should take place. The new facility in University Hospital Crosshouse provides significantly improved accommodation which also provides overnight facilities for partners to stay in. There is a single midwife based on the island supported by the larger Ayrshire maternity team. When a mother opts to give birth on the island then the local midwife is joined on the island by a mainland-based midwife and both are on call 24/7 from 38 weeks gestation until delivery. Mother and baby are usually discharged in under 24 hours.

The maternity service provides ante-natal and post-natal clinics in the hospital and at local health centres.

In future women may still choose to give birth on Arran, either at home or in the midwife unit. Ongoing work has identified that there is no need for a dedicated “only for use as a maternity suite” within any new/reconfigured/refurbished facility. However, any design for a new or re-provided facility must make provision for some births on the island and have space available (a flexible use room) for storage and use of any equipment to support birthing.

2.1.2.9 Support Services

A range of other clinical and non-clinical support services are also delivered from/based at the AWMH that are essential to its operation and wider health services across Arran. These include:

- Basic Laboratory services – near patient testing
- Portering
- Domestic services
- Catering (Patient and staff, including a production kitchen)

- Estates
- Supplies

Staff are currently managed in a range of mainland based managerial structures and this can result in some challenges – longer term it is believed that management of all support staff on island may provide more flexibility and efficiency.

Previous work undertaken by NHS Ayrshire & Arran and North Ayrshire Council identified some critical challenges in bringing FM staff together into integrated teams linked directly to Terms & Conditions, which vary greatly between the NHS and Local Authority. FM services were not specifically covered in the Public Bodies (Joint Working) (Scotland) Act 2014 which would result in TUPE transfers (which the NHS are limited in implementing) having to be undertaken with resultant concerns from stakeholders regarding this. Should the project be approved for development of an Outline Business Case it is essential that this issue must be looked at in more detail to identify an appropriate solution.

2.1.2.10 Primary Care Provision

Arran Medical Group, formed from the merger of three practices, is the single primary care provider on the Island. A team of 4 full time and 4part time GPs delivers traditional, dispensing primary health care at five sites. A wide range of enhanced services are offered, as well as a full spectrum of additional services including out-of-hours care, medical input to Arran War Memorial Hospital, Montrose House, Private Care Home, Urgent Unscheduled Care Services, BASICS prehospital care and police surgeon work. Several GPs have areas of expertise that allow secondary care services such as a community gynaecology clinic and fracture clinic to be provided.

There are three main surgeries which are open and staffed every day - in Lamlash, which is the busiest site, Brodick and Shishkine. The Shiskine Surgery is a modern facility but both other facilities very much limit the delivery of modern health care. Other clinics are held in health centres in Whiting Bay, another modern build, and Lochranza which was originally built as a house, occasionally suffers from flooding, and is used by GP's once a week, nursing once a week and as a dispensary once a week. Covering the five Primary Care sites puts a significant pressure on GP and staffing rotas.

Patients include Arran's residents as well as the many visitors to Arran. There is a defined aspiration to being a Centre of Excellence of rural island healthcare, and there is ongoing engagement with teaching and training at all levels of medical education.

Following the merger of the three island practices in 2012 the practice was streamlined and strengthened its appointment system and has good access with available appointments, triage by telephone and ability to book appointment on-line. There is good management of chronic disease and the practice was a high QOF achieving practice. Recent Patient and Care Experience survey showed the practice to be providing high satisfaction levels to patients on the island. The top 5 results here all indicate 100% satisfaction and include the ability to book a doctor's appointment 3 or more working days in advance, ease of getting through on the phone and Doctors listen to patients. Where results are less than this they still remain high at 96% for ability to speak to a doctor or nurse within 2 working days and time waiting to be seen at GP practice. The practice also provides a Pharmacy Dispensary service.

A Modern Apprenticeship has been created and implemented into our Dispensary and the practice continues to build local links with the Arran High School to attract and "grow our own" future workforce.
The management of the is integrated with local HSCP management and this provides advantages in planning services on the island. Arran comprises a locality in North Ayrshire HSCP and the fact that the whole locality is covered by a single practice is again a significant plus when planning health and social care and ensuring primary care engagement.

The new GP contract offers opportunity also, changes already in progress include bringing in a new Pharmacist, a Mental Health Nurse and two Advanced Nurse Practitioners are being trained.

GP Services pressures include:

- OOHs/Community Hospital Inpatients/ urgent unscheduled care servicesand "in hours" primary care cover lead to complex rotas system to ensure adequate cover – this is fragile, and sustainability is a constant pressure. The practice must always provide an experienced Doctor to be on duty at the Hospital.
- It is proving increasingly challenging to staff 5 primary care sites and have workable rotas for both overnight and weekend on calls as well as periods of daytime duty at AWMH.
- Recruitment and retention of GPs – the practice has faced periods of sustained difficulty in recruiting GPs. Three of the current GPs have announced plans to leave in 2019.
- Some premises are outdated and not fit for purpose – Brodick and Lamlash. Some premises are underutilised e.g. Whiting Bay and Lochranza
- Poor connectivity impacting on IT systems reliability.
- Unresourced secondary care work shifts increase workload.
- Lack of interaction with fellow GP's resulting in isolation due to the shift patterns and localities.
- Lack of resource to provide appropriate 24-hour rota support.
- Re-active service needs to be replaced by a pro-active service.

2.1.2.11 Community Based Services

Provision of community services is distributed across the island addressing local needs, but this can produce challenges in linking in with other disciplines and supporting complex rota requirements over a 24-hr period.

At the current time there are no NHS Bank staff on Arran. Bank Staff can be accessed from the mainland, but this rarely results in shifts being covered. An initiative is underway to recruit Bank Staff on Arran to support services in the longer term, but it is at an early development stage.
A number of Bank Staff from the mainland support and cover our North Ayrshire Council Care at Home and Montrose House shifts and this can be approximately 8-10% currently.

2.1.2.12 Community Nursing

The Community Nursing Team are based at Arran War Memorial Hospital and cover the whole of the island. They provide a wide range of care to patients in all parts of the island. Travel times to some locations can be up to one hour.

The Team provides daytime care 7 days per week. As there are no other agencies providing input all palliative nursing in the community is provided by the team. There is no overnight nursing service except on occasions, by goodwill, for terminal care at home. There is close working with other community teams and those in the GP practice, residential and nursing home.

The team comprises of:

- District Nurse Team Leader x 1 (Full time)
- Community Staff Nurses- x 6 (4 full time, 2 part time)
- Healthcare assistant x 1 (part time)

Of the current caseload (150 patients), the majority are over 75 years of age with multiple morbidities and complex nursing care needs.

Challenges faced:

- Recruitment and retention have been a significant issue for this small team. At the time of writing there are two vacancies which has a marked effect on capacity within the team.
- Palliative care demand is variable and unpredictable. Terminal care in particular is high intensity work and evening and overnight calls in these circumstances impact upon daytime rotas.
- There is an inability at present to call upon the resources of the other nursing teams on the island when faced with periods of staff shortage.

2.1.2.13 Palliative Care

- Is provided mainly in patients homes by community nursing and GP teams.
- Arran Medical Group currently has 18 patients on their palliative care register (in need of support for end of life care).
- There are currently 10 patients on the district nurse caseload are classified with a 'palliative' diagnosis receiving nursing care and support
- In 2018 14 people received terminal care in their own home

Key Issues for Community Nursing

Specific issues for Community Nursing overall include

- A community nursing on call service which is very difficult to support with current community nurse staffing levels and there are often uncovered shifts. This is a real issue for palliative care patients in the community and a key driver for developing and changing our nursing rotas and looking to combine with Care at Home, Alert team and hospital nurses.
- Diminution of day staffing and therefore service as a result of on call requirements
- No available Bank Staff on Arran other than mainland staff supporting Care at Home and Montrose House
- Provision of role undertaken by specialist nurses and palliative care staff on the mainland
- Cars that are unsuitable for local road conditions
- Minimal administrative support
- Multiple communication systems requiring direct input by clinical staff with limited and constrained access or opportunity for agile working
- Lone working (particularly in the out of hours period) and poor mobile coverage.

2.1.2.14 Mental Health

At present, both Adult and Elderly mental health services are managed locally by the Community Mental Health Nursing team, based at AWMH. The service also provides backup to Inpatient services, manages Crisis events and secures Places of Safety (only available within the inpatient service at AWMH) and arranges and supports escorts to the mainland, which are undertaken either by inpatient nursing staff or a CPN from the mainland.

Two Consultant Psychiatrists from the mainland run clinics on the island however all Psychology and CBT is only available on the mainland.

At present there are no island based Mental Health Officer or out of hours mental health crisis team available. In the event of crisis or intervention care being required this is managed by the Hospital and Ambulance service, in liaison with mainland on-call Psychiatric service, to bring patients into the hospital environment as the only Place of Safety until further assessment and treatment can be arranged which may require the patient being transferred to the mainland with an appropriate escort. In 2018 this occurred on 4 to 5 occasions.

2.1.2.15 Social Care

Social Services on the island is provided by 2.7 Social Workers with 2 Social Work Assistants, 1 Family Care support worker and two part-time Adult Outreach Workers.

The Social Work team provides a generic service, one of the few remaining. They provide Service Access, Children and Family, Adult and Older People's services. The majority of work involves adult and older people which amounts to 75% of the workload with the remaining 25% of activity focussed on Children and Families. Over the last year the Service Access service has responded to 460 initial enquiries, advice enquiries and new referrals. The service currently has around 170 open cases requiring on going work.

The team provide the safeguarding elements of Child Protection and Adult Support and Protection. With such a small team this can have a particular impact when such work generally requires two social workers. In addition the supervision of children subject to a Compulsory Supervision Orders via the Children's Hearing system can have a significant impact on capacity, for example if there is a need to provide very regular supervised family contact. This contact regularly has to be arranged on the mainland, which has a significant impact on time.

The service operates normal office hours Monday to Friday. An out of hours service is provided by the Ayrshire Out of Hours Service, a pan-Ayrshire service that operates from the mainland. There are no out of hours services on the Island and so when there is an emergency this normally falls to police or ambulance services.

Alcohol and Addiction services come from the Mainland to run clinics. There is one Alcohol and Drugs drop in clinic per month at Brodick Health Centre. An Addictions CPN generally visits the island for approximately one visit per month.

The challenges of delivering social services on a small island to a small population can be challenging with such a small team. During periods of Out of Hours service when no local

provision is available staff members can have service users turning up at their homes to try and access services.

2.1.2.16 Homecare

While unpaid carers provide the greatest amount of care almost all care at home provided by employed staff on Arran is provided by the NAHSCP Homecare team. There are a small number of individuals offering private care and occasional shortterm use of private full-time carers but no independent providers delivering regular care.

The Arran team is part of the wider North Ayrshire service and is managed as part of the wider service. There is a Care at Home Manager supported by two island based senior carers.

There is also an Alert team, who should mostly be responding to personal alarms and providing short term support. Demand is such at present however that this team is significantly deployed in supporting the main rotas.

There have been persistent rota gaps and difficulty recruiting to posts. The current care cannot be delivered without significant input from mainland-based staff filling expected/unexpected rota gaps. Management work hard on filling rotas and arranging for staff to come over to Arran to ensure safe care.

Location plays a significant part in whether care can be provided as travel time clearly increases the overall time required. Service users living out with the Brodick/Lamlash/Whiting Bay axis are more challenging to provide care packages to.

2.1.2.17 Long Term Care - Montrose House

Montrose House is a purpose built, local authority owned care home in Brodick. It is a modern single storey building that replaced the older unit on a nearby site. It combines a residential care unit for older people with the Stronach Day Care unit. The residential part of the unit has capacity for 18 residents and has 2 beds which are used for respite care. All rooms are single occupancy with en-suite wet floor showering facilities and each room has a small patio area leading to a secure enclosed garden. There are bright and spacious common areas. The unit was built to accommodate envisioned step up/down care which has not been realised, as a result there is a wing of the unit that is unused and a further 10 beds that are not registered with the care commission. The residential unit consistently operates at capacity with a waiting list and is supported by the GP practice and AHPs.

The Day Care unit can accommodate up to 12 users daily in spacious, flexible and well-equipped spaces. This capacity has rarely been reached due to a combination of factors, including difficulty recruiting staff and challenges in transporting users from distant parts of the island to Brodick and home again. There is a waiting list for Day Care. Ongoing work is looking at an alternative provision through Outreach to mitigate the travel issues, but this is in the early stages of analysis and service modelling.

Unfortunately the creation of Montrose House, which occurred before the formation of the local health partnerships, was not seen as an opportunity to review and consolidate health and social care services across Arran.

2.1.2.18 Private Care Home

Corriedoon Nursing Home is a private nursing and residential Care Home in the village of Whiting Bay. It has been operated by the same family since 1988, in a two-storey converted hotel, first built in 1900. There are 16 single rooms some of which have ensuite facilities and 6 shared rooms that do not have ensuites. Corriedoon is registered to provide up to a maximum of 28 residential places and is also supported by local GP's and AHP's. There is some uncertainty regards the future. It is currently on the market and, should it be sold, or the owners decide not to continue the business it would be very challenging to find residents alternate accommodation on Arran – further underlining how such challenges disproportionately affect smaller communities.

2.1.2.19 Visiting Staff Accommodation

At the present time visiting staff from the mainland and local on-call staff are accommodated within one on-call room at AWMH, a three-bedroom house that is rented by the Board and Bed & Breakfast accommodation when required. Several essential services on the island are dependent on mainland staffing for sustainable rotas and accommodation on Arran is limited and expensive. The certainty of increased future need, alongside a falling working age population will see increasing dependence on mainland-based staff who will need temporary accommodation. Staff using these facilities include GP's on-call and Locum GP's, Radiographers, Midwives, Catering Staff, Social Work staff and Students.

In addition to the above there are significant periods when Residential Care staff and Care at Home staff also require accommodation on the island when staff rotas cannot be filled due to illness, holiday leave etc.

Accommodation availability on Arran, particularly B&B facilities, can be extremely difficult to access over the summer months.

Proposals for in-house overnight accommodation have been included in the Schedule of Accommodation supporting this initial Agreement.

2.1.2.20 Dental Care

Dental Care is provided on the island by two services. The first is an NHS Independent Dentist working out of their own practice building and the second is an NHS Public Dental Service Dentist working within a dental surgery located in a standalone building next to AWMH in Lamlash.

The NHS independent practice has been for sale for over a year, as the dentist is looking to retire, and relocate back to the mainland. The dental practice forms part of their home and therefore any perspective buyer would have to purchase the home and business together.

The practice located next to AWMH contains two surgeries. This is supported by 2.6 WTE admin and dental assistant staff. This building was refurbished 6 years ago as there were issues re flow of dirty/clean utensils moving through the Local Decontamination Unit (LDU). With only one Dentist currently available there are gaps in service over holiday periods and sick leave. The current position took 7 years to recruit.

With both dentists being at the point where they will be making retirement plans, any future developments must ensure that we are in the position to offer the best support and facilities to any new dentists who wish to relocate to Arran. The Scottish Government expects that due to the investment in dentistry and with record numbers of dental graduates over the past ten years that in the future all General Dentistry would be provided by Independent General Dental Practitioners.

Current assessment indicates that two dentists are required in future and that the surgery should be integrated into the new Hub facility. This could then be leased back to independent practitioners. Further analysis of current activity and potential costs is required before a formal position can be agreed, however accommodation has been included in the Schedule of Accommodation supporting this Initial Agreement.

2.1.2.21 Optometrist Service

Optometrist services on the island are currently provided via and independent Optician which is well used and liked by the community and there is no intention to change this in the context of any future model of care.

2.1.3 Service Providers

Health and Social Care services are delivered by NHS A&A and North Ayrshire Council. Scottish Ambulance Service are based at Lamlash Memorial Hospital and deliver services across the island including liaison with Air Ambulance and Ferry services where transports to the mainland are required. Various self help and support services are delivered by third sector partners.

2.1.4 Associated Buildings and Assets

2.1.4.1 Arran War Memorial Hospital – Lamlash

The main hospital building dates from 1922 when it was purpose built as a cottage hospital. It sits on a relatively constrained and split-level site at the end of a difficult to navigate single track road (Margnaheglish Road).

There is currently a War Memorial Plaque in the Main Entrance commemorating the people of Arran who lost their lives in war. It is an important piece of history for the islanders and further community engagement will be undertaken to ensure that, if AWMH is disposed of that, the Plaque will be moved to an agreed location as part of the overall project.

The accommodation is on two floor levels but with poor vertical communication provision. An 8-bed in-patient ward extension was built in 1972 and following that a new operating theatre was added in 1980. There is also a temporary modular building on site which provides space for out-patients, the community nursing team and meeting / seminar room.

Dental facilities are also located on site and these were comprehensively redeveloped and extended and completed in 2013.

The Scottish Ambulance Service has an ambulance station on site which is fairly standard provision of garage facilities, external hard standing, staff welfare - kitchen, sitting and changing areas, office and storage for medical consumables.

The relatively constrained site also includes two areas of car parking, estates buildings, boiler plant along with the aforementioned separate buildings – modular unit, dental and ambulance station.

Pedestrian access is affected by the sloping site and area available for compliant ramps. The public bus services that come to site have lifting platforms for wheelchairs, but there is no fully compliant route to access the main building from the drop off point.

The layout within the main hospital block presents many challenges for delivery of clinical services. As highlighted, the upper floor level which also contains clinical services – principally a small maternity unit, is not easily accessible and this creates compromises. There is one single main waiting area adjacent to reception and both this and the reception point are shared for all services and including A+E. This lack of segregation of flows also includes paediatric attendances. Space standards are generally constrained throughout, particularly in the original part of the hospital which includes the main entrance, X-Ray and urgent unscheduled care and with poor adjacencies affecting ease of delivery of much of the clinical activity. As an example, there is no suitable rehab gym and patients are assessed for mobility on the main stair off reception as there is no space elsewhere to put in a small testing stair.

The theatre suite is currently mothballed with no plans to bring back into service, but this area offers little scope for supporting the scale of reconfiguration required. In-patient accommodation has been upgraded with the creation of two single bedrooms with ensuites, but further improvements will be difficult to achieve within the current footprint constraints.

Development options were reviewed at a very high level and relative to the potential to bring more services onto site. Given the sloping site in particular and the challenges that presents along with the lack of physical site space available for any sort of phased redevelopment it was determined that any significant redevelopment on the site for modern healthcare services was not feasible.

Backlog maintenance and life cycle data has been reviewed for the hospital (including the ambulance station and external areas). Currently recorded backlog is sitting at £467,785 (with no High-Risk items, but with a Significant Risk item of £20k noted in respect of existing Boiler Plant). The building appears to be generally well maintained and the backlog figure is more reflective with the age of the building and where investment has been prioritised in recent years.

Looking at the life cycle profile for the hospital site, this highlights a total investment requirement of just under £2m (including noted backlog) within the next ten years. This requiring to also be aligned with the poor current functional suitability of the facility which cannot be addressed within the current buildings.

2.1.4.2 Brodick Health Centre – Brodick

Brodick Health Centre is located centrally within Brodick and is housed in a large sandstone Victorian villa with a modest and relatively new rear extension for main entrance, waiting and reception and with all clinical spaces generally within the original building footprint. There is consulting / treatment space on the first floor which is accessed via a single narrow staircase off the original entrance hallway. The spaces are of varying size and quality though are reasonably suitable for their function with the exception of the first-floor patient areas which are only accessible by stair. The largest room has been given over to the practice nurse as a treatment room and this is the most functionally suitable.

In order to provide related staff support space, a single modular building unit has been located

adjacent to the entrance at the rear.

Main car parking is to the front of the facility.

Backlog maintenance and life cycle data has been reviewed for the facility. Currently recorded backlog is sitting at £30,917 (with no High Risk or Significant Risk items noted).

Looking at the life cycle profile for the facility this indicates an investment requirement of just under £540k within the next ten years. This is a significant figure in the context of this relatively small and limited value property.

2.1.4.3 Lamlash Medical Centre – Lamlash

This facility sits close to the edge of the settlement boundary to the west of Lamlash and is close to the secondary school / community campus on the main A841 road around the island. Car parking is good and located adjacent to the main entrance.

The facility is circa 30 years old and was purpose built for its current functions. There are three consulting rooms and a nurse's treatment room. Functional suitability and space utilisation are generally satisfactory though there were some space constraints noted in respect of staff facilities and office accommodation. There is no dedicated staff room (there is a kettle, etc in the main reception office) and overall administrative facilities are constrained. This in part due to the facility housing the main call centre for the medical practice – appointment booking, etc.

Backlog maintenance and life cycle data has been reviewed for the facility. Currently reported backlog is £43,000 and with no High-Risk items noted. Significant Risks of £5k relate to electrical works.

Looking at the life cycle profile for the facility this indicates a total investment requirement of just over £176k (including noted backlog) within the next ten years.

2.1.4.4 Lochranza Surgery (Branch Surgery)

This facility sits within Lochranza on Newton Road and is close to the secondary school / community campus. Car parking is good and located adjacent to the main entrance. The facility is circa 30 years old and was purpose built for its current functions. There is a single consulting room and associated functional suitability and space utilisation are generally good.

Backlog maintenance and life cycle data has been reviewed for the facility. Currently reported backlog is £50,398 and with no High-Risk items noted. Significant Risks of £10k relate to statutory compliance works.

This site suffers from periodic flooding due to its location and this requires reactive maintenance to rectify the effects and also creates longer term impacts on the condition of the facility.

Looking at the life cycle profile for the facility this indicates a total investment requirement of just over £124k (including noted backlog) within the next ten years.

2.1.4.5 Shiskine Surgery

This facility sits within the settlement of Shiskine and off the String Road (B880) running across the

island. The surgery also includes an onsite dispensary as the nearest commercial facility is in Brodick. Car parking is good and located adjacent to the main entrance. The then First Minister Alex Salmond formally opened the surgery on 23 March 2009.

The purpose-built facility includes four consulting rooms, treatment room for minor injuries and a health education room which is also used by the local community. Functional suitability and space utilisation are excellent. The facility is leased by Arran Medical Group under a third part contractual arrangement over a 25-year period and there is still 13 years of this concession remaining.

2.1.4.6 Whiting Bay Surgery (Branch Surgery)

This facility sits centrally within the village of Whiting Bay on Montrose Terrace. There is some dedicated car parking adjacent to the main entrance.

The purpose-built facility includes consulting room and treatment rooms. Functional suitability and space utilisation are excellent. The facility is leased by Arran Medical Group under a third part contractual arrangement over a 25-year period and there is still 13 years of this concession remaining.

2.1.4.7 Montrose House – Brodick

This new purpose-built facility was procured by North Ayrshire Council (NAC) through Hub South West and opened in 2013.

The purpose-built facility is all single storey with a mix of accommodation suitable for its function with wide corridors and good access to all areas – both internal and external. There are three clusters of 10 single bedrooms with ensuites, although only two of these clusters are currently staffed. There is also a dedicated suite of rooms and spaces for older peoples' day care.

The building is accessed off Glencloy Road which runs from the centre of Brodick through a predominantly residential area and which is also adjacent to the Auchrannie Resort.

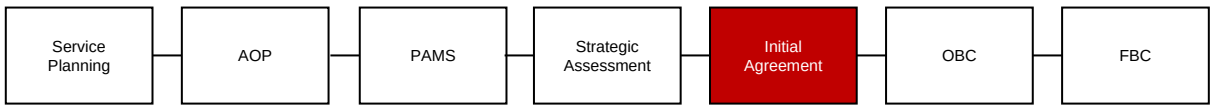
The building is functionally very good given its recent design and construction though it is significantly underutilised due to the 10-bed wing not being used for the relevant client group.

2.1.4.8 North Ayrshire Council NAHSCP – Lamlash

The Health and Social Care offices for social work and care staff are located in the first floor "attic" of the main North Ayrshire Council offices – a sandstone building of similar vintage to the hospital - within Lamlash and accessed off Kilbride Road and on the route to the Arran War Memorial Hospital. The facility is not functionally suitable for its purpose and is generally over utilised.

2.2 Why is the Proposal a Good Thing

NHS Ayrshire & Arran and the East, North and South Health and Social Care Partnerships have described a strategic intent to reform services and invest in infrastructure across health and care services – the Caring for Ayrshire programme. Caring for Ayrshire is a whole system collaborative approach to reform and delivery of health and care services across Ayrshire. It focuses on person centred approach looking to deliver health and care services in an integrated way as close to the service user as possible – a 'right care, right place' approach.



The Annual Operational Plan (AOP) 2019/2020 has been developed to support the long term ambition, whilst improving performance and addressing the national priorities.

NHS Ayrshire & Arran is promoting an integrated approach that will build on work already underway within our transformation programme and approach to service improvement and redesign. The Health and Care Delivery Plan reflects an integrated planning approach for health and care, this plan is appended to the AOP.

This strategic approach described in the NAHSCP Strategic Plan detailed below aligns to Caring for Ayrshire.

The North Ayrshire Health & Social Care Summary Strategic Plan

The North Ayrshire Health & Social Care Summary Strategic Plan for 2018 to 2021 sets out the challenges facing all partners with the increased demand on services year on year. The North Ayrshire Health and Social Care Partnership in an increasingly challenging financial environment will:

- work differently
- be more Innovative
- will provide safe and effective services

Residents of North Ayrshire or users of these services can assist this delivery by:

- taking care of their own health and wellbeing
- being more informed about how best to address their health concerns
- being mindful of the wellbeing of others in the community.

The stated vision is that all people who live in North Ayrshire are able to have a safe, healthy and active life. To reach this vision we will continue to focus on:

- tackling inequalities
- engaging communities
- prevention and early intervention
- improving mental health and wellbeing
- bringing service together

To facilitate the required changes, arrangements will be put in place to reconsider the level and type of service that we can sustain across the area including Arran. This reflects the funding available and recognises specific issues around the recruitment and retention of staff to various specialist posts and particularly on the island itself. A revised Model of Care will be required on Arran that will look specifically at:

- the hospital model, to determine what services need to be provided locally and which are best provided on the mainland, and the associated staffing levels required to maintain a safe, high quality and effective service.
- the primary care model, to determine an equitable distribution of primary care resources across Arran, recognising the particular recruitment challenges in this area set alongside the Government's commitment to secure investment at 11% of front-line services by 2020; and
- developing an affordable and sustainable social care model for Arran, which examines the network of care centres and Arran-wide services and responds to the need to promote self-care and multi-disciplinary teams working to support individuals and families to live well for

longer in their own home, or a homely setting. This is under-pinned by the Older People's Strategy and Shifting the Balance of Care from hospital to community settings.

The overall approach is to ensure that working collectively adds value and that it will be possible to demonstrate improved efficiency, quality and sustainability.

The collective vision for Arran is to create a health and care system which will:

- Prevent illness as far as possible and raise the profile of health and wellbeing as the major priorities
- Help people 'own' their own health and take responsibility for managing their own conditions
- Help people to make their own choices about their health, treatment and care
- Provide treatment and care as close to home as possible either through direct service delivery by staff, or by the innovative use of digital technology
- Where more specialist care is needed this will also be provided as locally as possible and in a way which minimises the need to visit hospital or stay in hospital
- Recognise the role that health and social care services play in the economic and social life of communities – this is especially important on Arran in relation to rural and island communities
- Develop staff to be as flexible as possible in the delivery of treatment and care for the people of the island
- Provide services within the resources that are made available by the Scottish Parliament and involve staff and the people on Arran in making decisions about what change is needed to achieve this.

By 2025 North Ayrshire Health and Social Care Partnership aims to be able to demonstrate that:

- The health and wellbeing of the population on Arran has improved and inequalities in health have reduced
- There has been a shift in our systems from a focus on treatment of ill health to prevention and meeting population health need
- People on the island have equitable access to safe and effective quality care and treatment
- Clinical services operate as a single system and the success of health and social care integration has reduced the need for hospital care and increase the resource available to provide care locally in communities
- The island of Arran is regarded as a model of integration, partnership working and public participation
- Access to services has been significantly improved through the use of technology – where we live is much less of an issue in relation to access to clinical advice and support
- The digital health infrastructure is significantly improved, and processes are in place that support people to live at home for longer, manage their own conditions, and access clinical advice and support from any community
- Successful and innovative approaches to workforce planning and development will play a critical role in the future model of care.
- Tertiary services are stable and sustainable on Arran and are accessible for the population.
- Transformation in the provision of outpatient services will have taken place on the island with enhanced technology and improved communication between primary, secondary and tertiary care.

The Model of Care for Arran aims to:

- Deliver the right level of health and wellbeing support, treatment and care for the people of

Arran and visitors based on the population.

- Help individuals and communities to stay happy and healthy and avoid the need for treatment and care
- Provide opportunities for treatment and care to be delivered at home or as locally as possible – this includes supporting people to manage their own health and conditions
- Minimise the need for people to attend, or be inpatients in hospital, but when this is needed, to ensure that this is efficient, high quality, and highly organised with primary and community care services

The high-level model of care will be similar in other regions of Scotland but the development of the model by NAHSCP needs to take account of the geography and population distribution.

It is also important to ensure that health and social care services are not seen in isolation but as part of the social and economic fabric of communities which contribute to overall sustainability. This is especially the case in rural and the island communities which, because of their distance from larger acute hospitals, need to retain a sustainable model of service which is very different to that found in more urban areas.

A specific service initiative, related to the above, outlines a review of Rural and Island General Hospitals.

- Ensuring the sustainability of hospital-based services across the island is essential in ensuring resilience and sustainability of local communities. Work will continue to establish the appropriate model of care to ensure that critical services can be retained where appropriate. This will be done by collaborating closely with the larger centres, in defining the new pathways and workforce models, including new roles such as Advanced Nurse Practitioner, that will assist in providing the essential services within these localities. The initial focus will be directed towards:

    - supporting sustainable trauma services;
    - ensuring sustainable and effective unscheduled care services for the local population;
    - minimising travel time by maximising the use of technology; and
    - creating an alternative workforce model and expanding opportunities for non-medical staff to develop additional skills and expertise working to the top of their licence.

The following integration planning principles (from Section 4 of the Public Bodies (Joint Working) (Scotland) Act 2014) will underpin how we shape our services and find innovative solutions to meet our communities' needs and improve the wellbeing of service-users so that our services:

- are integrated from the point of view of service-users
- take account of the particular needs of different service-users
- take account of the particular needs of service-users in different parts of Arran
- take account of the particular characteristics and circumstances of different service-users
- respect the rights of service users, whilst ensuring they understand and respect their responsibilities
- take account of the dignity of service-users
- take account of the participation by service-users in the community in which service-users live
- protect and improve the safety of service-users
- improve the quality of the service
- are planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the

provision of health or social care)
- best anticipate needs and prevent them arising
- make the best use of the available facilities, people and other resources.

We will deliver services in line with the Healthcare Quality Strategy for Scotland:
- **Safe** - There will be no avoidable injury or harm to people from healthcare, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all time
- **Person-Centred** - Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values, and which demonstrates compassion, continuity, clear communication and shared decision-making
- **Effective** - The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated

Services in Arran will be designed so that:

- urgent unscheduled care is maintained in Arran
- care is only provided in a hospital setting if it cannot be provided safely and effectively in the community
- patients are only sent out with Arran for healthcare if it cannot be provided safely and effectively locally
- attendance at hospital for diagnostic tests and investigations, outpatient consultations and minor procedures is kept to a minimum
- healthcare is provided by multi-professional teams, with reliance on single handed practitioners kept to a minimum
- increased use of technology is helping us provide care for the most vulnerable and elderly in our community
- older people and people who are living with long-term conditions will be getting the services they need to help them live as independently as possible
- people will be supported to look after and improve their own health and well-being, helping them to live in good health for longer

West of Scotland Regional Planning

The launch of the Health and Social Care Delivery Plan in December 2016 set out an ambition to look across boundaries and to plan and deliver services that would meet the triple aim of:

- improving the patient experience of care;
- improving the health of populations; and
- reducing the cost of health care.

In the West of Scotland this has been added to by stating that the fourth aim should be about staff value. Since the publication of the plan, Regional Planning arrangements across Scotland have evolved. The West of Scotland group has been working across Health Boards and Integration Joint Boards to establish a common purpose to planning that respects the importance of local and locality planning:

- improving health and wellbeing;
- increasing care and quality;

- better workplace with a focus on staff; and
- delivering best value.

West of Scotland Region

The West of Scotland has a population of around 2.7 million people and covers approximately 8,777 square miles. There is a combination of urban, rural and island communities. A range of organisations have responsibilities for health and care services across the West of Scotland, including the five territorial Health Boards, 15 Integration Joint Boards and 16 local authorities. The vast majority of care in the West of Scotland is provided local to people's homes. For the period 2012/2013 to 2016/2017, activity within the hospital setting grew at an average rate of just under one per cent each year - with the growth much greater among those aged 65 years and over. Activity within the hospital setting in the West of Scotland is higher than would be expected (once age, sex and deprivation are accounted for) when compared to the rest of Scotland.

A draft regional position and discussion document has been developed that describes the collective ambition of the West of Scotland Boards to improve the health and care of the 2.7 million people who live within our communities. This will be done by providing care to and with individuals and their carers that fosters independence; is sustainable; and is safe, effective, equitable and proportionate to their needs. Working across and connecting beyond our traditional boundaries - across health and social care; across professions and disciplines; across settings; across specialties; and across organisations - will be critical to building a person-centred and sustainable service that is fit for the 21st century.

This is ongoing development will build on the engagement to date to create a more involving approach, to look to develop and successfully implement improvements for the West of Scotland. There is an understanding that this is a bold agenda going forward – whether at regional, health board, Integration Joint Board/Community Planning Partnership or locality level – there will need to be:

- celebrating of, learning from and scaling up of good practice within the region;
- co-production with individuals and communities; and across staff, services and organisations;
- fostering of support for improvement from within local communities;
- leadership for improvement at national, regional and local levels; and
- action at a "once for Scotland" level - across the three regions, and with the National Boards."

This has resulted in a Vision that states: -

"We will ensure that wherever you live in the West of Scotland that you are in control of your wellbeing and care, by respecting your wishes and empowering you to live independently.
Our priority is that you will get the care you need in the right place, at the right time, every time".

Patients and Service Users will:

be at the heart of decisions that affect you.

We will tailor our approach so that we provide integrated care organised around your needs and the needs of your carer.

be empowered.

We will provide support that enables you to take greater responsibility for your own health and wellbeing. This will include innovative ways of working to help you live a healthy life in your own home.

receive safe and high-quality care.
Wherever you receive your care and whoever is providing it, we will ensure services are safe and effective.

receive care in the most appropriate place for you.
We will provide care that is both convenient and of a high quality. We will do this by reducing unnecessary trips to health centres and hospitals and ensuring you get the most out of the visits you make.

experience compassionate care no matter where you live.
Wherever possible, care will be provided as close to your home as possible and reflect your care needs and personal circumstances.

All aspects and core of the Vision will be incorporated into the developments being put forward in this document

The Islands (Scotland) Bill

The Islands (Scotland) Bill states that "island communities face challenges around geographic remoteness, declining populations, transport and digital connections..." It is referenced and drawn upon heavily in all local, regional and national planning but also referenced here specifically for completeness.

The Scottish Government has confirmed the commitment to supporting the island communities and improving outcomes by creating the right conditions for growth. "Island-proofing" means considering the particular needs and circumstances of island communities when planning and designing public services.

While services in Arran are part of NHS Ayrshire and Arran and North Ayrshire Council and not specifically an Island Board, they still face significant challenges in being able to continue to provide safe and effective health and care services. It is further recognised that support to islands from the mainland is well established but also that there is an opportunity to strengthen these support arrangements to help both sustain services at a local level and also ensure access to more specialist services that are not available locally. Importantly, it also acknowledges that:

"The island hospitals need a level of activity to maintain an adequate level of provision for emergencies. The staff need a broad range of skills and are often required to undertake both generalist and specialist tasks. The Regional Plan provides a commitment to treatment as close to patient's home as it is possible and safe to do and this, alongside effective use of technology, will help to minimise the time which island patients spend travelling to/from treatment".

The evidence strongly suggests a reconfiguration of existing services, structures and leadership is required to improve access to services, reduce inefficiencies, improve service user experience and help to meet the increased demand for health and social care. It is therefore proposed that an Integrated Island Services Model for Arran, in line with Scottish Government policy, is implemented. New models of care for health and wellbeing developed for this project will inform the Caring for Ayrshire programme and whole system direction of travel throughout Ayrshire & Arran.

This approach will provide a continuum of integrated primary and community-based services for the assessment, treatment, rehabilitation and support for adults with long term conditions and older

people at times of transition in their health and support needs [Scottish Government, 2012].

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

The model is centred on the introduction of an Arran Hub facility (the Hub) to provide a single point of contact for all health and social care services co-ordinated through a single, island-based management team, to maximise resources, improve care co-ordination and reduce duplication. The Hub will provide multi-disciplinary triage to ensure assessment, treatment, rehabilitation and care provide an alternative to hospital admission. This will enable local people to maximise health & well-being to and stay as independent as possible and where acute or step up services are required, provide support to be discharged as early as possible. The key objective is to deliver a new model of care that integrates services. The development of a Hub will facilitate this on Arran. In addition, the project will

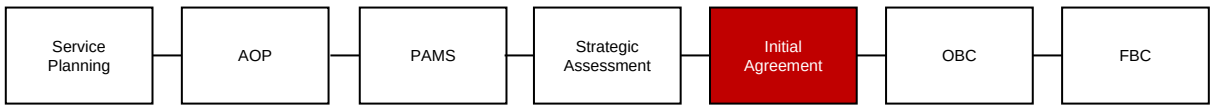
- Reduce the number of Public Sector buildings/sites on Arran
- Provide accommodation for integrated teams
- Provide up to date IT and telephony to support teams, reduce duplication, encourage communications and support a single point of contact for local patients and staff
- Allow the development of a single assessment and care record
- Identify other agencies/services that would be interested in joining eg; Scottish Ambulance Service/Police
- Incorporate overnight accommodation for staff as required
- Maximise utilisation of existing staff to provide a safe and supported 24-hour service to the island covering all aspects of health and social care.
- Work with partners to address accommodation needs across the island to support staff recruitment and retention.

From this work, the Board recognised that the Arran population wanted to build on the good quality services already provided and that they were broadly supportive of the present configuration of services. It also recognised that there were (and remain) challenges to sustaining this because of workforce and financial constraints.

The Arran Integrated Island Services model will provide a common framework wrapping services around the individual as outlined below.

The themes developed within the clinical strategy were:

- Reduce unnecessary patient journeys to the mainland;
- Integrate community and hospital services especially nursing;
- Develop a one stop shop approach to making appointments, starting with the hospital;
- Develop a more responsive mental health team;
- Proceed with a formal process to close NHS facilities where appropriate;
- Strengthen resilience and sustainability of healthcare on the island;
- Re-model clinical staffing to respond to the national shortage of junior doctors and challenges to the recruitment & retention of staff. An example of the clinical staffing model changes required would include the development of ANP roles, two of which are currently being developed, which do not currently exist on Arran, to create additional flexibility and innovation in the staffing of 24-hour rotas that must also cover urgent unscheduled care services in line with alternative models being used elsewhere.



The document also strengthened those principles previously agreed that were summarised as:

- Urgent Unscheduled Care Services must be maintained locally;
- Care should only be provided in a hospital setting if it cannot be provided safely and effectively in the community;
- Patients should only be sent out with Arran for healthcare if it cannot be provided safely and effectively in Arran;
- Attendance at hospital for diagnostic tests, outpatient consultations and minor procedures should be kept to a minimum;
- Healthcare should be provided in multi-professional flexible teams, with reliance on individuals kept to minimum.

The themes were then used as the basis for the development of a comprehensive action plan setting out the programme of work required in order to realise the clinical service goals described in this strategy.

Extensive engagement and consultation meetings have already taken place involving the wider community on Arran and will be progressed as the project develops further. The Arran Services Communication Plan is attached at Appendix

2.2.1 Need for Change

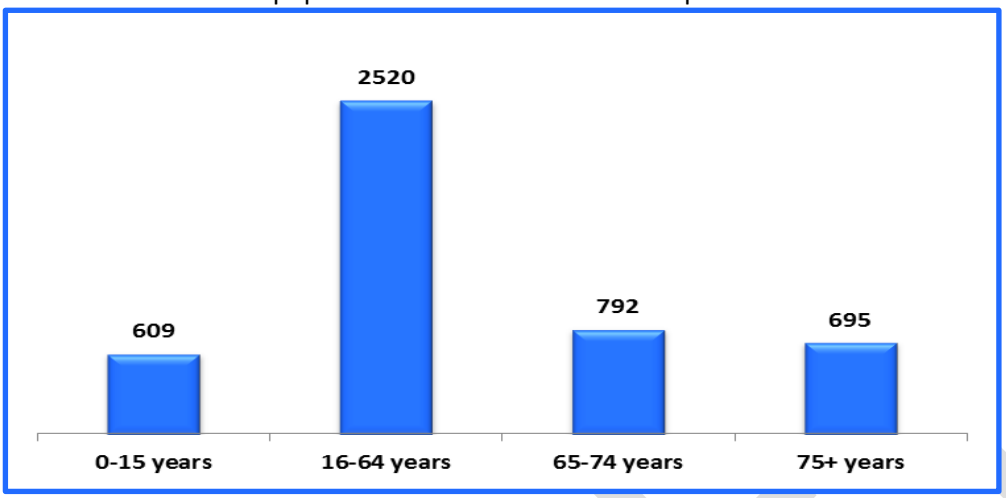
The Isle of Arran is located in the Firth of Clyde off the coast of Ayrshire. At 432km2, it is the seventh largest Island in Scotland.
The challenge of delivering health and social care to the population of Arran is escalated by being physically separate from the mainland and the geographically distributed population. The majority of the population resides in Lamlash, Brodick and Whiting Bay.

Population figures have been sourced from the Mid-year population estimates for 2016 from the National Register for Scotland. These figures identified that Arran has a population of approx 4500 with the majority of the population based in:

Lamlash	1120
Brodick	890
Whiting Bay	620

In addition to Brodick, Lamlash and Whiting Bay there are another 9 smaller settlements, with populations of between 40 and 250, scattered around the 56 mile radius of the Island, with the rest of the population living in single or small groups of houses in between these settlements.

A marked increase in the population is identified between April and October with visitors and temporary residents to the island. Figures for 2017 show circa 430,000 visitors, up from 2016 figures of 414,000, consistent with the overall trend of increased numbers over the last few years. Visitor numbers supplied from Visit Arran and the Arran Trust's STEAM (Scottish Tourism Economic Activity Monitor) Trend Report 2009 – 2017.



The proportion of Arran's total population aged 65 years and over has increased dramatically in recent years, rising from 23% in 2001 to 35 % in 2013. In comparison there has been a 32.0% fall in the child population (under 16s), and a 16.0% fall in the adult population (16-64).

The Gross mean house income in North Ayrshire in 2015 was £30,537. This was 12% lower than the Scottish Average of £34,625.

When referring to the graph above, it is evident that of the 2,106 households in Arran 1,353 (64%) had an income of less than the North Ayrshire Average. The highest proportion of households in Arran had an income of between £10k - £20k (29%).

There are no figures to estimate the population projections for Arran in the future. A simple analysis of current demographics would predict an overall fall in future population. However, this does not account for the fact that Arran sees significant inward migration, often around retirement age, and this will likely maintain the population and further skew demographics toward older age groups. Analysis of registrations with the GP practice reveal 30% of those aged over 65 have moved to Arran in last 10 years. Figures from NHS Ayrshire and Arrans Public Health report predict an increase for the coming decade of 50% in people aged over 80 and 25% in those over 75. population At the same time the proportion of adult (working age) population decreases from 51.8% to 47.4%.

(Data provided by GROS – small area population estimate by SIMD localities.)

Key strengths for the Arran population include:

- Higher life expectancy
- Low levels of deprivation
- Low unemployment

- High educational attainment
- Low crime rates

However, the island's needs in contrast to the strengths include:

- Falling population
- Geographic Access
- Older age profile
- High Dependency Ratio – a small shrinking working age population
- Housing Availability and Affordability

Arran has an older age profile than the mainland which will put increasing demand on health & social care services. The proportion of residents aged 65yrs and over is approximately 30% (based on GP registrations) compared with a North Ayrshire rate of 19%. There is also a higher life expectancy on Arran for both men and women in comparison to North Ayrshire and Scotland.

Local data indicates there is greater disease prevalence on Arran for people with Atrial Fibrillation, COPD, Depression, Epilepsy and Heart Failure. The prevalence for Cancer, CKD, Diabetes, Hypertension, Obesity, Palliative Care, Rheumatoid Arthritis, Stroke and Thyroid disease is the same as the rest of Ayrshire.

This means that there are significant numbers of frail elderly people with multi-morbidity. The exacerbation of any of these illnesses, common in the older person puts additional pressure on current health and social care services. Audit Scotland figures (http://www.audit-scotland.gov.uk/uploads/docs/report/2016/nr_160310_changing_models_care.pdf) help understand the likely impact of an increasingly elderly population. As we head toward 2030 these predict a 33% increase in homecare clients, a 12% increase in GP consultations, 26% more acute urgent unscheduled care bed days and 14% more acute day cases. This is likely to be a conservative estimate given the greater elderly population on Arran.

Current service provision is complex and likely to appear confusing to service users and those who deliver treatment, care and support. There are many links and strong interdependencies necessary to ensure service delivery, some of which are tenuous and unclear. Services are being provided by multiple providers, from a variety of locations by a large number of professionals, but often, to the same client and in an uncoordinated way.

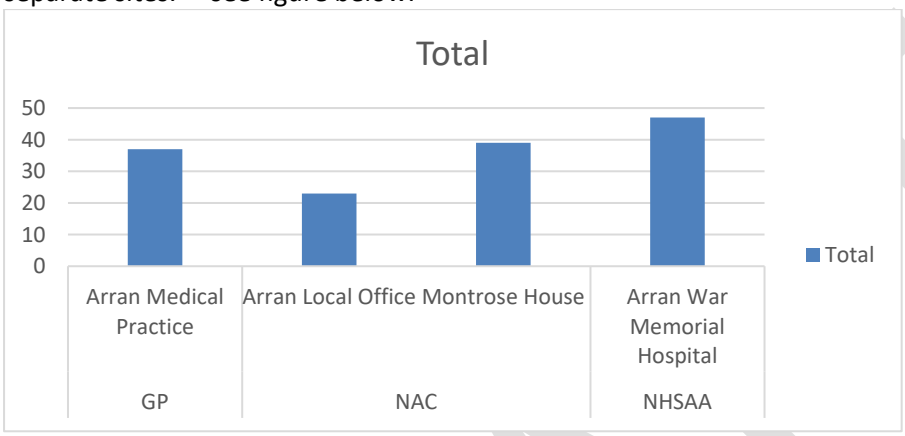
NHS Ayrshire & Arran corporately delivers its objectives through an established structure that includes a number of standing committees that cover key areas such as the Audit; Clinical Care and Professional Governance; Staff Governance; Remuneration; and Endowments. The Board has also established an Integration Joint Board, in conjunction with North Ayrshire Council to oversee the planning and delivery of Community Health and Social Care services. This is in line with the responsibilities under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. The functioning of the Integration Joint Board is described within the Integration scheme, agreed by the Cabinet Secretary for Health, Wellbeing & Sport and approved by order.

Health and Social Care services across Arran and North Ayrshire are delivered by a range of key stakeholders that include:

- NHS Ayrshire & Arran
- North Ayrshire Council
- 3rd sector and voluntary organisations

Direct health and care services are delivered from a number of defined locations across the island, although all hospital-based services are delivered from the Arran War Memorial Hospital, Lamlash which is the primary focus of this IA.

On Arran the North Ayrshire Health and Social Care Partnership, NHS Ayrshire and Arran Board, and Arran Medical Group, currently employs between them, 146 members of staff with an average age of 48. Over 49% of current FTE staff are in the 50+ age range and going forward specific recruitment drives must address the future planning to replace those staff nearing retirement. Staff are currently spread across multiple locations which effectively splits the existing bed base and staff across two separate sites. – see figure below.



GP's in the Arran Medical Practice deliver services 5 surgeries spread across the island with the resultant admin staff similarly spread across sites.

The option costs listed later in this document are based on a Schedule of Accommodation which has been reviewed against the analysis of the current workforce across the North Ayrshire Health and Social Care Partnership which is contained in **Appendix A**

2.2.1.1 Opportunities for Improvement

The "Vision of Arran's Healthcare", agreed in May 2016 following the Arran Review of Services 2015-2016, set out to determine the optimum shape of sustainable health and care services in Arran over the next 15 to 20 years. A key aim of this piece of work was to present longer-term choices for future service requirements in Arran, and those recommendations that would help to achieve this. The vision statement that emerged following extensive and inclusive engagement with multiple stakeholders was a requirement for:

"a *new model that increases support for an ageing population with increasing multi-morbidity, delivered by an enhanced and extended multi-disciplinary team that are truly integrated and co-located. This will result in a more responsive service resulting in fewer admissions and reducing delays in discharge with re-establishment of independent living in a person's own home, wherever possible."*

Key elements of this vision presented a situation where, by 2022 onwards:

- Arran will continue to deliver high quality, local health and care services, which have developed to ensure they are suited to the needs of the population moving forward. Services will make best use of community strength, community spirit and involvement, which has helped to shape services as well as the way of life. People feel responsible towards each other

within their own community. Self-help includes making healthy lifestyle choices, and people using their knowledge and own capacity to look after themselves and each other.

- Services will have fought hard against, and continue to tackle, the major threats to health –the whole community has been encouraged into more exercise and healthier eating. Teaching and support for children and families in emotional and mental well-being from an early age has changed the impact of early death and illness from the major preventable diseases.
- People will be in control of not just their own health, but how they use services and make decisions about their own care – working in partnership with professionals. Development of technologies has brought coherence and single platform access to electronic patient records. Communication technologies, such as the internet and videophones, are routine public facilities that have been integrated into service delivery. This has helped to improve professional and patient access to diagnostic tests, information and advice, and to enable remote consultations for patients, helping to counter some of the isolation of island living that can affect access to services.
- Community and primary care services (first access services) will be provided in localities from flexible shared facilities for the range of services that can be provided close to people's homes (for instance, schools and community education sharing facilities with leisure and social activities as well as health and social care staff). Close relationships amongst teams in local areas will maintain continuity of care and 'family health and care' services. The high-quality infrastructure of Arran care services will be been maintained and are used flexibly to support people and enable them to be cared for in their local communities, whether they live with disabilities or are frail and elderly. Integrated local community transport ensures equitable access to all health and care services, made as easy as possible for those living most remotely.
- People with disabilities will live their lives to their full potential within their local communities, supported as necessary either within their own families or living independently. In addition to employment and/or social support as necessary, communities will have taken on the skills and knowledge to include people with disabilities in all aspects of life.
- Arran's population will receive improved and ongoing urgent unscheduled care, assessment, diagnosis, treatment and a range of sub-specialist care through a local modern and functional "Hub" with multi-disciplinary teams providing these services consisting of consultants, nurses, allied health professionals and clinical support staff who work within flexible, patient-friendly facilities to deliver care in a way that cuts across traditional and professional boundaries to provide a patient-centred hospital service. The local workforce will deliver care in all available facilities across Arran, using locality facilities where possible and the hospital only where necessary. Staff will be skilled in roles relevant to the local service to deliver the range of care needed locally. For additional specialist and tertiary care, patients may require to travel to mainland centres, but only where care cannot be delivered safely and efficiently in Arran. Transition through these external services is improved and smooth thanks to efficient transport links, the use of a single patient record system and appropriate local support.

To support and facilitate all the above it was recognised that the current estate configuration does not provide opportunities for bringing staff together from all partners to work in multi-disciplinary teams to deliver efficient and seamless care to patients and users of services. The sustainability of the current model of care and disseminated teams is challenging and places significant pressure on team members trying to maintain 24-hour care where and when this is required. The Review identified a need for a new "Hub" that would bring all partners together in a single location and provide true integration for teams to deliver flexible and sustainable services. It would allow the rapid establishment of the new service and model of care that focuses on the patient at the heart of all activity. This new service will include:

- A Single Management Structure

- Single Teams
- A new Model of Care
- Single Care Records
- Single Point of Contact - SPOC
- A new Hub facility

The Vision also recognised that AWMH is an ageing facility that is not well suited to the delivery of modern-day healthcare" and would not support the establishment of integrated teams nor offer the opportunity for the model of care to be fully developed. Although recent service redesign projects have identified optimal patient pathways through hospital care, limitations of space and long-time establishment of some departments make it very difficult to configure the hospital in a way that is best suited to service delivery".

In addition, The Health and Social Care Locality Forum for Arran was established in March 2016.

Membership of the Forum includes Patient, Carer, Third and Independent Sector representatives, in addition to a GP from the Arran Medical Group, and a range of Health and Social Care Managers and Professional Staff.

It was agreed at the first formal meeting of the Forum that the following priorities (identified as part the Arran Service Review) would form the initial focus:

- Reducing Social Isolation on Arran (including extending provision of Befriending, potential use of Montrose House facilities for social activities etc)
- Transport (including conducting a mapping exercise of on and off Island arrangements in relation to Crosshouse and Ayr Hospitals, and exploring opportunities to improve future transport arrangements.)
- Generic roles

The development of a new Hub addresses several identified challenges and offers significant opportunity. The most important element is the development and implementation of a new model of care and sustainability of island services.

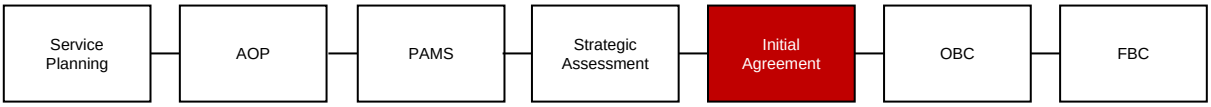
Meeting the needs of the local community and providing care by a range of staff with generic skills in their own homes or in homely settings is another key aim of the new model. This will require transformational change across services and will tackle issues of silo working, break down old interfaces and empower self-managed teams to deliver a joined-up service.

To underpin this approach, a single IT and telephone system will be developed which will support a single care record and therefore enable multi-disciplinary assessment to be made through a Single Point of Contact (SPOC). This will enable greater coordination of care and flexibility, which is crucial for maximising service delivery.

In addition, it is proposed that a reduction in the number of sites that services are currently delivered from is implemented, which will enable centralisation of services and at the same time address the inadequacy of some sites, and associated costs of running multiple sites.

There will be an opportunity for partners: Scottish Ambulance Service, Police Scotland, pharmacy and the third sector to engage in the new model of care and co-locate in the Hub.

The intention of this document, in line with Scottish Capital Investment Management Guidance is:

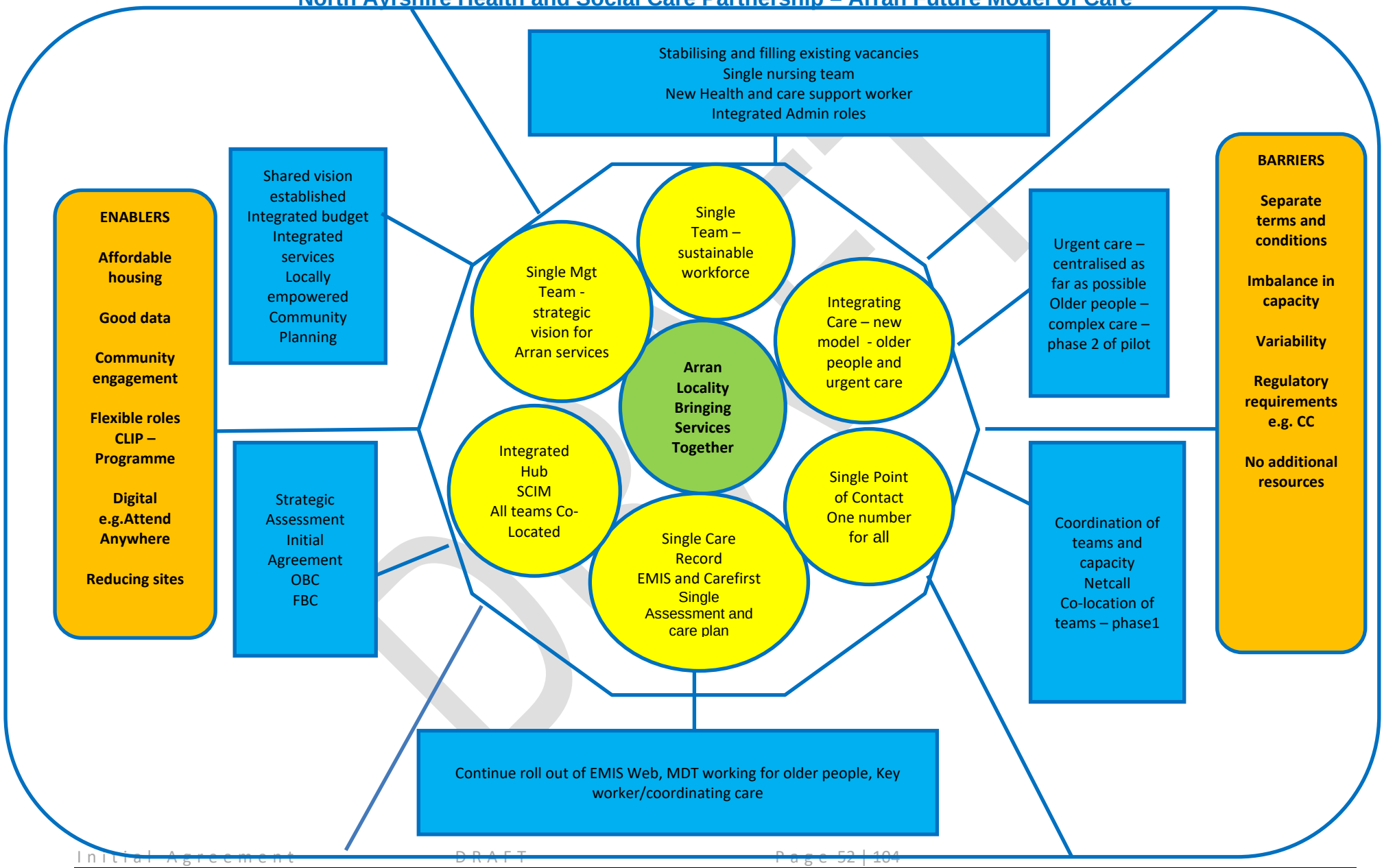


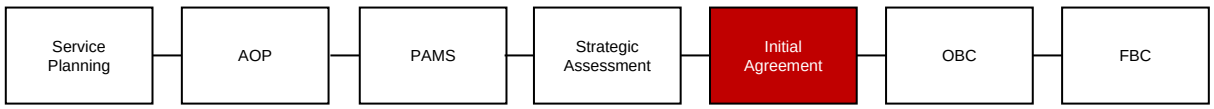
- To establish the case for change and the need for investment.
- To provide a suggested way forward for the scheme for the early approval of all stakeholders.
- To provide an early opportunity for NHS Ayrshire & Arran, North Ayrshire Health & Care Partnership, North Ayrshire Council, Scottish Ambulance Service and key external stakeholders including Police Scotland, the Locality Forum, Patient Groups, Elderly Forum, 3rd sector organisations and Arran Economic Group.to consider this proposal and influence its direction.
- To ensure 'initial agreement to proceed' with the scheme is provided by all stakeholders as appropriate.
- To ensure consistency and close alignment to all local, regional and national planning processes and frameworks.

There is an exciting opportunity through all of this for Arran to create a unique and forward thinking model for remote and rural healthcare that could be replicated across Scotland.

The figure shown overleaf represents the overall vision of services.

North Ayrshire Health and Social Care Partnership – Arran Future Model of Care





2.2.1.2 Problems with the Current Arrangements

This document sets out the current issues and challenges that affect the ability to deliver the future improved model of care. Key factors include:

On-going review has confirmed that there is little formal sharing of information between teams and a lack of understanding of each teams' roles, capacity, and limits. Leadership is team based and there is no joint scheduling or coordination of resources on the island across the whole system and no shared understanding of impact of decisions about limiting capacity in one part of the system and knock on effects of that to other parts of the system. In addition, different teams use different recording systems and therefore there is no single shared client record, making consistency and co-ordination of care difficult and time consuming. The existing IT infrastructure is not fully fit for purpose and is currently supported with Microwave technology.

Individual teams are often small and as a result the sustainability of many services is highly vulnerable to staff illness, recruitment and retention issues, organisational change and other resource limits. In addition, teams are often geographically separate and work along traditionally defined roles resulting in multiple visits and lack of consistency of care

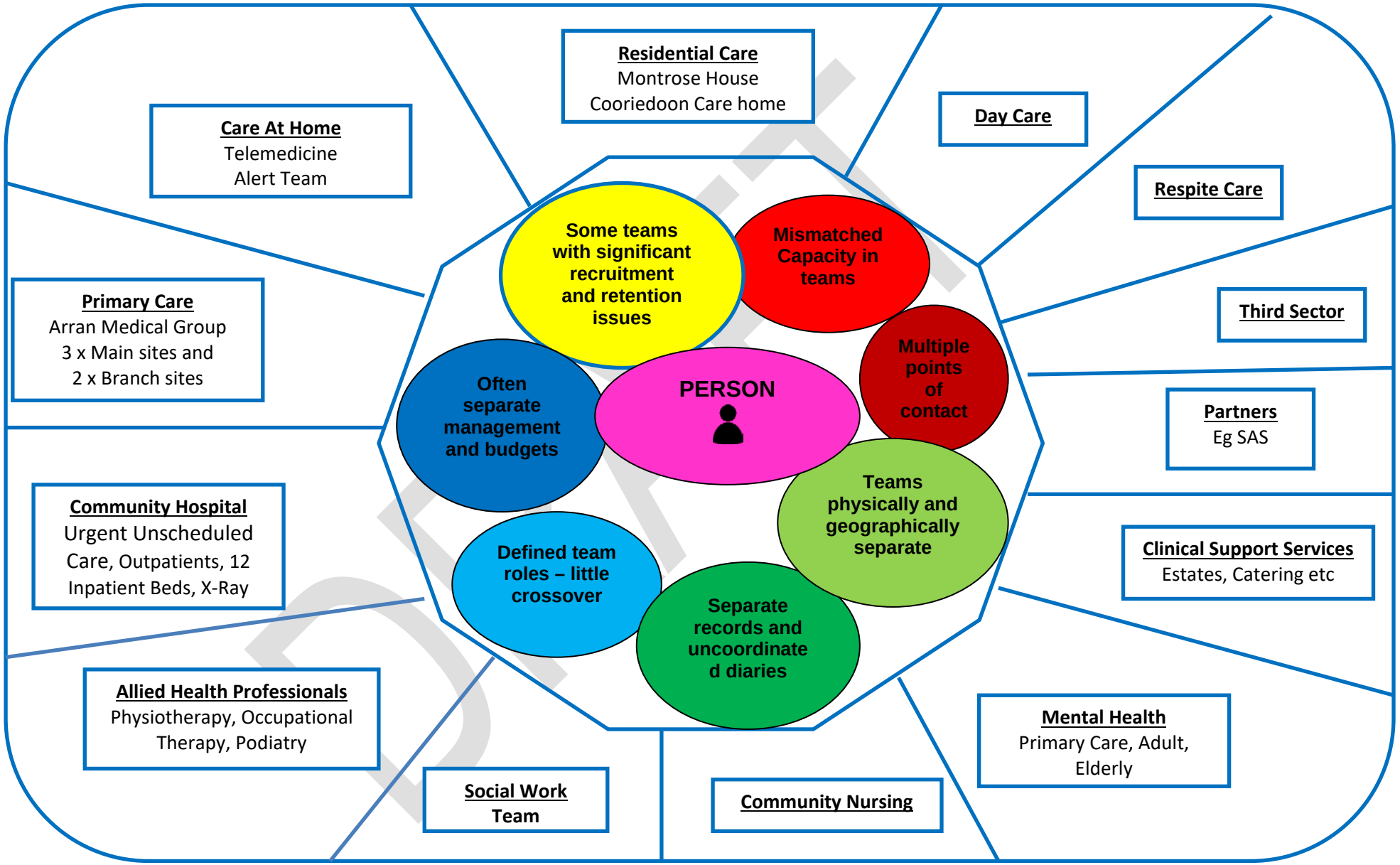
There are significant challenges with recruitment of staff in some parts of the system – largely reflecting the national picture e.g. Care at Home staff, GPs and nurses. This is an ongoing pressure on the island with numerous small teams, where one or two vacancies result in service back logs and waiting lists, over a short period of time. There is currently no "Arran bank" of staff and therefore many vacancies are filled by staff from the mainland. This is costly in terms of travel and accommodation and is not a sustainable model in the long term.

The Arran Locality Forum has been key in supporting the transformation of services on the island and has led the development of key priority areas in conjunction with the forum. These are; Transport; social isolation and support for people with multi-morbidity. Developing new ways of delivering and coordinating transport and helping with social isolation on Arran will be key to the success of the hub. Engaging the third and independent sector in developing the new model of care and supporting these priority areas will be important to the overall success of the transformation of services.

Another key aspect of sustaining services on Arran is staff accommodation. Many of the key workers required to deliver care on Arran are excluded from the current housing market due to affordability. Incorporating some staff accommodation in the hub plans will be crucial to ensuring delivery of services. At the same time exploring affordable housing provision with our partners will be important and will need to happen alongside the development of the hub.

The current provision of beds on Arran is split between AWMH and Montrose House. AWMH provides acute care while Montrose House is a council run residential Care Home. The separation of these two buildings makes it impossible to easily flex staff when challenges arise, and a key element of the new Model of Care is to bring these two sites together to provide the flexibility needed.

The illustration overleaf captures the fragmented model of care and separate service access points that patients have to navigate


Residential Care
Montrose House
Cooriedoon Care home
Care At Home
Telemedicine
Alert Team
Day Care
Respite Care
Primary Care
Arran Medical Group
3 x Main sites and
2 x Branch sites
Third Sector
Partners
Eg SAS
Community Hospital
Urgent Unscheduled Care, Outpatients, 12 Inpatient Beds, X-Ray
Clinical Support Services
Estates, Catering etc
Allied Health Professionals
Physiotherapy, Occupational Therapy, Podiatry
Mental Health
Primary Care, Adult, Elderly
Social Work Team
Community Nursing
Some teams with significant recruitment and retention issues
Mismatched Capacity in teams
Multiple points of contact
Often separate management and budgets
PERSON
Teams physically and geographically separate
Defined team roles – little crossover
Separate records and uncoordinated diaries

HSCP services on Arran are delivered from multiple sites. Some of these are modern, excellent facilities. Many are older, inadequate for the delivery of modern services and expensive to maintain (reference NHS Ayrshire & Arran estates report). Each of the buildings currently providing services are, with the exception of two newer GP Surgeries and the local authority residential home Montrose House, all older buildings which require significant work and there is backlog maintenance and overall lifecycle costs which could be avoided if a new Hub facility is provided.

2.2.1.3 Drivers for Change

There are key drivers to address the need for change on the island of Arran.

First and foremost is the requirement to complete and fully implement ongoing redesign work to create the proposed model of care. The current model of care is complex can be confusing to service users and those who deliver treatment, care and support. The many links and interdependencies that are needed to deliver the current service do not provide service users with clarity of access and in many cases the links are tenuous and rely on island staff to deliver care. With multiple providers, based in a variety of locations by a large number of professionals the services delivered can appear to be totally disconnected.

The current hospital cover arrangements that see 1 duty GP and minimal nursing staff out of hours to cover urgent unscheduled care, hospital and community during periods of increased demand can lead to delays in care as GP have to prioritise in-patients, urgent unscheduled care cases. The need to change GP OOH rotas is critical as prolonged shifts are no longer sustainable. They reduce the availability of GPs in hours and increase the need for other healthcare staff to be first point of contact for presentations.

This situation can be exacerbated with peaks and troughs across the workload in unscheduled care, particularly during holiday periods when the population of Arran rises significantly.

Individual teams are often small and as a result the sustainability of many services is highly vulnerable to staff illness, recruitment and retention issues, organisational change and other resource limits. In addition, teams are often geographically separate and work along traditionally defined roles resulting in multiple visits and lack of consistency of care and the driver for change of providing flexible and sustainable services through the creation of fully implemented MDT's and flexible roles within the teams is seen as the only way forward. While some work has been undertaken to move towards this goal, colocation and integration remain as the critical element of change.

There is currently little formal sharing of information between teams and a lack of understanding of each teams roles, capacity, and limits. Leadership is team based and there is no joint scheduling or coordination of resources on the island across the whole system and no shared understanding of impact of decisions about limiting capacity in one part of the system and knock on effects of that to other parts of the system. In addition, different teams use different recording systems and therefore there is no single shared client record, making consistency and co-ordination of care difficult and time consuming.

There are significant challenges with recruitment of staff in some parts of the system – largely reflecting the national picture e.g. Care at Home staff, GPs and nurses. This is an ongoing pressure on the island with numerous small teams, where one or two vacancies result in service back logs and waiting lists, over a short period of time. There is currently no Arran bank and therefore many vacancies are filled by staff from the mainland. This is costly in terms of travel and accommodation

and is not a sustainable model in the long term.

At the same time as the need for the model of care to change there are also estate and facility elements that form an underlying structure to support this. The changes here are focussed mainly on the Arran War Memorial Hospital whose critical Issues include:

- Arran War Memorial Hospital is extremely difficult to access with DDA compliance issues due to the level changes across site and particularly from the public transport drop off point.
- The main access road is very narrow and has tight corners.
- External areas on the hospital site are tight for all types of vehicle access and manoeuvring generally and as such this presents risks to the public and staff.
- The hospital is generally in a reasonable condition for its age but will require an increasing investment profile to address many of the issues highlighted in the life cycle reporting in particular. The delivery of improvement projects will be complex and expensive due to the overall site and building constraints. The reported backlog and overall life cycle investments requirements will in reality by at least three times, based on national norms, of those as reported to deliver the relevant improvements through actual projects.
- The building is fully utilised.
- There are a significant number of Functional Suitability issues noted with the facility that cannot be addressed within the existing floor plate and overall configuration constraints.
- Feasible improvements have already been carried out to improve functional suitability and utilisation but within a constrained footprint and tight overall site. The original in-patient extension is now nearly 50 years old.
- In patient accommodation is very inflexible due to the two multi bed wards in this very limited compliment.
- Patient flows are generally very poor, and this is due mainly to what are cramped conditions with poor adjacencies. This is also further reflected in privacy and dignity issues for patients visiting most areas of the facility.
- Further expansion options are extremely limited, and the potential benefits would be difficult and expensive to realise while still potentially creating other complex issues that would need to be resolved.
- There was scope identified for internal reconfiguration of the mothballed theatre suite.
- Single bed provision will continue to be very limited without significant investment in compliant new build – which is not feasible on the current site.
- The existing site and facility are not flexible enough for significant future service reconfiguration.
- Statutory compliance issues have been carried out in addressing the recommendations from specialist surveys and inspections.
- Improvement generally is only small due to the ageing and inflexible building.
- In addition to the hospital, Brodick Health Centre is the primary care facility with the greatest range of clinical compromises given the building age and overall configuration. These are as noted above and it should be emphasised the relatively very high overall life cycle costs highlighted point to the early re-provision of this facility.

Life cycle replacement is a major factor in the appraisal of the investment required to maintain the facility to an acceptable standard. The replacement of key components and particularly services infrastructure will affect other components and the work required to be carried out will impact on facility operations and involve significant out of hours working and potentially complex phasing strategies.

The risk profile for the operation of the hospital will increase significantly if there is not on-going

investment. The existing hospital was opened in 1922 and has been modestly extended since then. It is currently therefore 96 years old.

The key outputs from EAMS and the CPS along with site visits have been utilised to form a strategic overview of the current and future physical performance of the facility.

These data outputs effectively illustrate that:

- The existing hospital facility has significantly exceeded its lifespan in the context of modern healthcare delivery.
- The costs highlighted in this overview are extrapolated from the life cycle and backlog information included in EAMS reporting and as extrapolated via the CPS tool. It should be further emphasised that the costs indicated are base costs only and do not reflect the actual cost of delivering backlog and replacement/ renewal programmes of work in a live functioning hospital. Notionally real project delivery costs can be circa 3 times the figures included in EAMS reporting.
- The Arran War Memorial Hospital has been reasonably well maintained but this cannot disguise the fact that there requires to be on-going and increasing investment to ensure that this condition is maintained. As with any investment a tipping point is reached when a view has to be taken as to whether or not any planned and forecast investment is viable for the longer term. In addition, the risk profile will inevitable increase with the age of the facility and particularly if some investment decisions are delayed.
- The existing Arran War Memorial facility, whilst well-maintained for its age, has very poor clinical functionality. This will continue to be a huge burden to effective and sustainable service delivery if it is not addressed in advance of a new facility being developed.
- The reviews, as identified above, have concluded that there is no way to easily address clinical functionality issues within the hospital.
- Overall, the purpose of this IA is not to further determine/support the need for a replacement hospital in Arran, but rather to address core clinical functionality issues with the current facility in the most effective way possible given the age of the existing buildings. Also, to consider the impact of any change/investment in facilities on the medium-long term future of the existing facility and any developing plans for its replacement.

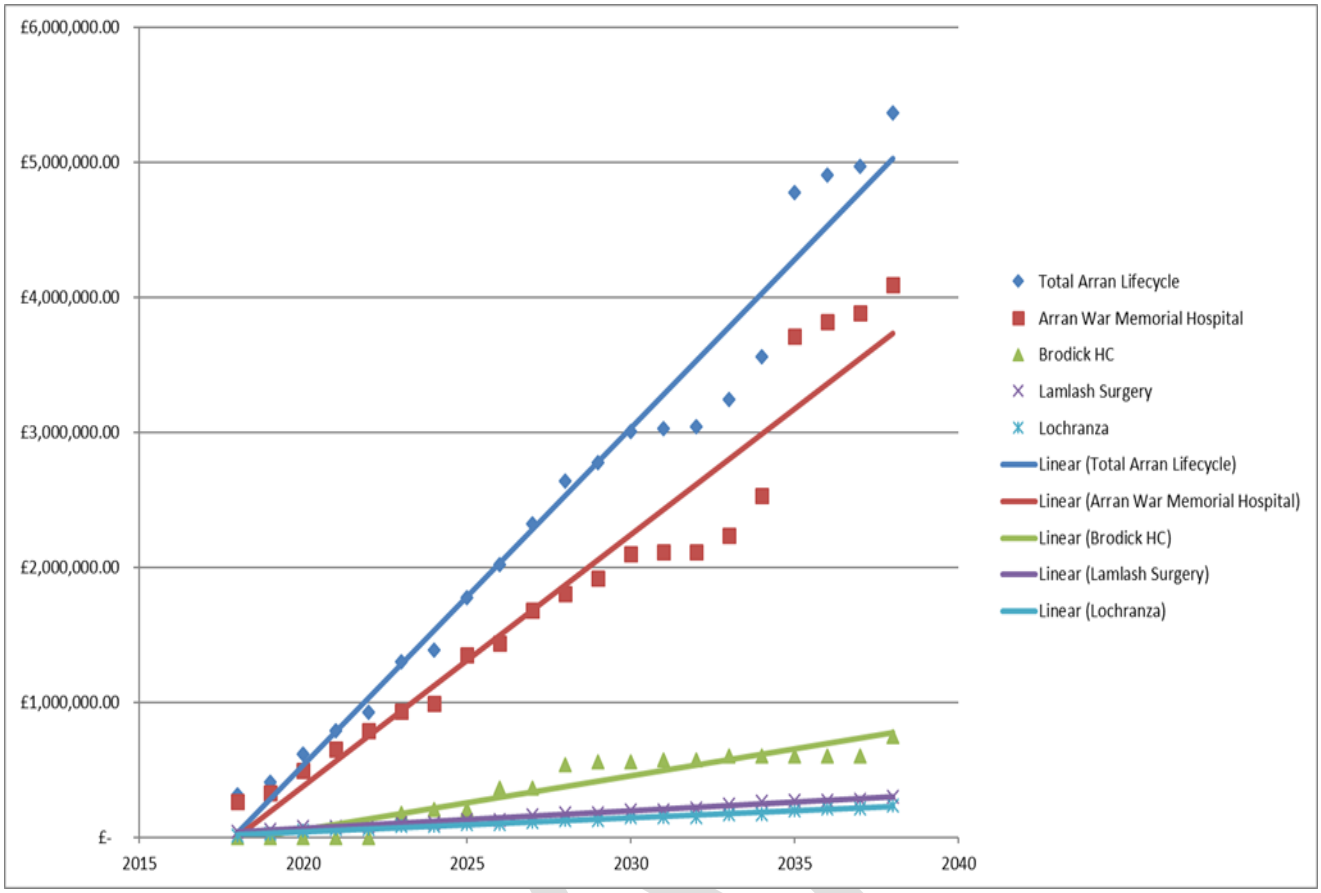
HSCP services on Arran are delivered from multiple sites. Some of these are modern, excellent facilities. Many are older, inadequate for the delivery of modern services and expensive to maintain (reference NHS Ayrshire & Arran estates report). Each of the buildings currently providing services, are all older buildings which all required significant work and there is backlog maintenance costs which could be avoided if a new hub is implemented. Each of the buildings currently providing services, are all older buildings which all required significant work and there is backlog maintenance costs

	Currently Recorded Backlog Maintenance					Life Cycle to 2038
	High	Significant	Moderate	Low	TOTAL	
Arran War Memorial	£0	£20,000	£406,117	£41,669	£467,786	£4,091,607
Lamlash Medical Centre	£0	£5,000	£8,000	£30,000	£43,000	£295,970
Brodick Health Centre	£0	£0	£27,707	£3,210	£30,917	£746,775
Lochranza	£0	£10,000	£29,293	£11,105	£50,398	£234,483

Surgery						
Total					**£592,101**	**£5,368,835**

The Life Cycle Costs are reported through the Capital Planning System managed models which synchronise all data gathering and collation which NHS Ayrshire and Arran are required to do through EAMS. Of the indicated Total Life Cycle cost £2,638,690 – ie circa 50% is applicable to the facilities within the next ten years.

Site Code	Block No	WoS Categorie	Operational/ Non Operation	Block Name	GIA (m2)		Year 0	Year 1	Year 20	To Maintain	Cost/m2
A101H	00	Community	Operational	Arran War Memorial			£ 74,000.00	£ 3,090.00	£ 90,980.00	£ 399,594.00	#DIV/0!
A101H	01	Community	Operational	Main Block	1,457.90		£ 148,000.00	£ 44,290.00	£ 81,789.00	£ 2,028,610.00	£ 1,391.46
A101H	02	Community	Operational	Laundry/Boilerhouse/Generator	46.55		£ 23,000.00	£ 1,030.00	£ 5,418.00	£ 134,919.00	£ 2,898.37
A101H	03	Community	Operational	Bungalow	77.66		£ 3,000.00	£ -	£ 17,787.00	£ 123,186.00	£ 1,586.22
A101H	04	Community	Operational	Ambulance Station	13.00		£ 1,000.00	£ 14,420.00	£ 6,344.00	£ 252,519.00	£ 19,424.54
A101H	05	Community	Operational	Modular Building	306.48		£ 15,000.00	£ 1,030.00	£ 6,153.00	£ 888,779.00	£ 2,899.96
A131C	00	HC & Clinics	Operational	Brodick Health Centre	246.46		£ -	£ -	£ 145,656.00	£ 746,775.00	£ 3,030.00
A029B	00	HC & Clinics	Operational	Lamlash	158.68		£ 43,000.00	£ 11,330.00	£ 21,673.00	£ 252,970.00	£ 1,594.21
A026B	00	HC & Clinics	Operational	Lochranza	122.87		£ 10,000.00	£ 18,187.00	£ 20,176.00	£ 224,483.00	£ 1,827.00
					2,429.60	0.00	£ 317,000.00	£ 93,377.00	£ 395,976.00	£ 5,051,835.00	£ 2,079.29
							2018	2019	2038		10Years
					Total Arran Lifecycle		£ 317,000.00	£ 410,377.00	£ 5,368,835.00		£ 2,638,690.00
				Arran War Memorial Hospital			£ 264,000.00	£ 327,860.00	£ 4,091,607.00		£ 1,800,216.00
				Brodick HC			£ -	£ -	£ 746,775.00		£ 539,892.00
				Lamlash Surgery			£ 43,000.00	£ 54,330.00	£ 295,970.00		£ 174,473.00
				Lochranza			£ 10,000.00	£ 28,187.00	£ 234,483.00		£ 124,109.00
				AWM			£ 264,000.00	£ 63,860.00	£ 208,471.00		
				Brodick HC			£ -	£ -	£ 145,656.00		
				Lamlash			£ 43,000.00	£ 11,330.00	£ 21,673.00		
				Lochranza			£ 10,000.00	£ 18,187.00	£ 20,176.00		



The reported backlog and overall life cycle investments requirements will in reality by at least three times, based on national norms, of those as reported to deliver the relevant improvements through actual projects. On this basis, to effectively realise facilities that have zero backlog and properly managed life cycle replacement, the effective costs would be circa £7.5m within the next ten years.

2.2.1.4 Summary of all Need Factors

In consideration of the wide range of business strategies summarised here and others not specifically cited, a number of key global objectives for health and social care services on Arran are apparent that must be considered. These are:

- Flexible, equable, integrated and sustainable hospital, primary care and community services supported by the Integrated Joint Board
- An Arran population that is able to live healthier lives, at home or in a homely setting on the islands for as long as possible.
- The need to plan for all services – but especially acute, hospital-based services – in a local, regional and national context to ensure safety, optimum local delivery, minimal travel (especially off island) and sustainability.
- Urgent Unscheduled Care, assessment, diagnosis and a range of sub-specialist care being delivered through a sustainable local Rural General Hospital (RGH) or equivalent on Arran.

Along with all other Boards, it is recognised that NHS Ayrshire & Arran is working in a challenging context in which there is a need to balance delivery of quality services with ambitious improvement targets and standards, while also living within the financial realities facing public sector. The need for transformational change is recognised, alongside continuing to delivery safe and effective

services of the best quality possible.

In addition, Arran faces particular challenges associated with the sustainability of services and the recruitment and retention of staff, who often work in small teams or single-handed and often in rural areas. Care at Home services are a key area where services cannot meet the demand, particularly in the outlying rural communities.

Staff recruitment and retention is further exacerbated by a chronic shortage of affordable housing. Many homes on the island are used as second homes or for tourist rentals and turnover of homes in this area is very low. The Arran Economic Group had previously undertaken a survey that identified a need for an additional 200 affordable homes on the island. The Group has work ongoing around developing Arran as a place to Work, Live and Visit. This includes discussions with Scottish Government, and North Ayrshire Council. The NAC now has plans to build an additional 32 "housing units" to replace public/community homes.. The newly formed Arran Development Trust charity will apply for SG funding from the Regional Island Housing Fund and if successful this could support the addition of 30 new homes per year over the next 6 to 7 years. This work is critically supported by the integrated relationships that have been developed across the island.

Notwithstanding these challenges, which are being addressed through a range of on-going projects, it is important to recognise that all recent business strategies (including those developed locally, regionally and nationally) underline the requirement for hospital service delivery on Arran and the consequential requirement for a hospital facility to support this. The proposals contained in this IA can therefore be seen as the natural continuation of a structured, whole-system planning process that has been continuous but that can trace its specific ancestry to the 2020 vision of 2005 or earlier. Specifically, its intention is to present a strategy for delivering care through multidisciplinary integrated and co-located teams that are supported by a new Hub facility which will maintain the delivery of acute services in Arran through the effective use of otherwise essential investment wherever possible, recognising the finite lifespan of the existing buildings.

This IA also highlights very clearly, that this investment represents the last opportunity to mitigate significant clinical functionality concerns relating to the current facility through targeted investment.

In summary, it is possible to conclude that:

- Arran, like other areas across the country, is facing a growing range of challenges relating to the delivery of safe, sustainable and affordable health and social care delivery.
- The challenge in Arran is escalated by the issues relating to island geography including issues around recruitment and retention.
- There are too many disparate service delivery locations and facilities for an island/population of this size.
- The new model must have the ability to increase Out of Hours cover – which can only be achieved through a single 24-hour service and new flexible and innovative "mixed" rota from staff who are truly integrated and co-located in a single site including the development of new roles such as ANP.
- The new model can only be fully implemented by a solution that brings both inpatient and residential care beds together on one site.
- The impact and cost of transfer to the mainland is a major consideration on a patient by patient basis and at a strategic level.
- Regional planning is playing an increasing role in determining the future of acute services across Scotland, with NAHSCP and its planning partners actively engaged in the West of Scotland Regional planning discussions.

- Local, regional and national planning has done nothing to negate or change the requirement for an acute hospital facility in Arran.
- The push for more local service delivery, especially out-patient services and ambulatory care, facilitated by enhanced technology and techniques, will only add to the requirement for these services to be delivered on Arran.
- The existing hospital facility on Arran, the Arran War Memorial Hospital, has long since exceeded its lifespan and – based on national estates planning tools & guidance – requires complete replacement as soon as possible.
- The existing Arran War Memorial facility, whilst reasonably maintained for its age, has very poor clinical functionality – particularly in relation to the in-patient accommodation, outpatient functionality and urgent unscheduled care facilities. This will continue to be a huge burden to effective and sustainable service delivery if it is not addressed.
- While an ongoing small reconfiguration project will address some of the clinical concerns for Unscheduled Care and Radiography the planning exercise has concluded that there is no way to address these clinical functionality issues within the existing Hospital that fall short of its complete replacement. Also, given that the in-patient facilities are effectively spread across seven areas and there is restricted access to key hospital services, that replacement of these facilities effectively means replacement of the entire facility.
- This represents the use of "otherwise essential investment" to address a long-standing clinical functionality and capacity issue within the Hospital as a whole, whilst addressing concerns regarding in-patient areas.
- Overall, the purpose of this IA is to address core clinical functionality issues within the current facility, provide appropriate accommodation to fully implement multi-disciplinary teams in the most effective way possible given the estimated lifespan of the existing buildings and the current pressures on providing robust 24-hour care.

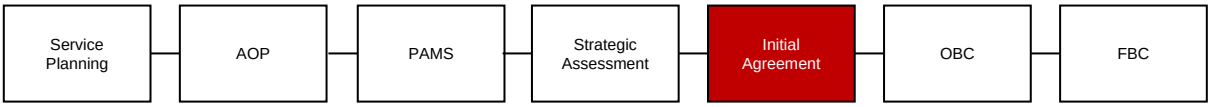
2.2.2 Organisations Goals

The proposed new model will provide a real and effective alternative to unnecessary hospital admission, facilitate early supported discharge and to support people to be as independent as possible and led the life they want in their home or homely setting.

In addition, there will be an increase in capacity as well as services working 7 days per week. The new model will address the balance of step-up and step-down services to meet local need and reduce pressure from unnecessary admission to the acute hospitals.

Whilst the exact contribution of Arran Integrated Island Model is difficult to predict with certainty - work has been done to estimate the following benefits.

Benefit	Measurement	Baseline	Target	Timescale
Creation of single management team	Management Numbers	11	9	2022/23
Reduction of Band 7 to 6 to create a single nursing team	Banding numbers			Oct 2019
Complex case management pilot	Complex cases supported by case management	0	15	2018/19
Creation of hub *Dependent on eventual Preferred option	Reduction in number of sites we deliver services	9	3/4	2022/3
Engagement to ensure Community support/buy-in for new approach	Num people engaged with Communication channels	0	500	Ongoing



The evidence suggests a reconfiguration of existing services, structures and leadership is required to improve access to Arran Integrated Island Services, reduce inefficiency, improve service user experience and help to meet the increased demand for health and social care. The Board therefore propose to implement an Integrated Island Services Model for Arran in line with Scottish Government policy.

This approach will provide integrated primary and community-based services for the assessment, treatment, rehabilitation and support for adults with long term conditions and older people at times of transition in their health and support needs.

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

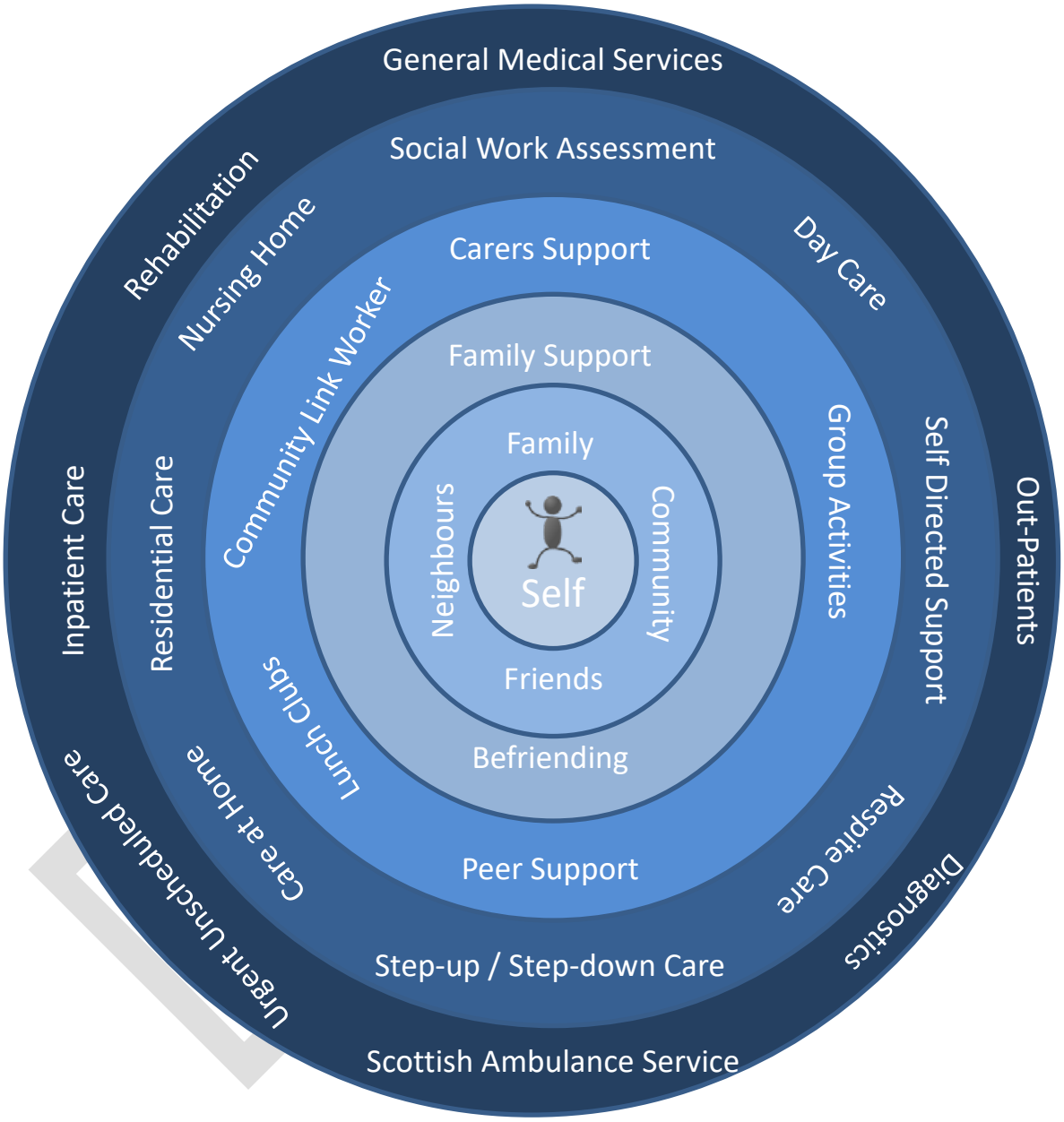
Without the proposed changes and new Hub facility some improvements could still be achieved but these would be limited and would not address the key concerns around 24hr care in the hospital and community. The integration of all partners would be more challenging and much of the inefficiency of being located on different sites would remain. The sustainability of the 24hr care rota would remain fragile without the flexibility and integration proposed across the multi-disciplinary team and all staff being located on one site to support robust backup and multi skilled role development.

The model is centred on the introduction of an Arran Hub (the hub) to provide a single point of contact for all health and social care services co-ordinated through a single, island-based management team, to maximise resources, improve care co-ordination and reduce duplication. The Hub will provide multi-disciplinary triage to ensure, assessment, treatment, rehabilitation and care provide an alternative to hospital admission. This will enable local people to maximise health & well-being to and stay as independent as possible and where acute or step up services are required, provide support to be discharged as early as possible. The key objective is to deliver a new model of care that integrates services. The development of a Hub will facilitate this on Arran. In addition, the project will

- Provide accommodation to enable the creation of and support for integrated teams
- Allow the development of a single assessment and care record
- Reduce number of public sector buildings on Arran
- Provide up to date IT and telephony to support teams, reduce duplication, encourage communications and support a single point of contact for local patients and staff
- Identify other agencies/services that would be interested in joining e.g.; Scottish Ambulance Service/Police
- Incorporate overnight accommodation for staff as required
- Integrate dental services into the main facility

The Arran Integrated Island Services model will provide a common framework wrapping services around the individual as outlined overleaf.

Arran Integrated Island Services Model



Core Principles that underpin Arran Integrated Services model:

- Delivered at home, if safe and appropriate, or as locally as possible
- Accessible, flexible and responsive through an island Hub that operates 7 days a week, ideally 24 hours a day
- Focused on support, treatment, rehabilitation, reablement and recovery
- Multidisciplinary Team meeting targeted at people at risk of emergency admission, or re-admission, to hospital, or to avoid premature permanent admission to a care home.

- Based on holistic assessment to maximise independence, confidence and personal outcomes sought by the individual
- Linked with and complementing local community and specialist services
- Co-ordinated support (either on site or in reach) from multi-professional and multi-agency team with the required expertise in people with complex needs using single/common approaches.
- Time limited, with anticipatory care and discharge planning from day one
- Jointly commissioned by the partnership, in collaboration with the Care Inspectorate if there will be new roles for care providers
- Managed for improvement, gathering information on experience and outcomes and using this to inform service improvement.
- Less role boundaries
- Enhanced out of hours services
- A new, multi-disciplinary rota to enhance urgent unscheduled care /OOH care
- Less demarcations between services and facilities
- A single in-patient/bedded delivery location
- All 24-hour services delivered from the same, single defined location
- Access points for routine services at defined points/times across the island to meet day to day need
- Support from other agencies and services including Third Sector

The model is built around fast/rapid response stream services and slow stream services as detailed below:

Individual is too complex / unstable
Requires transfer to hospital mainland care:
Assess individual at urgent unscheduled care facility arrange for Transfer to definitive care:

- Acute Care of Elderly Practitioners in ED / CAU - Specialist AHP / ANP capacity to identify and assess older people who are frail or have complex support needs as they present to ED and CAU and to pull home, with support from enhanced Intermediate Care, or to step down, or right specialty bed.

Fast/Rapid Response
Individual cannot remain at home and requires rapid response
Step up to an Arran Integrated Services Hub:

- Assessment at Unscheduled Care service based at Community Hospital, care is overseen by ANP and Duty Doctor and either treated and discharged home with support or admitted for diagnosis and treatment plan.
- Bed based Care - a time limited episode of intermediate care provided in dedicated capacity within a care home, housing with care, or community hospital setting.

Slow Stream Services
Individual requires care and support, but this can be delivered at home or in a homely setting

Contact Single Point of Contact: Hub
- Intermediate Care and Rehabilitation Hub – The Hub provides a single point of access, screen, triage and signpost 7 days per week via a centralised telephone number(s) to a range of services. Including; Complex Care MDT Hospital (Health & Therapy Teams); Community rehabilitation (Domiciliary Physiotherapy, SLT, Community OT, Podiatry,

Dietetics, Adaptations); Community hospital – step up/stepdown facility; Falls Service; Reablement / homecare; Social Work, Complex cases; Telehealth Care. The services work with people who require assessment, treatment, rehabilitation and care, to provide an alternative to hospital admission, enable them to be discharged as early as possible from hospital, maximise health & well-being ensuring they stay as independent as possible.

- Reablement - a time limited episode of enabling support at home with an individual and their family to build confidence and encourage independence after an illness or decline in function.
- Intermediate care at home (provided by Complex Care MDT) – To provide rapid access to time limited assessment, rehabilitation and support by a multi-disciplinary health and social care team, to provide an effective alternative to unnecessary hospital admission, facilitate early supported discharge and to support people to be as independent as possible in their home or homely setting at times of transition in their health or support needs.
- Community Rehabilitation Teams - Community Rehabilitation will support individuals and communities to live the healthiest lives possible in their home /homely setting. This is delivered through early intervention approaches, self-management programmes and may be uni-professional, or coordinated multi-disciplinary rehabilitation. Community Rehabilitation will support people to be as independent as possible by enabling achievement of individual health and wellbeing goals. Community rehabilitation includes the following services; Domiciliary physiotherapy; Community rehabilitation occupational therapy; Community adult speech and language therapy; Community dietetics; Enablement podiatry and Health and Therapy Team/Day Hospitals
- Complex Care MDT/ Community Ward - a time limited episode of enhanced specialist care at home as an alternative to being treated in an acute hospital environment and where the care is overseen by a consultant / equivalent specialist (e.g. GPs with an interest). In addition, proactive, coordinated, anticipatory care management for people with complex chronic disease or frailty at high risk of future exacerbations and emergency admissions to hospital or to a care home. Care and support are coordinated for each individual by a lead professional generally for a number of months. The episode is generally overseen by a specialist practitioner working with a community Multi-Disciplinary Team.

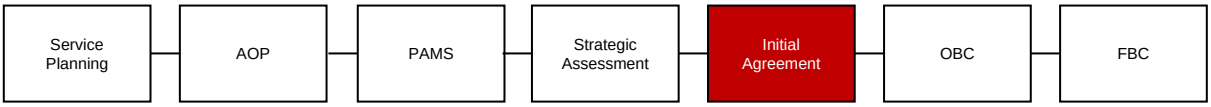
To deliver this model, the business case proposes a considerable increase in capacity to provide more care in the individual's home. In addition, this will allow us to reduce the number of beds from 12 to 10 by 2022/3.

2.2.2.1 Investment Objectives

Having fully understood the existing arrangements for the service, the Board has sought to identify the current 'business gap'. This is the difference between 'where we want to be' (as suggested by the investment objectives) and 'where we are now' (in terms of existing arrangements for the service). This highlights the problems, difficulties and inadequacies associated with the status quo.

Our analysis has considered existing and future changes in the demand for services, and the location for their delivery, especially in light of the specific challenges associated with Arran's relatively unique situation. In summary it has also:

- Confirmed the need for continued business operations on the island.
- Identified historical and projected future activity in all key areas
- Identified deficiencies in existing provision
- Summarised user requirements in terms of the deficit between the current and future position



In reflection of the agreed baseline position/existing arrangements, a number of independently facilitated multi-stakeholder meetings have identified a number of specific benefits/investment objectives that any project/investment should seek to realise. These have been identified under defined heading that reflect national documentation and prompts.

- Person centred benefits
- Safety benefits
- Quality of care benefits
- Health of the population benefits
- Value & sustainability benefits
- Wider/Social benefits

Person Centred

At this (IA) stage, specific "person-centred" investment objectives include:

- Maintain hospital facilities on Arran that can support existing and future needs
- Improve way-finding and access to a defined reception points for Inpatients, Outpatients and Unscheduled Care patients.
- Improve access to all clinical areas – in particular for those with mobility issues
- Address patient confidentiality concerns associated within the existing urgent unscheduled care facility (Privacy & dignity issue)
- Enhance opportunities to maintain appropriate age and gender separation (Privacy & dignity issue)
- Reduce unnecessary overnight stays through improving flow and Step Up and Step-Down care
- Improve the physical condition of the healthcare estate
- Improve the functional suitability of the healthcare estate

Safety

Specific "safety" investment objectives include:

- Reduce adverse harmful events
- Improve patient observation and assessment levels
- Reduce risk of HAI through addressing facility issues (area, fabric, flow, etc)
- Reduce backlog maintenance
- Reduce significant and high-risk backlog maintenance
- Improve statutory compliance

Quality of Care

Specific "quality of care" investment objectives include:

- Improved overall management of care services through local control and flexibility inherent within the new Model of Care
- Reduce the number of children/vulnerable users being admitted to an adult in-patient ward
- Improved physical environment designed to support Dementia
- Improved provision of Unscheduled Care through better access and sustainable rotas to

provide OOH's cover
- Enhance the separation between medical and urgent unscheduled care through the provision of separate appropriate clinical areas

Health of the Population

Specific "health of the population" investment objectives include:

- Supports early referral to specialists
- Reduce "off-island" journeys
- Support of more patients in their own homes through multi-disciplinary team inputs

Value and Sustainability

Specific "value & sustainability" investment objectives include:

- Ensure that a sustainable service is supported through the creation of a new model of care that is delivered by integrated, co-located and flexible teams to provide the required 24-hour care requirement.
- Reduce the challenges being faced in recruitment and retention of staff across primary, secondary and social care.
- Ensure that an Arran Hospital is able to deliver effective services in a functional and appropriate facility with built in flexibility for current and future health care delivery.
- Optimise overall resource utilisation
- Improve financial performance including workforce efficiencies from co-location.
- Improve flexibility of all functional areas within the hospital.
- Reduce travel costs associated with patient transfer to the Mainland
- Improve space utilisation
- Closer working and interactions with Scottish Ambulance Service staff within the multi-disciplinary teams
- Increased opportunities for multi skilled role development and training programmes for General Specialists in addition to Advanced Nurse Practitioners and Paramedics
- Optimise overall running cost of buildings
- Improve design quality in support of increased quality of care and value for money
- Contribute to overall revenue savings after budgetary re-investment/re-alignment has occurred
- Rationalise FM and support services across the public sector by bringing teams together under single management on the island. (This does have challenges around TUPE issues and terms & Conditions)
- Reduction in number of sites providing Catering and Laundry services
- Reduce rising costs of accommodating visiting and on-call staff by the provision of inhouse accommodation.

Wider and Social

Specific "wider/social" investment objectives include:

- Improved access to Public Services
- Aid and improve recruitment and retention
- Keep activity, people, services and therefore money on the Island

- Bring capital investment to the islands, sustaining jobs and enhancing socio-economic factors
- Support sustaining a new model of care, with a consequential positive impact on the Island's economy and sustainability

These proposed investment objectives have been further reviewed and rationalised in terms of what they say about existing arrangements and future business need utilising the methodology advised in current capital planning guidance, thus:

Investment Objective	Support the implementation of a new Model of Care that will provide sustainability of a 24hr rota system that delivers flexible and appropriate support to all patients and service users that will provide sustainable care for people in their own homes for as long as possible.
Existing Arrangement	NHS and Council Social Care staff are currently located in multiple buildings and facilities across the island. Covering the Community, Hospital and Care homes places pressure on all groups with a resultant fragile service that can readily fail due to the lack of appropriate staff in the correct place.
Business Need	Provide a facility to support the creation of a single base for all partner staff to work in teams and provide more flexible care, support for complex rotas and 24hr rotas and improve all interactions across care groups.
Investment Objective	Maintain acute facilities on Arran that can support existing and future needs.
Existing Arrangement	The Arran War Memorial Hospital has an aging infrastructure and buildings whose lifespan has been exceeded with poor clinical functionality in key areas such as privacy/dignity; urgent unscheduled care /elective separation; ambulatory care capacity; observation issues and space standards.
Business Need	Ensure that hospital provision is able to deliver effective acute services that supports the delivery of care services with: 1) excellent clinical functionality 2) quality health care for all patient groups
Investment Objective	Ensure access to all clinical areas – in particular for those with mobility issues.
Existing Arrangement	Although the majority of patients on Arran are ambulatory, those requiring access to urgent unscheduled care services are brought in through the main reception area. Patients with mobility issues find it difficult to manoeuvre through narrow corridors and overall access to the Hospital is poor with a single carriageway access that has no pavement and no street lighting
Business Need	To provide equable access to all hospital facilities, provide dedicated urgent unscheduled care access with adjacent Radiography service not crossed by patients using other services, rationalise all patient journeys and ensure that reception and waiting areas are functional.
Investment Objective	Improve the functional suitability of the healthcare estate.
Existing Arrangement	At present the AWMH has serious functional suitability issues

	that include: a lack of single rooms; a lack of gender separation; and consequentially poor operational flexibility. In addition, the provision of unscheduled care has no private areas; lacks the required capacity; has no storage space; has no clean utility area; has no dirty utility area; has no waiting space; has no stage 3 recovery area; etc.
Business Need	To address clinical functionality and capacity deficits within a new facility that will in turn mitigate the wider clinical functionality issues experienced across the wider in-patient estate through appropriately re-distributing flow away from these.
Investment Objective	Reduce adverse harmful events.
Existing Arrangement	The existing facilities lend themselves to adverse harmful events and complaints for the multiplicity of reasons cited throughout the document.
Business Need	To ensure that any investment/re-design of services and facilities reduces recorded adverse incidents.
Investment Objective	Reduce risk of HAI through addressing facility issues (area, fabric, flow, etc)
Existing Arrangement	Poor quality, cramped facilities/pathways that lack key clinical locations such as clean utility, dirty utility and storage areas in combination with high utilisation challenge best practice infection control considerations.
Business Need	To ensure that a replacement facility mitigates existing HAI risks as far as possible within the footprint available.
Investment Objective	Improve the physical condition of the healthcare estate.
Existing Arrangement	The existing estate has challenges with functionality, infrastructure, backlog maintenance, expensive energy costs and lack of space.
Business Need	To utilise otherwise essential investment to improve the physical condition of facilities as well as their clinical functionality.
Investment Objective	Reduce backlog maintenance and address statutory compliance issues.
Existing Arrangement	Backlog maintenance and statutory compliance issues exist in a number of areas throughout the Arran War Memorial Hospital and other clinical sites on the island.
Business Need	To ensure that any investment in new/re-designed facilities addresses existing backlog maintenance/statutory compliance issues as far as possible.
Investment Objective	Improve design quality in support of increased quality of care and value for money.
Existing Arrangement	Existing facilities were designed when clinical needs and service delivery models on Arran were considerably different to what they are now.
Business Need	To deliver optimal design improvement that recognises the huge challenges presented by the existing estate whilst effectively balancing the cost of investment; improvements in clinical functionality; and overall lifespan of the existing structures.
Investment Objective	Aid recruitment and retention.

Existing Arrangement	Staff working in/thinking of working in Arran, accept that the majority of procedures/interventions undertaken on island will be ambulatory in nature. They also expect therefore that the islands will have capable, modern facilities geared to the delivery of ambulatory care.
Business Need	To develop ambulatory care facilities and capacity that better reflect the islands needs prior to the complete re-provision of hospital facilities in the medium-term.
Investment Objective	Keep activity, people, services and therefore money (including capital investment) on the Island thus sustaining jobs and enhancing socio-economic factors.
Existing Arrangement	Historical trends have been that the number of patients and services going off island is increasing. Aside from the issue of inconvenience, this means that money is also going off-island, undermining service and economic sustainability.
Business Need	To ensure that all service decisions consider wider economic impact as well as the specific effect on service capacity and sustainability. Thereby ensuring that historical trends are reversed as far as possible and existing services and communities are strengthened.

2.2.2.2 Benefits Register

In line with guidance a Benefits Register has been developed to support this IA and this will become and active driver and monitor for the project as it develops. Key questions that each benefit has to address include:

- Whether their assessment is qualitative or quantitative
- The developing measures that will be used to assess change/impact
- Baseline values for these measures where available (Where not currently available, processes are in place to ensure these are available)
- Target values for these measures following investment/change

Appendix D also highlights the basis for a benefits realisation plan that identifies how all of the identified benefits will be delivered for completion at OBC stage in line with current capital planning guidance. Attendees at the Benefits Workshop are listed at **Appendix E**. This includes the need to identify:

- Who benefits in each instance?
- Who is responsible for realising the objective?
- What the investment objective is
- Dependencies that reflect risks to benefits realisation
- Specific support needed
- Date of realisation

The key benefits identified to date include:

- Ensure that a sustainable service is supported through the creation of a new model of care that is delivered by integrated, co-located and flexible teams to provide the required 24-hour care requirement.
- Improved overall management of care services through local control and flexibility inherent

within the new Model of Care

- Improved provision of Unscheduled Care through better access and sustainable rotas to provide OOH's cover
- Improved communication and interaction across all partners through a single communication system with Single Point of Contact functionality
- Increased opportunities for multi skilled role development and training programmes for General Specialists in addition to Advanced Nurse Practitioners and Paramedics
- Fewer Single Points of Failure as a result of the activity within a multi-disciplinary team providing flexible service and cross working to improve overall patient care
- Improves access for patients with mobility issues to all clinical areas
- Reduces "off-island" journeys
- Reduction in the existing geographical inequalities in Care at Home provision
- Increased opportunities for 3rd Sector activity and engagement through true integration

As noted the full register of benefits ia attached at **Appendix D**

Some ongoing elements of the overall project which have already commenced or are already in detailed planning will include:

- **Urgent Unscheduled Care Services** – Phase 1 – Spring 2019 - the coordination through a "mini-hub" based at Arran War Memorial Hospital will enable all unscheduled presentations to be coordinated and managed. To support this there are four key components: GP and ANP clinics; patient transfer service; reconfigured urgent unscheduled care and new X-ray machine; enhanced nursing support for cancer patients, with phase one focusing on palliative care OOHs. All elements of this have been funded from a number of sources including Endowment fund, local charitable funds.
- **Complex Care** – Phase 2 - End October 2018 - the introduction of a "test of change" pilot encompassing MDT working, comprehensive assessment and outcome-based care planning, utilizing a new "generic role" has commenced. The planning and development of this pilot took a significant time to work through and agree the T+Cs of the role with key partners and stakeholders along with agreement on the Grade of the roles we are piloting. This pilot will inform the future island model. The PDSA for this Test of Change is available in **Appendix H**. This requires a small amount of resource to establish the pilot. The pilot will run for six months from Oct – Apr 2019 and if evaluation is positive will be rolled out at scale on Arran. This will need further reconfiguration of services, including the closure of one site to support. A previous test of change outlined the multiple and duplicated visits that people with complex care receive and it is believed that a MDT hub will help reduce this.
- **Single Point of Contact** – Phase 3 - March 2020 - roll out of EMIS to all health staff on Arran will be nearing completion. This will for the first time on Arran enable an overview of the team's capacity within the system to be coordinated. The single team will be supported by a single admin team allowing frontline care staff to be freed up from administrative tasks, including, booking of visits. In addition, by having a single care record, all health and social care staff will no longer need to duplicate information on different systems and share key information, putting the individual at the centre of everything we do.

2.2.2.3 Benefits Realisation Planning

While the identification of benefits has formed a base for the project, the team recognise that planning to realise the benefits must commence now also for the project to be successful.

Each benefit will identify the key recipient ie Public or Service and will be assigned an owner whose

responsibility it will be to ensure that the benefit is effectively delivered through monitoring against baseline values and projected timescale to deliver. Some benefits will be dependent on others and these links and dependencies must also be clearly articulated along with any specific support or resource required and the timescale that is anticipated for the benefit to fully deliver.

2.2.2.4 Risk Management and Strategy

The main risks associated with the project and the proposed 'counter measures' have been identified by the Board and are summarised in the Risk Register at **Appendix I**. The Risk Workshop Attendees are listed in **Appendix J.**

Whilst this list is comprehensive, in line with relevant business case guidance, the emphasis at IA stage is on the 20% of risks that are likely to account for 80% of the risk value.

These risks have been categorised into the following identified categories:

Risk Categories	**Description**
Business Risks	These are the strategic risks which remain (100%) with the public sector organisation regardless of the sourcing method for the proposed investment. They include political risks.
Service Risks	These are the risks associated with the design, build, financing and operational phases of the proposed investment. Dependent on procurement route they can be shared with business partners and service providers.
External Environmental Risks	These risks affect all organisations regardless of whether they are public or private sector. They include secondary legislation and general inflation.

The lists below include all risks scored 10 or more in the Risk Register. At this stage of IA development pro-active mitigation of these risks has commenced and will be further refined during development of the Outline Business Case. All other risks are included as noted at **Appendix I**. In summary,

Key business risks identified at IA stage include:

- Funding is not available for the delivery of a Hub facility with a subsequent impact on the costs of backlog maintenance, energy costs and facility availability and sustainability

Key Service risks identified at IA stage include:

- Demand for the service does not match the levels planned, projected or presumed (Either exceeds anticipated demand or falls substantially below this)
- The available space for Option 5A may require derogations from relevant design and technical guidance in key areas. Risk is that these may reflect unacceptable compromises -

dependent on Preferred Option

- Failure to implement the project results in a breakdown in the Homecare system due to the current fragility of the rota system which includes lack of early intervention, inadequate support to keep people at home, no Step-Up care, delayed discharges and increasing re-admission rates.
- Failure to implement the new model of care with fully integrated multi-disciplinary teams results in a breakdown of the 24-hour rota system including urgent unscheduled care services and Hospital cover
- Failure to implement the project limits the service ability to deliver the correct interventions when required
- Failure to implement the project will result in continuing challenges in recruitment and retention and ongoing costs for travel for mainland staff cover will continue to escalate.
- Failure to implement the project and provide adequate overnight accommodation for visiting staff will mean that ongoing revenue costs will increase
- Existing lack of affordable and available accommodation poses a major threat to staffing levels and the support of rotas
- Failure to implement a new communications strategy and infrastructure will result in the inability to create a Single Point of Contact.
- Failure to fully engage and maximise the benefits of wider public service inputs
- Failure to address the issues associated with multiple Terms and Conditions will jeopardise the ability to create flexible multi-disciplinary teams
- Failure to reduce the number of GP practice buildings sustains the current pressures on GP's to support 24hr rotas.
- Failure to implement the new model of care in full results in ongoing challenges and issues in delivering 24 hr care
- Failure to ensure that flexibility is built into designs for any new builds results in challenges in the future based on changing models of care
- Failure to undertake activity and capacity modelling across all services results in a model that is over or underutilised.
- Failure to achieve required revenue levels of funding to support the new model of care.
- Risk of losing existing staff when implementing the new model of care.
- Failure to develop common systems delays the implementation of the new model of care.
- Failure to implement the full new model of care after estate rationalisation/new build/disposal
- Failure to ensure the new model of care pro-actively supports self-care, 3rd sector organisations and carers results in ongoing pressures within primary, secondary and social care

Key External environmental risks identified at IA stage include:

- Currently accepted functional suitability compromises, e.g. relating to in-patient wards, become unacceptable, resulting in the need for more widespread change earlier than anticipated.
- Adverse publicity occurs due to an operational issue
- Communication strategy does not consider public perception / consultation feedback / media interest / parliamentary interest / organisational reputation
- The anticipated date for a complete replacement facility is missed, meaning that lifecycle costs utilised in the business case are wrong
- Failure to ensure that the business case provides sufficient detail to inform all regulatory bodies understanding of the new model of care proposed for Arran

- Failure to ensure that the business case presented contains detailed and appropriate costs for construction requirements
- Failure to ensure appropriate transport systems are developed to support the project could result in the continuation of existing issues with bus access resulting in high DNA figures across primary, secondary and social care, ferry & bus combinations on the mainland to facilitate onward travel for patients and no availability of buses or taxis out of hours.
- Lack or unaffordable appropriate land to develop new buildings limits developable options.

These risks, along with their relevant likelihood and impact, along with mitigation strategy and action already taken are summarised in the Risk Register at **Appendix I**.

The Risk Register also assesses the likelihood and impact of risks both prior to and following mitigation using the established NHS Scotland methodology that scores each element on a scale of 1-5 and identifies those risks that are seen as most significant.

Investment Objective	**All mandatory processes and Business Cases are successful and approved to deliver the project within the proposed timescales**
Existing Arrangement	NAHSCP are developing all required business case models in line with current SCIM guidance
Business Need	To deliver the proposed project to support the implementation of the proposed new Model of Care
Potential Scope	The project will deliver a service model and facility that addresses core service delivery and staffing pressures and facility functionality concerns whilst making best use of any existing structurally sound facilities.
Potential Benefits	As identified in the project benefits register (**Appendix D**)
Potential Risks	As identified in the project risk register (**Appendix I)**
Potential Constraints	NAHSCP's challenge to deliver agreement from all relevant stakeholder and partner bodies
Potential Dependencies	Ongoing liaison with all stakeholders to ensure proposed project will deliver the services required
Investment Objective	**All mandatory processes are successful and approved to gain required funding to deliver the project**
Existing Arrangement	NAHSCP does not have the required capital budget to complete the project
Business Need	To deliver a Hub facility that will support all the identified business needs
Potential Scope	The project will deliver a service model and facility that addresses core service delivery and staffing pressures and facility functionality concerns whilst making best use of any existing structurally sound facilities.
Potential Benefits	As identified in the project benefits register (**Appendix D**)
Potential Risks	As identified in the project risk register (**Appendix**

	I)
Potential Constraints	Lack of available and affordable space/site to support a preferred way forward.
Potential Dependencies	Ongoing liaison with all stakeholders and partners to ensure proposed model of care and the proposed new facility can be delivered within the funds requested
Investment Objective	**Implement the new Model of Care to deliver a sustainable and pro-active service to address all patient needs**
Existing Arrangement	The current dispersed and fragile structure of care delivery across all partner groups on the island hampers multi-disciplinary team working and flexible care for all
Business Need	Support more patients at home and manage complex care needs through co-ordinated, co-located and integrated MDT teams who provide a single point of contact across all services
Potential Benefits	The project will deliver a service model that addresses core service delivery and staffing pressures
Potential Risks	The proposed Model of Care does not fully address all current service delivery issues
Potential Constraints	Integration of teams across primary, secondary and social care will be based on colocation and analysis and change of T&C's if required
Potential Dependencies	Agreement across all partners to form the team structures

2.2.2.5 Constraints and Dependencies

Constraints

The parameters (limitations) within which the proposed investment must be delivered have been considered by the Board as an element of IA development and will continue to be reviewed as the project develops. At this stage they have been summarised as:

- The availability of sites/facilities to deliver services at present
- The availability of sites/facilities to support a preferred way forward
- The requirement for services to continue to be delivered throughout any development/construction process
- The "geographic Arran factor" as it relates to programme, costs and procurement challenges
- The limited viable procurement options present
- Funding which will be required in addition to the Board's current capital allocation along with appropriate capital contributions from other stakeholders ie Local Authority

Dependencies

The Board have also considered the actions required of others to ensure that the project is a success. Although these dependencies will continue to be monitored as the project develops, at present they include:

- Agreement with all stakeholders on the proposed model of care
- Agreement with all stakeholders on programme interfaces and phasing
- NHS Ayrshire & Arran, North Ayrshire Health and Social Care Partnership, North Ayrshire Council and Scottish Government approvals processes being completed and appropriate approvals – and funding – being agreed
- Statutory approvals issued through other agencies including warrants, permissions and other approvals required to take forward a preferred option
- An appointed design team generating a preferred option that is able to deliver the benefits required
- Availability/viability of appropriate land available for new build

Where appropriate, these dependencies have also been included in the project Risk Register along with a defined mitigation strategy and summary of actions undertaken to date.
In addition, as suggested in the relevant SCIM guidelines, the Board have also considered dependencies in the context of our developing investment objective template and present these in the amended table below. This confirms that specific dependencies for the project are limited and primarily related to:

- Scottish Government approval
- Availability of funding
- Proposed Model of Care

3 Economic Case

3.1 Stakeholder Involvement

The team on Arran have undertaken extensive engagement with stakeholders beginning in 2015/16 with the Arran Review of Services. The groups that were involved in stakeholder engagement over a substantial period of time include as follows:

Staff
Arran Locality Management team - followed up with staff briefings/meetings/newsletter
Arran Review of Service Steering Group
Transformational Leadership Group
Joint Property Steering Group
Infrastructure Programme Board
Capital Planning and Investment Group
Caring for Ayrshire Programme Board

Public and Users
Arran Elderly Forum
Arran Youth foundations – pupil forum
Arran Economic Group
Arran Locality Community Planning group
Arran Patient and Service User Group
Arran Community Voluntary Service

Groups involved in short listing of options are identified in **Appendix K**

Going forward the team will continue to engage at every step with the community and staff and all other relevant stakeholders to ensure that the project is aligned with expectations and realistic

outcomes.

3.2 Do Nothing/Do Minimum Options

In line with the relevant guidance, a review of a wide-range of historical documents as well as the evaluation and review of a number of on-going processes has identified 8 physical re-configuration options for inclusion on the "long-list" that include operational as well as physical alternatives. These were summarised as:

1. Do nothing
2. GP and community services only
3. Triple Hub
    - A – Retain AWMH
    - B - Replace AWMH
4. Twin hub
5. Single Combined Acute, Primary & Social Care Hub
    - A – Reconfigure and Extend Montrose House
    - B – New Build/Site
6. Single secondary and social care hub only

A description of each of these preliminary options along with the main advantages and disadvantages associated with them follows.

1. Do Nothing: The Status Quo	
Heading	**Rationale**
Description	Maintain existing disparate residential home, hospital, GP, community and social care services within existing facilities
Main Advantages	Requires no change. Requires no additional investment. Provides an opportunity to do something different at a later date To make alternative use of Montrose House.
Main Disadvantages	Maintains disparate teams. Does not bring all health and social care beds together. Does not address service sustainability issues. Does not address building issues. Under-utilisation of Montrose House continues. Could lead to a failure of 24-hour care system. Does not support full implementation of partnership integration. Clients continue to experience geographically disjointed services with multiple contacts.
Conclusions	This option will be carried forward regardless of the Options Assessment in order to provide a benchmark for value for money through the appraisal process.
2. GP and community services only	
Heading	**Rationale**

Description	Maintain existing disparate residential home, GP, community and social care services within existing facilities – do not re-provide hospital services
Main Advantages	No capital costs required. Revenue Savings from hospital operational use and elimination of backlog maintenance. Frees up staff from providing inpatient and treatment on a 24hr basis. Potential to re-invest revenue savings into additional community services. Potential to fully utilise Montrose House.
Main Disadvantages	No Inpatient Hospital provision. Requires alternative urgent unscheduled care services model. Under-utilisation of Montrose House continues. Increased risk to patient safety. Increased revenue requirement to support all patient transfers. Potential loss of staff i.e. multi skilled staff seeking posts on mainland. May lead to failure of 24-hour care system.
Conclusions	Having no Hospital facility on the island will necessitate all medical and urgent unscheduled care patients being transferred to the mainland for treatment with the resultant pressures on maintaining patient safety, clinical care and increased patient travel costs.
3a. Triple hub retaining AWMH	
Heading	**Rationale**
Description	Maintain residential home within existing facility. Re-provide GP, community and social care services within a new, separate, primary care hub. Retain existing AWMH
Main Advantages	Brings elements of health and social care teams together in a new primary care hub. Supports primary care re-design. Reduces new build requirements. Future Expansion of GP/Social Care hub to include additional elements if required. To make alternative use of Montrose House.
Main Disadvantages	Retains all issues/challenges associated with AWMH. Does not bring all health and social care beds together. Does not address service sustainability issues. Under-utilisation of Montrose House continues. May fail to obtain required capital funding for GP/Social Care hub. Additional revenue funding required to maintain existing AWMH building. May lead to failure of 24-hour care system. May fail to identify a suitable site for new build.

	Potential for abnormal development costs for any site obtained.
Conclusions	While this option makes progress towards the establishment of integrated and collocated teams it addresses none of the existing clinical functionality and backlog maintenance issues associated with the retention of AWMH or the sustainability issues associated ith multiple 24 hour service delivery locations
3b. Triple hub replacing AWMH	
Heading	**Rationale**
Description	Maintain residential home within existing facility. Re-provide GP, community and social care services within a new, separate, primary care hub. Re-provide acute facilities within a new, separate secondary care facility
Main Advantages	Brings elements of health and social care teams together in a new primary care hub. Supports primary care re-design. Addresses all current buildings issues associated with old AWMH. Potential for future Expansion of GP/Social Care hub if required. Future flexibility built in to new hospital facility. To make alternative use of Montrose House.
Main Disadvantages	Builds 2 new but separate health facilities. Does not bring all health and social care beds together. Does not address service sustainability issues. Under-utilisation of Montrose House continues. May fail to obtain capital funding required May fail to identify multiple suitable sites for new builds. Potential for abnormal development costs for any sites obtained.
Conclusions	This option does make progress with the implementation of the new model of care establishing co-located and integrated teams but does not support bringing all beds together to provide flexible support for 24hr rota's
4. Twin hub	
Heading	**Rationale**
Description	Maintain residential home within existing facility. Re-provide hospital, GP, community and social care services within a new, separate, primary & secondary care hub
Main Advantages	Brings elements of health and social care teams together in a new "health hub" including primary and acute care. Supports healthcare re-design. Address all current health building related issues Potential future expansion of "health hub" to include care home at a later date.

	Potential to make alternative use of Montrose House.
Main Disadvantages	Does not bring all health and social care beds together. Does not address service sustainability issues associated with 24 hr bedded care. Under-utilisation of Montrose House may continue. May fail to obtain capital funding required Potential to fail to identify suitable site for new build Potential for abnormal development costs for any site obtained.
Conclusions	This option does not fully address all the issues identified in the business case but delivers on a substantial element of those

5A. Single Combined Acute, Primary & Social Care Hub – Reconfigure/Extend Montrose House

Heading	**Rationale**
Description	Reconfigure and extend Montrose House to bring together hospital and residential home beds plus GP, community and social care services into a single, integrated service delivery model and single physical "hub" facility
Main Advantages	Brings all health and social care teams and services together in a new "hub". Supports overarching health and social care re-design. Addresses all current health building related issues. Fully supports the new Model of Care. Optimises service sustainability. Improves utilisation of Montrose House Could support more widespread service integration as appropriate. Provides the opportunity to flex staff across hospital and Care beds.
Main Disadvantages	Requires new models of care to realise sustainability, e.g. Combined rotas. May not provide sufficient space for future expansion if required. Existing footprint may lead to design compromise. Access may be challenging. Could be disruptive to Montrose House residents. Requirement to agree changes with NAC could identify unforeseen issues. Potential failure to complete land transaction. Cost of potential ground remediation. Potential failure to agree service changes with regulatory bodies, e.g. The Care Commission. Potential failure to obtain capital funding required.
Conclusions	This is a strong model which would bring all beds together on one site allowing for flexibility in staffing and bring all Primary and Social Care staff together to fully support the integration of a multi-disciplinary team. However this option requires an agreement with North Ayrshire

	Council, could compromise some design elements and Arran War Memorial Hospital would require to be disposed of.
5B. Single Combined Acute, Primary & Social Care Hub – New Build/Site	
Heading	**Rationale**
Description	Build a new facility to bring together hospital and residential home beds plus GP, community and social care services into a single, integrated service delivery model and single physical "hub" facility
Main Advantages	Brings all health and social care teams and services together in a new "hub". Supports overarching health and social care re-design. Addresses all current health building related issues. Fully supports the new Model of Care. Optimises service sustainability. No design/space compromise. Potential to support more widespread service integration as appropriate. Potential to flex staff across hospital and Care beds. Potential to support wider public/ urgent unscheduled care services integration. e.g. Police and ambulance. Potential to make alternative use of Montrose House.
Main Disadvantages	Likely to be the most expensive option. Requires a new site. Very limited suitable sites on Arran. Likely to take longer to realise. Leaves Montrose House – a new facility – vacant. Potential failure to obtain required capital funding. Potential failure to secure suitable site. Potential for abnormal development costs for any site obtained.
Conclusions	This is a strong model which would bring all beds together on one site allowing for flexibility in staffing and bring all Primary and Social Care staff together to fully support the integration of a multi-disciplinary team. Arran War Memorial Hospital and Montrose House would require to be disposed of.
6. Single secondary and social care hub only	
Heading	**Rationale**
Description	Bring together GP, community services and existing care home beds) into a single, integrated service delivery model and hub. (Don't re-provide hospital services
Main Advantages	Brings elements of health and social care teams together in a new primary and social care hub. Supports primary and social care re-design. Reduces new build requirements. Improves utilisation of Montrose House – the assumed venue.

	Frees up staff from providing inpatient and urgent unscheduled care treatment on a 24hr basis. Potential re-investment of revenue savings to provide additional community services.
Main Disadvantages	No Inpatient Hospital provision. Requires alternative urgent unscheduled care model. Could be disruptive to Montrose House residents. Potential failure to obtain required capital funding. Increased risk to patient safety. Increased revenue requirement to support all patient transfers. Potential loss of staff i.e. multi skilled staff seeking posts on mainland. Potential failure of 24-hour care system.
Conclusions	Having no Hospital facility on the island will necessitate all medical and urgent unscheduled care patients being transferred to the mainland for treatment with the resultant pressures on maintaining patient safety, clinical care and increased patient travel costs.

3.3 Service Change Proposals

Services in Arran will be re-designed so that Hospital Care, Primary Care, Community Care and Urgent Unscheduled Care services will be sustainable and can be delivered on Arran now and in the future. In order to achieve this existing services must be redesigned to create the flexibility, colocation and integration of existing providers.

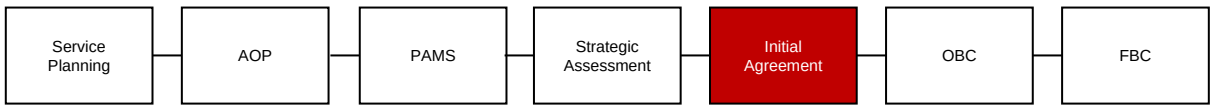
The Arran Service Review created a vision for a "new model that increases support for an ageing population with increasing multi-morbidity, delivered by an enhanced and extended multi-disciplinary team that are truly integrated and co-located. This will result in a more responsive service resulting in fewer admissions and reducing delays in discharge with re-establishment of independent living in a person's own home, wherever possible."

This new service will include:

- Single Management Structure
- Single Team
- New Model of Care
- Single Care Record
- Single Point of Contact - SPOC
- Hub

The creation of a Single Point of Contact, flexible roles within fully integrated MDT's will provide the basis to address the current pressures on GP services, Community Nursing, Care at Home and OOH's and Unscheduled care by providing the right care at the right time in the right location for all service users.

Meeting the needs of the local community and providing care by a range of staff with generic skills in their own homes or in homely settings is another key aim of the new model. This will require transformational change across services and will tackle issues of silo working, break down old interfaces and empower self managed teams to deliver a joined up service.



To underpin this approach we will develop a single IT and telephone system which will support a single care record and therefore enable multi-disciplinary assessment to be made through a Single Point of Contact (SPOC). This will enable greater coordination of care and flexibility, which is crucial for maximising service delivery.

In addition, we propose to reduce the number of sites that services are currently delivered from, this will enable centralisation of services and at the same time address the inadequacy of some sites, and associated costs of running multiple sites.

There will be an opportunity for partners: Scottish Ambulance Service, Police Scotland, pharmacy and the third sector to engage in the new model of care and to collocate and integrate with the model where appropriate.

The new model will provide a real and effective alternative to unnecessary hospital admission, facilitate early supported discharge and to support people to be as independent as possible and led the life they want in their home or homely setting.

It is anticipated that this will reduce the length of stay in hospital beds from an average of 9 days to at least an average of 7 days and provide more care at home will significantly reduce the cost to health and social care services in purchasing long term care beds.

In addition, there will be an increase in capacity as well as services working 7 days per week. The new model will address the balance of step-up and step-down services to meet local need and reduce pressure from unnecessary admission to the acute hospitals.

3.4 Options Appraisal

NHS Ayrshire & Arran considered a range of key Critical Success Factors for each option identified, in line with the Govt's preferred 'Five Case Model' as an element of its consideration of the available options - as relevant to the IA phase – and these summarised in the tables below.

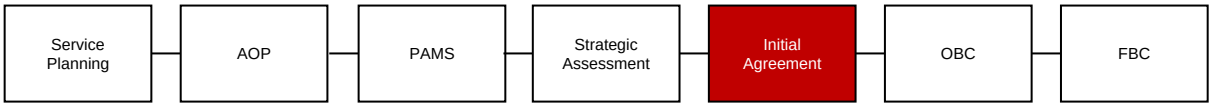
Key CSF's	**Broad Description**
Strategic fit and business needs	How well the option: • meets agreed investment objectives, related business needs and service requirements • provides holistic fit and synergy with other strategies, programmes and projects.
Potential VFM	How well the option: • Maximises the return on the required investment (benefits optimisation) in terms of economic, efficiency, effectiveness and sustainability • Minimises associated risks
Potential Achievability	How well the option: • Is likely to be delivered in view of the organisation's ability to assimilate, adapt and respond to the required level of change • Matches the level of available skills which are required for successful delivery

Supply-side capacity & capability	How well the option: • Matches the ability of the service providers to deliver the required level of services and business functionality • Appeals to the supply side
Potential affordability	How well the option: • Meets the sourcing policy of the organisation and likely availability of funding • Matches other funding constraints

Options Assessment

An Options Assessment was undertaken by stakeholders on Wednesday 16th January, 2019 that looked at each option in more detail and this has provided the basis for the short-listing process as intimated in relevant SCIM guidance is summarised in the table below. Details of the attendees is contained in **Appendix K**

Option	**1**	**2**	**3a**	**3b**	**4**	**5A**	**5B**	**6**
Description	Do Nothing	GP and community services only	Triple hub retaining AWMH	Triple hub replacing AWMH	Twin hub	Single Combined Acute, Primary & Social Care Hub – Montrose House	Single Combined Acute, Primary & Social Care Hub – New Build	Single secondary and social care hub only
Scoping Options	Discount	Discount	Discount	Discount	C/F More	Preferred	Preferred	Discount
Service Solution	Discount	Discount	C/F Less	C/F Less	C/F Less	C/F More	Preferred	Discount
Service Delivery	Discount	Discount	C/F Less	C/F Less	C/F Less	Preferred	Preferred	Discount
Implement ation	Discount	Discount	C/F More	C/F More	C/F More	C/F More	C/F More	Discount
Funding	Discount	Discount	C/F More	C/F Less	C/F Less	Preferred	Preferred	Discount



3.5 Indicative Costs

There is a requirement at IA stage to provide indicative prices for each of the short-listed options. This has been done by North Ayrshire Health and Social Care Partnership with the support of the services of an appointed Cost Advisor, Currie & Brown.

At this stage in the process, their costs for Option 4, 5A, 5B are based upon the early version of the Schedule of Accommodation created following discussion and consultation with relevant stakeholders and block diagrams used as indicative potential options as well as the programme plan developed in support of the project. The Schedule of Accommodation used is attached in **Appendix L**

The costs for Options 4, 5A and 5B (Twin Hub new build/Montrose House reconfigure and extend/New Build) at this early stage are based on current health developments that are similar to the new hub facility irrespective of eventual solution and site options. This is deemed wholly appropriate as the facility(s) have a similar footprint (at least in terms of the services delivered).

This approach has also been supported by the Board's appointed healthcare planners, who have experience of the development of other similar health facilities and who, on balance, believe this is a more appropriate methodology.

The following assumptions from Currie & Brown apply to each of the options and include:

- Rates inflated using TPI as MIPS and PUBSEC no longer in use – TPI based on 2Q 2010 at 218 and 2Q 2020 at 354
- Location factor based on 15% Arran factor
- Allowance included for circulation and plant
- Abnormal (incl. 15% external works, 5% BREEAM and section 6 compliance, 5% SHTM compliance) assumed at 25%
- Assumed Tender inflation from 2Q 2020 to 2Q 2022
- Assumed construction inflation from 2Q 2022 to 2Q 2023
- Includes 17% Optimism Bias
- Excludes Client Direct costs (e.g. Land etc.)
- Excludes Clinical Services costs
- Excludes Non-Clinical Operating costs
- Excludes Net Contribution costs
- Excludes Transitional costs
- Excludes Externalities
- Excludes enhancements to standard design
- Excludes demolition, asbestos, contaminated material and decant costs
- Excludes dealing with Japanese knotweed or similar
- *VAT* is deemed to be non-recoverable until the project has been reviewed by the Boards VAT advisors
- Lifespan of the building is 60 years
- Based on draft Schedule of Accommodation V6 dated 18/3/19

The indicative costs associated with the short-listed options are summarised in the table below and attached in detail at **Appendix M (i)** and Life Cycle Costs at **Appendix M (ii)** and NPV calculations at **Appendix M (iii)**

Costs in £millions	Option 1. Do Nothing	Option 4 Twin Hub	Option 5A Single/Montrose	Option 5B Single/New Build
Capital cost (or equivalent value)	**Circa £7.1m**	**Circa. £30.10m**	**Circa. £28m**	**Circa. £39.70m**
Whole of life capital costs	Low- £23,956,000 High - £27,018,000	Low - £15,785,000 High - £19,543,000	Low - £10,335,000 High - £12,796,000	Low - £14,137,000 High - £17,503,000
Whole of life operating costs	N/A	£0.87m	£0.72m	£1.27m
Estimated Net Present Value of Costs	N/A	£30.93m	£26.97m	£42.95m

3.6 Assessment of Short Listed options

In consideration of all of the issues, business needs, risks, opportunities, inter-dependencies and other relevant considerations, the options short-listed for consideration at IA stage are therefore:

Option 1. Do Nothing (The Status Quo): Continue to deliver services in the same way from existing facilities without change.

Option 4. Descriptor Twin Hub - Maintain residential home within existing facility. Re-provide hospital, GP, community and social care services within a new, separate, primary & secondary care hub

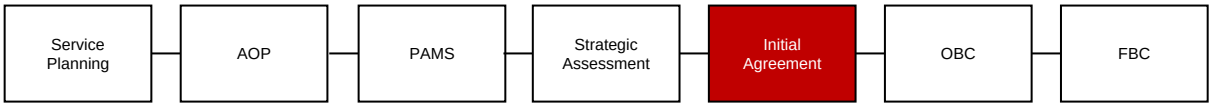
Option 5A - Single Combined Acute, Primary & Social Care Hub – Reconfigure/Extend Montrose House -Reconfigure and extend Montrose House to bring together hospital and residential home beds plus GP, community and social care services into a single, integrated service delivery model and single physical "hub" facility

Option 5B - Single Combined Acute, Primary & Social Care Hub – New Build/Site - Build a new facility to bring together hospital and residential home beds plus GP, community and social care services into a single, integrated service delivery model and single physical "hub" facility

3.7 Preferred Strategic Service Solution

The Board has assessed the potential business scope and the associated service requirements to the project in terms of a continuum of business needs, ranging from "core" (minimum) requirement through "core plus desirable" (intermediate) requirement to "core plus desirable plus optional' (maximum) requirements. This is in line with identified best practice.

At this stage, core denotes 'the things that we must have'; desirable 'the things that we are prepared to consider on a cost/benefit basis'; and optional 'the things we that we might accept' providing they are exceptionally low cost.



Sustainability priorities should typically fall into the first, 'core' category, as they should have been justified environmentally, socially and economically.

These business needs have been summarised as shown below.

	Minimum	**Intermediate**	**Maximum**
Potential business scope	Restructure teams and services, if and where possible, to better support 24hr rotas for essential services (community services, urgent unscheduled care services and inpatient beds, primary care, residential care), accepting that what has already been done in terms of changes to service and practice have largely already achieved the small amount possible.	Establishment of a single Hub to bring all Primary, Secondary and Social Care staff together in integrated and flexible multi-disciplinary teams	Establishment of a single site that provides the ability to flex staff across Inpatient and residential care beds and also supports full integration and co-location of MDT's
	Continue current	Achieve efficiency within administration and support services to streamline care and better meet the expected rise in need.	A fully integrated and flexible admin and support team under single management
	Significantly Increase the capacity of community care by collocating services so that more efficient staffing/rotas will allow a move of staff from bedded facilities to community roles.		
	Within current restrictions attempt to facilitate a workforce model that is realistic in the face of a shrinking working age population and rising need.	Deliver sustainable overnight rotas with staff able to flexibly work between community, inpatient and residential care. Develop hybrid roles and multidisciplinary working.	
Key Service Requirements	Reduction in sites for the delivery of Primary and Social Care	Reduction in sites for the delivery of Primary and Social Care	Reduction in sites for the delivery of Primary and Social Care

	Explore any ways to provide a more sustainable model within the confines of disparate bases and uncoordinated service delivery Mitigate, where possible, the current clinical functionality issues within AWMH	Formation of collocated, integrated and flexible multi-disciplinary teams to support 24 hr care Replacement of AWMH Creation of a Single Point of Contact Creation of a single communication system Creation of a Single Record	Formation of collocated, integrated and flexible multi-disciplinary teams to support 24 hr care Replacement of AWMH with collocated beds from Montrose House Creation of a Single Point of Contact Creation of a single communication system Creation of a Single Record

There will be a phased approach to the introduction of the New Model of Care over the next two to three years whilst the SCIM proposals are taken forward and we move towards the new Arran Integrated Service Model. This will involve reconfiguration of existing services and sites in a stepped approach to transforming island services. The phased approach has two key components the development of a "mini hub" for unscheduled care and the introduction of a complex care MDT team delivering care in the individuals own home. Alongside these changes to service delivery will be enable work streams for introduction of a Single Point of Contact, Single Care record and IT.

3.8 Design Quality Objectives

NAHSCP is required to follow SCIM requirements for the NDAP process in the implementation of Capital projects.

NAHSCP's approach is to achieve good design to support cost effective and future proof facilities that improve the patient experience. This can be achieved through good, cost effective design within its built environment and is committed to improving the quality of life for people who use its premises as patients, staff, visitors and the local community by enhancing and creating buildings and spaces that are healthy for present and future generations and environmentally sustainable.

NAHSCP wishes to get maximum benefit from its investments in healthcare facilities. The design of this redeveloped facility and its environment should promote best working practice, be welcoming and accessible to people from all walks of life and all abilities, and generate a sense of wellbeing, belonging, and place to all who use it. The building quality and materials should optimise whole life value and seek to minimise the environmental impact of the development and enhance the wellbeing of users.

A Design Statement has been prepared for this Initial Agreement stage to support the design assessment process which will take place at the Initial Agreement, Outline Business Case and Full Business Case stages of approval. This requirement is mandated through NHS CEL 19 (2010) and supported by the Scottish Government's Policy on Design Quality for NHSScotland. The Design

Statement is included in **Appendix F.**

The core objectives that have to be met by the new Hub Facility project are:

- To facilitate those specific aspects of the new Model of Care in the creation of integrated and co-located teams which will deliver efficient and multi-disciplinary services seamlessly for all service users.
- To support the development of new sustainable rotas that will provide 24h hour coverage by the most appropriate team members.
- To support the new team structures with innovative digital access across all partners.
- To support the "Single Point of Contact" for all service users with new protocols and processes to direct care in the most effective way.
- To replace the existing accommodation which will improve access to services, patient flow and efficiency.
- To reduce the risk to the health and safety of users, both staff and patients through improved facilities incorporating better segregation and staff and patient facilities.
- To ensure the new Hub is delivering care from a facility which is more compliant with legislative, statutory and sizing guidance requirements.
- To provide equality for all patients.
- To enable inpatient, outpatient and unscheduled care services can be delivered more effectively according to clinical needs and not constrained by availability of current clinical facilities.
- To provide staff with a working environment conducive to delivering the best health care and aiding recruitment and retention.
- To provide the new Hub with the physical capacity to modernise services, optimise patient flows, staff skills and respond to anticipated local population health needs.
- To deliver facilities in line with the aspirations as set down in the project Design Statement.
- To support the design development through the use of the Design Statement in conjunction with AEDET reviews at each stage.

As part of the project development, an AEDET assessment, independently facilitated, was carried out by a group of stakeholders on the existing facilities relative to the Design Statement.

On the advice of HFS, the AEDET Benchmark scoring was progressed on the basis of a review of all the island facilities proposed to be replaced as per the Options being taken forwards. As the retention of NAC's Montrose House Care Home facility is a key component of both Options 4 (Twin Hub with Montrose House retained and replacement facilities for AWMH, Brodick, Lamlash and Lochranza) and 5a (as Option 4 but with replacement facilities as a new extension to Montrose House to create a combined single hub), two AEDET Benchmark scores were done – one without Montrose (effectively to cover Option 5b – single hub replacement facility for AWMH, Brodick Lamlash, Lochranza and Montrose House) and one with it included (as per Options 4 and 5a).

The resultant AEDET Benchmark and AEDET Target outputs are presented in **Appendix G.**

The delivered project will also be specified to comply with relevant statutory and design and technical guidance documentation. Any proposed derogations from guidance will be reviewed as appropriate and accepted or not and with a clear audit trail of decision-making being required at every stage. Guidance will be sought from HFS as required. Documentation will be specified generally on the basis of the following table.

Mandatory Requirements	

Design and Technical Guidance	
NHSScotland policy letters (DLs,CELs, CMOs)	Scottish Government: Health and Social Care; Chief Medical Officer directorates
Scottish Health Planning Notes (SHPN)	Health Facilities Scotland
Scottish Health Facilities Notes (SHFN)	Health Facilities Scotland
Scottish Health Technical Memoranda (SHTM)	Health Facilities Scotland
Health Building Notes (HBN)	Dept of Health (England)
Health Technical Memoranda (HTM)	Dept of Health (England)
Health Facilities Notes (HFN)	Dept of Health (England)
Other relevant design and technical guidance in support of the above or additional to it may be incorporated as relevant.	Procurement and Construction Policy note: NB: Construction quality in particular. HSE and other Health and Safety guidance CIBSE BRE Sustainability design and specification guidance. Dementia design and specification guidance. Others
Statutory Requirements	
	Planning permission Building Regulations compliance Equality Act compliance Health and Safety Executive (HSE) compliance Construction (Design and Management) Regulations compliance
Other Mandatory Requirements	
	Activity Data Base (ADB) Achieving Excellence Design Evaluation Tool (AEDET) – As noted above.http://www.dh.gov.uk BREEAM Healthcare – as noted

In addition NHSA&A have identified sustainability objectives that the project must deliver against and based on the core driver to deliver a new model of care and replace the existing accommodation in order to improve access to services, patient flow and efficiency, the sustainability objectives for the project are:

- To provide patients with a sustainable service in a fit for purpose and patient centred environment.
- To provide an environment that is sustainable in responding to different patient groups specific needs.
- To provide staff with a working environment conducive to delivering the best health care in a sustainable environment that also supports the long-term sustainability of the workforce in supporting recruitment and retention.
- To provide an easily maintained facility with good quality finishes and materials.
- Where feasible, to set criteria and standards surpassing those required by current regulations
- To challenge the market to provide innovative solutions that minimise the environmental

impact of buildings
- To raise the awareness of the benefits of buildings with a reduced impact on the environment
- To support NHS Ayrshire & Arran's and North Ayrshire Council's progress towards corporate environmental objectives
- To provide staff with digital technology that supports Agile working and overall productivity

The sustainability strategy for the project has included a review of compliance with CEL19(2010) based on all new build above £2m are required to obtain a BREEAM Healthcare/ or equivalent 'Excellent' rating.

Based on the above requirement and given that the project is for a new facility, it is considered that BREEAM is required. This will be reviewed early in OBC stage in collaboration with Health Facilities Scotland and Architecture and Design Scotland and a pre-assessment will be carried out.

The following checklist will be used for the project based on BREEAM requirements:

- Commissioning
- Health and wellbeing
- Daylight
- Occupant thermal comfort
- Accoustics
- Indoor Air and Water quality
- Lighting
- Energy
- Transport
- Water
- Waste
- Pollution
- Land use and ecology
- Materials

4 Commercial, Financial and Management Cases

4.1 Commercial Case

4.1.1 Procurement Route likely for Preferred Solution

Contractor procurement will have more challenges due to the scale of the project and the geographical uniqueness of the island of Arran. When the final assessment of procurement is undertaken any lessons learned from other island developments will be taken account of where available.

A review has been carried out of potential contractor procurement and this will be reviewed again at OBC stage.

The procurement routes being considered will include:
- Frameworks Scotland 2 – Major contractors will likely sub-contract works locally due to geography and project scale.
- Hub South West – Public/Private Partnership covering South West Scotland

- Scape – Active in the north region and islands generally.

At this stage no final decision has been made on a specific procurement route however it is likely that the preferred procurement option for contractor would be to use Hub South West subject to NHSScotland and Scottish Government endorsement and project fit – geography and scale.

Key elements of this IA have been supported through Hub South West Strategic Support Services by Higher Ground Health + Care Planning (Healthcare planners) supported by Core Associates (Architectural & Design consultants) and Currie and Brown (Cost Advisers). Up to now project management has been led by NHS Ayrshire & Arran.

HGHCP have supported strategic work relating to scenario planning and key elements of the business case process including option development and analysis as well as supporting workshops to determine the project risks and benefits. They have also worked with the wider advisor team with inputs in respect of facilities (Core Associates) and costing (Currie and Brown). It is planned that similar inputs are provided moving forwards.

Consultant advisor appointments moving forward will be made as required. These consultant advisors will be appointed on a stage by stage basis through to Post Project Evaluation.

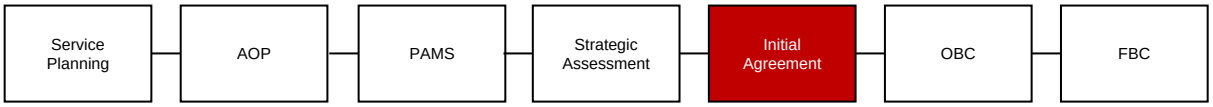
4.1.2 Procurement Timetable

A high-level programme for the project has been compiled by the Board that considers all required planning activities/timescales, approvals/business case and construction elements. This includes estimated timescales for the further submission of Outline Business and Full Business Case's required to deliver the preferred way forward whilst ensuring service continuity and is presented as **Appendix O**.

This programme will be kept under continual review and modified/updated/enhanced as appropriate as the project moves forward.

Key dates in the overall Programme include:

Activity	Completion / Target Dates
NHS A&A, NAHSP & NAC Approvals Complete Integration Joint Board meeting Infrastructure Programme Board Caring for Ayrshire Programme Board Corporate Management Team Performance Governance Committee NHS Board meeting	30th August 2019 20th June, 2019 8th July 2019 21st August 2019 17th September 2019 10th October 2019 2nd December 2019
Initial Agreement submission to Scottish Government Capital Investment Group	11th December 2019
Initial Agreement considered at Scottish Government Capital investment Group	10th February 2020
Initial Agreement re-formatted and updated	May 2020
Infrastructure Programme Board	6th July 2020
Caring for Ayrshire Programme Board	8th July 2020
Performance Governance Committee	30th July 2020
NHS Ayrshire & Arran Board	17th August 2020
Scottish Government Capital Investment Group	September 2020



Taking account of the Covid-19 Pandemic and its impact on all services, the remaining timetable has been adjusted to incorporate not only the actual delays through the first half of 2020 but also acknowledges the likelihood that other activity and engagement going forward in developing the OBC will take longer to allow for ongoing social distancing etc. These dates will be reviewed on an ongoing basis and adjusted where required.	
OBC Commences	September 2020
OBC complete	June 2021
Governance	June – September 2021
FBC Commences	September 2021
FBC complete	May 2022
Construction commences	June 2022
Construction complete	June 2024/5

4.1.3 Scope of Services & Works

Any required physical elements of the solution(s) will be delivered by hub South West Ltd, in conjunction with their construction and design team supply chain. Hub South West Ltd will be responsible for providing all aspects of the design and construction to comply with the Board's required schedule of accommodation, construction requirements, and clinical output specifications.

Soft facilities management services (such as domestic, catering, portering, portable appliance testing and external grounds maintenance) will be provided by NHS Ayrshire & Arran. Hard facilities management services (such as security, planned and preventative maintenance and lifecycle replacement) will also be provided by NHS Ayrshire 7 Arran.

Group 1 items of equipment, which are generally large items of permanently installed plan or equipment will be supplied and installed by hubCo. Future maintenance and replacement will be by NHS Ayrshire & Arran, subject to any items requiring rectification within the defects liability period.

Group 2 items of equipment, which are items of equipment having implications in respect of space, construction and engineering services, will be supplied by NHS Grampian, installed by hubCo and future maintained by NHS Ayrshire & Arran Board.

Group 3-4 items of equipment are supplied, installed maintained and replaced by NHS Ayrshire & Arran.

4.2 Financial Case

NHS Ayrshire and Arran have submitted financial plans to Scottish Government in line with issued guidance from the Scottish Ministers. This plan shows the Board reaching a breakeven position at the end of year three. Current forecast for end of Year 1 (19/20) is an overspend of £14.75m.

Scottish Government have provided funding to assist in completing the Initial Agreement for submission to SG. Future funding is expected as a result of the bid progressing through the SCIM process to the SG Capital Investment Group.

4.2.1 Affordability

North Ayrshire Health and Social Care Partnership recognises the importance of a sustainable and balanced financial plan and the impact this can have on the ability of the Integrated joint Board to sustain the quality of services offered to the local population.

NHS Ayrshire and Arran has, for a number of years, needed to make efficiency improvements over and above the National 3% target to achieve financial balance, provide investment to sustain local services and to address ongoing pressures such as the requirement of short-term locums in both primary and secondary care. Achieving these efficiency improvements on a recurrent basis continues to be a significant challenge especially in clinical areas where a number of services operate on de minimis staffing levels.

The Board's immediate focus has been on developing recurrent proposals for 2019-20 to bridge the in year gap.

Currently the project would require the use of Capital Resource funding made available by SG, as other funding routes are not currently available. Revenue consequences will be fully identified in the Outline Business Case which will require support and approval from the NHS Board.

4.2.2 Capital Costs

A high level capital cost appraisal has been prepared and is presented in the table below showing the options shortlisted for this proposal

DIRECT CAPITAL COSTS FOR RE-PROVISION OF SERVICES				
		Proposed	Proposed	Proposed
		Solution 1	Solution 2	Solution 3
	Do Nothing	(Option 4)	(Option 5A)	(Option 5B)
New Build Square Metre	2,035	3,360	2,752	4,488
Refurbishment Square Metre			529	
	£	£	£	£
CAPITAL COST ANALYSIS				
Building	0	9,808,737	9,008,936	12,898,405
Year 0 - 20 Backlog Maintenance	5,368,835	0	0	0
Communication Areas	0	891,347	870,357	1,190,558
Plant	0	1,134,442	1,107,727	1,515,255
Furniture, Fixtures and Equipment	0	1,183,453	1,098,702	1,560,422
Legal/Technical/Financial Advisers	536,884	2,281,188	2,117,825	3,007,822
Optimism Bias	0	2,766,321	2,568,216	3,647,486
Abnormals @35%	0	3,254,495	3,021,431	4,291,160
Assume Inflation - Tender/Construction	0	3,773,085	3,502,883	4,974,938
VAT	1,181,144	5,018,613	4,659,216	6,617,209
TOTAL CAPITAL INVESTMENT	**7,086,862**	**30,111,681**	**27,955,294**	**39,703,255**

The options identified indicate capital funding for circa £25m to £35m, dependent on eventual preferred option, investment presented in this Initial Agreement must be seen in the context of this global spend as:

- A modest (in national terms), highly effective investment - representing otherwise essential expenditure - that will strengthen Health and Social Care provision on Arran whilst dramatically improving the quality and lifespan of the clinical environment required to support it
- An investment in a new Model of Care supported through integration that is supported and underpinned by local, regional and national planning

- An investment that will, in recognition of the impact of service re-design/transformation in a local and regional context, target spend on areas that represents an increasing element of local service provision.
- An investment that will replace the Arran War Memorial Hospital, ensuring that it is able to deliver the full range of acute care required in Arran and will bring inpatient provision for Health and Social Care together.
- An investment that has a local impact on backlog maintenance but provides a functional and flexible acute hospital on Arran for the future.
- An investment that will allow the closure of some facilities to reduce the number of delivery locations and support the implementation of the new Model of Care.

4.2.3 Revenue Costs

Indicative Revenue costs are shown in the table below.

NON CLINICAL REVENUE COSTS FOR RE-PROVISION OF SERVICES						
			Current/ Do Nothing	Proposed Solution 1 (Option 4)	Proposed Solution 2 (Option 5A)	Proposed Solution 3 (Option 5B)
New Build Square Metre			2,035	**3,360**	**2,752**	**4,488**
Refurbishment Square Metre					**529**	
			£	**£**	**£**	**£**
ANALYSIS OF NON-CLINICAL COSTS						
Catering		Presume Same patient numbers no additional cost	84,978	84,978	84,978	84,978
Rates		£36 per m² New	30,360	120,960	99,000	161,568
Energy		£30 per m² New (Assumed no Income)	43,761	100,800	82,560	134,640
Domestic		£45 per m²	119,781	151,200	123,840	201,960
Maintenance		£29 per m² New	25,930	97,440	79,810	130,152
Portering		£12 per m² New	38,462	40,320	33,027	53,856
Laundry			8,800	8,800	8,800	8,800
Capital Charges	Depreciation (based on 50 years new/10 years Equipment) 4/5A/5B		78,949	715,845	664,581	943,866
TOTAL RUNNING COSTS FOR NEW PROJECT			**431,021**	**1,320,343**	**1,176,596**	**1,719,820**
CURRENT COSTS FROM EXISTING COSTS SHEET			0	454,923	454,923	454,923
ADDITIONAL RECURRING COSTS			**0**	**865,420**	**721,673**	**1,264,897**

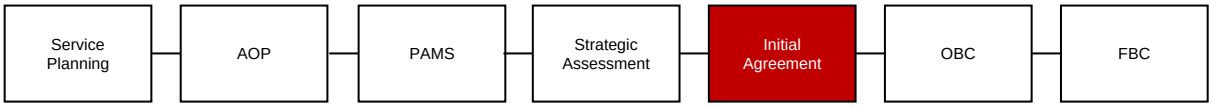
4.2.4 Disposal of Assets

Dependent on the outcomes of further project development it is anticipated that there will be a number of properties becoming surplus to requirements and therefore disposals would be undertaken related to the eventual service solution.

These include:

- Arran War Memorial Hospital (AWMH)
- Brodick Health Centre
- Lamlash Medical Centre
- Lochranza Surgery (Branch Surgery)

As a result of market conditions, it is currently NHS A&A's policy not to factor in any asset sales into its financial plans until sales are guaranteed. Therefore this IA does not make any assumption that



disposal of surplus sites can contribute to funding any development. Any resulting sales of existing properties could hopefully be re-invested into key estate priorities.

It is however important to note that the property market on Arran remains buoyant and it is likely that capital receipts can be obtained against the planned disposals.

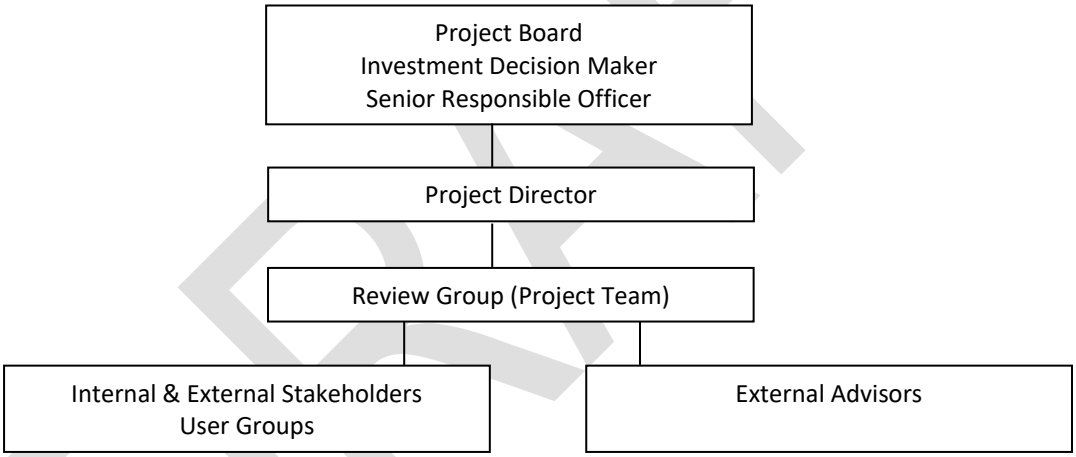
4.3 Management Case

The project will continue to be managed using the existing Review Group established on Arran. This team have both internal and external stakeholders, patient and service user representation, along with external stakeholders. As work progresses additional support will be made available from specific teams across the various partners. In particular, Capital planning, Business support, Estates, Finance and HR.

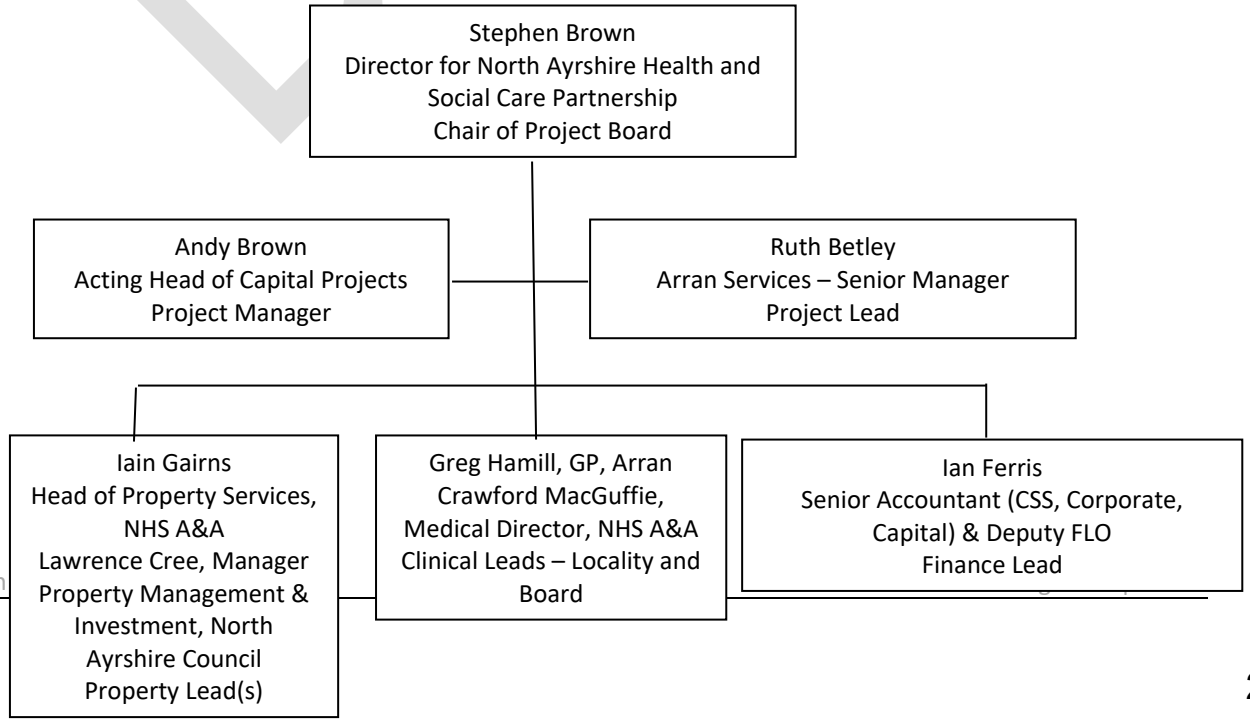
The work of the Review Group is overseen by the Project Board as part of the overall Governance requirements.

4.3.1 Project Governance

The work of the Review Group is overseen by the Project Board as part of the overall Governance requirements. The structure is shown below:



Key members of the Review Group are shown in the diagram below.



Other Project Team Members
Ailsa Weir, Senior Charge Nurse, AWMH, NHS A&A
Vicki Yuill, Chair, Locality Partnership
Colin Adams, Social Services team Leader, North Ayrshire Council
Christine Stewart, Community Nursing Team Leader, NHS A&A

4.3.2 Roles and Responsibilities

Overall terms of responsibility will include:

ROLE	RESPONSIBILITY
Investment Decision Maker(s)	Collective and final responsibility for the approval of the Investment
Senior Responsible Officer (SRO)	Personal accountability and overall responsibility for the delivery of the successful outcome
Project Director	Leading, managing and co-ordinating the Project Team on a day today basis.
Project Board	Provides the SRO with stakeholder and technical input to decisions affecting the project.
Project Team(s) (Steering and Technical Groups)	Takes forward the decisions of the Project Board and develops the operational elements of the project.
Stakeholder Forums and User Groups	Provides the Project Team and Board with

Other Project Team Members
Ailsa Weir, Senior Charge Nurse, AWMH, NHS A&A
Vicki Yuill, Chair, Locality Partnership
Colin Adams, Social Services team Leader, North Ayrshire Council
Christine Stewart, Community Nursing Team Leader, NHS A&A

A summary of key personn
responsible for delivery of

Name	Project	Skills
Stephen Brown	SRO Director Integration Joint Board	Stephen is a social worker who took up his first post in the City Centre Team in Glasgow at the age of 23. He has spent his entire career since then within the public sector. He joined North Ayrshire Council as a Senior Social Worker in 1999 and has been a Local Manager, Reception Services Manager and Senior Manager within Children and Families Services throughout that time. With the establishment of the North Ayrshire Health and Social Care Partnership in 2014, he was appointed Head of Service for Children, Families and Criminal Justice and also became Chief Social Work Officer to the Council. After being appointed as Interim

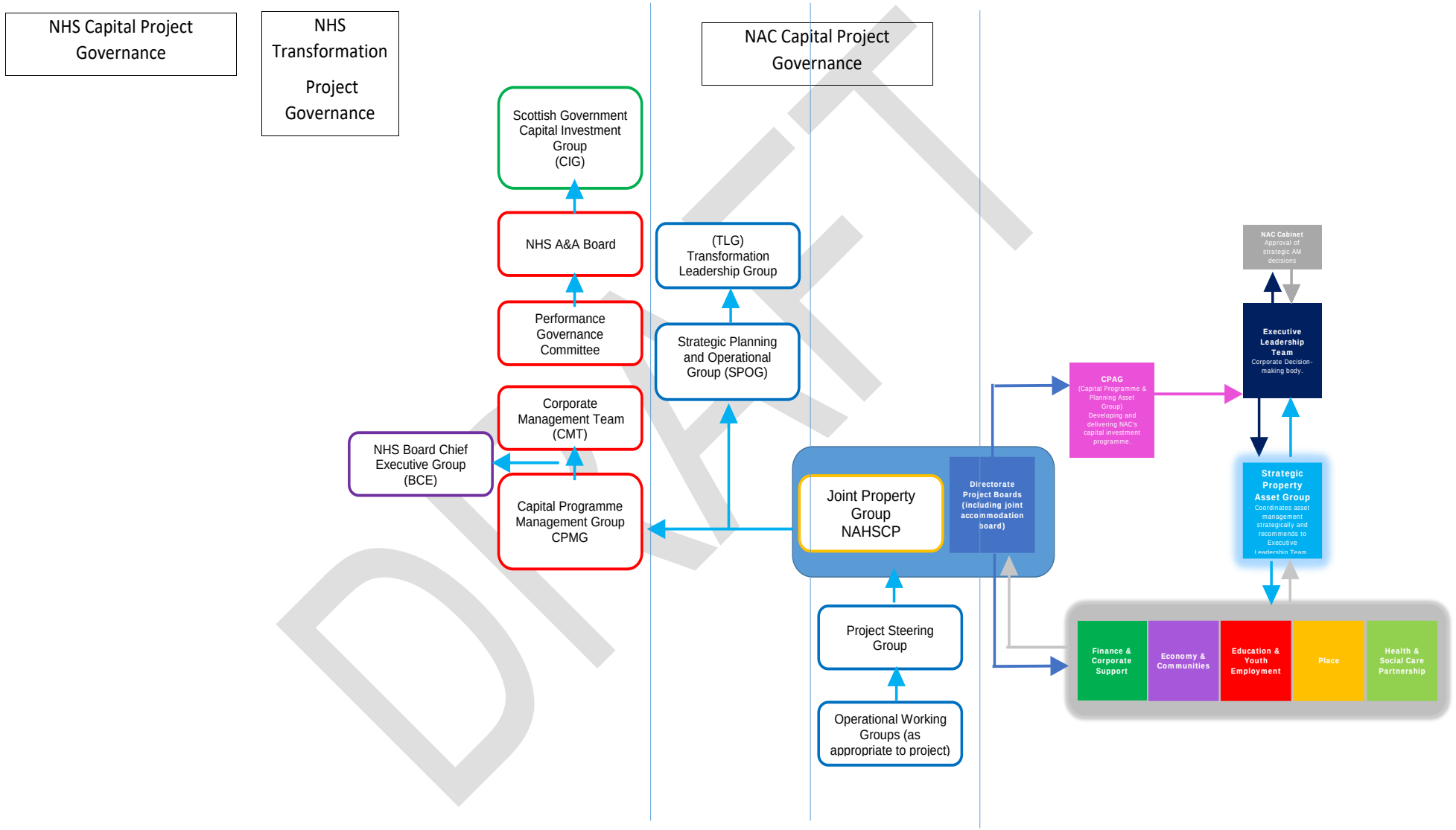
		Director of the Health and Social Care Partnership and Chief Officer to the Integration Joint Board in April 2017, Stephen was confirmed as Director/Chief Officer in March 2018.
Andy Brown	Interim Head of Capital Planning, NHS Ayrshire & Arran	Has been employed within capital developments of NHS Ayrshire & Arran for almost 27 years latterly as the Interim Head of Capital Planning. Over the past 27 years he has project managed and directed numerous important developments form minor alterations/extensions through to major capital and revenue funded buildings to improve the delivery of healthcare in Ayrshire & Arran. Trained as an Architectural Technologist he has delivered capital projects successfully during his career in NHS Ayrshire & Arran with the latest being the Building for Better Care programme which was subject to Gateway Review and close internal and external governance.
Ruth Betley	Project Lead	The Senior Manager for Arran Services with over 30 years NHS experience in both operational and strategic roles. Key areas of expertise include delivery of major redesign of older people's services, merging of primary care GP surgeries on Arran, planning and opening of a new GP surgery on Arran, commissioning of a new hospital; development of teams, change management and leadership across health and social care. As Director of Modernisation in a Primary Care Trust had lead responsibility for overview and commissioning of a new hospital. As Assistant Director in a large Acute hospital had lead responsibility for business planning and service redesign
Iain Gairns	Property Lead NHS	Head of Property Services, Strategy & Partnerships for NHS Ayrshire and Arran. Key areas of expertise include, Strategic Asset Management, Property acquisition and Disposal, and Healthcare Facilities Management. Other work includes national groups, such as the Scottish Property Advisory Group, NHS Property Transaction Group and Chair of the NHS Estate Asset Management System and Capital Planning System Project Board. He is also the Estates lead for the NHS Ayrshire & Arran, Whole System Estate Plan.
Laurence Cree	Property Lead LA	The Senior Manager for Property at North Ayrshire Council and is responsible for delivery of the Council's capital programme, estates functions, asset management, maintenance and property related statutory compliance. Laurence has experience in delivering projects, particularly where partnership working is a central aspect of the scheme, and will provide the link to the relevant governance structures of the Council
Greg Hamill	Clinical Lead - Local	Dr Hamill has been a GP on Arran since 2002. Like many Rural GPs he has a broad range of clinical skills and in addition to primary care works in urgent unscheduled care services , Out of Hours, Inpatient care, Pre-hospital BASICs response, Police surgeon roles, as well as providing minor surgery and an urgent unscheduled care clinic . He has significant experience working with all the health and social care teams on the Island. He has led several significant developments in primary care on Arran including modernisation of practice systems, subsequent merger of the three island practices into Arran Medical Group (AMG) and the emergence of Arran as a training centre for Rural GPs. He is a Student Tutor and GP Trainer and coordinated the successful Arran GP Rural Fellowship. He has been the finance, contracts and HR lead for AMG for several years and was the clinical lead on the construction of two new GP premises

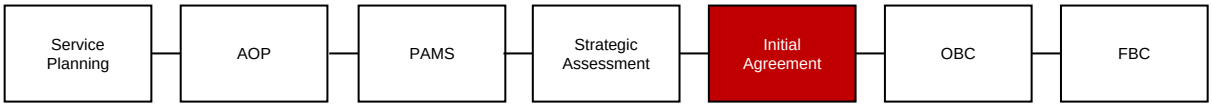
		in Whiting Bay and Shiskine in 2007/8, Clinical lead in the Review of GP Out of Hours services in 2011 and The Arran Review of Services 2015/16. He is currently the Clinical Lead on Arran for North Ayrshire HSCP (since 2017).
Crawford MacGuffie	Clinical Lead - Board	A consultant in Emergency Medicine and Joint Medical Director in NHS Ayrshire and Arran. He is passionate about continually improving services and was the clinical lead for the redesign and rebuild of the Emergency Department at University Crosshouse in 2004. Clinical lead roles followed for the development of the first Clinical Decisions Unit in Scotland in 2005 and the first Emergency Nurse Practitioner service in Scotland in 2007. He was the Clinical Director for Emergency Medicine in Ayrshire and Arran from 2005-2008 before taking up the Associate Medical Director role. Since then he has been the clinical lead for Unscheduled Care and the Board's Capital Development Programme, Building for Better Care, which oversaw the delivery of a new Combined Assessment Unit at University Hospital Crosshouse and a new Emergency Department and Combined Assessment Unit at University Hospital Ayr, between 2013 and 2018.
Iain Ferris	Finance lead	Employed by NHS Ayrshire and Arran for 35 years and is currently employed as Senior Accountant for CSS, Corporate Services and Capital. Key areas of expertise include Management and Capital Reporting, Business Case Development, Capital Projects, and PFI's. Involved fully in all Capital projects driven by the Board, previous works have included the financial involvement in Woodland View, Girvan Community Hospital, Building for Better Care (Phases 1 &2).
Ailsa Weir	Senior Charge Nurse	Senior Charge Nurse at Arran War Memorial Hospital and has held this position for the last 12 years and currently has a team of 26 nursing staff that cover in-patient wards, urgent unscheduled care services, out-patients and day-cases. This role not only encompasses the management of nursing staff but also ensuring that high quality patient care is delivered safely at all times in the hospital. Ailsa has worked in the NHS for over 30 years in both Greater Glasgow and Ayrshire and Arran and within a variety of clinical specialities.
Vicki Yuill	Chief Executive Officer for Arran Community and Voluntary Service	As part of the Third Sector Interface she provides strategic representation for the third sector within the realms of Children's Services and Health and Social Care. Within this role Vicki holds a seat on the integrated Joint Board and the Children's Services Strategic Partnership providing a voice for third sector organisations across North Ayrshire and Arran. These connections are developed through engagement at forums, briefing papers, one to one meetings and networking events. At a local level Vicki is the Chair of the HSCP Arran Locality Forum and the Senior Lead officer with the Arran Locality Partnership. Vicki also holds a seat on the Community Planning Partnership as the Third Sector Representative alongside other community planning partners.
Colin Adams	Team Manager – Social Services	Collin Adams is the Team Manager for Social Services on Arran, which is one of the few generic social work teams left. He has previous experience in managing Children and Family teams in various local authorities and of managing a Young Carers service where he was an active member of the Scottish Young Carer's Services Alliance. He has been a qualified social worker for 17 years having been in a management role for the last 13. Previously in work in the third sector he was involved in project work aimed at helping local groups employ a schools and youth worker through

		establishing local charitable trusts.
Christine Stewart	Community Nursing – Team Leader	Responsible for ensuring co-ordination and delivery of a quality nursing service in the community setting. Christine has over 30 years experience working as a District Nurse caring for patients with a range of conditions and complexities and is keen to develop and promote new ways of multidisciplinary working help meet the increasing challenges of delivering health and social care to individuals in their own homes.

The overall governance for the North Ayrshire Health and Social Care Partnership project includes both NHS and Local Authority routes and is shown overleaf and is attached in **Appendix O**.


Service Planning
AOP
PAMS
Strategic Assessment
Initial Agreement
OBC
FBC


NHS Capital Project Governance
NHS Transformation Project Governance
NAC Capital Project Governance
Scottish Government Capital Investment Group (CIG)
NHS A&A Board
Performance Governance Committee
Corporate Management Team (CMT)
NHS Board Chief Executive Group (BCE)
Capital Programme Management Group CPMG
(TLG) Transformation Leadership Group
Strategic Planning and Operational Group (SPOG)
Joint Property Group NAHSCP
Directorate Project Boards (including joint accommodation board)
Project Steering Group
Operational Working Groups (as appropriate to project)
CPAG (Capital Programme & Planning Asset Group) Developing and delivering NAC's capital investment programme.
NAC Cabinet Approval of strategic AM decisions
Executive Leadership Team Corporate Decision-making body.
Strategic Property Asset Group Coordinates asset management strategically and recommends to Executive Leadership Team
Finance & Corporate Support
Economy & Communities
Education & Youth Employment
Place
Health & Social Care Partnership



4.3.3 Next Steps

Ongoing liaison with all external and internal stakeholders and clinical groups will continue to further refine the service redesign requirements. All proposals will be scrutinised by the Infrastructure Programme Board and Scottish Government representatives as well as Architecture and Design Scotland and Health Facilities Scotland to refine proposals for those services and where they need to be located and delivered across Arran.

The Project Board has and will continue to be appraised of the currently identified high level risks associated with this project as set out in this IA. Proactive monitoring and review of all risks will act as a critical control within the project.

As with risk management as noted above, benefits realisation will also require proactive management of the stated benefits envisaged for this project are to be fully realised. A more detailed benefits realisation plan will be developed during work on the Outline Business Case and overseen by the Project Board. This plan will clearly describe each benefit including the success measured and will also show who has the accountability for its realisation and the timescales in which this will be achieved

There has been a high level of appropriate stakeholder engagement which commenced in 2018 to date.

The Stakeholder groups that have been identified and engaged will continue to be reviewed and updated where appropriate to ensure widespread representation and engagement at all times.

The Project Board will have ongoing responsibility for the active management of communication and involvement of stakeholders during the life of the project.

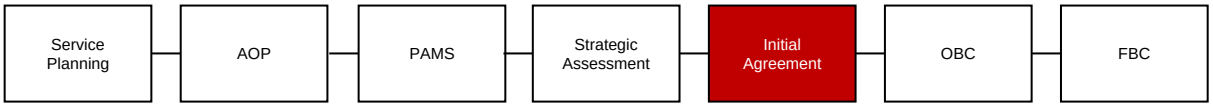
Condition surveys and potential for adaptation or disposal reports on all of the key premises will need to be developed through the AEDET.

Benefits realisation workshops, benchmarking for project evaluation planning and further public engagement across Arran communities will also need to be further developed

5 Conclusion

NHS A&A believe that this Business Case supports and further develops all of the stated objectives of the original Strategic Assessment.

The overriding outcome for the proposed changes in the delivery of the proposed model of care requires, as a minimum, bringing all beds, both inpatient care and long term care, onto one physical location that will support the multidisciplinary teams in developing strategies to deliver care in the community by providing robust 24 hr cover for beds and urgent unscheduled care. This could be achieved through some of the options discussed in this Business Case. To achieve the wider benefits the Board believe that the development of a new integrated Hub on the island of Arran would provide improved access to a wider range of services from a single location. The new service delivery model will provide an enhanced range of integrated services, supported by the introduction of a Single Management Structure with supporting Single Point of Contact and enhance the development of new professional and flexible roles in the multi-disciplinary teams.



The infrastructure solutions to support the delivery of the service will reduce backlog maintenance, improve the age and quality of the healthcare estate, and introduce new technology to improve access and patient experience. The reduction from multiple sites to a single site model will deliver better value in terms of both revenue and capital costs in the longer term. The new model of care will deliver a number of benefits that will Improve support to allow people to live independently, increase the ability to be cared for at home for the proportion of people with complex care needs, support the prevention of admission to hospital with earlier intervention and crisis intervention and support at home.

The proposal will significantly facilitate health and social care integration and the development of a more effective flexible and resilient team as well as improving the efficiency and effectiveness of health and social care estates.

North Ayrshire Health and Social Care Partnership
Performance and Audit Committee

Friday 6 March 2020 at 10.00 am
Garnock Committee Room, Cunninghame House, Irvine

Present
John Rainey, NHS Ayrshire and Arran (Chair)
Councillor Timothy Billings, North Ayrshire Council (Vice-Chair)
Jean Ford, NHS Ayrshire and Arran
Louise McDaid, Staff Representative, North Ayrshire

In Attendance
Stephen Brown, Director of the North Ayrshire Social Care Partnership
Caroline Whyte, Head of Finance (HSCP)
Eleanor Currie, Principal Manager – Finance
Pat Kenny, External Auditor (Deloitte)
Neil McLaughlin, Manager (Performance and Information Systems), NAHSCP
Anne-Marie Fenton, Team Manager (Internal Audit)
Angela Little, Committee Services Officer, NAC

Apologies for Absence
Marie McWaters, Carers Representative

1.	**Apologies**	
	The Committee noted apologies.	
2.	**Declarations of Interest**	
	There were no 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.	
3.	**Minutes/Action Note**	
	The accuracy of the Minutes of the meeting held on 19 December 2019 were confirmed and the Minutes signed in accordance with Paragraph 7(a) of Schedule 7 of the Local Government (Scotland) Act 1973.	

3.1	**Matters Arising from previous meeting** **Commissioning Strategy with Care Home Providers** Caroline Cameron, Chief Finance and Transformation Officer provided an update on the Commissioning Strategy that is being developed with Care Home Providers. She advised that the strategy is nearing completion and a further meeting of the Reference Group will be arranged once this has been completed. A visit was made to Angus and planned visits will be made to Glasgow and Stirling. **Community Based Support Actions** Caroline Cameron, Chief Finance and Transformation Officer provided an update on the progress of actions to ensure community based support processes and controls are fit for purpose. She advised that the actions are still being progressed and the structure of the Finance Team is currently being reviewed. A report will be provided to the IJB PAC in June. **2019/20 Performance Report – Quarter 2** Neil McLaughlin, Performance and Information Systems Manager reported that the Quarter 2 Performance Report will be published at the end of the month. **Workplan** Caroline Cameron, Chief Finance and Transformation Officer advised that a number of the areas on the workplan had slipped for a variety of reasons. A refresh of the workplan will be reported to the June meeting. **Locality Model** Caroline Cameron, Chief Finance and Transformation Officer advised that data is being gathered around the impact the locality model is having on prevention and early intervention work, the numbers of children being accommodated and the number of children being place on compulsory and statutory measures. A report will be brought to the Committee once this exercise has been completed.	H. McArthur N. McLaughlin C. Cameron C. Cameron
4.	**2019-20 Performance Report – Quarter 3**	
	Submitted report by the Neil McLaughlin, Performance and Information Systems Manager on the reformatting of the IJB Quarterly Performance Report. The Quarter 3 Performance Report was appended to the report and provided a high-level overview of the progress being made in delivering the five strategic priorities as set out in the HSCP 3-year strategic plan. Appendix 1 gave details of MSG Trajectories within Rates. All Performance Measures were outlined at Appendix 2 and Appendix 3 provided information on workforce absence. Appendix 4 presented the Partnership Budget Objective Summary and a Glossary of Acronyms was set out at Appendix 5 to the Quarter 3 report.	

	Members asked questions and were provided with further information in relation to:- • Analysis of data for delayed discharges that has highlighted areas of inconsistency and double counting that will require to be validated and a report on delayed discharges will be provided to the June meeting; • Differing reablement assessment processes used by each Ayrshire IJB ; • Care at Home capacity and managing demand which is higher in North Ayrshire than the other Ayrshire areas; • The recruitment of a Mental Health Officer; • The commissioning of private sector Care Home providers and a report on the Commissioning Strategy with Care Home Providers that will be presented to the IJB in March 2020; • 3 year contracts with the private sector that will conclude in 2020; • The revocation of a moratorium from a private provider and recompense that has been agreed; • Work that is being done to collect like for like comparison data on the Health and Wellbeing Indicator – Bringing Services Together; • The national shortage of Psychologists and work that is being done with HR on recruitment; • Early analysis of data, in terms of prevention and early intervention work, that indicates a positive outcome from the locality working in Kilwinning; • The progress of the ASN site and work that is being done to minimise the delays; and • A report to the IJB in March on the IJB's financial position for period 10. The Committee agreed that (a) a further report on delayed discharges be provided to the June meeting; and (b) to otherwise note the report.	N. McLaughlin
5.	**External Audit Plan**	
	Submitted report by Deloitte on the Audit of the North Ayrshire Integration Joint Board for the year ending 31 March 2020. The planning report was outlined at Section 1 and outlined:- • Responsibilities of the Performance and Audit Committee; • Deloitte's audit explained; • Continuous communication and reporting; • Materiality; • Scope of work and approach; • Significant risks; • Wider scope requirements; • Maintaining audit quality; and • The purpose of the report and responsibility statement.	

	Appendices on Fraud responsibilities and representations, Independence and fees and the approach to quality were attached at Section 2 of the report. Section 3 of the report provided information on sector developments, including shaping the future of UK healthcare, 2019 Global Health Care Outlook, State of the State, Audit Scotland NHS in Scotland 2019 and what does climate change mean for business? Members asked questions and were provided with further information in relation to:- • There were no significant differences from the 2019 report; and • That there have been no changes or directions from the Accounts Commission in relation to the audit approach. Noted.	
6.	**Internal Audit Reports Issued**	
	Submitted report by the IJB Chief Internal Auditor on the findings of relevant Internal Audit work. Appendix 1 to the report gave details of the full audit report form the Performance and Audit Committee's agreed audit assignment for 2019/20. Appendices 2 and 3 provided recently completed audits within relevant services areas of North Ayrshire Council (App 2)and NHS Ayrshire and Arran (App 3). Members asked questions and were provided with further information in relation to:- • A review of the Self Directed Support that is being undertaken; and • The benefits of a dedicated North Ayrshire IJB Finance Team, as acknowledged by the Grant Thornton Internal Audit report. Noted.	
	The meeting ended at 11.15 a.m.	

North Ayrshire Health and Social Care Partnership
Performance and Audit Committee

Thursday 25 June 2020 at 11.00 am
Remote meeting via Teams

Present
John Rainey, NHS Ayrshire and Arran (Chair)
Councillor Timothy Billings, North Ayrshire Council (Vice-Chair)
David Donaghy, Staff Representative, NHS Ayrshire and Arran
Louise McDaid, Staff Representative, North Ayrshire

In Attendance
Stephen Brown, Director of the North Ayrshire Social Care Partnership
Caroline Cameron, Chief Finance and Transformation Officer
Eleanor Currie, Principal Manager (Finance)
Alison Sutherland, Head of Service (Children, Families and Justice Services)
Paul Doak, Senior Manager (Internal Audit, Risk and Fraud)
Neil McLaughlin, Manager (Performance and Information Systems)
Helen McArthur, Senior Manager (Heath and Community Care)
Peter McArthur, Senior Manager (Addictions)
Angela Little, Committee Services Officer

Also in Attendance
Melanie Anderson, Senior Manager (Committee and Member Services and AST)
Scott Paterson, Customer Solutions Technician IT

Apologies for Absence
Marie McWaters, Carers Representative
Jean Ford, NHS Ayrshire and Arran

1.	**Apologies**	
	The Committee noted apologies.	
2.	**Declarations of Interest**	
	There were no 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.	

3.	**Minutes/Action Note**	
	The accuracy of the Minutes of the meeting held on 6 March 2020 were confirmed and the Minutes signed in accordance with Paragraph 7(a) of Schedule 7 of the Local Government (Scotland) Act 1973.	
3.1	**Matters Arising from previous meeting** The Committee was advised as a result of the impact of Covid-19 on staffing and resources, the actions from the previous meeting, including the Commissioning Strategy with Care Home Providers, would be reported to the meeting in September. Noted.	Helen McArthur Caroline Cameron Neil McLaughlin
4.	**2019-20 Performance Report – Quarter 4**	
	Submitted report by the Neil McLaughlin, Performance and Information Systems Manager on the performance monitoring information for the Partnership in delivering the strategic priorities as set out in the strategic plan and against the national outcomes. The Quarter 4 Performance Report was appended to the report and provided a high-level overview of the progress being made in delivering the five strategic priorities as set out in the HSCP 3-year strategic plan. Appendix 1 gave details of MSG Trajectories within Rates. All Performance Measures were outlined at Appendix 2 and Appendix 3 provided information on workforce absence. Appendix 4 presented the Partnership Budget Objective Summary and a Glossary of Acronyms was set out at Appendix 5 to the Quarter 4 report. Members asked questions and were provided with further information in relation to:- • Discussions with HR on sickness absence recording as a result of Covid-19; • Co-location of 3towns children's services in the new Ardrossan campus that will provide better opportunities for young people; • Monitoring of PPE levels to ensure sufficient stock levels and recent guidance recommending masks and coverings for those in acute settings; • The PPE hub that is open 7 days a week and has issued 130,000 items in the last few weeks; • Work that will be done to ascertain the reasons for the reductions in the number of admissions to acute hospitals and the unscheduled hospital beds in February, prior to the pandemic; • That a refresh of the indicator targets will be set up for Quarter 1 and will be reported to the September meeting.	Neil McLaughlin

	The Committee noted (a) the improvements that had been made and the outstanding work that had been done across the service to meet the demands of the pandemic; and (b) the content of the report.	
5.	**North Ayrshire Health and Social Care Partnership and ADP Performance Management Report**	
	Submitted report by Peter McArthur, Senior Manager (Addictions) on the performance management report for the North Ayrshire Health and Social Care Partnership and ADP. The report provided details of the performance management indicators:- • Waiting times – alcohol treatment; • Waiting times – drug treatment; • Alcohol brief interventions; • Naloxone supplied; • Lives saved; • Drug related deaths; and • Prevention and service support activity. Members asked questions and were provided with further information in relation to:- • the ADP Subgroup that is updating the Improvement Plan that will be brought to the IJB PAC on a 6-monthly basis; • few drug related deaths in the last few months, despite changes to the Methadone Programme; • signposting to services supporting gambling addiction; • a change in the reporting of drug related deaths by Police Scotland to ADP that is being currently being investigated. Noted. Peter McArthur left the meeting at this point.	Peter McArthur
6.	**2019/20 Annual Performance Report**	
	Submitted report by Neil McLaughlin, Performance and Information Systems Manager on the annual performance report for 2019/20. The report provided details of the impact of Covid-19 on staffing resources across the partnership, guidance on the core suite of integration indicators, MSG measures and communication. It proposed to delay the publication of the Annual Performance Report until after 31 July and no later than 30 September 2020.	

	The Committee agreed to the revised deadline to publish the Partnership 2019/20 Annual Performance Report after 31 July and no later than 30 September 2010.	Neil McLaughlin
7.	**2019/20 Year-End Financial Performance**	
	Submitted report by Eleanor Currie, Manager (HSCP Finance and Transformation) on the year-end financial performance 2019/20, which provided information on:- • Explanations of main areas of variance; • Movement in projected outturn position and plans to improve projections; • Update on progress with savings delivery; • Budget changes requiring IJB approval; • Impact of the outturn on IJB reserves position; • Lead partnerships and the impact of risk sharing; and • Updated information on the usage of set-aside resource. Appendix A provided a detailed financial overview of the Partnership budgetary position while Appendix B gave a detailed variance analysis. Appendix C presented an overview of the savings plan, with Appendix D highlighted the movement in the overall budget position. The Committee was advised of a typographical error at 2.14 of the report, the figure of £2.81m should read as £2.081m. Members asked a question and were provided with further clarification in relation to specific reductions requiring PAC approval that included:- • insurance and property excess charges; • medical discretionary points; • Iona/Lewis resource transfer for patients to South; • Lochranza resource transfer for patients to East; and • Previously agreed contributions to pressures included as part of the 2019/20 budget in respect of GP inflation to East and Joint Store funding to South, represent the North contribution to pan-Ayrshire services. The Committee agreed to (a) note the overall integrated financial performance report for the financial year 2019-20 and the overall reported year-end overspend of £0.154m (after new earmarking); (b) note that this position is after the allocation of £1.486m debt repayment budget from North Ayrshire Council, prior to this the position was an overspend of £1.640m; (c) note the IJB will be asked to approve the budget changes outlined at section 2.11; and (d) approve the required earmarking of £0.207m of reserves to reinstate specific ring-fenced Scottish Government funding.	

8.	**Unaudited Annual Accounts 2019/20**	
	Submitted report by the Chief Finance and Transformation Officer, on the North Ayrshire IJB Unaudited Annual Accounts for 2019-20 which require to be submitted to External Audit and published by 30 June 2020. The full Unaudited Accounts were detailed within Appendix 1 to the report. Members asked a question and were provided with further information in relation to the requirements governing the format and content of the accounts, as outlined in the Code of Practice on Local Authority Accounting in the UK. The Committee agreed to approve (a) the Annual Governance Statement for 2019/20 contained within the Unaudited Annual Accounts; (b) the Unaudited Annual Accounts to the period 31 March 2020; and (c) submission of the Unaudited Accounts to Deloitte for formal audit.	Caroline Cameron
	The meeting ended at 12.10 p.m.	

Minutes of North Ayrshire Strategic Planning Group Meeting

Held on Tuesday 28th January 2020, 10:00am
Greenwood Conference Centre, Dreghorn, Irvine

Present:
Bob Martin (Chair)
Councillor Anthea Dickson (Vice Chair)
Michelle Sutherland, Strategic Planning & Transformational Change Lead, NAHSCP
Alison Sutherland, Head of Service, Children and Families & Justice Services, NAHSCP
Elaine Young, Public Health Representative
Louise McDaid, Staff Representative
Val Allen, Independent Sector Lead
Lynne McNiven, Public Health
Elaine McClure, Portfolio Programme Manager, NHS A&A
Theresa Potter, Engagement Officer, NAHSCP
Louise Gibson, Dietetic lead, Integrated Services, NHS A&A
Scott Bryan, Strategic Planning, Policy and Inequalities Officer, NAHSCP
Val Allan, Independent Sector Lead
Christine Speedwell, Carers Centre
Betty Saunders, Procurement Manager, NAC
Dr Paul Kerr, Clinical Director, NAHSCP
Lorna McGoran, Primary Care Development Manager
David Bonnellie, Optometry Representative
Fiona Comrie, KA Leisure
Allison McAllister, Library & Information Manager, NAC
Clive Shephard, Confederation of North Ayrshire Community Associations
Trudi Fitzsimmons (Housing Representative) on behalf of Jacqueline Cameron, NAC
Louise Harvie Governance Assistant (Minutes) NAHSCP

Apologies Received:
Caroline Cameron, Chief Finance and Transformation Officer, NAHSCP
Alison Sutherland, Head of Service, Children and Families & Justice Services, NAHSCP
Thelma Bowers, Head of Service, Mental Health Services, NAHSCP
David MacRitchie, Chief Social Work Officer & Senior Manager, Justice Services, NAHSCP
David Thomson, Associate Nurse Director/Lead Nurse, NAHSCP
Sharon Bleakley, Scottish Health Council
Russell Scott, Transformation & Sustainability, NHS Ayrshire and Arran
Councillor John Sweeney, Three Towns Locality Lead
Dalene Sinclair, Senior Manager, Children & Families, NAHSCP
Isabel Marr, Principal Manager, Health & Community Care, NAHSCP
Vicki Yuill, Arran CVS & Arran Locality Lead
Janet McKay, Garnock Valley Locality Lead
David Donaghey, NHS Staff Representative
Andrew Keir, Girfec Manager/Three Towns Locality Lead
Jacqueline Cameron, Housing Manager
Ruth Betley, Island Services Senior Manager, NAHSCP

1.	**WELCOME & APOLOGIES**	
1.1	Bob Martin welcomed all to the Strategic Planning Group and thanked all for attending. Apologies were noted and accepted.	
2.	**MINUTES/ACTION NOTE OF PREVIOUS MEETING (02 October 2019)**	

2.1	Councillor Dickson summarised previous meeting note dated 13 November 2019. Accuracy of minutes were approved with no amendments required.	
3.	**MATTERS ARISING**	
3.1	Understanding Gambling Addiction As Gamblers Anonymous were unable to attend the previous meeting, dates are in the process of being identified for HSCP colleagues to attend the Glasgow office to take discussions forward. Following this meeting, findings will be reported to the SPG for further dialogue/action. Scott Bryan will keep group informed of progress.	S Bryan
Focus on: Strategic Plan 2021		
4.	**Workshop Session**	
4.1	Michelle Sutherland delivered a presentation on the 2020 Strategic Planning Workshop. The development of the new plan from April 2021 will be established throughout 2020. Michelle outlined the responsibilities of the Strategic Planning Group during the formal consultation period including the importance of engagement and informing others of the strategic direction.	
4.2	The presentation covered the following areas: - Background information including timescales on consultation process - New guidance issued by Health Improvement Scotland around best practice and introduction of community-based approach - Delivering Co-Produced Planning Solutions - Our Evolution - Our Approach The final slide provided information on a 'Workshop Plan' which included a four-piece Strategic Planning jigsaw puzzle. The puzzle consisted of three questions proposed to the group in an attempt to generate key principals in taking the new plan forward. The fourth piece represented HSCP established 'givens' or 'must haves'.	
4.3	Following the presentation, the group were tasked with the 'Workshop Plan' and commenced 20-minute group sessions in contributing to the following three questions: Question 1 What additional value should our Strategic Plan from 2021 add? Question 2 What are the key contributions you made to the HSCP during this Strategic Planning period, that you are most proud of? Question 3 How should we co-produce longer term solutions with communities and neighbourhoods, recognising the sustainability challenges we face? Feedback and contribution from these sessions will be collated and distributed to the group. The findings will be used to influence the development of the Strategic Plan going forward. [*Post-meeting note: Please refer to Appendix 1 for group feedback received].*	Agenda 24 March 2020 Appendix 1
Focus on: Arran		
5.	**Arran Integrated Hub**	

5.1	Due to adverse weather conditions, meaning ferry cancellations, Ruth Betley was unable to attend to provide an update on the Arran Integrated Hub, therefore item deferred to future meeting. Consequently, previous agenda item (Workshop Plan) was expanded to allow for more discussion.	
Focus on: Locality Updates		
6.	**Update from LPF Leads**	
7.1	**Arran** Vicki Yuill was unable to attend the meeting, however confirmed beforehand that no Arran LPF held since previous meeting, therefore no update to report. The next meeting is scheduled to take place on Thursday 30th January 2020 meaning a detailed update will be available at next meeting.	
7.2	**Garnock Valley** In Janet's absence, Theresa Potter provided a brief update on the Garnock Valley Locality Forum. Feedback was delivered on the Christmas Lunch held in December 2019, targeting those who are socially isolated within the area. Theresa advised the lunch was extremely well received, noting that 41 individuals attended on the day *(target set beforehand was 40).* Individuals participated in several activities and group discussions including new initiatives going forward and were keen for event to be held annually.	
7.3	Theresa also highlighted ongoing work with lunch clubs and third sector opportunities. Further update to be tabled at next meeting.	
7.4	**Kilwinning** Sam Falconer was unable to attend the meeting however the group referred to the meeting report dated 17th December 2019 available within the papers. Theresa Potter reflected on 'The Coffee, Cake & Chat Event' advising this proved to be very enlightening and positively motivating. Theresa provided feedback on the evaluation/next steps for the Kilwinning locality, including: - Share research findings with appropriate partners - Present findings at LPP - Use findings to engage the third sector organisations committed to working more corporately and detail a consortium lottery application - Explore potential for F.E involvement and family learning to develop a Wellbeing Academy.	
7.5	Sam Falconer to provide a detailed update at future SPG Meeting.	S Falconer
7.6	**North Coast** Louise McDaid provided a detailed update on the North Coast Locality Forum and referred to the North Coast Meeting report available within papers. Louise provided feedback on the Discussion Dinner held and future initiatives within the North Coast Area including the desire to co-produce a 'Pocket Guide to Wellbeing Services'.	
7.7	Louise delivered a detailed report of the 'Pocket Guide' and advised the draft is in the process of being approved by the Mental Health Youth Ambassadors. Louise referred to the reflections/evaluations and specified the next steps required. The intention is to host an event in March 2020 involving Primary Schools and Academies within the North Coast area including the West Kilbride community.	
7.8	Work is ongoing in the West Kilbride area to provide the community with resources in learning about Mental Health. 'A Practical Approach to Mental Health' is scheduled to take place on Tuesday 4th February 2020	

	within the locality which Louise will deliver feedback on at a future SPG meeting. The aim is to replicate this day within the Skelmorlie locality.	L McDaid
7.9	Louise highlighted that the Irvine Locality are possibly looking at a pocket guide approach and advised she is happy to be involved in the formation of this.	
7.10	Louise emphasised the importance of raising awareness of Mental Health within the communities and praised the willingness and support of the young people, education colleagues, Engagement Officer and all involved.	
7.11	**Irvine** No replacement for the Irvine Locality Chair has yet been identified. The IJB and HSCP Director are exploring potential options. Further update pending on Chair and identified dates going forward. Scott Bryan will hopefully be in position to provide update at the next SPG Meeting in March 2020.	S Bryan
7.12	Theresa Potter advised that the Interim Head Teacher of Irvine Royal Academy, Lindsey Sloan, is keen for education representation within the Irvine locality, therefore a representative from education will attend future meetings. Lindsey is also looking for a young person to be involved in these meetings going forward.	
7.13	In the absence of a Chair, Theresa Potter provided a brief update of work ongoing within the Irvine LPF, including: - Ongoing work to establish small pockets of money to launch Wellbeing Strategy in Partnership working within Irvine Royal Academy - Suggestion of organising a Discussion Dinner to target community and thereafter develop a more bespoke strategy for young people and families - Consideration of an inter-generational project and development of life skills	
7.14	Theresa also advised that the Interim Head Teacher of Irvine Royal Academy, Lindsey Sloan, is keen for education representation within the Irvine locality, therefore a representative from education will attend future meetings. Lindsey is also looking for a young person to be involved in these meetings going forward.	
7.15	The group praised the support provided by Theresa in working alongside all Locality Planning Forums.	
7.6	**Three Towns**	
	No representation in attendance therefore no update available. Further update to be tabled at next meeting.	Cllr J Sweeney/
8.	**AOCB**	
8.1	SIMD Scott Bryan advised that the Scottish Index of Multiple Deprivation (SIMD) 2020 was in the process of being published on 28th January 2020 (date of the SPG meeting). Scott is looking to create six separate briefing notes for the six localities and disseminate these to members. The findings of North Ayrshire's data levels will be tabled at the next SPG meeting in March 2020. Caring for Ayrshire Elaine McClure advised the Caring for Ayrshire Engagement Plan is tabled for approval at upcoming IJB meeting. Following confirmation of approval, Elaine will circulate to SPG members.	S Bryan E McClure

	Future Agenda Items Any agenda items to be forwarded to Scott Bryan for inclusion within future agenda.	
8.2	There was no other business to be discussed, therefore the meeting was closed.	
9.	**Next Meeting**	
9.1	The next meeting will be held on Tuesday 24th March 2020 within Greenwood Conference Centre, Irvine at 10:00am.	

APPENDIX 1

Strategic Planning Group

Strategic Planning Workshop Session

28/01/2020

Question 1 – Additional Value

What additional Value should the Strategic Plan for 2021-???? add?

Timescale Suggestions

- 5 to 10 years for strategic plan
- 5-year plan – 3 years too little, 10 years too much given tech advances
- 10-year strategic plan – achieve health and social improvements
- 3-year plan?

Additional Value Comments

- We are sector leading
- Awareness of HSCP to NHS, NAC staff and wider public and providers
- Engage with wider community and not just activists, value all
- Feedback from front line staff, receptions/ambulance/K.A. Leisure
- Shared Language
- Balance of staff and communication on board of shared care
- Clarity around the future of outcomes and assessment
- Raise awareness and create a brand for public of NAHSCP
- Scope out groups already supporting families
- Enable and empower staff to engage and make positive change
- Demonstrate the benefits of the joined-up partnership
- How we deliver our message using creativity and innovation (resource implications)
- Exceed legislative requirements and be sector leading
- Staff inclusion, raise awareness, ownership and accountability
- Digital solution/tech and balance of how we can engage with all
- Trauma informed
- Professional communication plan
- Caring for Ayrshire – co-production of health and care model
- Kindness to staff and communities

Helpful comments (Benchmarking/ future considerations)

- What would we like to see the HSCP be like in 5 years' time, e.g. champions of lived experience.
- Identify what specialist services we need
- Look at successful models of shifting services
- Build on where we are and take everyone with us
- Consider terminology and language – keep it simple
- Regional service/planning West of Scotland
- Housing contribution statement

Question 2 - Key Contributions

What are the key contributions you made to the HSCP, during this strategic planning period, that you are most proud of?

Strategic

- Celebrate the good things
- Identified 5 strong priorities in 2015 they are visible today
- Re-engage LPFs
- Proactive partner
- Health in all polices
- Elected members
- Inequalities
- The effectiveness of the original strategic plan
- Focus on priorities
- Locality planning – clear vision to build on
- A real partnership – single entity
- A.C.E

Operational

- Community connections in GP surgeries
- Mental health work with schools in Largs, Kilwinning academy
- Be brave and go and do it
- MDT's
- Service managers have delivered – individuals and relationships
- Drug related deaths
- Informed by lived exp.
- Integration of teams into partnership

Communities

- Early intervention/prevention can be done by community assets if they go to existing events to promote HSCP
- PB giving communities the opportunity to get funding
- Intergenerational events - musicwork dance in care homes
- Fantastic community engagement re mental health
- 25 community associations
- Community engagement catalyst
- New models
- Carers experience card
- Empowering/enabling young people

Engagement

- Parents academy
- Youth engagements
- Need to collate what is news
- Care experience
- Champions board
- Carers support

- New ways of leading 'hard to reach' groups
- Asking the right questions as part of what matters to you
- Discussion dinners

Working in partnership

- Fantastic examples of partnership working with third sector
- Care about physical activity - capa
- Partnership to bring services together to see how they are valued
- Innovation creativity to approach
- Pan ayrshire programmes – sign language, mental health
- Links with health and community planning
- Third sector services and volunteer contributions
- Child/young people – suicide – raising awareness
- Poverty truth work/commission

Identified Gaps

- GAP – value work force, independent sector especially lowest paid
- GAP – identify the capacity of staff to engage more, despite cuts
- Acute rep/inter face

Question 3 - Longer-term solutions

How should we co-produce longer term solutions with communities and neighbourhoods, recognising the sustainability challenges we face?

Operational/Performance

- Change to optometry eyecare Ayrshire
- Eye care Ayrshire – option rather than GPs/pharmacies
- Fact check: reality of intentions
- KPI's on co-production
- Investing in capacity/social capital building internally and within third and social enterprise sectors
- Dedicated resources to make it happen
- System alignment
- Leadership alignment
- Look at successful models and implement elsewhere
- Right to pilot
- Global recognition
- Reduce the processes that NAC/NHS use to! Get on with the job!

Communication

- Need to provide feedback to those who engage
- Identifying/establishing comms, engagement departmental champion
- Local radio

- Sharing co-production successes

Engagement

- Future generation/young people
- Invention and creativity
- Providing value when engaging – learning/training
- Bespoke community engagement methods by area.
- Local radio
- Relationships between HSCP & NAFCO
- Co-production is important

Partnership responsibility

- Sharing information about positive services
- Psychological safety
- Non risk averse
- Listen to problems 1st , solution next
- Invention and creativity
- Long term financial planning
- Cultural change
- Refresh topics for SPG meetings
- Establishing the moves/shaker within third/social enterprise sector
- Need to look at full scale change
- Permission/sanction
- Move resources from acute services to community

Individual/Community

- Change expectations of communities
- Duty of self-care 'your' responsibility
- More groups doing more – (do we need to know this)
- Community capacity and engage staff to join up to have these discussions
- Why don't people come to (SPG) meetings
- Social responsibility

Other ideas

- Get leadership representation SPG
- Review membership SPG
- Acute rep on SPG

HSCP GIVENS

- Values
- Housing contribution strategy
- Workforce plan
- Health board 6 priorities
- Strategic planning plan is a big part of CPP
- Public Health priorities / Place/mental health/??? Drugs/ Economy/ child and YP / healthy weight