

Integration Joint Board Meeting



Thursday, 18 March 2021 at 10:00

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. Where possible, the meeting will be live-streamed and available to view at <https://north-ayrshire.public-i.tv/core/portal/home>. In the event that live-streaming is not possible, a recording of the meeting will instead be available to view at this location.

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 11 February 2021 will be 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

Consider any matters arising from the minutes of the previous meeting.

4 Director's Report

Submit report by Caroline Cameron, Director of (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).

5 Appointments

Submit report by Caroline Cameron, Director of (NAHSCP) on changes to the membership of various NHS Committees that has resulted in a change to the NHS representation on the IJB (copy enclosed).

- 6 Financial Performance**
Submit report by Eleanor Currie, Interim S95 Officer on the financial position of the North Ayrshire Health and Social Care Partnership (copy enclosed).
- 7 Budget 2021/22**
Submit report by Eleanor Currie, Interim S95 Officer on the 2021/22 Budget (copy enclosed).
- 8 Young Person Suicide Support Pathway**
Submit report by Roseanne Burns, Senior Manager, Children and Families on the updated Young Person's Suicide Support Pathway (copy enclosed).
- 9 Records Management Plan**
Submit report by Julie Davis, Principal Manager Business Administration on the response to the Keeper's Interim Report on North Ayrshire IJB'S Records Management Plan (copy enclosed).
- 10 Strategic Risk Register**
Submit report by Eleanor Currie, Interim S95 Officer on the updated Strategic Risk Register (copy enclosed).
- 11 Strategic Bridging Plan**
Submit report by Michelle Sutherland (Strategic Planning and Transformation Lead) on the Strategic Bridging Plan and Summary Strategic Building Plan to IJB (copy enclosed).
- 12 Action 15 Funding Proposal**
Submit report by Thelma Bowers, Head of Service (Mental Health) providing an update on the implementation plan progress and the outcomes of the options appraisal for Year 4 funding (copy enclosed).
- 13 IJB PAC Minutes**
Submit the Minutes of the IJB PAC meeting held on 27 November 2020 (copy enclosed).
- 14 SPG Minutes**
Submit the Minutes of the Strategic Planning Group held on 25 January 2021 (copy enclosed).
- 15 Urgent Items**
Any other items which the Chair considers to be urgent.

Webcasting - Virtual Meeting

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Integration Joint Board

Sederunt

Voting Members

Councillor Robert Foster (Chair)
Bob Martin (Vice-Chair)

North Ayrshire Council
NHS Ayrshire & Arran

Councillor Timothy Billings
Adrian Carragher
Councillor Anthea Dickson
Jean Ford
John Rainey
Councillor John Sweeney

North Ayrshire Council
NHS Ayrshire and Arran
North Ayrshire Council
NHS Ayrshire and Arran
NHS Ayrshire and Arran
North Ayrshire Council

Professional Advisors

Caroline Cameron
Eleanor Currie
Vacancy
David MacRitchie
Dr. Calum Morrison
Alistair Reid
David Thomson
Dr Louise Wilson

Director
Interim Chief Finance and Transformation Officer
Clinical Director
Chief Social Work Officer – North Ayrshire
Acute Services Representative
Lead Allied Health Professional Adviser
Associate Nurse Director/IJB Lead Nurse
GP Representative

Stakeholder Representatives

David Donaghey
Louise McDaid
Marie McWaters
Graham Searle
Clive Shephard
Jackie Weston
Glenda Hanna
Vicki Yuill
Sam Falconer
Janet McKay
Louise Gibson

Staff Representative – NHS Ayrshire and Arran
Staff Representative – North Ayrshire
Carers Representative
Carers Representative (Depute for Marie McWaters)
Service User Representative
Independent Sector Representative
Independent Sector Rep (Depute for Jackie Weston)
Third Sector Representative
IJB Kilwinning Locality Forum (Chair)
IJB Garnock Valley Locality Forum (Chair)
IJB Irvine Locality Forum (Chair)



North Ayrshire Health and Social Care Partnership
Minute of virtual Integration Joint Board meeting held on
Thursday 11 February 2021 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
Councillor John Sweeney, North Ayrshire Council

Caroline Cameron, Director
Eleanor Currie, Interim Section 95 Officer (IJB)/Principal Manager (Finance)
David MacRitchie, Chief Social Work Officer – North Ayrshire
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)
Clive Shephard, Service User Representative
Jackie Weston, Independent Sector Representative
Janet McKay, Chair, Garnock Valley HSCP Locality Forum

In Attendance

Andrew Fraser, Head of Service (Democratic Services)
Alison Sutherland, Head of Service (Children, Families and Justice)
Thelma Bowers, Head of Service (Mental Health)
Michelle Sutherland, Partnership Facilitator
Neil McLaughlin, Manager (Performance and Information Systems)
Karen Andrews, Team Manager (Governance)
Angela Little, Committee Services Officer
Euan Gray, Committee Services Officer

Apologies for Absence

Jean Ford, NHS Ayrshire and Arran
John Rainey, NHS Ayrshire and Arran
Marie McWaters, Carers Representative
Vicki Yuill, Third Sector Representative

1. Chair's Remarks

The Chair welcomed Caroline Cameron to the Integration Joint Board in her new role as Director of the North Ayrshire Health and Social Care Partnership. He also welcomed the appointment of David Thomson to the role of Head of Service (Health and Community Care).

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 17 December 2020 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

4. Appointments and Recruitment

Submitted report by Andrew Fraser, Head of Service (Democratic Services) on the appointment of the Director of North Ayrshire Health and Social Care Partnership, the Head of Service (Health and Community Care) and arrangements for the appointment of the Chief Finance and Transformation Officer and Section 95 Officer.

The Board agreed (a) to note the appointments of (i) Caroline Cameron as Director of North Ayrshire Health and Social Care Partnership/Chief Officer of the IJB; and (ii) David Thomson as the Head of Service (Health and Community Care); and (b) to (i) the vacant post of Chief Finance and Transformation Officer being recruited by North Ayrshire Council's Staffing and Recruitment Committee with membership comprising representatives from the Council, NHS Ayrshire and Arran and the Integration Joint Board; and (ii) the appointment of the Senior Manager (HSCP Finance and Transform) as the Interim Section 95 or Finance Officer of the Integration Joint Board pending the successful appointee taking up post.

5. Director's Report

Submitted report on developments within the North Ayrshire Health and Social Care Partnership.

The report provided an update on the following areas:-

- The publication of the Independent Review of Adult Social Care on 3 February 2021;
- Inclusion of Integration Joint Boards as Category 1 Responders;
- Parliamentary agreement to the general principals of the UNCRC Incorporation (Scotland) Bill;
- Staff Well-being Hub at Ayrshire Central Hospital;
- IJB Directions;

- The appointment of Billy Brotherston as the new Independent Chair of the North Ayrshire Alcohol and Drug Partnership;
- The appointment of Louise Gibson as the new Chair of the Irvine Locality Planning Forum and non-voting member of the IJB;
- The Mental Welfare Commission end of year meeting;
- Impact Arts' "Make It Your Own" project offering interior design skills to care experienced young people;
- The Named Person Service;
- Covid Update, including information on the Care Home Oversight Group, Delayed Discharges, staffing levels, PPE Hub, vaccinations and testing expansion programme;
- Dalene Steele who represented NHS Ayrshire and Arran at an online session with HRH Prince William to discuss the Covid vaccination programme; and
- Remobilisation Plans.

Noted.

6. Financial Performance

Submitted report by Eleanor Currie, Interim Section 95 Officer on the financial position of the North Ayrshire Health and Social Care Partnership.

Appendix A to the report provided the financial overview of the partnership position, with detailed analysis provided in Appendix B. Details of the savings plan were provided at Appendix C. Appendix D outlined the movement in the overall budget position for the partnership following the initial approved budget and the mobilisation plan submission was provided at Appendix E to the report.

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

- Confirmation that had been received that all Covid costs would be fully funded;
- The projected year-end underspend of £2.7m, following repayment to the Council;
- Vacancy savings in social care due to delays in recruitment and that there were no plans to adjust savings targets;
- Covid payments that have been made to Third Sector staff and would be made to NHS staff in February;
- Guidance that is awaited to allow Covid payments to be processed for Council Care at Home staff; and
- The most recent Mobilisation Plan cost submission, alongside NHS financial returns, to the Scottish Government.

The Board agreed to note (a) the overall integrated financial performance report for the financial year 2020-21 and the overall projected year-end underspend of £2.7m at period 9; (b) the updated estimated costs of the Covid mobilisation plan of £10.211m, including savings delays, and the associated funding received to date; and (c) 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.

7. Financial Regulations

Submitted report by Eleanor Currie, Interim Section 95 Officer on the outcome of the review of Financial Regulations. The Regulations, attached at Appendix 1 to the report, detailed the responsibilities of the IJB for its own financial affairs and set out the responsibilities for the Chief Officer and the Chief Finance Officer of the IJB.#

The Board was advised of a typographical error at Section 3.1 of the report, which should read “that the Regulations be reviewed at least every ~~two~~**three** years

The Board agreed to approve the Financial Regulations as set out at Appendix 1 to the report.

8. Strategic Plan 2021 – Bridging Plan

Submitted report by Michelle Sutherland, Strategic Planning and Transformation Lead on the draft Strategic Bridging Plan. The Plan was attached as Appendix 1 to the report and Appendix 2 provided a summary of Plan.

Members asked questions and were provided with further information in relation to the commission of work on projections on long term conditions and other health issues on the population as a result of the pandemic.

The Board agreed that the Strategic Bridging Plan be submitted to the graphic design stage to ensure accessibility prior to formal approval in March 2021.

9. Red Rose House Change of Service

Submitted report by Kevin McGinn, Planning Manager on the recommendation of the ASN Residential and Respite Steering Group to relocate respite for adults with learning disabilities from its current location at Taigh Mor, Beith to Red Rose House.

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

- Analysis that found there would be no children and young people seeking immediate residential care;
- The implementation of ‘The Promise’ to develop strategic plans locally to keep children and young people at home and out of full-time residential care where possible;
- The provision of wrap round support to family carers and the new respite service which would provide double the current respite capacity;
- Specialist residential placements that were not available within the local area, such as the Royal Blind School in Edinburgh;
- Future demand for residential care for children and young people that would be considered on a case by case basis;
- A Review of Adult Respite Services that would be undertaken and include future respite needs;
- Opportunities to expand and develop Adult Services at Red Rose House; and
- A walk-through video of Red Rose House that would be presented to the next meeting of the Board.

The Board agreed to approve the recommendation to change the use of Red Rose House for the provision of Adult Learning Disability Respite Services.

The meeting ended at 11.00 a.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 11 February 2021

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	Senior Manager
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 2021	Director
3.	Director's Report	24/9/20	The Board agreed (a) an update be provided to a future meeting on the National Digital Strategy.		David Thomson
4.	Director's Report	22/10/20	The Board agreed to (a) consider a report		Director

			on the Public Health Scotland Locality Profiles report at a future meeting.		
5.	Chief Social Work Officer Annual Report	19/11/20	The Board agreed (b) that the Interim Head of Service (Health and Community Care) provide a report on trends around overdose/suicide to a future meeting.	Report to IJB PAC - add to PAC forward planner	David Thomson
6.	Distress Brief Intervention Update	17/12/20	The Board agreed to (a) endorse and approve the implementation of the plan to support Distress Brief intervention across Ayrshire; and (b) to receive an update, including case studies, at a future meeting.		Thelma Bowers

Integration Joint Board 18th March 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
CAMHS	Children & Adolescent Mental Health Services
WHO	World Health Organisation
UNICEF	United Nations International Children's Emergency Fund
ADP	Alcohol & Drug Partnership
PPE	Personal Protective Equipment
JCVI	Joint Committee on Vaccination and Immunisation
SFR	Scottish Fire & Rescue

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	<u>Apply with Conviction Workshops</u>
	<p>Community Justice Ayrshire, in conjunction with Recruit with Conviction, are delivering online Apply with Conviction workshops aimed at practitioners working with or supporting people and families who are involved in (or have been involved in) the justice system.</p> <p>Training started on 2nd March and will continue on the following dates (please note, these may be subject to change):</p> <ul style="list-style-type: none"> • Tuesday 18 May (9.15am to 12.15pm or 1pm to 4pm) • Tuesday 8 June (9.15am to 12.15pm or 1pm to 4pm) • Tuesday 31 August (9.15am to 12.15pm or 1pm to 4pm)

	Further information on these workshops can be found here .
	<u>North Ayrshire Developments</u>
2.2	<u>Extreme Team : Child and Adolescent Mental Health Services</u>
	<p>The CAMHS Extreme Team continues to meet at least weekly to take forward this programme of work commissioned by the NHS Corporate Management Team. Since the last report to IJB in December the team have scoped and agreed a proposed programme of work to enable delivery of the commission, which will include :-</p> <ul style="list-style-type: none"> • Evidence-based demand and capacity modelling to understand how available capacity meets the current demand on the service, and model whole system pathways which will inform decisions to plan the distribution/allocation of resources across the whole system pathway; • Identify the provision of psychological interventions, from CAMHS and Educational Psychology, for children and young people across the three HSCPs; • Review and ensure that transition planning is standardised and effective at a locality level to allow the safe continuity of provision/supports; • Agree how to ensure consistency in service delivery across Ayrshire for young people who need CAMHS support; • Agree a quality of life outcome measure that could be used across the whole child wellbeing and CAMHS network; • Identify evidence to ensure that the CAMHS service are co-designed and co-produced in partnership with children and young people now and in future; • Identify CAMHS urgent access to services for high risk, high concerns children and young people;
	Phase 2 of this work has commenced and Extreme Team Commissioners and Strategic Leads identified for each element of work. The team will oversee, respond to, and act on what emerges through the commissioned work and will maintain communication with key stakeholders.
2.3	<u>Funding to Reduce Drug Deaths</u>
	<p>The Scottish Government wrote to ADP Chairs and Chief Officers on 4th February 2021 setting out a National Mission to reduce drug deaths. Ministers acknowledged that there is a public health emergency in relation to the unacceptable number of drug deaths. As result, a National Mission to reduce drug deaths by listening and learning from those with lived experience and improving treatment and other support services was announced, which set out five clear priorities:</p>
	<ul style="list-style-type: none"> • fast and appropriate access to treatment; • access to residential rehabilitation; • increased capacity of front-line, often third sector, organisations; • a more joined-up approach providing proactive support following a non-fatal overdose; and • overcoming the barriers to introducing overdose prevention facilities.
	<p>Alongside this an additional £5 million (£96,294 for North Ayrshire) funding for this financial year (2020-21) and a further £50 million per annum for the next five years was announced. A significant proportion of this additional funding will go to ADPs, with the expectation that it will flow to grassroots and community organisations to effect the change needed. The proposals for this funding have been agreed by the</p>

	ADP and will focus on residential placements and improving access to treatment and improved access to harm reduction activities.
	<p>In addition to the funds allocated to ADPs, two funds worth £1m each have recently been announced to support grassroots, community and residential organisations to improve drugs services.</p> <ul style="list-style-type: none"> (i) The Grassroots Fund will provide resources to third sector organisations to enable them to increase capacity and provide further reach into the community. Eligible organisations must have an annual income under £1m and can apply for grants up to £50,000. (ii) The Improvement Fund will support service development and increased capacity across residential and community services. It will consider applications for grants up to £100,000. <p>The aim of these funds is to provide grants quickly to support organisations that need funding now to allow them to develop and improve services.</p>
2.4	<u>New Facebook Group for those living with a Sensory Impairment</u>
	The North Ayrshire Sensory Impairment Team has launched a new Facebook group for anyone living with a sensory impairment in North Ayrshire and the surrounding areas, as well as their friends and family.
	The group will be used to share important updates and information from the team, as well as various charities and organisations working with those living with a sensory impairment. It will also share links to information from the Scottish Government and NHS in BSL and provide a place where people can meet up, have a chat and share advice.
	<p>You can join the group by clicking here, or search for 'North Ayrshire Sensory Impairment Group' on Facebook.</p> <p>To find out more about the work of North Ayrshire Sensory Impairment Team, email SensoryImpairment@north-ayrshire.gov.uk.</p>
2.5	<u>Baby Friendly Initiative</u>
	<p>The Baby Friendly Initiative is part of a world-wide programme for WHO and UNICEF and we are assessed every 3 years to ensure evidence based best practice standards for breastfeeding are carried out. Ayrshire Community was assessed in February 2021 and this produced some very positive results.</p> <p>The main result of the audit was that the mums felt well supported by health care staff with their breastfeeding and some positive and heart-warming comments from mums were expressed by the assessors. 2020 was a difficult year to have a baby and whereas families were unable to visit mums and babies, the staff were readily available and willing to be there for new mums with relevant information and advice on breastfeeding, weaning, safe sleep and the importance of a close and loving relationship with their baby. The staff were able to convey this information in a woman centred individual approach allowing mums to discuss any concerns they had. The staff were also able to signpost mums to where they could access virtual support groups.</p>

	Managers were highly commended for their commitment and enthusiasm to breastfeeding and to raise expectations and ambitions across our organisations, with the belief that breastfeeding is the most basic building block of public health.
2.6	<u>Recruitment – Care at Home</u>
	<p>Our Care at Home team have seen a significant increase in demand for services due to individuals requiring more care in their own homes due to alternative supports being reduced and a reduction in referrals for care home placements. We are actively trying to grow the service through a pro-active recruitment drive. We are recruiting to fill our existing vacancies, contingency and additional capacity. There are currently 17 vacancies within the main Care at Home establishment and a further 79 posts to be filled as part of the COVID mobilisation plan for Community Care services. Advertising started in December however, interest in Care at Home posts has been disappointing, and unfortunately the initial timescales for filling these posts was not achieved.</p> <p>Additional advertising has taken place including advertising on local radio, social media and local newspapers to draw attention to these posts and encourage people to apply through the myjobscotland portal. Videos of current care at home teams have been promoted on social media to promote the role.</p> <p>We are working in partnership with CIES Ayrshire and the North Ayrshire Council's Employability Team to run a training academy to get individuals ready and started for a career in care. Successful candidates will take part in workshops on CV building and interview techniques moving on to short accredited certificates specific to Social Care, this will guarantee candidates for interview with our Care at Home team.</p> <p>Some posts have been successfully filled with training and induction programmes under way and staff should commence in the next few weeks. It is hoped that interviews for the remaining 48 posts will take place in the coming weeks.</p>
3.	COVID UPDATE
	<p>This update continues to offer assurance to IJB on the HSCP's continued response to the COVID-19 pandemic. The response to the pandemic continues to be recorded through it's "mobilisation plan" which was submitted to the Scottish Government in July. The next iteration of the plan to March 2022 was submitted by the Board at the end of February.</p> <p>The partnership, along with NHS and NAC continue to operate on an "emergency" footing.</p>
3.1	<u>Updates since last IJB</u>
	<ol style="list-style-type: none"> 1. Care Home Oversight Group meetings have been reviewed and the frequency has been reduced to three times a week provide oversight and support for the quality and safety of care in residential care settings in North Ayrshire. Public Health colleagues continue to report on the current outbreak status within care homes and will escalate any issues arising on days the group do not meet. All care homes subject to outbreaks are closed to visiting and admissions. 2. Delayed Discharge figures are challenging nationally, North Ayrshire HSCP is focussed on sustaining and improving our performance. This is being considered alongside our capacity requirements for social care and our continued focus on recruitment and growth of our care at home service. We participate in the NHS

	<p>Acute Silver Group focussing on shared learning and sustained changes to improve the delayed discharge performance.</p> <ol style="list-style-type: none"> 3. Services within the partnership continue to operate well, with appropriate staffing levels and service operational contingency plans mobilised to cope with pressures. 4. PPE Hub continues to operate well, supporting providers and carers. There are sufficient stock levels for 2-3 months supply and increased stock has been secured from the National Hub to ensure sufficient stock levels over the winter period. The Social Care PPE Hubs and national MOU re supply routes has been extended from March to the end of June. 5. The Health & Social Care Partnership have a well established co-ordinating group in order to respond to, support and assist NHS Ayrshire & Arran in the delivery of the Vaccination and Testing Programme across North Ayrshire Council. We continue to follow the JCVI advice on prioritisation, to protect those at highest risk of serious disease or mortality. 6. The Scottish Government has extended financial and practical support for the provision of social care services until the end of June 2021 and this is regularly reviewed. Scottish Government also provides financial support to care homes through the sustainability fund for adult social care providers, for reasonable staff and non-staff costs to support safe visiting, as well as additional training and support on infection prevention control, the appropriate use of PPE and of testing and to compensate care homes for reductions in occupancy levels.. 7. The Care Home Oversight teams and other partners play a key role in supporting and providing professional advice and assessment to care homes to successfully facilitate safe reopening, in addition to advice on timely action that needs to be taken in response to outbreaks to enabling care homes to safely reopen in a timely manner. The Scottish Government have also advised that, to support collaboration between national and local partners to monitor and support care homes in adopting the visiting guidance, they will establish an Open with Care Oversight Group to share progress and learning, and identifying where more support is required. This group will include representation from oversight teams along with other partners
3.2	<u>Vaccinations</u>
	All care home residents in North Ayrshire received their second dose vaccination week beginning 15 th February 2021 and Care Home staff are presently being called forward to receive their second dose.
	The majority of staff across North Ayrshire HSCP who meet the eligibility criteria for vaccination have now received their first dose and we are now in the process of planning the second dose to ensure we meet guidelines of within the 12 week timeframe.
	<p>In North Ayrshire all people in Cohorts 1 to 5 of our vaccination programme have now received their first vaccination. They are :-</p> <ul style="list-style-type: none"> • Care home residents; • Staff as detailed above; • People aged 80 or over; • Frontline health and social care workers; • 65 to 79 year old people and, • People who are clinically extremely vulnerable (shielded). have all now received their first vaccination.

	Cohort 6 has now commenced for people aged 16-64 years with underlying health conditions and unpaid carers. Work is still underway at Scottish Government to ensure we capture all unpaid carers, i.e., those who are eligible for a carer's allowance; those who are the sole or primary carer of an elderly or disabled person, and those carers whom people rely on for day to day support. On receipt of this information people will be invited for vaccination.
	Scottish Government & NHS Ayrshire & Arran agreed to the Isle of Arran delivering vaccination cohorts differently due to population numbers within certain cohorts and distribution of vaccine to the island. Arran is therefore well ahead and have now delivered first dose vaccination to all priority groups 1 to 9 as per JCVI guidance and second dose to care home residents. Planning underway for delivery of second dose to all priority groups.
3.3	<u>Testing</u>
	North Ayrshire Council now have a dedicated Mobile Testing Unit for symptomatic testing across the local authority. Public Health data is used to identify where to site the unit, e.g., where numbers are high. Communication on where the units are based are issued 48 hours in advance and we have received a steady flow of appointments at most locations.
	Work is also proceeding to establish Asymptomatic Test Centres across 5 locations in North Ayrshire. A pilot site has been established at Castlepark Community Centre in Irvine from 22 nd February. The centres will initially be operated by Military and SFR personnel, however, funding has been provided to employ a team of 11 staff for a period of 12/18 months. The probability is that the Centre will run for one week at a time moving around identified locations.
3.4	<u>Staff Testing</u>
	Lateral Flow Device Testing has been rolled out to the following staff: <ul style="list-style-type: none"> • Patient facing staff in all hospital settings • Community District Nursing • Adult day centres/day services • Sheltered housing/housing with multiple occupancy • Personal Assistants • Care Home Staff • Care at Home Staff • Adult Social Care in HSCP • Staff working within and at Mass Vaccination Centres
	There have been over 3,000 kits distributed to the above groups to date and staff are undertaking twice weekly testing and self-uploading results, with over 7,000 test results for North Ayrshire Council staff uploaded.
3.5	<u>Care Home Visiting – Open with Care Guidance</u>
	On 24 th February 2021 the Scottish Government issued further guidance in relation to the resumption of routine indoor visiting of care home residents by relatives, friends and carers from early March. Initially care homes will be asked to introduce meaningful contact by supporting up to two designated visitors per resident, once per week. The recommendations in the guidance are :-

	<ul style="list-style-type: none"> • Visitors will be requested to wear face coverings and any PPE requested by the care home, and are strongly encouraged to take a COVID test on-site. • While visiting may sometimes still be restricted, for example in the event of an outbreak at a care home, the expectation will now be that homes will facilitate regular weekly contact as long as certain safety conditions are met. • Essential visits will be supported by the care homes in cases where there is distress, urgency or a need to prevent decline. • Initially, children under the age of 16 should only be classed as a designated visitor for indoor contact under exceptional circumstance, however outdoor visits for children under 16 are still encouraged.
	<p>The guidance lists nine levels of protection to mitigate the risks of resuming visiting, which are:</p> <ul style="list-style-type: none"> • Effective Infection Prevention Control in each care home as standard practice at all times • Appropriate PPE and training on donning and doffing in a safe way and a safe place • Testing for all residents entering or returning to a care home • Three times weekly testing for all staff • Testing for all professional and other staff entering a care home • Testing for family visitors • PPE for family visitors • Vaccination of residents and staff • Public health and primary care support and guidance if symptoms or a positive case develops in a resident or staff member
4.	PROPOSALS
4.1	<u>Anticipated Outcomes</u>
	Not applicable.
4.2	<u>Measuring Impact</u>
	Not applicable

5.	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	

6.	CONSULTATION
6.1	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.
7.	CONCLUSION
7.1	Members of IJB are asked to note the ongoing developments within the North Ayrshire Health and Social Care Partnership.

For more information please contact **Caroline Cameron, Director/Chief Officer** on 01294 317723 or carolinecameron@north-ayrshire.gov.uk

Integration Joint Board 18th March 2021

Subject: **Appointments**

Purpose: To note the appointment of (i) a new NHS Non-Executive Board member to the IJB, (ii) appointment of new Chair of the Performance and Audit Committee and (iii) endorse the appointment of Chair of the Irvine Locality Forum.

Recommendation: The Integration Joint Board note the above appointments.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	EXECUTIVE SUMMARY
1.1	The Integration Joint Board is asked to agree to the appointment of Mhairi Kennedy as a the new Non Executive Member of the IJB, replacing Jean Ford.
1.2	The IJB is also asked to agree that Mhairi Kennedy assume the position of Chair of the Performance and Audit Committee, replacing Jean Ford.
1.3	The IJB are asked to support the appointment of Louise Gibson as Chair of the Irvine Locality Planning Forum and welcome Louise as a non voting member of the IJB.
2.	BACKGROUND
2.1	Lesley Bowie, Chair of NHS Board submitted a paper to the NHS Board on 1 st February 2021 advising of changes to membership of various NHS committees and the North Ayrshire IJB, following the appointment of a new Non Executive Member, Mhairi Kennedy on 1 January 2021.
2.2	The changes have resulted in Jean Ford, current member of North Ayrshire IJB, standing down from the North IJB and also her role as Chair of the Performance & Audit Committee.
3.	PROPOSALS
3.1	The NHS Board agreed on 1 st February 2021 that Mhairi Kennedy be appointed as a Non Executive member of the North IJB, to replace Jean Ford.
3.2	In accordance with the Integration Scheme and the IJB Standing Orders, it is proposed that Mhairi Kennedy also replace Jean Ford, as Chair of the Performance and Audit Committee with effect from 1 April 2021.

3.3	IJB members are also asked to note that the Chair and Vice Chair positions of the IJB, PAC and Strategic Planning Group will rotate after the IJB in May at the conclusion of the 2 year period for these appointments. A further report will be submitted to the IJB on 13 May 2021.	
3.4	IJB support the appointment of Louise Gibson as Chair of the Irvine Locality Planning Forum and welcome her as a non-voting member of the IJB.	
3.5	<u>Anticipated Outcomes</u>	
	N/A	
3.6	<u>Measuring Impact</u>	
	N/A	
4.	IMPLICATIONS	
Financial:		
None		
Human Resources:		
None		
Legal:		
None		
Equality:		
None		
Children and Young People		
None		
Environmental & Sustainability:		
None		
Key Priorities:		
None		
Risk Implications:		
None		
Community Benefits:		
None		
Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

For more information please contact Caroline Cameron, Director/Chief Officer on [01294 317725] or [carolinecameron@north-ayrshire.gov.uk].

Integration Joint Board
18 March 2021

Subject:	2020-21 – Month 10 Financial Performance
Purpose:	To provide an overview of the IJB's financial performance as at Period 10 including an update on the estimated financial impact of the Covid-19 response.
Recommendation:	<p>It is recommended that the IJB:</p> <ul style="list-style-type: none"> (a) notes the overall integrated financial performance report for the financial year 2020-21 and the overall projected year-end underspend of £3.497m at period 10 (following Covid-19 funding); (b) note the further funding received during 2020-21 to be earmarked in line with the purposes of the funding allocations; (c) notes the updated estimated costs of the Covid mobilisation plan of £10.211m, including savings delays, and the full funding received; and (d) note the remaining financial risks for 2020-21, including the impact of remaining Covid-19 estimates and costs.

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 January 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 underspend of £3.497m for 2020-21 which is a favourable movement of £2.252m. This movement consists of £1.467m relating to Covid savings delays being funded alongside a

	<p>favourable movement in core service projections of £0.785m. This is the position following the full funding announcement for Covid-19 which totals £10.2m for 2020-21, in previous periods it had been prudently assumed in projections that delays in savings delivery may not be funded.</p> <p>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.</p>																								
1.3	<p>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 position 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 reversed by the Covid-19 response. There is confidence that this position can be sustained until the financial year end, with all Covid-19 costs fully funded, therefore the IJB will underspend and repay £1.5m of the debt to North Ayrshire Council as planned.</p> <p>The main areas of movement from month 10 are:</p> <ul style="list-style-type: none">a) Funding of the unachieved savings £1.467mb) Over recovery of social care turnover £0.300mc) Primary Care – underspend in general medical services £0.143md) Looked After Children – reduction in the overspend of £0.172m due to children’s winter grant funding.																								
1.4	<p>There has been further additional funding allocated to IJBs from the Scottish Government during 2020-21 for use in future years, there is an expectation that IJBs will carry forward these funds in reserves. This additional funding relates to:</p> <table><tr><td></td><td>National Amount £m</td><td>North Share £m</td></tr><tr><td>Further Integration Authority Support</td><td>100.0</td><td>2.840</td></tr><tr><td>Adult Social Care Winter Plan</td><td>40.0</td><td>1.238</td></tr><tr><td>Community Living Change Funding</td><td>20.0</td><td>0.513</td></tr><tr><td>Primary Care Improvement Fund</td><td>38.2</td><td>0.657</td></tr><tr><td>Action 15</td><td>11.2</td><td>0.433</td></tr><tr><td>ADP</td><td>8.1</td><td>0.131</td></tr><tr><td>TOTAL</td><td>217.5</td><td>5.812</td></tr></table> <p>It is anticipated that the full underspend will be carried forward for use in 2021-22 and held as earmarked reserves in line with the allocated purpose.</p>		National Amount £m	North Share £m	Further Integration Authority Support	100.0	2.840	Adult Social Care Winter Plan	40.0	1.238	Community Living Change Funding	20.0	0.513	Primary Care Improvement Fund	38.2	0.657	Action 15	11.2	0.433	ADP	8.1	0.131	TOTAL	217.5	5.812
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TOTAL	217.5	5.812																							
1.5	<p>The next monitoring report for the IJB will be presented in June when the final year-end outturn position, including final unaudited reserve balances, will be reported. This report will also fully allocate the £10.2m of Covid-19 funding to the appropriate service areas, reflecting the final true outturn position for each excluding the Covid impacts.</p>																								
2.	CURRENT POSITION																								

2.1	<p>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.</p> <p>The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response.</p>																																				
	FINANCIAL PERFORMANCE – AT PERIOD 10																																				
2.2	<p>At period 10 against the full-year budget of £261.390m there is a projected year-end underspend of £3.497m (1.3%). 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 underspend of £2.076m in social care services and a projected underspend of £1.421m in health services. The graph below illustrates the continued improvement in the financial projection for 2020-21.</p> <div><p>Movement in Projected Outturn</p><table><thead><tr><th>Month</th><th>Council</th><th>Health</th><th>Total</th></tr></thead><tbody><tr><td>June</td><td>700</td><td>-700</td><td>0</td></tr><tr><td>July</td><td>600</td><td>-500</td><td>100</td></tr><tr><td>Aug</td><td>900</td><td>-1,200</td><td>-500</td></tr><tr><td>Sept</td><td>900</td><td>-1,200</td><td>-500</td></tr><tr><td>Oct</td><td>400</td><td>-1,100</td><td>-1,000</td></tr><tr><td>Nov</td><td>100</td><td>-1,100</td><td>-1,000</td></tr><tr><td>Dec</td><td>0</td><td>-1,000</td><td>-1,000</td></tr><tr><td>Jan</td><td>-2,000</td><td>-1,000</td><td>-3,500</td></tr></tbody></table></div> <p>This graph illustrates that throughout the financial year the IJB projected position has been balanced moving to an underspend position from September onwards, despite core projections through the year assuming that savings delays would not be funded. This demonstrates the continued focus on the financial position, tight financial controls, planned progress with savings delivery in many areas, and the focus on ensuring that the pandemic impacts were captured and claimed appropriately.</p> <p>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.</p>	Month	Council	Health	Total	June	700	-700	0	July	600	-500	100	Aug	900	-1,200	-500	Sept	900	-1,200	-500	Oct	400	-1,100	-1,000	Nov	100	-1,100	-1,000	Dec	0	-1,000	-1,000	Jan	-2,000	-1,000	-3,500
Month	Council	Health	Total																																		
June	700	-700	0																																		
July	600	-500	100																																		
Aug	900	-1,200	-500																																		
Sept	900	-1,200	-500																																		
Oct	400	-1,100	-1,000																																		
Nov	100	-1,100	-1,000																																		
Dec	0	-1,000	-1,000																																		
Jan	-2,000	-1,000	-3,500																																		
2.3	Health and Community Care Services																																				

	<p>Against the full-year budget of £69.300m there is an underspend of £0.965m (1.4%) which is an adverse movement of £0.106m. The main variances are:</p> <ul style="list-style-type: none"> a) Care home placements including respite placements (net position after service user contributions and charging order income) are underspent by £0.897m (favourable movement of £0.187m). 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 during 2020-21 and as at 31st January we were funding 738 placements. Therefore, there are significant vacancies in care homes, the projected underspend includes a steady net increase of 10 placements per month until the year-end. The level of income recovered from charging orders has decreased which reduces the overall underspend. This is due to delays with house sales during the pandemic. b) Independent Living Services are overspent by £0.222m (favourable movement £0.032m) which is due to an overspend on physical disability care packages within the community and direct payments. There will be further work undertaken with the implementation of the Adult Community Support framework which will present additional opportunities for reviews and will ensure payment only for the actual hours of care delivered. The roll out of the CM2000 system for Adult services will assist in targeting the reviews, the system was implemented in February 2021. c) Care at home are reporting a balanced position, whilst there is a projected overspend on the budget due to additional capacity for Covid this remains in line with the costs included in the Covid funding plan and the additional monies received for winter capacity. Bank staff are being offered contracts, the service are recruiting additional staff for the in-house service and also engaging with new and existing providers for additional commissioned services. The capacity for care at home will continue to grow as we move into the new financial year to meet the increase in demand for the service, this will be part of the Covid funding requirements and our longer term ambition to shift the balance of care as part of the budget for 2021-22. d) Aids and adaptations projected overspend of £0.026m (£0.071m adverse movement). There have been significant delays with carrying out assessments and providing equipment and adaptations during lock down, but activity levels have increased in the latter part of the year. The service are actively recruiting temporary staff to re-mobilise these services and address the waits for assessment and delivery of equipment and adaptations. e) Carers Act is projected to underspend by £0.510m (£0.067m favourable movement) based on the currently committed spend. 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. The service plan to undertake positive promotion of the services available to carers and we are currently reviewing the process for a carers assessment to make this more accessible to individuals requiring support.
2.4	Mental Health Services

Against the full-year budget of £78.608m there is a projected overspend of £0.308m (0.4%) which is a favourable movement of £0.012m. The main variances are:

- a) Learning Disabilities are projected to overspend by £1.662m (adverse movement of £0.011m), included within this is £1.089m (£0.063m adverse movement) community care packages and £0.318m for residential placements (£0.066m favourable movement). 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 for providers has been on the response to COVID-19. This has been implemented in February 2021.

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 are being reviewed as and when services are re-started to ensure support is re-started at the appropriate level, this will support with reducing recurring overspends in this area.

- b) Community Mental Health services are projected to underspend by £0.433m (£0.035m favourable movement) mainly due to reclaimed direct payments. 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 £0.930m (adverse movement of £0.016m) which consists of:

- A projected overspend in Adult Inpatients of £0.778m (£0.050m adverse movement). The overspend is partly due to the delay in closing the Lochranza ward on the Ailsa site. The ward closed during August 2020 but there remain staff to be re-deployed, the overspend may reduce if alternatives can be identified for displaced staff sooner. There is also a higher use of supplementary staffing due to enhanced observations.
- Elderly Inpatients - a projected underspend of £0.140m (£0.040m favourable movement) in Elderly Inpatients due to the completion of the work to reconfigure the Elderly Mental wards, this represents the part-year saving. The workforce tool for the wards has been rerun to determine the final staffing which will require to be considered alongside the remaining staff on re-deployment. Consideration of the savings for 2021-22 will be taken forward with East and South HSCP colleagues in relation to any recurring resource release or reinvestment.
- UNPACS is projected to overspend by £0.320m (£0.190m adverse movement) based on current placements. The adverse movement is due to an increased charge for Rowanbank under the service level agreement with Glasgow Health Board.
- A projected underspend in MH Pharmacy of £0.220m (no movement) due to continued lower substitute prescribing costs.
- The turnover target for 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 £1.348m in 2020-21, further information is included in the table below:

Vacancy Savings Target	(£0.400m)
Projected to March 2021	£1.748m
Over/(Under) Achievement	£1.348m

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 £0.205m
- Addictions £0.035m
- CAMHS £0.215m
- Mental Health Admin £0.330m
- Psychiatry £0.410m
- Psychology £0.433m
- Associate Nurse Director £0.120m

d) National Trauma Network – funding has been awarded for this development, but it is unlikely that it will be fully spent. We have approval to carry forward any underspend into 2021-22 and will earmark any underspend at the year end, therefore this is not included in the in-year projections.

2.5 Children Services & Criminal Justice

Against the full-year budget of £35.841m there is a projected overspend of £0.062m (0.2%) which is a favourable movement of £0.304m. The main variances are:

a) Looked After and Accommodated Children are projected to overspend by £0.490m (favourable movement of £0.172m). The main areas within this are noted below:

- Children's residential placements are projected to overspend by £0.820m (adverse movement of £0.084m). At period 10 there are 17 placements including 1 secure placement with confirmed plans to reduce this by 1 by mid-February and an assumption that there will be no further placements during the year. 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 this has limited the availability of tenancies. Children's services are working towards further improving the position as we move through the year as starting the 2021-22 financial year with 16 placements will impact on the savings planned for next year.
- Fostering placements are projected to overspend by £0.074m (£0.019m adverse movement) based on the budget for 129 places and 132 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 2020-21 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. Respite foster placements is projected to underspend by £0.076m (£0.001m favourable movement) as placements have not taken place due to Covid-19 restrictions.

- Kinship placements are projected to underspend by £0.128m (adverse movement of £0.045m) based on the budget for 370 places and 337 actual placements since the start of the year. The adverse movement is due to the actual cost of recent placements being used following the completion of the assessment process rather than estimated costs.
- b) Children with disabilities – residential placements are projected to overspend by £0.023m (£0.089m favourable movement due to an allocation from the children's winter funds). Community packages, including direct payments are projected to underspend by £0.118m (£0.018m favourable movement).
- c) Respite is projected to underspend by £0.119m (£0.022m favourable movement) due to respite being impacted due to COVID.
- d) Transport costs – projected underspend of £0.122m (favourable movement of £0.010m) due to reduced mileage costs.

2.6 Turnover/Vacancy Savings

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 to make it more transparent re the overall turnover target and the progress towards achieving this across the partnership.

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	2.257m	1.044m
Over/(Under) Achievement	0.300m	0.399m

(*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 there have been significant vacancy savings to period 10 due to delays with recruitment and a total of £1.989m has been achieved to date. It is anticipated that the level of vacancies will continue at this rate to the financial year-end,

the full annual target is expected to be exceeded by £0.300m (favourable movement of £0.300m shown in management and support services).

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. There have been no intentional plans during the pandemic to pause or delay recruitment and services have actively continued to recruit, in some areas this has proven difficult to fill posts.

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 10 £m
Red	-	0.274
Amber	2.801	1.801
Green	1.060	1.786
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;
- 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 was delayed as providers were focussing on COVID related service and staffing issues and further internal implementation work is required;
- 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 £2.394m of savings will be delivered in-year, with £1.467m of savings potentially delayed or reduced mainly due to Covid-19. During the year the unachieved savings have been reflected in the overall projected outturn position as there was less confidence that the impact of savings delays would be compensated with additional funding. The delays were included in the mobilisation plan return to the Scottish Government and funding has been awarded. This will be coded to the relevant budgets at the yearend as part of the overall Covid-19 funding allocation.

	<p>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 are being 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 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 recurring impact moving into 2021-22.</p>
2.8	<p>Budget Changes</p> <p>The Integration Scheme states that <i>“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”</i>.</p> <p>Appendix D highlights the movement in the overall budget position for the partnership following the initial approved budget.</p> <p>Reductions Requiring Approval:</p> <p>The specific reductions the IJB are required to approve are:</p> <ol style="list-style-type: none"> 1) Uplift shortfall £0.114m – this is a budget correction 2) District nursing £0.005m – funding adjustment 3) Resource transfer £0.046m - to South HSCP re Iona & Lewis Wards <p>It is recommended that the IJB approve the budget reductions outlined above.</p> <p>Future Planned Changes:</p> <p>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 we will accept financial responsibility for these wards from 1 April 2021. This is on the basis that the shortfall in funding for the Douglas Grant ward was previously addressed and plans are in place to retain a reduced bed compliment in the Redburn ward which will bring the wards into financial balance moving forward.</p> <p>The podiatry budget is held by East HSCP and work is underway to devolve this to each partnership. Information on this will be presented to a future IJB.</p>
2.9	<p>NHS – Further Developments/Pan Ayrshire Services</p> <p><u>Lead Partnerships:</u></p> <p>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 is currently the default for 2020-</p>

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. At month 10 the impact on NA IJB is a retention of £0.336m of the £0.960m underspend in the MH lead partnership (£0.351m underspend from East and £0.015m overspend from South). East and South HSCP do not report at month 10 so the information below is based on the month 9 report.

East HSCP – projected underspend of £0.977m (£0.351m NRAC share for NA IJB). The main areas of variance are:

- a) Primary Care and Out of Hours Services- there is a projected underspend of £0.830m (favourable movement of £0.089m). This includes reduced projected costs on Dental Services where there have been a number of services cancelled for the year-to-date. These services are expected to restart in the final quarter of the 2020 calendar year, with an anticipated increase in staffing costs going forward. In addition, work has been undertaken to update cross charging against for Ayrshire Urgent Care Services (AUCS) costs related to the Covid-19 pandemic. It is anticipated that the current level of Covid-related GP activity will continue until the end of December at this stage. In addition, increased staff turnover savings are projected for AUCS, with posts to be recruited to in the final quarter of the financial year. It is anticipated at this stage that the Primary Care Improvement Fund will outturn on budget as any underspend would require to be carried forward.
- b) Prison and Police Healthcare - £0.140m projected underspend (adverse movement of £0.093m). This relates to vacancies and drugs costs which were previously charged to the prison have correctly now been charged against Covid-19 and additional staffing savings.

South HSCP – projected overspend of £0.047m (£0.015m NRAC share for NAHSCP). The overspend is mainly due to an overspend in the continence service.

Set Aside:

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.

The annual budget for Acute Services is £364m. The directorate is underspent by £11.0m following allocation of the COVID-19 funds received from Scottish Government.

	<p>The year to date underspend of £11.0m at month 10 is a result of:</p> <ul style="list-style-type: none">Underspends resulting from low outpatient and elective activity in the year to date.£3.7m of unachieved savings being funded non recurrently <p>Both of the above are related to COVID-19 and are non-recurring.</p> <p>The IJBs and the Health Board have submitted a remobilisation plan outlining how activity will return to normal as far as is possible and are working together to ensure patients are looked after in the most suitable environment.</p>																																																
	COVID-19 – FINANCE MOBILISATION PLAN IMPACT																																																
2.10	Summary of position																																																
	<p>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 was 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, the most recent funding allocation mitigates this risk for 20-21.</p>																																																
2.11	Mobilisation Plan																																																
	<p>The most recent mobilisation plan cost submission submitted in January estimates the costs to be £10.211m to March 2021. The costs remain estimates as the situation continually evolves and there have been several iterations of the financial plan.</p> <p>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.</p> <p>The local finance mobilisation plan submission is included as Appendix E. The main areas of cost together with the movement over the period are summarised below:</p> <table><tr><th>Service Area</th><th>August Return £m</th><th>October Return £m</th><th>November Return £m</th><th>January Return £m</th><th>Change £m</th></tr><tr><td>Payments to Providers</td><td>1.655</td><td>1.683</td><td>2.103</td><td>3.003</td><td>0.900</td></tr><tr><td>Personal Protective Equipment (PPE)</td><td>2.052</td><td>1.693</td><td>1.698</td><td>1.723</td><td>0.025</td></tr><tr><td>Savings Delays</td><td>1.115</td><td>1.132</td><td>1.132</td><td>1.467</td><td>0.335</td></tr><tr><td>Nursing – Students and Bank Staff</td><td>0.733</td><td>0.685</td><td>0.714</td><td>0.685</td><td>(0.029)</td></tr><tr><td>Care at Home Capacity</td><td>0.416</td><td>0.416</td><td>0.416</td><td>0.416</td><td>0.000</td></tr><tr><td>Loss of Income</td><td>0.442</td><td>0.531</td><td>0.576</td><td>0.853</td><td>0.277</td></tr><tr><td>Staff Cover</td><td>0.425</td><td>0.401</td><td>0.477</td><td>0.496</td><td>0.019</td></tr></table>	Service Area	August Return £m	October Return £m	November Return £m	January Return £m	Change £m	Payments to Providers	1.655	1.683	2.103	3.003	0.900	Personal Protective Equipment (PPE)	2.052	1.693	1.698	1.723	0.025	Savings Delays	1.115	1.132	1.132	1.467	0.335	Nursing – Students and Bank Staff	0.733	0.685	0.714	0.685	(0.029)	Care at Home Capacity	0.416	0.416	0.416	0.416	0.000	Loss of Income	0.442	0.531	0.576	0.853	0.277	Staff Cover	0.425	0.401	0.477	0.496	0.019
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Staff Cover	0.425	0.401	0.477	0.496	0.019																																												

Care Home Beds – Delayed Discharges	0.396	0.396	0.396	0.396	-
Fostering Placements	0.196	0.196	0.285	0.286	0.001
Delayed Discharges - Other Measures	-	0.087	0.114	0.116	0.002
Other staff costs	-	0.615	0.685	0.767	0.082
Winter Planning	-	0.118	-	-	-
Other costs	0.311	0.233	0.442	0.533	0.091
Offsetting cost reductions	(0.530)	(0.530)	(0.530)	(0.530)	-
TOTAL	7.211	7.656	8.508	10.211	1.703

Further information on the elements of the plan are included in previous IJB reports. The most recent changes to estimated costs are in relation to:

- Increased sustainability payments to providers based on the extension of transitional arrangements for support to March 2021,
- Savings delays as the reduction to residential placements for children has been delayed as outlined in the report; and
- Further loss of income from charging for services as not all services have restarted.

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.

The Scottish Government have continued to work with Health Boards and IJBs to review and further revise financial assessments and made a further funding allocation in January allocation to bring funding up to 100% of the most recent mobilisation cost plan submission. This means the full £10.211m has now been funded, including the unachieved savings of £1.467m.

Overall, at this time the financial risk to the IJB for 20-21 has been mitigated by the recent funding allocation. The only risk remaining being if costs increase by the year-end, this is being closely monitored and there would be an opportunity to escalate this to the Scottish Government for consideration of further funding if required.

2.13 Further Funding

There has been further additional funding allocated to IJBs from the Scottish Government during 2020-21 for use in future years, there is an expectation that IJBs will carry forward these funds in reserves. This additional funding relates to:

	National Amount £m	North Share £m
Further Integration Authority Support	100.0	2.840

Adult Social Care Winter Plan	40.0	1.238
Community Living Change Funding	20.0	0.513
Primary Care Improvement Fund	38.2	0.657
Action 15	11.2	0.433
ADP	8.1	0.131
TOTAL	217.5	5.812

- In view of the ongoing financial pressures in relation to Covid, along with the need to ensure ongoing financial sustainability across the social care sector, funding of £100m has been passed on to IJBs. This is to support ongoing Covid costs, including new ways of working developed in year, and additional capacity requirements.
- It was confirmed in November 2020 that funding of £112 million would be made available to IJBs to support social care through the Winter Plan. In December, an initial tranche of £72 million was distributed to IJBs to meet the costs arising from sustainability payments, staff restriction policies and additional administration support, as well as Nursing Director support. The second tranche of £40m has now been allocated to IJBs.
- A further £20 million of Community Living Change Funding has also been allocated. This is to support discharge from hospital of people with complex needs, to support the return to Scotland of those placed in care in the rest of the UK and costs associated with the redesign of service provision in order to avoid future hospitalisation and inappropriate placements. It is anticipated that this funding will be earmarked to be used over the next 3 years.
- A further £57.5 million is being allocated to IJBs in respect of the outstanding balances on the Primary Care Improvement Fund (PCIF), Mental Health Strategy Action 15 Workforce, and Alcohol and Drugs Partnerships (ADPs). This funding represents the required funding on the three programmes to meet the full commitments as set out previously by the Scottish Government and aligns with the previously unspent and carried forward balances for North Ayrshire.

2.14 **Provider Sustainability Payments and Care Home Occupancy Payments**

COSLA Leaders and Scottish Government have agreed an approach to supporting the social care sector to ensure that reasonable additional costs will be met.

We have been making payments to commissioned social care providers in line with the agreed National principles for sustainability and remobilisation payments to social care providers during COVID 19.

Care Home Occupancy Payments - we have engaged with older people's care homes in relation to care home occupancy payments and make regular monthly payments to care home providers with emergency faster payments being made if required. Meetings are being held with each care home to discuss ongoing sustainability and to provide support.

Sustainability payments - providers are responsible for submitting a claim for additional support to the Partnership for sustainability payments and this is assessed as to what support is required on a case by case basis based on the supporting evidence provided. Each case is assessed by the same group to ensure equity and consistency across providers.

In general, all payment terms have been reduced and once any payment is agreed it is being paid quicker to assist the cash flow position of providers. The assessment of some claims has been difficult due to delays with additional information and supporting evidence being submitted to support claims, hence there are a number of claims that are in process.

The sustainability payments are estimated to be a significant cost in our mobilisation plan and the timely submission and assessment of claims is key to ensuring we can accurately estimate the financial cost and ensure the costs are reclaimed from the Scottish Government.

Providers in North Ayrshire are not all strictly adhering to these timescales and we are still receiving claims dating back to the start of the pandemic, the commissioning team are working with providers to support them to submit claims.

The spend to date on sustainability claims is approaching the estimate in the mobilisation plan and work is underway to review all expenditure included in the mobilisation submission to ensure we remain within the £10.211m funding envelope overall.

The tables below show the support provided to date and the outstanding claims as at the end of January.

PROVIDER SUMMARY	NCHC Care Homes	Other	Total
Total Number of Providers	17	49	66
Number contacting NAC	17	29	46
Providers Supported to date	17	16	33

OUTSTANDING CLAIMS	NCHC Care Homes	Other	Total
Total Number of Claims	12	13	25
Value of Claims	500,885	282,198	783,083

SUPPORT PROVIDED	NCHC Care Homes	Other Services	TOTAL
	£	£	£
Occupancy Payments	1,813,075	0	1,813,075
Staffing	167,538	66,351	233,889
PPE, Infection Control	209,274	55,645	264,919
Other	128,230	298,464	426,694
TOTAL	2,318,116	420,460	2,738,576

A significant level of financial support has been provided to our commissioned providers, in particular older people's care homes.

	<p>Due to concerns re the sustainability of the social care sector the Scottish Government agreed to review transitional arrangements to provide more targeted support to the sector, this work was undertaken with stakeholders to consider the evidence for a new arrangement from December.</p> <p>Arrangements for support have been agreed alongside guidance which sets out the criteria that need to be met for financial support, the approach for payment for care that cannot be delivered, the categories of additional costs which may be met, the approach to evidencing additional costs and key principles for requesting and making payments.</p> <p>The key principles of this ongoing support include:</p> <ul style="list-style-type: none"> • Understanding the reasons why care cannot be delivered, only Covid related impacts can be funded through sustainability payments; • The ‘planned care’ approach of continuing to pay for undelivered care has been removed and providers and HSCPs will be required to explore opportunities for creatively delivering services in a different way, temporarily re-deploy staff into other HSCP services (voluntarily), where this is not possible providers will be required to access national supports in the first place, including the potential to furlough staff; • Where payment for undelivered care is agreed as the only option this will be at a reduced level depending on the type of service, for example for care homes subject to the NCHC occupancy payments will be made at 80% of the rate for all vacancies, this is dependent on care homes continuing to admit new residents where it is clinically safe to do so; • The Social Care Staff Support Fund will remain in place to ensure all staff receive their full pay during a Covid related absence; and • Additional reasonable costs that are incurred as a result of Covid which cannot be covered from other funding sources will be reimbursed, including for example PPE, infection prevention control and additional staffing costs. <p>The current financial sustainability principles, guidance and criteria have now been extended until 30 June 2021, these were previously agreed to 31 March.</p>
3.	PROPOSALS
3.1	<u>Anticipated Outcomes</u>
	<p>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.</p> <p>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 to ensure that the IJB is in the position to re-claim funding to compensate for the additional costs.</p>
3.2	<u>Measuring Impact</u>

	Ongoing updates to the financial position have been reported to the IJB throughout 2020-21, the final year-end monitoring report will be presented in June 2021.
4.	IMPLICATIONS
Financial:	<p>The financial implications are as outlined in the report.</p> <p>Against the full-year budget of £261.930m there is a projected underspend of £3.497m (1.3%). The report outlines the main variances for individual services. There are further funds which have been allocated to the IJB which will require to be carried forward in reserves at the year-end for specific purposes.</p>
Human Resources:	The report highlights a high level of vacancy or turnover savings achieved during the year; this is not expected to be the sustained level moving forward. Services will review any staffing establishment plans and recruitment in line with normal practice when implementing service change and reviews as per agreement with the IJB, there is no intention to sustain this level of staffing capacity reduction on a recurring or planned basis.
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.
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	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The IJB financial monitoring report is shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.</p>
5.	CONCLUSION
5.1	<p>It is recommended that the IJB:</p> <p>(a) notes the overall integrated financial performance report for the financial year</p>

	<p>2020-21 and the overall projected year-end underspend of £3.497m at period 10 (following Covid-19 funding);</p> <p>(b) note the further funding received during 2020-21 to be earmarked in line with the purposes of the funding allocations;</p> <p>(c) notes the updated estimated costs of the Covid mobilisation plan of £10.211m, including savings delays, and the full funding received; and</p> <p>(d) note the remaining financial risks for 2020-21, including the impact of remaining Covid-19 estimates and costs.</p>
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For more information please contact:

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2020-21 Budget Monitoring Report–Objective Summary as at 31st January

Appendix A

Partnership Budget - Objective Summary	2020/21 Budget										
	Council			Health			TOTAL			Over/	Movement in
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	(Under) Spend Variance at Period 9	projected variance from Period 9
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	55,816	54,667	(1,149)	13,484	13,668	184	69,300	68,335	(965)	(1,071)	106
: Locality Services	23,409	22,728	(681)	4,749	4,829	80	28,158	27,557	(601)	(567)	(34)
: Community Care Service Delivery	27,325	27,197	(128)	0	0	0	27,325	27,197	(128)	(253)	125
: Rehabilitation and Reablement	1,930	1,956	26	1,522	1,505	(17)	3,452	3,461	9	(35)	44
: Long Term Conditions	1,749	1,324	(425)	5,098	5,209	111	6,847	6,533	(314)	(287)	(27)
: Integrated Island Services	1,403	1,462	59	2,115	2,125	10	3,518	3,587	69	71	(2)
MENTAL HEALTH SERVICES	25,335	26,616	1,281	53,273	52,300	(973)	78,608	78,916	308	320	(12)
: Learning Disabilities	18,874	20,536	1,662	446	446	0	19,320	20,982	1,662	1,651	11
: Community Mental Health	4,930	4,540	(390)	1,681	1,638	(43)	6,611	6,178	(433)	(398)	(35)
: Addictions	1,531	1,540	9	1,340	1,340	0	2,871	2,880	9	13	(4)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	49,806	48,876	(930)	49,806	48,876	(930)	(946)	16
CHILDREN & JUSTICE SERVICES	32,090	32,182	92	3,751	3,721	(30)	35,841	35,903	62	366	(304)
: Irvine, Kilwinning and Three Towns	3,182	3,038	(144)	0	0	0	3,182	3,038	(144)	(131)	(13)
: Garnock Valley, North Coast and Arran	1,259	1,140	(119)	0	0	0	1,259	1,140	(119)	(113)	(6)
: Intervention Services	2,007	1,990	(17)	327	327	0	2,334	2,317	(17)	(16)	(1)
: Looked After and Accommodated Children	17,689	18,179	490	0	0	0	17,689	18,179	490	662	(172)
: Quality Improvement	4,341	4,223	(118)	0	0	0	4,341	4,223	(118)	(33)	(85)
: Public Protection	651	653	2	0	0	0	651	653	2	(1)	3
: Justice Services	2,508	2,508	0	0	0	0	2,508	2,508	0	0	0
: Universal Early Years	453	451	(2)	3,094	3,064	(30)	3,547	3,515	(32)	(2)	(30)
: Lead Partnership NHS Children's Services	0	0	0	330	330	0	330	330	0	0	0
PRIMARY CARE	0	0	0	49,728	49,585	(143)	49,728	49,585	(143)	0	(143)
ALLIED HEALTH PROFESSIONALS	0	0	0	5,650	5,575	(75)	5,650	5,575	(75)	(75)	0
MANAGEMENT AND SUPPORT COSTS	16,980	16,139	(841)	2,416	1,781	(635)	19,396	17,920	(1,476)	(1,047)	(429)
UNACHIEVED SAVINGS DUE TO COVID	0	0	(1,467)	0	0	0	0	0	(1,467)	0	(1,467)
COVID - NHS	0	0	0	1,855	1,855	0	1,855	1,855	0	0	0
CHANGE PROGRAMME	1	9	8	1,011	1,011	0	1,012	1,020	8	0	8
OUTTURN ON A MANAGED BASIS	130,222	129,613	(2,076)	131,168	129,496	(1,672)	261,390	259,109	(3,748)	(1,507)	(2,241)
Return Hosted Over/Underspends East	0	0	0	0	301	301	0	301	301	307	(6)
Return Hosted Over/Underspends South	0	0	0	0	286	286	0	286	286	291	(5)
Receive Hosted Over/Underspends South	0	0	0	0	15	15	0	15	15	15	0
Receive Hosted Over/Underspends East	0	0	0	0	(351)	(351)	0	(351)	(351)	(351)	0
OUTTURN ON AN IJB BASIS	130,222	129,613	(2,076)	131,168	129,747	(1,421)	261,390	259,360	(3,497)	(1,245)	(2,252)

Detailed Variance Analysis on a Managed Basis

Appendix B

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	69,300	68,335	(965)	
Locality Services	28,158	27,557	(601)	<p>Older People care homes inc respite - underspend of £0.897m based on 738 permanent placements and including an under recovery of income from Charging Orders of £400k. [Favourable movement of £187k from P9].</p> <p>Independent Living Services :</p> <p>* Direct Payment packages- overspend of £0.117m on 67 current packages.</p> <p>* Residential Packages - underspend of £0.010m based on 38 packages.</p> <p>* Community Packages (physical disability) - overspend of £0.115m based on 50 packages .</p>
Community Care Service Delivery	27,325	27,197	(128)	<p>Care at Home (inhouse & purchased) - projected to overspend by £0.144m overall due to increased demand in Inhouse services - projected overspend Inhouse £293k,favourable movement £3k from P8. Projected underspend Purchased £169k , favourable movement of £38k from P9 and £20k under recovery in Service Credits from CM2000 - net projected overspend of £0.144m to be met via COVID [note £400k allocated in total to CAH].</p> <p>Direct Payments - underspend £0.184m to year end an adverse movement of £20k from P9 based on 35 packages.</p>
Rehabilitation and Reablement	3,452	3,461	9	Aids and Adaptations - projected overspend of £0.026m an adverse movement of £70k from P9 due to 2019 late costs of Stairlift fees
Long Term Conditions	6,847	6,533	(314)	<p>Carers Centre - projected underspend of £0.510m , favourable £67k P9.</p> <p>Anam Cara - projected overspend in employee costs of £0.084m due to overtime & pilot of temporary post with a view to making longer term savings in bank & casual hours.</p>
Integrated Island Services	3,518	3,587	69	Employee Costs - Montrose House now reported under Arran Services with a projected overspend of £0.095m ; Montrose Income over recovery £20k based on receipts to date

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
MENTAL HEALTH SERVICES	78,608	78,916	308	
Learning Disabilities	19,320	20,982	1,662	Residential Packages- overspend of £0.318m based on 42 current packages. Community Packages (inc direct payments) - overspend of £1.089m based on 330 current packages.
Community Mental Health	6,611	6,178	(433)	Community Packages (inc direct payments) and Residential Packages - underspend of £0.457m based on 98 community packages, 13 Direct Payments and 29 residential placements.
Addictions	2,871	2,880	9	Outwith the threshold for reporting
Lead Partnership (MHS)	49,806	48,876	(930)	Adult Community - underspend of £0.225m due to vacancies. Adult Inpatients- overspend of £0.778m due to a delay in closing the Lochranza wards, revised assumptions on redeployed staff and an under recovery of bed sale income. UNPACs - overspend of £0.320m based on current placements and assumed service level agreement costs. Elderly Inpatients - underspend of £0.140m which includes the part year impact of the £0.934m of unallocated funding following the elderly MH review. CAMHS - underspend of £0.225m due to vacancies. MH Admin - underspend of £0.390m due to vacancies. Psychiatry - underspend of £0.460m due to vacancies. MH Pharmacy - underspend of £0.220m mainly within substitute prescribing. Psychology- underspend of £0.500m due to vacancies.
CHIDREN'S AND JUSTICE SERVICES	35,841	35,903	62	
Irvine, Kilwinning and Three Towns	3,182	3,038	(144)	Transports costs - Projected underspend of £0.030m due a reduction in spend in Staff Mileage costs Cornerstone Respite - Projected underspend of £0.078m due to respite services not taking place due to COVID
Garnock Valley, North Coast and Arran	1,259	1,140	(119)	Employee Costs - Projecting £0.059m 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 0.012m due a reduction in spend in Staff Mileage costs. Cornerstone Respite - Projected underspend of £0.041m due to respite services not taking place due to COVID.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Intervention Services	2,334	2,317	(17)	Outwith the threshold for reporting
Looked After and Accommodated Children	17,689	18,179	490	<p>Looked After Children placements - Projected underspend of £0.206m, Adverse movement of £0.13m which is made up of the following:-</p> <p>Kinship - projected underspend of £0.128k. Budget for 370 placements, currently 337 placements and projecting 337 placements by the year end.</p> <p>Adoption - projected overspend of £0.043m. Budget for 69 placements, currently 73 placements.</p> <p>Fostering - projected overspend of £0.074m. Budget for 129 placements, currently 132 placements and projecting 135 placements by the year end.</p> <p>Fostering Xtra - projected underspend £83k. Budget for 32 placements, currently 30 placements but projecting 30 placements by the year end.</p> <p>Fostering Respite - Projected underspend of £0.119m which is due to respite services not taking place due to COVID</p> <p>Private fostering - projected overspend of £0.004m. Budget for 10 placements, currently 10 placements.</p> <p>IMPACCT carers - projected online Budget for 2 placements, currently 2 placements.</p> <p>Residential School placements - Projected overspend £0.820m, current number of placements is 17 of which 1 of them is a Secure Placement, projecting 17 placements at the year end.</p>
Quality Improvement	4,341	4,223	(118)	<p>Employee Costs - Projected Overspend £85k, however this is partially offset with underspend within Garnock Valley</p> <p>Transports costs - Projected underspend of £11k</p> <p>Muirfield Place - Block contract projecting underspend £28k, favourable movement of £28k which relates to an overpaid invoice relating back to 2017 being refunded to us this year.</p> <p>Community Packages - Projected underspend of 118k . 106 Community Packages on establishment list</p> <p>Direct Payments - Projected Underspend £90k Current number of packages in place is 46 and projecting an increase of 0 packages until end of FY</p> <p>Children's Residential Placements - Projected overspend £23k Currently 12 Residential Placements.</p>
Public Protection	651	653	2	Outwith the threshold for reporting
Justice Services	2,508	2,508	0	Outwith the threshold for reporting
Universal Early Years	3,547	3,515	(32)	Outwith the threshold for reporting
Lead Partnership NHS Children's Services	330	330	0	Outwith the threshold for reporting
PRIMARY CARE	49,728	49,585	(143)	Underspend on GMS services
ALLIED HEALTH PROFESSIONALS	5,650	5,575	(75)	Projected underspend in supplies.
MANAGEMENT AND SUPPORT	19,396	17,920	(1,476)	Over recovery of payroll turnover on health services and the allocation of unscheduled care funding.
UNACHIEVED SAVINGS DUE TO COVID	0	(1,467)	(1,467)	Underspend relating to the unachieved savings now being funded.
COVID - NHS	1,855	1,855	0	Outwith the threshold for reporting
CHANGE PROGRAMME & CHALLENGE FUND	1,012	1,020	8	Outwith the threshold for reporting
TOTAL	261,390	257,642	(3,748)	

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 10	Saving Delivered @ Month 10 £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	-	0.208	0.375	Currently projecting an overspend. Some plans to move children have been impacted by COVID. Expect to have 17 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 still 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	Green	0.036	-	-	An underspend is projected at month 10.
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. Tender due to be implemented February 2022.
Mental Health and LD Services								
6	LD - Reduction to Sleepover Provision	Amber	0.200	Red	-	-	0.200	Cluster sleepover models centred around core supported accommodation are being considered but will be delayed. The supported accommodation 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 in future years but will be delayed until 2021-22.
8	Trindlemoss	Green	0.150	Amber	0.150	-	-	Fully achieved but two tenancies still to take up their place and the final tenancy has to be decided.
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
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 but there is a projected overspend (prior to COVID funding) due to additional TUPE costs and an increased level of service.
13	Care at Home - Efficiency and Capacity Improvement	Amber	0.135	Green	-	0.135	-	Expect to fully achieve but there is a projected overspend (prior to COVID funding) due to additional TUPE costs and an increased level of service.
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	Green	0.025	0.025	-	New charging policy in place and additional income projected to be achieved.
Whole System								
16	Adults - New Supported Accommodation Models	Amber	0.063	Amber	-	0.025	0.038	Project has slipped. Expected completion date is February 2021. Saving was based on 5mths, Assume only 2mths are achieved
17	Adult Community Support - Commissioning of Services	Amber	0.638	Amber	-	0.150	0.488	Implementation of CM2000 was delayed due to Covid, but went live in January 2021.
18	Charging Policy - Inflationary Increase	Green	0.050	Amber	-	0.025	0.025	Charging was been suspended until October 2020 due to COVID 19, with the exception of care homes and community alarms.
TOTAL SOCIAL CARE SAVINGS			3.045		0.550	1.028	1.467	

Health:

Savings reference number	Description	Deliverability Status at budget setting	Approved Saving 2020/21 £m	Deliverability Status Month 10	Saving Delivered @ Month 10 £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		1.366	1.028	1.467	

2020-21 Budget Reconciliation

Appendix D

COUNCIL	Period	Permanent or Temporary	£
Initial Approved Budget			96,963
Rounding error			4
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 Language funding transferred to Democratic Services	3	P	(5)
Child Abuse Enquiry costs - Budget from Corporate	5	T	58
Corporate Procurement Posts 313490 & 313106	6	P	(76)
COVID funding - tranche 1	7	T	1,339
COVID funding - tranche 2	7	T	670
COVID funding - tranche 3	7	T	1,500
COVID funding - tranche 4	7	T	939
Unscheduled Care Allocation	7	T	500
Commercial Waste Virement	7	P	20
COVID funding - tranche 5	9	T	796
COVID funding - tranche 6	9	T	2,010
Winter Funding	10	P	100
O365 Software Licences to IT	10	P	(34)
Resource Transfer - net month 10 adjustment	10	P	359
Resource Transfer - Trindlemoss	10	P	(457)
Resource Transfer - Discharge Facilitator	10	P	(17)
Resource Transfer - ICT Admin Tfr	10	P	6
Resource Transfer - Living Wage Increase	10	P	186
COVID funding - tranche 7			1,292
Rounding			2
Budget Reported at Month 10			130,222
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)

HEALTH	Period	Permanent or Temporary	£
Prescribing Reduction	4	P	(1,497)
Training Grade Funding	4	T	36
TEC Contribution	4	T	(53)
Admin posts from South HSCP	4	P	54
Uplift Adjustment	4	P	21
Additional COVID funding	5	T	670
Additional COVID funding	5	T	1,500
Training Grade Funding	5	P	6
Lochranza Discharges to South/East HSCP	5	P	(232)
Arrol Park Discharges to South HSCP	5	P	(107)
Trindlemoss resource transfer adjustment	5	P	(248)
Training Grade Funding	6	P	9
Diabetes Prevention Psychologist Post NR	6	T	11
Re-parent Parkinson Nurse Nth to Sth	6	P	(109)
Arrol Park Discharges to South HSCP	6	P	(24)
Medical Pay Award - Junior Doctors	6	P	31
COVID funding	7	T	(4,448)
Training Grade Funding	7	P	19
Tranche 4 Social Care Covid	7	T	939
ADP Funding 20/21	7	T	212
Trauma Network Funding	7	P	263
NMAHP Clinical Lead	7	T	16
Anticipated Action 15 increase	7	T	414
Perinatal Funding 20/21	7	T	196
Multiple Sclerosis Nrs fr Acute	7	P	123
Unscheduled care allocation	7	T	(500)
COVID funding - NHS	7	P	1,043
Training Grade Funding	8	P	22
HD413 Winter monies - North	8	T	100
SG Covid Prescribing Reclaim	8	P	(540)
Cres removed from Practice budget	8	P	(756)
Dean funding to Acute	9	P	(28)
Covid -Adult Social Care Winter Plan	9	T	2,010
HD607 Additional Covid Funding-Social Care	9	T	796
Additional District Nursing Funding	9	P	60
Diabetes Prevention Psychologist Further Funding	9	T	8
HD606 MH Remobilisation Plan	9	T	161
Reduce Medical Discretionary Point Funding	9	P	(33)
Covid Funding-NHS	9	T	480
Transfer to social care re covid funding	9	T	(2,806)
Transfer to social care re winter funding	9	T	(100)
Uplift shortfall	10	P	(114)
Training Grade Funding	10	P	21
Action 15 - 2nd Tranche	10	T	73
District Nursing Correction	10	P	(5)
Iona/Lewis Discharges to South HSCP	10	T	(46)
COVID funding - tranche 7	10	T	1,292
Transfer to social care re COVID fundig trance 7	10	T	(1,292)
Resource Transfer - net month 10 adjustment	10	P	(359)
Resource Transfer - Trindlemoss	10	P	705
Resource Transfer - Discharge Facilitator	10	P	17
Resource Transfer - ICT Admin Tfr	10	P	(6)
Resource Transfer - Living Wage Increase	10	P	(186)
COVID funding - NHS	10	T	171
Budget Reported at Month 10			131,168

COMBINED BUDGET	261,390
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Appendix E

Mobilisation Submission – January 2021

Consolidated HSCP costs	Revenue												Revenue	Capital
	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
Additional Hospital Bed Capacity/Costs - Maintaining Surge Capacity	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Delayed Discharge Reduction- Additional Care Home Beds	82,102	78,564	78,564	78,564	78,564	-	-	-	-	-	-	-	396,358	-
Delayed Discharge Reduction- Additional Care at Home Packages	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Delayed Discharge Reduction- Other measures	65,604	4,362	4,362	4,362	4,362	4,362	4,362	4,362	4,362	5,000	5,000	5,000	115,500	-
Personal protective equipment	185,330	185,330	199,650	173,716	204,565	188,626	97,704	95,389	100,976	97,255	97,255	97,255	1,723,052	-
Deep cleans	-	-	1,195	(1,195)	-	-	-	-	-	-	-	-	-	-
COVID-19 screening and testing for virus	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Facilities cost including impact of physical distancing measures	-	-	8,339	391	132	392	9,497	2,255	2,296	2,589	2,589	2,589	31,068	-
Additional staff Overtime and Enhancements	70,596	43,682	47,882	19,489	57,510	34,153	37,027	35,024	37,011	38,006	38,006	38,006	496,392	-
Additional temporary staff spend - Student Nurses & AHP	-	-	369,226	101,111	139,650	74,733	29,395	(6,468)	(23,171)	-	-	-	684,475	-
Additional temporary staff spend - Health and Support Care Workers	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional temporary staff spend - All Other	-	-	41,206	45,673	253,332	35,198	59,693	58,758	68,331	68,331	68,331	68,331	767,185	-
Social Care Provider Sustainability Payments	-	-	265,254	223,934	314,525	313,608	288,857	247,300	112,500	412,367	412,367	412,367	3,003,080	-
Social Care Support Fund- Costs for Children & Families Services (where delegated to HSCP)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other external provider costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional costs to support carers	-	-	-	-	12,602	(12,602)	-	-	-	-	-	-	-	-
Mental Health Services	-	-	-	-	-	-	-	-	26,530	44,823	44,823	44,823	161,000	-
Additional payments to FHS contractors	-	-	-	28,370	4,820	-	6,742	2,500	21,790	7,136	7,136	7,136	85,629	-
Additional FHS Prescribing	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Community Hubs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other community care costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Loss of income	88,500	88,500	88,500	88,500	88,500	88,500	44,250	-	-	92,583	92,583	92,583	853,000	-
Staff Accommodation Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Travel Costs	-	-	5,857	1,755	1,567	1,028	1,019	1,250	784	1,473	1,473	1,473	17,680	-
Digital, IT & Telephony Costs	-	-	937	(877)	16,810	6	6	6	6	6	6	6	16,914	-
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Equipment & Sundries	-	59,055	16,479	22,141	(10,294)	1,033	3,290	3,769	2,105	4,280	4,280	4,280	110,419	-
Homelessness and Criminal Justice Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Children and Family Services	6,952	12,166	20,856	34,760	34,760	34,760	29,546	29,546	29,546	17,626	17,626	17,626	285,771	-
Prison Healthcare Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hospice - Loss of income	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Staffing support, including training & staff wellbeing	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Resumption & redesign of primary care/contractor services to support access to urgent care in hours and OOH	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Costs associated with new ways of working- collaborative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Winter Planning	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	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	-
Other - Please update narrative	-	13,555	7,673	7,673	7,673	7,673	-	-	-	-	-	-	44,247	-
Other - Please update narrative	-	-	-	-	-	-	-	6,600	6,600	6,600	6,600	6,600	33,000	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	10,933	10,933	10,933	32,800	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Offsetting cost reductions - HSCP	(108,007)	(108,007)	(108,007)	(68,583)	(68,583)	(68,583)	-	-	-	-	-	-	(529,770)	-
Total	429,922	416,052	1,086,819	798,627	1,179,340	734,536	643,038	511,940	421,317	840,659	840,659	840,659	8,743,569	-
													Subtotal	8,743,569
Expected underachievement of savings (HSCP)	141,500	141,500	141,500	141,500	141,500	141,500	47,167	47,167	47,167	158,833	158,833	158,833	1,467,000	-
Total	571,422	557,552	1,228,319	940,127	1,320,840	876,036	690,204	559,107	468,484	999,493	999,493	999,493	10,210,569	-
												Total		10,210,569

Integration Joint Board
18 March 2021

Subject: IJB 2021-22 BUDGET

Purpose: To update the IJB on the financial position for the partnership for 2021-22, including the proposed delegated funding, service budget pressures, plans developed to set a balanced budget and the associated risks.

Recommendation: That the Board:
(a) approves the budget for 2021-22 for North Ayrshire Health and Social Care Partnership inclusive of all pressures and savings, noting that the funding position is subject to confirmation by NHS AA;
(b) approves the proposed use of reserves as set out in section 3.4, including £1.116m of IJB general fund reserves to balance the budget for 2021-22 on a non-recurring basis;
(c) accepts the delegation of financial responsibility for the rehabilitation wards at the Ayrshire Central Site (Douglas Grant and Redburn) from 1 April 2021; and
(d) approve the removal of charges for residential respite services

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
IJB	Integration Joint Board
NAHSCP	North Ayrshire Health and Social Care Partnership
NAC	North Ayrshire Council
CAMHS	Child and Adolescent Mental Health Services
FPC	Free Personal Care
PCIF	Primary Care Improvement Fund
ADP	Alcohol and Drugs Partnership
PfG	Programme for Government
UnPACs	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
SLA	Service Level Agreement

1.	EXECUTIVE SUMMARY
1.1	The report outlines the funding allocations from NAC and NHS AA, the service pressures, resulting budget gap and the savings plan for 2021-22. The budget for NAC was set on 4 March and NHS AA will set their budget on 29 March, the funding assumption from NHS AA reflected in the report is based on the expected funding settlement, if this changes the plans for the IJB will require to be re-visited.

1.2	The intention was to bring a refreshed 3-year Medium Term Financial Plan to the IJB for approval, this has not been possible due to the reasons outlined in the report. report instead focusses on balancing the budget for 2021-22 and gaining approval for the pressures and savings plans prior to the start of the new financial year. The MTFP will be refreshed over the summer and brought to the IJB for approval later in the year.																				
1.3	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 outlined in the report (indicative for NHS AA) meets those Scottish Government requirements.																				
1.4	<p>The table below summarises the overall financial position for 2021-22:</p> <table><tr><th></th><th>Social Care (NAC) £m</th><th>Health (NHS AA) £m</th><th>Total £m</th></tr><tr><td>Funding Increase</td><td>0</td><td>1.528</td><td>1.528</td></tr><tr><td>Funded Pressures</td><td>(3.518)</td><td>(1.916)</td><td>(5.434)</td></tr><tr><td>Budget Gap</td><td>(3.518)</td><td>(0.388)</td><td>(3.906)</td></tr><tr><td>% Baseline Budget</td><td>(2.91%)</td><td>(0.38%)</td><td>(1.75%)</td></tr></table> <p>The approval of the savings plans included in Appendix C will partially address the budget gap together with a review of previously approved budget pressures which are no longer required to be held for the intended purpose. The overall balance will require to be met on a non-recurring basis by a drawn down on IJB reserves carried forward from 2020-21 which will result in a balanced budget for 2021-22.</p>		Social Care (NAC) £m	Health (NHS AA) £m	Total £m	Funding Increase	0	1.528	1.528	Funded Pressures	(3.518)	(1.916)	(5.434)	Budget Gap	(3.518)	(0.388)	(3.906)	% Baseline Budget	(2.91%)	(0.38%)	(1.75%)
	Social Care (NAC) £m	Health (NHS AA) £m	Total £m																		
Funding Increase	0	1.528	1.528																		
Funded Pressures	(3.518)	(1.916)	(5.434)																		
Budget Gap	(3.518)	(0.388)	(3.906)																		
% Baseline Budget	(2.91%)	(0.38%)	(1.75%)																		
1.5	<p>The budget gap position following the identification of savings, review of pressures and general fund reserves is summarised below:</p> <table><tr><th></th><th>Social Care (NAC) £m</th><th>Health (NHS AA) £m</th><th>Total £m</th></tr><tr><td>Budget Gap</td><td>3.518</td><td>0.388</td><td>3.891</td></tr><tr><td>Budget Pressures Review</td><td>-</td><td>(0.262)</td><td>(0.262)</td></tr><tr><td>Savings</td><td>(2.402)</td><td>(0.126)</td><td>(2.528)</td></tr><tr><td>Revised Budget Gap</td><td>1.116</td><td>-</td><td>1.116</td></tr></table> <p>There is a projected underspend of £3.497m during 2020-21 which will be carried forward in the general fund reserve of the IJB, it is proposed that £1.116m of this balance is earmarked to achieve a balanced budget for the IJB for 2021-22 on a non-recurring basis.</p>		Social Care (NAC) £m	Health (NHS AA) £m	Total £m	Budget Gap	3.518	0.388	3.891	Budget Pressures Review	-	(0.262)	(0.262)	Savings	(2.402)	(0.126)	(2.528)	Revised Budget Gap	1.116	-	1.116
	Social Care (NAC) £m	Health (NHS AA) £m	Total £m																		
Budget Gap	3.518	0.388	3.891																		
Budget Pressures Review	-	(0.262)	(0.262)																		
Savings	(2.402)	(0.126)	(2.528)																		
Revised Budget Gap	1.116	-	1.116																		
1.6	A number of financial risks areas are highlighted in the report and the IJB are asked to note these at this stage, the IJB may be asked during 2021-22 to approve any appropriate action to mitigate or manages these areas. The main risks include the ongoing response to the Covid-19 pandemic, the pending pay award for Local Government and NHS staff and the negotiated uplifts for the National Care Home Contract and																				

1.7	The proposed integrated budget for the IJB is £291.702m (inclusive of the estimated Set Aside budget of £36.978m). A summary of the 2021-22 budget and net budget increase is detailed within Appendix A.
1.8	<p>The budget assumes that all 2021-22 Covid related costs will be fully funded and the impact of non-recurring costs has not been included in budget planning assumptions. 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. We have contributed to the NHS AA Re-mobilisation Plan submitted to the Scottish Government at the end of February covering the period to March 2022 which describes the recovery and re-mobilisation of services next year and the associated resource requirements.</p> <p>There is a risk that if the full cost of the Covid-19 response is not funded in 2021-22 the IJB may require to recover any overspend in-year. As noted in the financial monitoring report there has been additional funding allocated to IJBs during 2020-21 for use in future years and this will be carried forward in IJB reserves for use in future years which will reduce the risk of exposure to funding for Covid costs.</p>
2.	BACKGROUND
2.1	<p>The Integration Scheme outlines a process of planning for budgets in future years where the Chief Officer and the Chief Finance Officer develop the funding requirements for the Integrated Budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget setting process. This includes consideration of pay awards, contractual uplifts, prescribing, resource transfer and ring-fenced funds. The Integration Scheme approved by Scottish Ministers states that following determination of the Council and NHS payments to the IJB, the IJB will refine its Strategic Plan to take account of the totality of resources available and there is an implicit requirement to set a balanced budget prior to the new financial year.</p> <p>The process as outlined in the Integration Scheme has been eroded in recent years with Scottish Government directives and expectations in relation to funding levels to be passed on to IJBs. Whilst the IJB are required to engage with the partner bodies in relation to budget pressures and savings the overall funding allocation will reflect an element of ring fencing and settlement conditions in relation to funding for IJBs.</p>
2.2	NATIONAL POSITION – SCOTTISH GOVERNMENT FUNDING
2.2.1	Scottish Government Medium Term Health and Social Care Financial Framework
	<p>The Scottish Government published its Medium-Term Health and Social Care Financial Framework in October 2018. This looked at current Health and Social Care expenditure, future demand, the future shape of health and social care expenditure and reforming health and social care.</p> <p>The focus of the financial framework is in the main health and social care expenditure commitments, as set out below:</p> <ul style="list-style-type: none"> • 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 course of 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.

	<ul style="list-style-type: none"> • Funding for primary care will increase to 11% of the frontline NHS budget by 2021-22. Half of this will be invested directly into GP services with the remainder in primary care services provided in the community; and • The share of frontline NHS budget dedicated to mental health, and to primary, community and social care will increase every year of the parliament. These services are managed by Integration Authorities. <p>The above framework was published pre Covid-19. The Scottish Government's Medium-Term Financial Plan published in January 2021 outlined:</p> <ul style="list-style-type: none"> • While it is too early to fully assess the impact of COVID-19 on spending trajectories for 2020-21 and beyond, it is clear that the epidemic has caused significant additional costs and impacted on non-COVID-19-related healthcare in order to provide the necessary capacity in the system. • Recovering from wider impacts of COVID-19 will take time and will also come with additional costs that create pressures on medium-term spending growth for the sector. • We are currently revisiting the performance and financial assumptions that underpin the Financial Framework. This will set out the anticipated next steps in the financial arrangements for our health and care services for future years and will provide further detail on our delivery of the outcomes in the PfG and the Scottish Budget for 2021-22. <p>The Scottish Budget for 2021-22 highlighted:</p> <ul style="list-style-type: none"> • investment in the Health and Sport Portfolio will increase to over £16 billion, with a further £869 million of funding to address pressures related to COVID-19. • Primary Care is central to our health and care services, and we will further increase our Primary Care Fund from £195 million to £250 million in 2021-22. This includes support for delivery of the new GP contract and for wider Primary Care reform. • Direct investment in mental health services will increase to £139 million, taking overall spending in mental health to over £1.1 billion. • Recognising the continued importance of the care sector, a total of £883 million will be passed from the Portfolio in 2021-22 to support social care and integration. Note that only £72.6m of this is new funding and is tied to Scottish Government policies. • Additional £50 million in 2021-22 to support our national mission to reduce drug deaths.
2.2.2	<p>Finance Settlement Conditions</p>
	<p>As part of the Scottish Government budget and finance settlement funding letters were issued to NHS Boards and Councils, these detailed the requirements in relation to the level of funding to be delegated to IJBs in 2021-22 (copies in Appendix E).</p> <p>The specific requirements are as follows:</p> <ul style="list-style-type: none"> • In 2021-22, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020-21 agreed recurring budgets. • In addition to this, and separate from the Board Funding uplift, the Health Portfolio will invest a further £72.6 million in Local Authorities for investment in adult social care and integration. This takes the total funding transferred from the health portfolio to £883 million in 2021-22. • The additional £72.6 million will support delivery of the Living Wage (£34 million), continued implementation of the Carers Act (£28.5 million) and uprating of free personal care (£10.1million).

- The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2020-21 recurring budgets for adult social care services that are delegated.
- Therefore, Local Authority adult social care budgets for allocation to Integration Authorities must be £72.6 million greater than 2020-21 recurring budgets.
- In addition there are monies for Primary Care, Waiting Times, MH and CAMHS, Trauma Networks and Drugs Deaths to be allocated in-year.
- MH – Funding of £111.1 million will be directed to a range of partners for investment to support mental health, and children and young people's mental health. As part of the 2021-22 budget there is £15 million to support the continued establishment of new Community Mental Health and Wellbeing Services.
- Alcohol and Drugs – The 2021-22 Portfolio budget provides an additional £50 million targeted towards reducing drugs deaths. This forms part of a total of funding of £250 million over the next five years and will support further investment in a range of community-based interventions, including primary prevention and expansion of residential rehabilitation.
- Outcomes framework increases from £71.9m nationally to £74.1m (previous years have seen a 5% reduction). Scottish Government finance colleagues have confirmed that there are no assumptions re reductions 'hidden' in the increased figure.

It is anticipated that the Scottish Government will again seek assurance from partnerships that these conditions are being met.

2.3 NORTH Ayrshire Position – Partner Funding

2.3.1	North Ayrshire Council
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For the last two years the budget settlement for IJBs included an allocation of funding to recognise the growth and demand for social care services, with previous settlements resulting in additional allocations above baseline and Scottish Government policy areas with funding allocations for North Ayrshire of £1.389m and £1.612 for 2019-20 and 2020-21 respectively. There was no allocation for general social care pressures in the 2021-22 budget settlement.

Based on the Finance Settlement £72.6m of ring-fenced funding is required to be passed through to the IJB by local authorities. North Ayrshire Council set their budget on 4 March 2021 where they approved an additional contribution for the IJB of £1.861m for 2021-22. The additional funding is the share of the £72.6m nationally transferred from the health portfolio (£2.042m) as well as the full year impact and adjustments to previously allocated funding (£0.181m).

The partnership engaged with the Council budget process providing estimates of cost pressures and area of service redesign to deliver savings, however there was no additional funding awarded for cost pressures beyond the nationally transferred funding for Scottish Government policies. This is a 'flat cash' situation where cost pressures, including the staff pay award, require to be funded by savings. There will not be any further funding made available during the financial year for pressures, for example if the Local Government pay award exceeds the current public sector pay policy.

A summary of the additional £72.6m funding is noted below:

Policy Area	National Allocation £'m	North Ayrshire Allocation
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		£'m
Living Wage	34.0	0.971
Uplift to Free Personal Care	10.1	0.267
Carer's Act	28.5	0.804
General pressures	-	-
TOTAL	72.6	2.042
<i>General Funding Reductions:</i>		
Criminal Justice		(0.109)
Eligibility for Aftercare		(0.006)
Kinship Care		(0.039)
Continuing Care		(0.022)
Throughcare and Aftercare		(0.005)
TOTAL		1.861

It is anticipated that for the policy areas where funding is allocated, i.e. the Living Wage, Free Personal Care, and the Carer's Act the cost of delivering on these priority areas will match the funding allocation.

Included within other funding allocations is a funding reduction to the ring-fenced grant for Justice Services. This funding reduction alongside the requirement to fund inflationary cost increases for the service from within the ring-fenced grant will be challenging for the service during 2021-22. The service are working through the potential impact and where this cannot be mitigated on a recurring basis, they will follow this up with a report to the IJB. There is the potential for this to be mitigated in the short term as there could be additional funding from the Scottish Government to assist with the remobilisation of some areas of Justice Services.

For years 2022-23 and 2023-24 the financial planning assumption from the Council is that that financial pressures facing the IJB will be fully met by savings, i.e. a flat cash financial settlement is assumed.

In addition to the delegated funding allocation to the IJB the Council budget includes £1.486m, set aside to support repayment of the IJB debt to the Council, this budget allocation remains unchanged for 2021-22.

2.3.2 NHS Ayrshire and Arran

The Scottish Government letter outlines the expectations in terms of resource for IJBs including a directive for a funding uplift to be applied, this is the same approach taken in 2021-22 and again is not the bottom up approach traditionally adopted under the Integration Scheme.

In relation to the Scottish Government directive, the elements which impact on the IJB Health funding allocation are noted below:

- In 2021-22, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020-21 agreed recurring budgets.
- In addition there are monies for Primary Care, Waiting Times, MH and CAMHS, Trauma Networks and Drugs Deaths to be allocated in-year. We are currently awaiting further information on these allocations.
- MH – Funding of £111.1 million will be directed to a range of partners for investment to support mental health, and children and young people's mental health. As part of the 2021-22 budget there is £15 million to support the

	<p>continued establishment of new Community Mental Health and Wellbeing Services.</p> <ul style="list-style-type: none"> • Alcohol and Drugs – The 2021-22 Portfolio budget provides an additional £50 million targeted towards reducing drugs deaths. This forms part of a total of funding of £250 million over the next five years and will support further investment in a range of community-based interventions, including primary prevention and expansion of residential rehabilitation. • Outcomes framework increases from £71.9m nationally to £74.1m (previous years have seen a 5% reduction). Scottish Govt confirmed that there are no assumptions re reductions ‘hidden’ in the increased figure. <p>The 1.5% uplift is based on the payroll assumptions for the Scottish Public Sector Pay Policy, i.e. 3% for salaries up to £25K and 1% for those earning above £25K (capped at £800). Any pay award agreed above this public sector pay policy assumption will result in the funding for NHS Boards, and IJBs, being revisited during the year in line with the outcome of pay negotiations.</p>
	<p>Discussions have taken place with Health Board colleagues in relation to the funding for 2021-22, received there is an expectation that the Health Board plans will reflect the pass through of the 1.5% to the IJB. The IJB will then plan to fund pressures and develop savings plans within the overall financial allocation. This has not been formally approved and the Health Board will meet on 29 March to set their budget, including agreeing funding allocations for partnerships. The assumption in this financial position is that this will be basis of the funding allocation, if the Health Board decision does not reflect this position this will require to be updated and brought back to the IJB for further consideration.</p> <p>Assuming the 1.5% Health Board uplift is passed through to the IJB there has been a determination of the value of the uplift on that basis. The Health Board will delegate each IJB a budget based on a delegated service basis, the position in this report reflects the position on a managed basis as this is the position delegated to the North partnership to financially manage. The Ayrshire Finance Leads have agreed the reconciliation of the uplift and pressures from an IJB to managed basis.</p> <p>The baseline budget requires to be appropriately adjusted to not apply the uplift where:</p> <ul style="list-style-type: none"> • There are significant in-year allocations of funding, these allocations do not form part of the Health Board baseline funding to which the annual uplift is applied, for example Action 15 Mental Health funding. • There are separate risk sharing arrangements in place, e.g. prescribing. • There is a separate uplift basis other than the general board uplift, e.g. GMS. <p>The determination of the appropriate baseline budget to apply the uplift has been agreed with the Ayrshire Finance Leads and the Health Board Director of Finance.</p>

The calculation of the baseline uplift is detailed in the table below:

	£m	
2020-21 Budget	164.324	As per period 9 monitoring report.
<i>Less:</i>		
In-year allocations	(3.824)	Action 15, Mental Health Bundle, District Nurses, Veterans, ADP, Winter Plan, Local Improvement Fund
Covid Funding	(8.937)	Covid Funding
Risk Sharing	(29.232)	Prescribing
Different Uplift	(20.496)	General Medical Services (GMS)
Revised Baseline	101.835	
1.5% Uplift	1.528	

The expectation is that on a managed basis a baseline funding uplift of £1.528m will be passed through to the IJB from the Health Board.

The 2021-22 baseline budget includes the Douglas Grant and Redburn Wards (£2.719m). These were operationally managed by the North HSCP during 2020-21 but the IJB have not accepted the delegated budget as following due diligence there was a budget shortfall in these wards which requires to be addressed prior to fully accepting financial responsibility for the wards. There are now plans to reduce the capacity of the Redburn Ward from 30 beds to 20 beds which reduces the budget shortfall and therefore the IJB are recommended to accept full operational and financial responsibility for the wards from 1 April 2021. This approach has been agreed with NHS A&A.

2.3.3 The benefits of a delegated funding approach from both partners are:

- The IJB can manage the budget process in terms of developing pressures and savings (including providing for those pressures not planned to be funded by partners), providing greater transparency and governance re decision making.
- Allows resource to be allocated by the IJB in line with the priorities in the Strategic Plan.
- Allows the SG directive to be followed, not only in terms of application of the uplift but also in terms of priority areas to be protected (e.g. Mental Health and Drug and Alcohol services).
- Facilitates the ongoing in-year management of the IJB financial position in relation to the funding and budget being managed on an integrated way to deliver financial balance.
- Supports future years planning and the development of a Medium-Term Financial Plan, supporting an earlier approach to financial planning and an integrated approach to distribution of resource.
- Aligns with the proposals in the review of integration for budget planning and resource delegation for IJBs.

3.	PROPOSALS
3.1	2020-21 FINANCIAL POSITION
	<p>The overall projected outturn position for 2020-21 as at period 10, is a projected year-end underspend of £3.497m. This is the position following the full funding announcement for Covid-19 which totals £10.2m for 2020-21.</p> <p>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. This position is likely to be sustained until the financial year end, and as all Covid-19 costs are fully funded, the IJB will underspend and repay £1.5m of the debt to North Ayrshire Council as planned.</p> <p>The savings plan for 2020-21 anticipates that a total of £2.394m of savings will be delivered in-year, with £1.467m of savings potentially delayed or reduced. The delays are due to Covid-19 and the main areas are:</p> <ul style="list-style-type: none"> • External residential placements – the savings for 2021-22 have been adjusted to reflect the delays from 2020-21. • LD Day Services – the plans for the review of day services have been delayed due to the inability to effectively engage with staff on the proposed changes. • Adult Community Support CM2000 – this was delayed due to providers and service focussing on the Covid related service and staffing issues, however is now fully implemented and the full impact of the system saving should be achieved during 2021-22.
3.2	2021-22 REVENUE BUDGET PLANS
	<p>NAHSCP 2021-22 integrated budget is expected to be £254.724m (excluding Set aside) and £291.702m (including Set Aside budget of £36.978m).</p> <p>A summary of the 2021-22 total budget and net funding increase is detailed within Appendix A. The pressures and savings are detailed separately in Appendix B (pressures) and C (savings). Sections 3.2.1 to 3.2.4 provide an overview of the pressures and savings.</p>
3.2.1	BUDGET PRESSURES
	<p>NAHSCP service cost and demand pressures are detailed within Appendix B.</p> <p>New budget pressures for health and social care services total £5.434m. These have been developed in partnership with finance supporting front line services to identify current and emerging financial pressures considering historic demand and costs and potential future variations. The provision of funding for pressures has the impact of increasing the budget gap to be addressed through savings, therefore the pressures are only included in budget plans where these are absolutely unavoidable. The pressures have been subject to a rigorous challenge process, both within the service, within the HSCP directorate, by finance and by peers. The pressures recommended for approval have been through this challenge process and are deemed to be unavoidable and therefore recommended for approval.</p> <p>The pressures are noted below with full detail in Appendix B:</p>

Category	Social Care (NAC)	Health (NHS A&A)	TOTAL
	£m	£m	£m
Pay pressures	1.915	1.106	3.021
Demographic Pressures	0.693	-	0.693
Transitions of Care	0.856	-	0.856
Contract Inflation	0.396	0.100	0.496
Pan Ayrshire Pressures	-	0.301	0.301
Resource Transfer Inflation	(0.342)	0.342	-
Other	-	0.067	0.067
Total New Pressures	3.518	1.916	5.434
Previous Pressures	-	(0.262)	(0.262)
NET FUNDED PRESSURES	3.518	1.654	5.172

During 2020-21 provision was made for health Lead Partnership pressures recognising the North Ayrshire contribution towards pressures faced for services led by East or South. These pressures were agreed with the Ayrshire Finance Leads with an agreement that the IJBs have a shared responsibility to fund. Following a review of these pressures £0.262m has been identified as not being required for 2021-22. £0.208m of this relates to the Ayrshire Urgent Care service with the remainder relating to funding set aside for care packages, neither of these amounts are required to be provided for in the budget.

The pay award assumption in the budget is different for Local Government than the NHS, as there is an expectation that no additional funding would be provided for a pay award higher than the public sector pay assumption for the Local Government workforce. Therefore a 3% provision for the pay award for Social Care is provided for in the budget pressures. If the Social Care element was reduced in line with the Scottish Public Sector Pay Policy, as per the NHS, the estimated cost would reduce the pressures by £0.585m.

In addition to the above pressures there are the Scottish Government priorities as outlined in the table in paragraph 2.3.1. It is assumed that the costs associated with these pressures will be matched by the additional funding provided.

The IJB budget planning discussions for 2021-22 included a number of potential pressure areas where the pressures were not recommended to be specifically provided for in the budget. This is because there are uncertainties around the value of the pressure or the costs were to be managed in-year either by developing a financial recovery plan or within the overall in-year financial position.

The pressures were noted as including:

- General Medical Services – Maternity and Paternity Payments
- GP practices in difficulty – this pressure did not impact during 2020-21 but will remain a financial risk in future years
- Daldorch income – pan-Ayrshire recurring pressure due to a change in the service from being a national children's unit, early discussions are taking place Pan-Ayrshire to mitigate this pressure

Prescribing remains the responsibility for the Health Board to fund as under the terms of the Integration Scheme the Board underwrite the prescribing risk across all three

Ayrshire IJBs. Prescribing is a volatile budget and the approach is to minimise risk across years with the Health Board retaining responsibility for any under or overspends, as such no pressures or savings are detailed for prescribing.

A new pressure of £0.5m was provided for as part of the 2020-21 budget to be set aside on a recurring basis for investment in Unscheduled Care. Plans to invest this funding were delayed due to the pandemic, however the amount remains set aside in the budget. There is much learning from the Covid pandemic in how we have managed unscheduled care, improved delayed discharge performance and worked with acute colleagues to improve communication and joint working to improve the position. This learning will inform the plans to invest this resource to work towards sustaining and improving our performance, one of the priority areas being enhancing our hospital based social work team. Further updates on these plans will be provided to the IJB through the regular financial performance reports.

3.2.2 SCOTTISH GOVERNMENT POLICY AREAS

The finance settlement includes funding for investment in health and social care integration aligned to Scottish Government policy areas, a summary of this funding is below:

Policy Area	National Allocation £'m	North Ayrshire Allocation £'m
Living Wage	34.0	0.971
Uplift to Free Personal Care	10.1	0.267
Carer's Act	28.5	0.804
TOTAL	72.6	2.042

The Living Wage will increase from £9.30 per hour to £9.50 per hour (2.2%) from 1 April 2021. This will increase the hourly rates being paid to providers and self-directed support recipients as follows:

	2020-21 Rate Per Hour	2021-22 Rate Per Hour
Care at Home & Housing Support	£17.36	£17.75
Sleepovers	£11.46	£11.71
Personal Assistant Day Time Hourly Rate	£12.66	£12.93
Personal Assistant Sleepover Hourly Rate	£11.73	£11.99

The cost of this rate uplift will be met from the funding allocated for the Scottish Living Wage as part of the £72.6m.

In addition, an element of the National Care Home Contract uplift relates to the Living Wage and the uplift in the Free Personal Care rate increases the cost of care home placements. Additional funding will be required to support these pressures, the residual pressure for the IJB in relation to the NCHC being the staffing elements not covered under the LW arrangement and the non-staff costs. The NCHC rate has not yet been agreed for 2021-22 and the net pressure position is based on a planning assumption of the uplift rate, this remains a risk until the uplift is agreed.

The Carer's Act funding is aligned to the support for unpaid carers and is intended to put in place supports identified through Carers Assessments and other supports for carers. It is proposed that part of the increase in Carer's Funding is used to waive residential respite charges for all recipients of the service. Charges are required to be waived where a need is identified through a carer's assessment, however not all those accessing residential respite services have taken up the offer of a carers assessment. On the basis that residential respite care is provided primarily to provide a break for carers it would be in the spirit of the Act to waive all charges for this service, regardless of whether a Carer's assessment has been undertaken. The waiving of charges will result in an estimated loss of income of £0.157m which can be met from the increase in funding.

Effective support for carers is not a new issue but the increasing pressures on carers and local carers services have been highlighted throughout the current pandemic. Support for carers is also a significant focus of the Independent Review of Adult Social Care, which recommends that carers need better, more consistent support to carry out their caring roles and to take a break from caring. We will focus on reinvigorating the Carers supports during 2021-22 with a targeted plan to ensure the resources are used in the most effective way, a further update will be brought to the IJB later in the year.

3.2.3 BUDGET GAP

A summary of the budget gap and overall savings requirement is outlined below:

	Social Care (NAC) £m	Health (NHS AA) £m	Total £m
Funding Increase	0	1.528	1.528
Net Funded Pressures	(3.518)	(1.654)	(5.172)
Budget Gap	(3.518)	(0.126)	(3.644)
% Baseline Budget	(2.91%)	(0.12%)	(1.64%)

Whilst there is no specific statutory responsibility for the IJB to set a balanced budget by a specific date, there is an implicit requirement outlined in the Integration Scheme and in terms of best practice for financial planning and management a balanced budget should be approved and set prior to the start of the new financial year.

3.2.4 BUDGET SAVINGS

Savings in relation to NAC and NHS commissioned services are detailed within Appendix C. The savings are RAG rated informed by an overall assessment of the ease of delivery and the impact on services, indicating an overall risk of deliverability.

RAG Deliverability Status	Social Care (NAC) £m	Health (NHS A&A) £m	Total £m
Red	-	-	-
Amber	0.204	-	0.204
Green	2.198	0.126	2.324
TOTAL	2.402	0.126	2.528

The IJB are recommended to approve the savings proposals. The savings do not fully address the budget gap of £3.644m and it proposed that the balance of £1.116m is met by a non-recurring draw on the reserves carried forward from 2020-21. Use of

	<p>reserves is a temporary solution and is not a sustainable solution. Health and Social Care services are at this time still in the midst of responding the demands of the Covid-19 pandemic, therefore at this stage it is not recommended to go back to services to request further savings proposals, particularly when there are so many unknowns to the budget next year including the ongoing pay negotiations, the National Care Home Contract negotiations and the ongoing impact of Covid-19 on services and the overall financial position.</p> <p>This draw on reserves will reduce if the Social Care element of the pay award pressure settles at less than 3% across all staff. If the pay settlement is in line with the Scottish Public Sector Pay Policy the draw on reserves would reduce by £0.585m.</p>																
3.2.5	MENTAL HEALTH SERVICES																
	<p>The North partnership lead on acute Mental Health services across Ayrshire and therefore require to ensure that the services have plans to balance the budget moving into 2021-22. We have developed plans to ensure that lead partnership Mental Health services are sustainable and are not impacted by pressures elsewhere in services.</p> <p>The overall position for the lead partnership element of the North managed budget is summarised below:</p> <table border="1"> <thead> <tr> <th></th><th>£m</th></tr> </thead> <tbody> <tr> <td>2020-21 Baseline Budget</td><td>46.576</td></tr> <tr> <td>1.5% Baseline funding uplift</td><td>0.699</td></tr> <tr> <td>Pay Pressures (mainly pay related)</td><td>(0.665)</td></tr> <tr> <td>Non-pay Pressures</td><td>(0.150)</td></tr> <tr> <td>Budget Gap/Savings Requirement</td><td>(0.116)</td></tr> <tr> <td>Savings - Elderly Mental Health Bed Review</td><td>0.116</td></tr> <tr> <td>Net</td><td>-</td></tr> </tbody> </table> <p>The saving outlined to address this budget gap is included in Appendix C.</p> <p>Significant savings have been delivered to date from the review of Elderly Mental Health inpatient services at the Ailsa site, with over £1.9m released to date either as resource transfer for patients or to address CRES savings requirements. There is a remaining uncommitted amount of £0.371m (net of the savings above) which has been subject to discussion on a pan Ayrshire basis and agreement will require to be reached across the three Ayrshire partnerships on how any resource should be distributed. There are a number of proposals being developed for Mental Health services which will require investment and this resource will be held in the Lead Partnership until such time agreement is reached.</p>		£m	2020-21 Baseline Budget	46.576	1.5% Baseline funding uplift	0.699	Pay Pressures (mainly pay related)	(0.665)	Non-pay Pressures	(0.150)	Budget Gap/Savings Requirement	(0.116)	Savings - Elderly Mental Health Bed Review	0.116	Net	-
	£m																
2020-21 Baseline Budget	46.576																
1.5% Baseline funding uplift	0.699																
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Non-pay Pressures	(0.150)																
Budget Gap/Savings Requirement	(0.116)																
Savings - Elderly Mental Health Bed Review	0.116																
Net	-																
3.2.6	FUTURE PLANNED BUDGET ADJUSTMENTS																
	<p>The podiatry budget is held by East HSCP and work is underway to devolve this to each partnership. Information on this will be presented to a future IJB.</p> <p>The previous risks and transfers of the two Rehab Wards at Ayrshire Central (Redburn and Douglas Grant) and also the commissioning of beds at Ward 2 by East Ayrshire HSCP have been resolved as part of the 2021-22 budget.</p>																
3.3	ACUTE SET ASIDE BUDGET																

	<p>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.</p> <p>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.</p> <p>This has not been achieved in Ayrshire and Arran during the current financial year as the priority was the response to Covid-19. However preparatory work is well underway with 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.</p> <p>The budget for set aside resources for 2021-22 is £36.978m. This is based upon 2019-20 actual activity (£35.371m) inflated by the 3% uplift for 2020-21 and the 1.5% baseline uplift for 2021-22. 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 is anticipated that 2021-22 will be used as a shadow year for these arrangements. A further update will be provided to IJBs as this work progresses.</p>
3.4	<p>IJB RESERVES</p> <p>The IJB is established as a Local Government body therefore has the ability to hold reserve balances. Reserve balances are held as part of an approach to good financial management, the purpose of reserves is as follows:</p> <ul style="list-style-type: none"> a) As a working balance to help cushion the impact of uneven cash flows; b) As a contingency to manage the impact of unexpected events or emergencies; and c) As a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities. <p>The balance of reserves should be considered as part of the budget setting process. The IJB has a reserves policy in place which outlines an optimum value of reserves to be held uncommitted in contingency, this is currently set as 2% to 4% of net expenditure, based on the lower value this would be £5m. Given the ongoing requirement to deliver significant savings and continue the response to Covid-19 this optimum reserves balance is aspirational.</p> <p>The position in the North Ayrshire IJB is unique in that we 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. There is currently £1.486m of resource set aside outwith the IJB delegated budget to repay this debt. There is no expectation from North Ayrshire</p>

Council that the IJB increase this annual debt repayment as a consequence of any underspend in the IJB budget.

There has been further additional funding allocated to IJBs from the Scottish Government during 2020-21 for use in future years, there is an expectation that IJBs will carry forward these funds in reserves. This additional funding relates to:

	National Amount £m	North Share £m
Further Integration Authority Support	100.0	2.840
Adult Social Care Winter Plan	40.0	1.238
Community Living Change Funding	20.0	0.513
Primary Care Improvement Fund	38.2	0.657
Action 15	11.2	0.433
ADP	8.1	0.131
TOTAL	217.5	5.812

In addition, the projected outturn position at period 10 for the IJB is a year-end underspend of £3.497m, with further detail on this included in the financial management report.

The estimated position, based on the current projected outturn position, for IJB reserves is noted below:

	General Fund Reserves		Earmarked Reserves		Total £m
	Debt to NAC £m	Free GF £m	SG Funding £m	HSCP £m	
Opening Balance at 1 April 2020	(5.293)	-	0.207	-	(5.086)
<i>Movement in-year:</i>					0.000
Planned Debt Repayment	1.486				1.486
Projected Outturn (at period 10)		3.497			3.497
Use of SG Funding			(0.207)		(0.207)
Additional SG Funding			5.812		5.812
Est Balance at 31 March 2021	(3.807)	3.497	5.812	-	5.502
<i>Proposed Use of Reserves:</i>					
Earmarked for 21-22 Budget		(1.116)			(1.116)
Establish Challenge Fund		(0.500)		0.500	-
Revised Est Balance at 31 March 2021	(3.807)	1.881	5.812	0.500	4.386

The earmarked reserve balances relate to ring-fenced funding for the ADP, Mental Health Action 15, PCIF and the additional Integration Funding set out in the table above, including funding to assist with ongoing Covid costs.

It is proposed to establish a challenge fund reserve of £0.5m to assist the HSCP with developing longer term plans for delivering savings and service improvement. One of the main areas this would support would be the investment in technology solutions. The allocation and assessment of this funding would be determined by the PSMT with reporting of progress through the financial monitoring report to the IJB.

	<p>It is anticipated that a further earmarked reserve will be established at the financial year-end in relation to the Douglas Grant ward in relation to the Major Trauma Network development.</p> <p>The 'free' general fund balance of £1.881m is proposed to be held as a contingency balance, this equates to around 0.07% of the IJB budget for 2021-22 so remains short of the target of 2% but does demonstrate progress towards establishing a contingency reserve. The final position for reserves will be outlined in the year-end outturn report in June 2021 and in the Annual Accounts. Any movement in the year-end outturn position will be adjusted in the free general fund balance.</p>
3.5	FINANCIAL RISKS
	<p>There are a number of ongoing financial risk areas that may impact on the 2021-22 budget during the year, these include:</p> <ul style="list-style-type: none"> • 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 managing pressures and reporting this across the 3 IJBs • The impact on Lead partnership and acute services from decisions taken by other Ayrshire areas • 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 and the funding allocated by the Scottish Government aligned to our mobilisation plans • The Covid recovery process and re-mobilisation of services, including the ability to change and improve services following learning from the Covid response • The impact, implementation and service and community expectations following the publication of the Independent Review of Adult Social Care • The Local Government and NHS pay awards are not settled for 2021-22 and negotiations are ongoing, as outlined in the report the risk is mitigated for the social care workforce by providing for a 3% increase and for NHS it is anticipated that additional funding would be allocated if the pay award settlement is higher than the current assumption • National Care Home Contract increases are subject to ongoing negotiation and further complicated by the impact of the pandemic on care homes • Delivery of 2020-21 savings delayed by COVID 19 and the potential impact on the delivery of the 2021-22 savings programme <p>These risks will be monitoring during 2021-22 and financial impact reported through the financial monitoring report.</p>

3.6	MEDIUM TERM FINANCIAL PLAN UPDATE
	<p>It will not be possible to develop an informed medium-term financial plan beyond 2021-22, due the impact of the pandemic and also the unknown impact of the policy, legislation and funding implications of the recently published report on the Independent Review of Adult Social Care. The main unknowns to project the financial position of the IJB beyond 2021-22 relate to funding and pay related inflationary pressures, which are not yet known fully for 2021-22 therefore making future planning scenarios beyond this very difficult.</p> <p>The intention is to update the medium-term financial plan over summer 2021. This will cover the period 2022-23 onwards, with consideration to aligning the time period to the next iteration of the strategic plan.</p>
3.7	TRANSFORMATION PROGRAMME
	<p>The partnership Transformation Board has a key role to:</p> <ul style="list-style-type: none"> • Monitor, track and challenge the delivery of the Health and Social Care Partnership Change Programme. • Monitor track and challenge the budget position including pressures, and savings. • Provide oversight of the delivery of service transformational change priorities. <p>The Transformation Board meets monthly to oversee the change programme, the group is solutions focussed with a view to identifying and implementing actions to get any off-track plans back on target. The planned 2021-22 transformation and savings plans have been reviewed and the change team resource has been aligned to the delivery of these plans and these will be monitored through the Transformation Board.</p>
4.	<u>Anticipated Outcomes</u>
	<p>There are a number of outcomes anticipated in relation to the 2021-22 Budget:</p> <ul style="list-style-type: none"> • Transformational Change for financial and service sustainability will feature at the forefront of the IJB and NAHSCP agenda throughout 2021-22 and beyond. • The proposed plans will deliver a balanced budget for 2021-22, noting that £1.1m of this is non-recurring through the use of IJB reserves, for next year this will enable the IJB and NAHSCP to have plans to operate within the delegated funding. • Financial resources shall be effectively targeted to improve the health and care outcomes for the people of North Ayrshire. • The pan-Ayrshire work will provide further clarity on the use of resources and how we work together this move towards Fair Shares, this will facilitate improved reporting during 2021-22.
5.	<u>Measuring Impact</u>
	<ul style="list-style-type: none"> • A financial framework tracker is used to monitor all key budget spend areas on a monthly basis focused on highlighting those areas not performing as required, reasons why and agreeing early corrective action. • Full year financial outturn forecasts will be compiled monthly with variance analysis and relevant explanations.

	<ul style="list-style-type: none"> • Detailed monthly financial review sessions will be undertaken with the Director, all Heads of Service and relevant senior managers in NAHSCP to ensure timely action is being taken where needed to stay within budgets. • Regular financial performance reports will be presented to the IJB to ensure it is kept fully informed of performance and importantly any major areas of concern requiring corrective action. • The Transformation Board will meet monthly to review progress with savings and any corrective action required to bring any plans back online. • Monthly monitoring and progress of all savings will be undertaken and reported on alongside budgetary performance, with any projects delivering adversely versus the agreed plans being highlighted at the earliest opportunity and having corrective action agreed accordingly. • Ongoing close monitoring and reporting of Covid-19 related costs and the mobilisation plans.
6	IMPLICATIONS
Financial:	<p>It is essential that the IJB and NAHSCP operate within the 2021-22 delegated budget, this is supported by approving a balanced budget before the new financial year.</p> <p>The report outlines estimated delegated funding and the pressures required to be met from within the overall integrated budget. It is estimated there is a requirement to deliver £2.5m of savings during 2021-22, supported by the use of £1.1m reserves on a non-recurring basis, alongside dealing with a number of other known pressures and the risk of managing fluctuating demand for services. The plans outlined in the report allow for a one year balanced position to be approved, this includes addressing a number of pressure areas which were previously unfunded.</p> <p>Appendix A shows the total 2021-22 IJB Budget Appendix B shows the proposed service pressures Appendix C shows the proposed savings Appendix D shows the NHS baseline uplift for 2021-22 on a managed Appendix E shows the Scottish Government Finance Settlement letters</p>
Human Resources:	There will be full consultation with the Trade Unions as appropriate.
Legal:	The IJB has an implicit obligation to funding partners to set a balanced budget prior to the start of the new financial year. The financial position and funding as detailed out would result in both partners complying with the Scottish Government directives re delegated funding for Integration Authorities.
Equality:	Equality Impact Assessments (EIAs) have been undertaken for all savings proposals. None of the new proposals require a full impact assessment at present. Some proposals, where the future model is currently undecided, will require a further assessment when further information is available e.g. older people day services.
Children and Young People	Approval of relevant pressures will allow continued and greater investment in early intervention and prevention in relation to children and young people, hence reducing the future likelihood of the need for care in institutional settings.

Environmental & Sustainability:	There are no environmental and sustainability implications.
Key Priorities:	The 2021-22 budget proposals support delivery of the HSCP Strategic Plan Priorities and the Strategic Bridging Plan, there would be no adjustment required to the Strategic Plan outcomes and priorities.
Risk Implications:	Failure to operate within the delegated budget would delay the repayment of previous year's debts and add further to the requirement to repay any further overspends to NAC and NHA AA. This would impact on the overall financial sustainability and credibility of the partnership.
Community Benefits:	Effective delivery of services as per the 2021-22 budget and associated plans should allow key strategic priorities to be met which should maximise benefits for the North Ayrshire community as a whole, but also benefit those areas of the community most in need.

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	√

8.	CONSULTATION
8.1	The budget plans detailed in this report have been produced in consultation with relevant budget holders, the NAHSCP Senior Management Team and IJB members. The funding assumptions align with information shared and agreed with the Directors of Finance for NAC and NHS AA.
9.	CONCLUSION
9.1	The plans outlined in the report support the IJB to approve a balanced budget for 2021-22, supported by the use of £1.1m of reserves on a non-recurring basis. The IJB are recommended to approve the budget for 2021-22 inclusive of all related pressures and savings. The IJB may be asked to re-visit plans if the Health Board delegated funding changes from that outlined in the report.

For more information please contact:

Eleanor Currie, Interim S95 Officer on 01294 317814 or eleanorcurrie@north-ayrshire.gov.uk

North Ayrshire Health and Social Care Partnership

2021-22 Total Budget

	NAC £m	NHS AA £m	Total £m
Budget @ P9 2020-21	106.016	153.666	259.682
Adjust for Non-Recurring 2020-21 Funding	(7.812)	(0.535)	(8.347)
Baseline Funding Increase	-	1.528	1.528
SG Funding Adjustment*	1.861	-	1.861
2021-22 Budget excluding set aside	100.065	154.659	254.724
Draft set aside budget	-	36.978	36.978
2021-22 Budget including set aside	100.065	191.637	291.702

* SG Funding Adjustment:

	£m
Living Wage	0.971
Uplift to Free Personal Care	0.267
Carers Act	0.804
Eligibility for Aftercare	(0.006)
Community Justice Services	(0.109)
Kinship Care	(0.039)
Continuing Care	(0.022)
Throughcare and Aftercare	(0.005)
Total Additional Funding	1.861

North Ayrshire Health and Social Care Partnership

2021-22 Budget Pressures

	Social Care £m	Health £m	TOTAL £m	
Pay Award	1.915	1.106	3.021	Provision in line with Public Sector Pay Policy for NHS and 3% provision for NAC/Social Care
Demographic Pressures:				
: Older People Community Services (CAH)	0.258	-	0.258	Projected increase in the number of older people.
: Physical Disabilities	0.103	-	0.103	Historic increase in PD care packages.
: Children	0.072	-	0.072	Fostering increase based on the average increase per annum since 2016/17
: Learning Disabilities (Older Clients & Carers)	0.260	-	0.260	Historic trend of increase in LD care packages, increase in client base due to support being provided due to inability for familial care supports not able to continue or at the same level.
Transitions of Care:				
: Learning Disability	0.528	-	0.528	Known individuals planned to transition from children's to adult services.
: Mental Health	0.328	-	0.328	Known individuals planned to transition from children's services or a hospital setting to adult services.
Contract Inflation:				
: National Care Home Contract	0.187	-	0.187	Inflation increase for payments to care homes - assumption of same increase to 2020-21 pending outcome of negotiations.
: UnPACs and SLAs	-	0.100	0.100	Increased cost of placements and the Service Level Agreement with Glasgow City.
: Outwith the Living Wage and NCHC	0.209	-	0.209	Inflation increase for all contracts outwith care homes and those covered by the Living Wage hourly rate.
Pan Ayrshire Pressures				
: Respiratory Rapid Response contribution		0.078	0.078	Contribution towards a Pan Ayrshire Respiratory rapid response service.
: GMS Premises		0.140	0.140	Contribution to increased costs of GP premises e.g. rates.
: NHS Equipment store (drivers)		0.018	0.018	Contribution to additional drivers required for the NHS equipment store based in South Ayrshire.
: Nurse Co-ordinator Rape and Sexual Assault		0.015	0.015	Contribution to a post that has existed since 2019, funding now required to be mainstreamed.
: MH Data Analyst		0.050	0.050	Pan Ayrshire cost of an additional data analyst required to cover increased reporting and MH returns and to support requirements for detailed Directions
Other Areas				
: Ward 2 - reduction in contribution from East		0.067	0.067	East Ayrshire have reduced their bed usage requirement from 10 to 6 beds resulting in a reduction in the associated funding, previously indicated reduction was greater, successfully negotiated fixed payment.
: Resource Transfer Inflation	- 0.342	0.342	-	Inflationary increase to historic resources passed from health to community services when hospital beds are decommissioned and to Integration funding - based on 1.5% NRAC uplift.
TOTAL PRESSURES 2021-22	3.518	1.916	5.434	

North Ayrshire Health and Social Care Partnership 2021-22 Savings

Savings ref number	Description	Deliverability Status at budget setting	Previously Agreed or New	Approved Saving 2021/22 £m
Children, Families & Criminal Justice				
1	Children and Young People - External Residential Placements	Green	Previously Agreed	0.450
2	Adoption Allowances	Green	Previously Agreed	0.066
3	Fostering - Reduce external placements	Green	Previously Agreed	0.036
4	Community Support - Children's Care Packages	Green	Previously Agreed	0.008
Mental Health and LD Services				
5	Integration of LD/ MH Teams	Green	New	0.050
6	Learning Disability Day Services	Green	Previously Agreed	0.088
7	Mental Health - Flexible Intervention Service	Green	Previously Agreed	0.008
Health and Community Care				
8	Care Homes	Green	New	0.500
9	TEC Solutions	Green	New	0.150
10	Care at Home - Reablement Investment	Green	Previously Agreed	0.300
11	Care at Home - Review	Green	Previously Agreed	0.135
12	Day Centres - Older People	Green	New	0.050
13	Charging Policy - Montrose House	Green	Previously Agreed	0.050
Whole System				
14	Payroll Turnover Inflation	Green	New	0.057
15	Business Support Review	Green	New	0.150
16	Supported Accommodation	Amber	Previously Agreed	0.204
17	Transport	Green	New	0.050
18	Charging Policy - Inflationary Increase	Green	Previously Agreed	0.050

TOTAL SOCIAL CARE SAVINGS**2.402****Health:**

Savings ref number	Description	Deliverability Status at budget setting	Previously Agreed or New	Approved Saving 2021/22 £m
19	Payroll Turnover Inflation	Green	New	0.010
20	Elderly Mental Health inpatients (lead partnership)	Green	New	0.116

TOTAL HEALTH SAVINGS**0.126****TOTAL NORTH HSCP SAVINGS****2.528**

NHS Ayrshire and Arran 1.5% Baseline Uplift 2021-22

OVERALL SUMMARY	East	North	South	Total
HSCP Managed Basis	997,205	1,527,523	746,050	3,270,778
IJB Delegated / Population Basis	1,049,502	1,186,555	1,034,722	3,270,778

HSCP Managed Basis Calculation				
	East	North	South	Total
HSCP Annual Budget 20/21 @ M9	197,060,709	164,324,149	97,744,667	459,129,525
Less Prescribing Schedule 5	(24,667,916)	(29,232,347)	(23,278,141)	(77,178,404)
Less Schedule 5 Lead	(2,268,852)			(2,268,852)
Less Prescribing Non Schedule 5	(768,850)	0	0	(768,850)
Less GMS	(16,958,966)	(20,495,569)	(16,552,260)	(54,006,796)
Less East Central FHS	(49,309,644)		0	(49,309,644)
Less East Central PMS	(13,139,579)	0	0	(13,139,579)
Less COVID-19	(8,904,589)	(8,937,168)	(6,828,689)	(24,670,446)
Less PCIF	(8,427,848)			(8,427,848)
Less Combat Stress	(1,424,090)			(1,424,090)
Public Dental Service	(1,950,000)			(1,950,000)
GP OOH	(368,957)			(368,957)
Dental Outcomes Framework	(853,769)			(853,769)
Vaccinations & Immunisations	(777,500)			(777,500)
Less Action 15		(1,522,062)		(1,522,062)
Less Mental Health Bundle		(1,492,428)		(1,492,428)
Veterans First Point		(104,962)		(104,962)
Less Family Nurse Partnership			(978,897)	(978,897)
Community Store DEL			350,000	350,000
Additional ADP Funding (DDTF)	(83,726)	(83,726)	(49,189)	(216,641)
Winter Plan NR Funding	(100,000)	(100,000)	(100,000)	(300,000)
PfG Local improvement fund	(383,380)	(460,605)	(213,468)	(1,057,453)
PfG Chool Nursing Service Posts	0	0	(138,000)	(138,000)
GP Premises Funding	(110,899)	0	0	(110,899)
2020/21 Local Improvemnet Fund Tranche 2	(28,000)	0	(169,000)	(197,000)
District Nurse posts	(53,809)	(60,392)	(50,354)	(164,555)
Revised IJB Baseline	66,480,335	101,834,890	49,736,668	218,051,893
Uplift at 1.5%	997,205	1,527,523	746,050	3,270,778

IJB Delegated / Population Basis Calculation				
	East	North	South	Total
HSCP Annual Budget 20/21 @ M9	197,060,709	164,324,149	97,744,667	459,129,525
Less Lead Services per budgets	(89,284,292)	(50,096,951)	(2,079,258)	(141,460,500)
Less Hosted Services per budgets	(4,831,269)	(274,507)		(5,105,776)
Recharges Hosted East	1,579,149	1,772,012	1,480,108	4,831,269
Recharges Hosted North	98,300	98,204	78,003	274,507
Recharges Lead East	29,456,472	32,667,683	27,160,137	89,284,292
Recharges Lead North	16,407,994	18,356,353	15,332,604	50,096,951
Recharges Lead South	679,732	762,572	636,954	2,079,258
Base budgets by IJB	151,166,794	167,609,515	140,353,216	459,129,525
Less COVID-19	(8,904,589)	(8,937,168)	(6,828,689)	(24,670,446)
Less Prescribing Sch 5	(27,037,594)	(27,783,583)	(22,357,227)	(77,178,404)
Less Prescribing Sch 5 (Lead)	(794,838)	(816,768)	(657,247)	(2,268,852)
Less Prescribing Non Sch 5	(269,348)	(276,779)	(222,722)	(768,850)
Less GMS	(16,958,966)	(20,495,569)	(16,552,260)	(54,006,796)
Less East Central FHS	(16,119,858)	(18,084,411)	(15,105,374)	(49,309,644)
Less East Central PMS	(4,295,471)	(4,818,967)	(4,025,141)	(13,139,579)
Less PCIF	(2,952,493)	(3,033,955)	(2,441,399)	(8,427,848)
Less Combat Stress	(465,550)	(522,288)	(436,252)	(1,424,090)
Less Action 15	(498,513)	(557,709)	(465,840)	(1,522,062)
Less Family Nurse Partnership	(320,012)	(359,012)	(299,872)	(978,897)
GP OOH	(120,616)	(135,316)	(113,025)	(368,957)
Public Dental Service	(683,136)	(701,984)	(564,881)	(1,950,000)
Veterans First Point	(34,313)	(38,495)	(32,154)	(104,962)
Dental Outcomes Framework	(279,106)	(313,122)	(261,541)	(853,769)
Additional ADP Funding	(70,822)	(79,454)	(66,365)	(216,641)
Vaccinations & Immunisations	(254,173)	(285,150)	(238,177)	(777,500)
Winter Plan NR Funding	(98,073)	(110,026)	(91,901)	(300,000)
Community Store DEL			350,000	350,000
PfG Local improvement fund	(345,693)	(387,823)	(323,937)	(1,057,453)
PFG Commitment - School Nursing				
Service Posts - 1st Tranche	(45,114)	(50,612)	(42,275)	(138,000)
GP Premises Funding	(36,254)	(40,672)	(33,972)	(110,899)
2020/21 Local Improvemnet Fund				
Tranche 2	(69,014)	(70,918)	(57,067)	(197,000)
District Nurse posts	(57,648)	(59,238)	(47,669)	(164,555)
Mental Health Outcomes Framework	(488,807)	(546,850)	(456,770)	(1,492,428)
Revised IJB Baseline	69,966,791	79,103,646	68,981,456	218,051,893
Uplift at 1.5%	1,049,502	1,186,555	1,034,722	3,270,778

**Directorate for Health Finance Corporate
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Chief Executives, NHS Scotland

Copy to: NHS Chairs
NHS Directors of Finance
Integration Authority Chief Officers
Integration Authority Chief Finance Officers

Issued via email

28 January 2021

Dear Chief Executives

Budget 2021-22 – Indicative Allocation

Following the announcement of the Scottish Government's Budget for 2021-22 by the Cabinet Secretary for Finance in Parliament today, I am writing to provide details of the funding settlement for Health Boards. A breakdown of the total is provided in **Annex A** to this letter.

The immediate priority of the budget is to support our response to the pandemic and take forward delivery of the key ambitions set out in the Programme for Government.

The position set out in this letter is subject to any amendments agreed through the Scottish Parliament's Budget Bill process, and may also require to be updated to reflect the UK Government's Budget on 3 March. I will keep you up to date with any changes to your planning assumptions.

Baseline Funding

All Boards will receive a baseline uplift of 1.5%. In addition, those Boards furthest from NRAC parity will receive a share of £30.2 million, which will continue to maintain all Boards within 0.8% of NRAC parity.

In terms of pay, initial funding has been allocated in line with the Scottish Public Sector Pay Policy for planning purposes. This will be used as an anchor point in the forthcoming Agenda for Change pay settlement and funding arrangements for Boards will be revisited by the Scottish Government in line with the outcome of the pay negotiations.

The funding position continues to assume that the £15 million of National Board savings are fully delivered in 2021-22 and that further progress is made in National Boards collaborating to deliver service improvement and further savings. Whilst we have taken account of the

particular challenges in delivering this in full in 2020-21, I expect National Boards to identify sufficient recurring measures to address this position going forward.

Covid-19 Funding

Additional funding of £869 million will be provided to support the ongoing response to the pandemic, and we will develop our approach to allocating this funding on receipt of remobilisation plans due at the end of February. While we anticipate that further Covid funding will be provided by the UK Government, this tranche of funding should provide sufficient assurance for continuing with key programmes of work, such as vaccinations and Test and Protect.

Investment in Improving Patient Outcomes

In addition to the baseline funding uplift, a total of £595.9 million will be invested in improving patient outcomes in 2021-22, as set out below:

Improving patient outcomes	2020-21 Investment in reform (£m)	2021-22 Investment in reform (£m)	Increase for 2021-22 (£m)
Primary Care	205	250	45
Waiting Times	136	136	-
Mental Health and CAMHS	89	111.1	22.1
Trauma Networks	31	37.8	6.8
Drugs Deaths	11	61	50
TOTAL	472	595.9	123.9

When combining the £123.9 million increase in investment in reform with an increase of £193 million in baseline funding for frontline NHS Boards, the total initial additional funding for frontline NHS Boards will amount to £316.9 million (2.8 per cent) in 2021-22. Further detail is set out in **Annex A**.

Full details of the method of allocation and evidence of delivering against agreed outcomes will be set out by individual policy areas.

Core Areas of Investment

Primary Care

Investment in the Primary Care Fund will increase to £250 million in 2021-22. This will support the delivery of the new GP contract and wider Primary Care reform and continued development of new models of primary care.

We will maintain Covid-19 funding support for Community Hubs while they are still required. This is alongside our continued support for multi-disciplinary teams, which are supporting GPs to fulfil their role as expert medical generalists in the community.

Support for Waiting Times

Investment of £136 million will again be provided for investment in addressing waiting times. Whilst progress had been made in reducing waiting times in recent years, the response to the pandemic has interrupted this progress. In addition to this funding, we will consider the provision of further funding beyond this level in order to support the remobilisation of elective care as part of NHS Board remobilisation plans and reduce the backlog.

Included within the funding is £136 million, is £10 million for winter 2021-22, to allow Boards maximum opportunity to plan as appropriate.

Mental Health and CAMHS

Funding of £111.1 million will be directed to a range of partners for investment to support mental health, and children and young people's mental health. This funding will underpin our continued approach to improving mental health services and support for children, young people and adults.

As part of the 2021-22 budget we are providing £15 million to support the continued establishment of new Community Mental Health and Wellbeing Services. While the pandemic has had an impact on the planning and development of those services, we are working with local authorities to ensure they are ready to start supporting children, young people and their families as soon as possible, with support available across all 32 local authorities in 2021.

The Mental Health Transition and Recovery Plan outlines the Scottish Government's response to the mental health impacts of COVID-19 and further funding will be provided from the £869 million COVID-19 funding to support Boards and Integration Authorities in meeting these challenges.

Trauma Networks

This funding will increase from £31 million to £37.8 million, taking forward the implementation of the major trauma networks.

Alcohol and drugs

The 2021-22 Portfolio budget provides an additional £50 million targeted towards reducing drugs deaths. This forms part of a total of funding of £250 million over the next five years and will support further investment in a range of community-based interventions, including primary prevention and expansion of residential rehabilitation.

Reform Funding

This budget prioritises baseline funding, along with increased investment in particular areas of reform that will improve patient outcomes and funding for the response to the Covid pandemic. We will however continue to work with colleagues to agree investment in specific programmes of work, as well as in-year funding to support the strategies of NHS 24 and Scottish Ambulance Service, which will have a wider benefit to the sector.

Health and Social Care Integration

In 2021-22, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 1.5% over 2020-21 agreed recurring budgets.

In addition to this, and separate from the Board Funding uplift, the Health Portfolio will invest a further £72.6 million in Local Authorities for investment in adult social care and integration. This takes the total funding transferred from the health portfolio to £883 million in 2021-22. The additional £72.6 million will support delivery of the Living Wage (£34 million), continued implementation of the Carers Act (£28.5 million) and uprating of free personal care (£10.1 million).

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2020-21 recurring budgets for adult social care services that are delegated.

Therefore, Local Authority adult social care budgets for allocation to Integration Authorities must be £72.6 million greater than 2020-21 recurring budgets.

Capital Funding

Boards should assume an unchanged initial capital formula allocation, with additional investment planned for the elective centres and Baird Family Hospital and Anchor Centre in Aberdeen.

2021/22 Financial Plan

We will continue to engage with Boards to finalise Remobilisation Plans and the development of one year financial plans and I hope the information contained in this letter is helpful in the finalising of these plans. We plan to revisit three year financial plans when the NHS is no longer on an emergency footing.

Yours sincerely

A handwritten signature in black ink, appearing to read 'R McCallum', with a stylized flourish at the end.

Richard McCallum

Interim Director of Health Finance and Governance

Annex A – Board Funding Uplifts

NHS Territorial Boards	2020-21 Allocation	Recurring Allocations	Total 2020-21 Allocation	Uplift incl NRAC	Uplift incl NRAC	2021-22 Total Allocation	NRAC Funding	Distance from NRAC parity
	£m	£m	£m	£m	%	£m	£m	%
Ayrshire and Arran	762.4	(0.6)	761.8	12.7	1.7%	774.5	1.2	-0.8%
Borders	219.8	(0.4)	219.4	3.3	1.5%	222.7	-	-0.8%
Dumfries and Galloway	316.1	(0.3)	315.8	4.7	1.5%	320.6	-	1.5%
Fife	701.5	(1.3)	700.2	12.4	1.8%	712.6	1.9	-0.8%
Forth Valley	558.7	(1.0)	557.7	11.8	2.1%	569.4	3.4	-0.8%
Grampian	1,013.5	(0.8)	1,012.7	15.2	1.5%	1,027.9	-	0.1%
Greater Glasgow and Clyde	2,364.7	(2.0)	2,362.7	35.4	1.5%	2,398.1	-	1.8%
Highland	666.0	(0.6)	665.5	26.4	4.0%	691.9	16.4	-0.8%
Lanarkshire	1,268.1	(1.1)	1,267.1	19.0	1.5%	1,286.1	-	-0.8%
Lothian	1,540.1	0.4	1,540.5	29.0	1.9%	1,569.5	5.9	-0.8%
Orkney	52.6	(0.0)	52.6	2.2	4.2%	54.8	1.4	-0.8%
Shetland	53.9	(0.0)	53.8	0.8	1.5%	54.6	-	0.4%
Tayside	808.5	(0.7)	807.8	12.1	1.5%	819.9	-	-0.8%
Western Isles	80.0	(0.1)	79.9	1.2	1.5%	81.1	-	10.6%
	10,405.9	(8.5)	10,397.5	186.2	1.8%	10,583.7	30.2	
NHS National Boards								
National Waiting Times Centre	60.0	-	60.0	0.9	1.5%	60.9		
Scottish Ambulance Service	278.4	1.1	279.5	4.2	1.5%	283.7		
The State Hospital	37.6	-	37.6	0.6	1.5%	38.1		
NHS 24	72.7	-	72.7	1.1	1.5%	73.8		
NHS Education for Scotland*	461.5	0.2	461.7	9.9	2.1%	471.7		
NHS National Services Scotland	327.7	8.7	336.4	5.0	1.5%	341.4		
Healthcare Improvement Scotland	26.3	0.9	27.1	0.4	1.5%	27.5		
Public Health Scotland	47.9	-	47.9	0.7	1.5%	48.6		
Nationals Total	1,312.1	11.0	1,323.1	22.8	1.7%	1,345.9		
Total NHS Boards	11,718.0	2.5	11,720.6	209.1	1.8%	11,929.6		
Improving Patient Outcomes	472.0		472.0	123.9		595.9		
Total Frontline NHS Boards**	11,326.6	(7.3)	11,319.3	316.9	2.8%	11,636.2		

*The uplift for NHS Education for Scotland includes recurring funding for training grades

** Frontline NHS Boards comprise the 14 NHS Territorial Boards, National Waiting Times Centre, Scottish Ambulance Service, State Hospital and NHS 24

Integration Joint Board
18th March 2021

Subject:	Young Person's Suicide Support Pathway
Purpose:	The purpose of this paper is to introduce and updated the Young Person's Suicide Support Pathway.
Recommendation:	The IJB are asked to note the content of the report and support the implementation of the Young Person's Suicide Support Pathway.

Glossary of Terms	
CAMHS	Community Adolescent Mental Health Services
MAASH	Multi Agency Assessment Screening Hub
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
ED	Emergency Department

1.	EXECUTIVE SUMMARY
1.1	An internal pathway and process has been developed for the North Ayrshire Health and Social Care Partnership's Service Access and Multi Agency Assessment Screening Hub (MAASH) Teams to allow them to respond to any attempted suicide by a young person, particularly where the family refuse any outside agency support and the young person is not afforded the opportunity to have their voice heard.
1.2	With an increase in young people presenting at the Emergency Department (ED) it is imperative that clear processes/ pathways are in place to ensure appropriate supports and follow-up.
1.3	This Young Person's Suicide Support Pathway represents the steps taken by Social Services Service Access/ MAASH staff when a young person is referred to them following a suicide attempt.
1.4	The Young Person's Suicide Support Pathway is intended for young people up to the age of 18 years old who have made a significant attempt to take their own life i.e. non-fatal overdose, act of self-harm which is significant enough to require treatment and intervention or deliberate act of a suicidal nature and who are not open to any social work services
1.3	The pathway reflects a robust, meaningful and young person-centred response to supporting our young people's mental health and emotional wellbeing.

2.	Background
2.1	Following an increase in Emergency Department presentations of young people who attempted suicide who were unknown to services, and refusal from a number of parents to accept follow up intervention, the Young Person's Suicide Taskforce group agreed to develop a support pathway.
2.2	The Pathway is intended for young people up to the age of 18 years who are not known to any other social work services and who have made a significant attempt at taking their own life i.e. non-fatal overdose, act of self-harm significant enough to require treatment and intervention, or a deliberate act of a suicidal nature.
2.3	As the first responders to all concerns about the welfare of children and adults, the Service Access/MAASH Team are well placed and equipped with all the necessary skills to ensure follow up support is actioned (unless the young person is open to another Social Services team) - be it by them or another trusted agency.
2.4	<p>The Pathway has been devised as part of an early intervention and preventative approach to ensure a clear and robust follow up route which has been influenced by the following factors:</p> <ul style="list-style-type: none"> • Death by suicide of young people over the past decade has been in decline however the last 2 years have shown a slight increase. • Anticipation of the impact of COVID and lockdown on young people's emotional wellbeing and mental health. • Young People who have attempted suicide are entitled to follow up support and opportunities to talk/address/ share how they feel. • Young people may be reluctant to engage with services after an attempted suicide for a number of reasons (fear, shame, embarrassment,). • Families/parents or guardians of young people may be unwilling to engage with services for a variety of reasons (fear, shame, anger, belief the attempt is not "serious") • Families/carers/guardians are not always best placed to provide the only follow up support-as they are too closely affected, upset, vulnerable themselves. They may even be a cause for the young person's distress.
3.	PROPOSALS
3.1	IJB are asked to note and endorse the implementation of the Young Person's Suicide Support Pathway as a preventative and early intervention approach to supporting vulnerable young people who have made a significant attempt to take their own life.
3.2	<p><u>Anticipated Outcomes</u></p> <p>By identifying a Pathway, a young person who has actively attempted suicide will receive follow up assessment and support in the immediate aftermath; even if this intervention is initially declined by the family.</p> <p>Outcomes from the introduction of this pathway include the following:</p> <ul style="list-style-type: none"> • A whole systems and partnership approach to prevent escalation to more statutory services. • Provide interventions that draw on expertise and engagement from key agencies.

	<ul style="list-style-type: none"> Improved mental health and wellbeing, increased resilience with young people feeling safe and supported. Increased access to follow up services for young people who might otherwise fail to be identified. Reduction in repeat Emergency Department presentations. <p>An opportunity for young people to engage with someone out with the family unit.</p>
3.3	<u>Measuring Impact</u>
	An evaluation will be carried out 6 months after the initial implementation of the pathway using quantitative data for current monitoring systems including weekly Children and Family Data and National Reports, weekly Emergency Department Reports and monthly Carefirst MAASH reports. In addition, qualitative data will be gathered from case studies of young people and families who have been supported through the pathway.
4.	IMPLICATIONS
Financial:	Costs will be covered by existing budgets for the Service Access/ MAASH Teams
Human Resources:	<p>The Service Access and MAASH Teams have attended a webinar delivered by Children in Scotland to refresh their skill base in supporting young people with mental health and wellbeing concerns.</p> <p>Sarah Watts Choose Life Manager has attended the Service Access/ MAASH Team meeting to provide additional advice and guidance to staff.</p>
Legal:	N/A
Equality:	People affected by mental health are an equalities group and require appropriate levels of support. This Pathway improves access to early intervention and preventative support for vulnerable young people.
Children and Young People	The Pathway will support the improved wellbeing of children and young people in North Ayrshire. Whilst the Pathway will support young people up to the age of 18 years of age, this provision will also be available to children as there have been occasions where primary aged children have been admitted to the Emergency Department following an overdose or act of self-harm.
Environmental & Sustainability:	N/A
Key Priorities:	The Pathway supports the North Ayrshire Health and Social Care partnership strategic plan and priorities with a key focus on prevention and early intervention and improving mental health and wellbeing.
Risk Implications:	N/A
Community Benefits:	The Pathway will assist young people in North Ayrshire to build resilience and wellbeing and have the confidence to play full and active roles within their local communities.

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

5.	CONSULTATION
5.1	The Young Person's Suicide Support Pathway has been designed in conjunction with a range of partners including CAMHS, Education Services, Connected Communities, Service Access, MAASH, North Ayrshire's Choose Life Co-Ordinator and the Child Protection Committee.
5.2	The Pathway was presented and endorsed at the Social Work Governance Board in November 2020.
6.	CONCLUSION
6.1	The Young Person Suicide Support Pathway is an internal Pathway and process that has been developed for Service Access/MAASH staff to be able to respond to an attempted suicide by a young person, especially where the family refuse any outside agency intervention. The Pathway will deliver an early intervention and preventative approach with young people and families receiving a comprehensive follow up service ensuring they get the right support at the right time.

For more information please contact:

Roseanne Burns, Senior Manager, Children and Families on 01294 317727 or rburns@north-ayrshire.gov.uk

Support pathway for Children/Young people who have attempted suicide

Social Services -Service Access staff

This pathway represents the steps taken by Social Services Service Access staff when a young person is referred to them following a suicide attempt as described below. It is not a new process but aims to give clarity to Service Access staff the internal pathway expected of them to create a robust, meaningful and young person centred response.

This pathway does not replace or change any existing procedures within other services and does not represent a new service or referral pathway.

Why is a designated support pathway required?

This pathway references the “zero tolerance” view of suicide -“one life lost is one too many.” (ref.1,2)

The pathway is intended for young people up to 18 years old who have made a significant attempt at taking their life i.e. non-fatal overdose, act of self-harm significant enough to require treatment & intervention or deliberate act of a suicidal nature, and who are not open to any other social work services

- There is no forum for multi-agency discussion or learning from such attempts or “near misses” so robust systems require to be in place to ensure good follow up/support
- Attempting Suicide is serious and should be taken seriously (zero tolerance)
- Death by suicide of young people over the past decade has been in decline but the last 2 years have shown a slight increase
- Young People who attempt suicide may or may not be in touch with other support services
- Young People who have attempted suicide are entitled to follow up support and opportunities to talk/address/ share how they feel
- Young people may be reluctant to engage with services after an attempted suicide for a number of reasons (fear, shame, embarrassment,)
- Families/parents or guardians of young people may be unwilling to engage with services for a variety of reasons (fear, shame, anger, belief the attempt is not “serious”)
- Families/carers/guardians are not always best placed to provide the only follow up support-as they are too closely affected, upset, vulnerable themselves. They may even be a cause for the young person’s distress.
- Service Access/MAASH staff are well-placed and have the skills to ensure follow up support is actioned (**unless the young person is open to another Social Services team**)-be it by them or another trusted agency.

Aims

To address:

1. Lack of a robust and clear support pathway for young people referred to Service Access staff who make a significant attempt suicide-not just for those known to services **but especially for those not known to any services**
2. Lack of consistent/coherent support and access to support information to those affected by the attempt

Proposal

An internal pathway and process has been developed for Service Access/MAASH staff to be able to respond to an attempted suicide by a young person, especially where the family refuse any outside agency follow up. The Service Access/MAASH team member allocated will make contact with the family and young person and alert them that they would like to meet with the young person over the following week, or ask that the young person identifies with them, another worker with whom they will have contact. This follow up is specifically as a result of the attempt to take their own life. The Service Access/MAASH worker will provide any relevant supportive material for the family and young person- a pack/folder will be developed in partnership with Choose Life and other partners as appropriate (Youth Services/CAMHS/Education/CPC)

Pathway Details

- Emergency Department (ED) staff provide treatment to a young person who has attempted suicide and discharge the young person directly from ED
- ED staff inform the School Nurse (SN) -if the young person is under 18 and still at school
- It is hoped also that ED staff inform the Service Access (SA) team directly of all ages up to 18, whether the young person is at school or not
- SA may receive the information from the weekly scrutiny of ED attendance data (new process in place)
- A trigger e-mail will also be sent from SA assistant to Named Person Service (NPS) and also to the School Nurse mailbox
- The SN will inform the Named Person (NP)
- SA/MAASH may receive a referral from other sources e.g. GP, Family, Police, Paediatric staff from ward admissions
- If the young person is open to another Social Work team -they will take up the referral and follow up support
- If the young person is between 16-18 and not in school the referral may come from a variety of sources -GP, ED, Housing, Family, Police, Fire Service, 3rd Sector etc There is no trigger system in place to ensure this occurs- however the Adult Support and Protection (ASP) system may be used.
- MAASH workers will receive referrals from Police Concern reports
- SA/MAASH worker allocated through duty system (within 24 hours of referral)
- The SA/MAASH worker should make contact with other key workers who may be involved-specifically the NP and also contacting the Locality Lead, Connected Communities (CC) to find out if they are known to that service
- SA/MAASH worker makes direct contact by phone with the family/young person within 48 hours and arranges a visit preferably within that time period (risk and circumstances and discussions with CAMHS will inform appropriate timescales but within 48 hours would be optimum)
- SA/MAASH worker should contact CAMHS duty service with summary details
- If the young person is not known to CAMHS the SA/MAASH worker should discuss with CAMHS and a joint visit (preferably within 48 hours) organised-the pathway should still be followed
- If the young person is known to CAMHS/Eating Disorder team then they will organise their own follow up plans but SA/MAASH should still aim visit within the preferred 48 hours and continue this pathway
- SA/MAASH worker (with CAMHS/Eating Disorder worker if appropriate) will see and speak to the YP, with the family and also alone if possible. If the young person is 16- 18 they are considered an adult so have the right to be seen on their own

- Usual sensitivity and care will be used to ensure young people can speak freely and are supported to make their own choices.
- Family/YP are informed that it is preferred a follow up contact takes place with the young person usually within 5 working days (this may be at the home or at another location e.g. school)
- Family and YP offered written material /pack **
- A decision is made about who will follow up- SA/MAASH worker or another trusted worker (e.g. Education staff/Youth Worker/CAMHS worker)-in consultation with young person if possible.
- The SA/MAASH worker should be clear about who is following up and when
- A template letter, with these details filled in, is left with the family at the first visit, confirming follow up contact arrangements.
- SA/MAASH worker ensures follow up contact is made and if required suggests other supports or onward referrals.
- A final outcome letter is sent to the family- the contents of this will depend on the response of the family and young person to the above process-for example, it may include what has happened, clarity about follow up, information about supports, written material, clarifications of process etc.
- **At all times if there are any concerns regarding Child Protection (CP) or Welfare or ASP - normal procedures for these will apply**

**The contents of the pack will have some core elements regarding a wide range of services(service access, youth services, community link workers, etc) but may also include guidance on talking about suicide and self-harm and any specific information for issues which have been raised e.g. bereavement, relationships, mental health. (The worker can contact the Choose Life Manager who will help with co-ordinating the contents)

Potential outcomes

By identifying a pathway then it is known by services and families that a young person who has actively attempted suicide will receive some follow up support/contact, even if this is initially declined by the family.

This will reduce the risk of:

- Young people attempting suicide in the immediate aftermath
- Young people in distress feeling they are not taken seriously
- Families misunderstanding that suicide attempts should not be taken seriously
- Families and young people not knowing where to turn in the future
- Services not joining up a response and young people falling through the net of possible supports

Issues:

1. **Mandatory referral to Service Access**- this is being addressed through senior managers. Potential involvement of a “trigger” for school nurses to inform Social Services -Service Access as well as named person, if the young person is still at school. However, this is not possible if the young person is over 16 and not at school. Consideration now being given to the ED directly informing Service Access.
2. **Training for Service Access/MAASH staff**- this is looking more like a briefing session for staff to make them aware of the new pathway, allow questions about

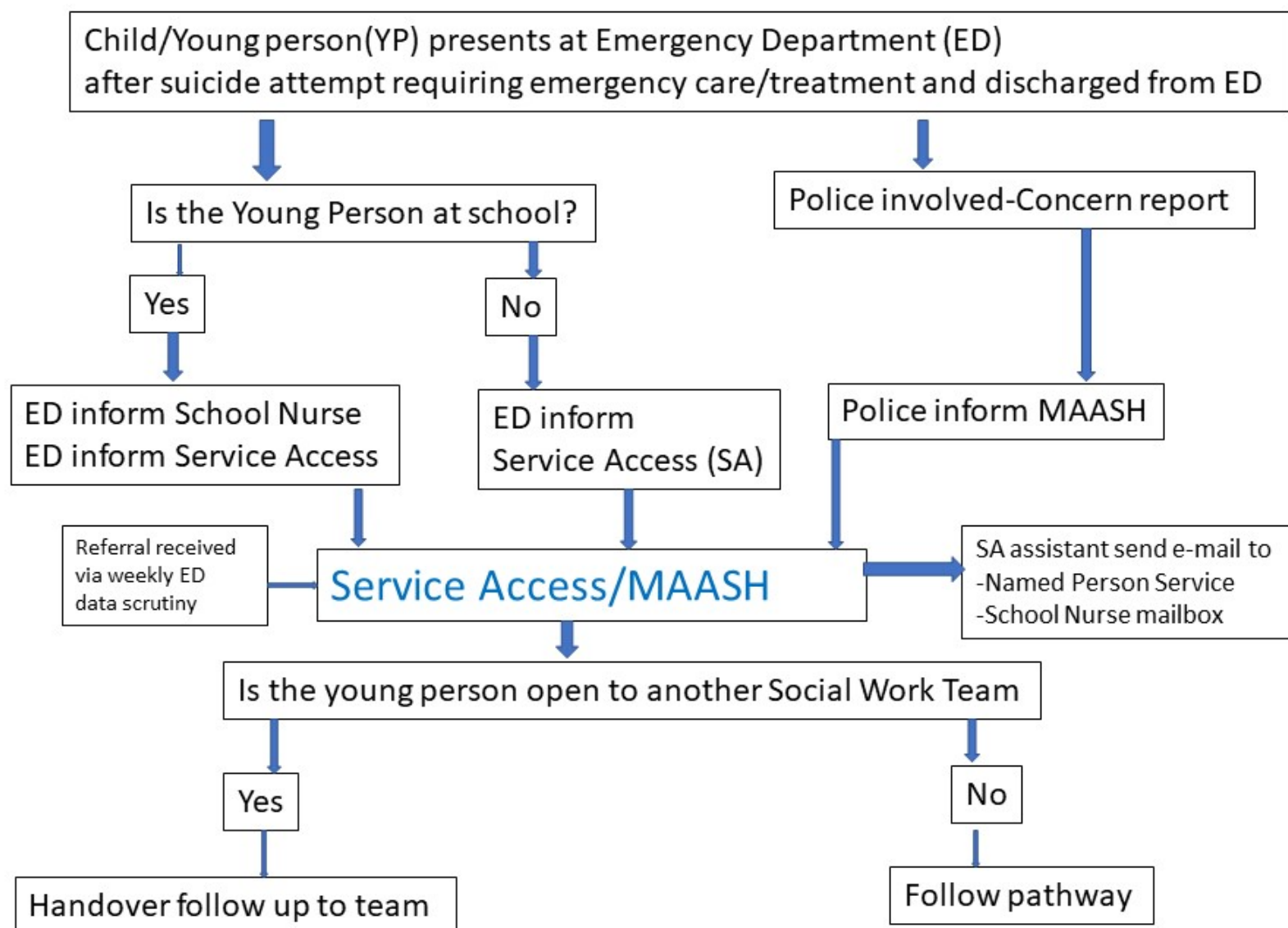
it and the rationale behind it, and to discuss approaches/resources regarding suicide prevention generally.

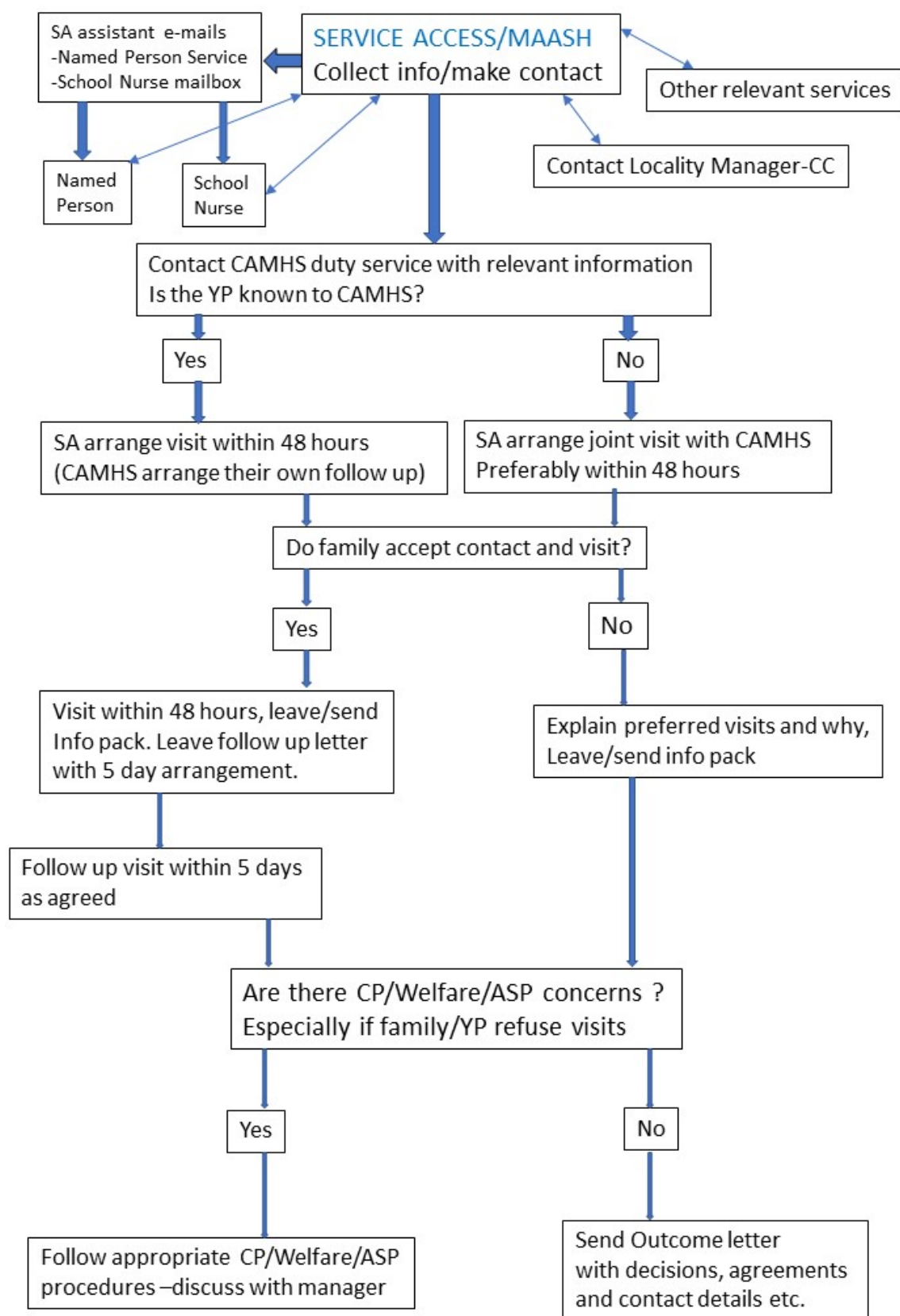
3. **Awareness for other referring services**-There should be an opportunity for Senior Managers to raise awareness among other services to enable robust communication especially when a young person is over 16 and not at school.
4. **Development of an info pack**- access to appropriate material/resources can be co-ordinated through the Choose Life Manager but would include a range of appropriate information
5. **Contact with CAMHS** – contacting CAMHS and arranging a visit for those not known to CAMHS, -is a new approach which will be reviewed after 6 months. This will not impact on the pathway process for Service Access.
6. **Links to Arran and Cumbrae**- it is recognised that the Islands within North Ayrshire will require a separate discussion and review regarding implementation of the pathway-given the different referral process and team/ staff structures which operate.

SA	Service Access
MAASH	Multi-agency Assessment Screening Hub
ED	Emergency Department
NPS	Named Person Service
YP	Young Person
ASP	Adult Support and Protection
SW	Social Work
ES	Education Services
CAMHS	Child and Adolescent Mental Health Service
SN	School Nurse
CC	Connected Communities
CP	Child Protection

Ref.

1. <https://www.zerosuicidealliance.com/>
2. <https://www.suicideinfo.ca/resource/ie23-aiming-perfection-zero-suicide-movement>





SA	Service Access	CC	Connected Communities
MAASH	Multi-Agency Assessment Screening Hub	NPS	Named Person Service
CP	Child Protection	ASP	Adult Support and Protection
ED	Emergency Department	ES	Education Services
SW	Social Work	YP	Young Person
SN	School Nurse		
CAMHS	Child and Adolescent Mental Health Service		

FRAMEWORK – GUIDING PRINCIPLES -

Service Access involvement in supporting young people who have attempted suicide

SITUATION*	LEAD RESPONSE	ADDITIONAL COMMENTS	Consent
<p>Young Person (up to 18 years and at school) attempts suicide and referred to SA/MAASH team through ED/school nurse/weekly ED data scrutiny or other- no other SW team involved -</p> <p>Young Person 16-18 not at school attempts suicide and referred to SA/MAASH from a range of other possible routes. Not open to other teams.</p>	<ul style="list-style-type: none"> SA assistant sends e-mail to Named Person Service and School Nurse mailbox Direct Contact should be made with Named Person and any other services involved. SA/MAASH should contact Locality Manager- Connected Communities in case known to CC SA/MAASH worker contacts CAMHS duty service If known to CAMHS/Eating Disorder service- CAMHS will arrange their own follow up <u>but SA/MAASH worker continue with this pathway</u> If not known to CAMHS then SA/MAASH worker discuss with Duty CAMHS worker -joint visit within 48 hours is preferred 16-18 year old not at school and not open to other teams -contact may be made with previous services SA/MAASH make an initial phone call to family and aim to visit within 48 hours (subject to above contacts and discussions and assessment of protective factors) SA/MAASH Worker explains process to the family/young person and preference for follow up contact. May agree options e.g. follow up with another trusted worker, meet at another venue, After the initial visit a follow up letter is left and another contact made within 5 days (unless agreed another service will do this) If unable to agree follow up contact -ensure written material and contacts are left or posted. Other services should be informed e.g. Named Person/Education/Throughcare etc recording that 	<p>Info pack may contain e.g.:</p> <ul style="list-style-type: none"> Helplines and websites Local services e.g. youth services, Carena, community link workers Service Access details How to talk about suicide Self-Harm info <p>To be devised as necessary as other issues may arise e.g. bereavement and loss. Choose Life worker/Youth services can assist.</p> <p>(IF A YOUNG PERSON IS OPEN TO ANY OTHER SOCIAL WORK TEAMS THEN FOLLOW UP SHOULD BE HANDED OVER TO THOSE TEAMS AT THE FIRST OPPORTUNITY)</p>	<p>Usual approaches to encouraging consent should be adopted</p> <p><i>Be aware that those aged 16-18 are adults and entitled to be spoken to alone</i></p>

	<p>the family/young person refused follow up contact and seeking a way to follow up the young person</p> <ul style="list-style-type: none"> • Written information left with family or directly with young person (especially if they are aged 16-18 years) and/or sent through post • Outcome letter (indicating what has happened, what has been agreed and with contact details) sent to family, or directly to young person if 16-18 years, after follow up visit. • Further contact only if onward referrals and other service involvement are required • If there are CP or Welfare or ASP concerns-usual procedures will apply 		
If family and young person refuse all contact	<ul style="list-style-type: none"> • Visit offered to family/young person and service preference for follow up is explained. If refusal continues then discuss with other services who may be involved e.g. youth services, CAMHS, Education, Throughcare, Rosemount etc • Send outcome letter (indicating what has happened, <i>why the service would prefer to follow up contact for support</i>, what has been agreed and with contact details) to family/young person with written material and offer of follow up visit. Record it as a Significant Event and if appropriate share within Ayrshare <p><u>If you assess that having no further contact with the family or young person could place the young person at risk you should follow CP /Welfare/ ASP procedures.</u></p>		

MAASH Multi-agency Assessment Screening Hub

SA Service Access
NPS Named Person Service
ED Emergency Department

CAMHS Child and Adolescent Mental Health Service

YP Young Person
CP Child Protection
SN School Nurse

ASP Adult Support and Protection
SW Social Work
CC Connected C

Local Support & Advice	
<p>North Ayrshire Youth Service Community Hubs</p> <p>Garnock Valley : 01505 683874 Three Towns: 01294475900 North Shore : 01294 475919 Kilwinning : 01294 462659 Irvine : 01294313593 Arran: graeme@arranyouthfoundations.org</p> <p>ESOL – 01294 475900 Duke of Edinburgh - 01294 475900</p>	<p>North Ayrshire Youth Services provide activities, support and participation opportunities for young people in all areas.</p> <p>(Link into YoungScot)</p>
<p>Service Access Team Various locations throughout North Ayrshire.</p> <p>Tel: 01294 310 000 Tel: 0800 811 505 (Out of Hours)</p> <p>www.nahscp.org</p>	<p>Service Access Team is the first point of contact for anyone who needs support from social services and the Health and Social Care Partnership.</p>
<p>CAMHS</p>	
<p>Citizens Advice – Kilmarnock</p> <p>Tel: 01563 544744</p> <p>www.citizensadvice.org.uk/scotland</p>	<p>Citizens Advice gives confidential and impartial advice, independent information and assistance on a wide range of subjects.</p> <p>This service is free of charge.</p>
<p>Penumbra www.penumbra.org.uk</p> <p>1. Self Harm Project e-mail ayrshire.selfharm@penumbra.org.uk</p> <p>2. Peers 4 HOPE tel 01294 602687</p>	<p>Penumbra are a national mental health organisation providing support and services .</p> <p>In North Ayrshire they provide a self-harm service (all ages) and a peer to peer support service for adults.</p>

National Organisations	
YoungMinds www.youngminds.org.uk Parent helpline 0808 8025544	Young Minds is a national organisation to support young people and their families who may be struggling with their mental health. It offers advice, training and support.
Young Scot https://young.scot/north-ayrshire	Young Scot provides information, activities and advice on a whole range of issues for young people.
Papyrus Hopeline UK – 0800 068 41 41 www.papyrus-uk.org/	Papyrus exist to reduce the number of young people who take their own lives by shattering the stigma around suicide & equipping young people & their communities with the skills to recognise & respond to suicidal behaviour.
See Me www.seemescotland.org	See Me is the programme to end mental health stigma and discrimination. They work in communities and across schools with emphasis on young people
Kidscape /www.kidscape.org.uk	Kidscape provides advice and resources and training to address bullying. For young people and parents
Respect Me https://respectme.org.uk Tel 0344 800 8600 ENQUIRE@RESPECTME.ORG.UK	Respectme is Scotlands Anti-Bullying service providing information, activities and training for young people and adults
LGBT youth www.lgbtyouth.org.uk e-mail info@lgbtyouth.org.uk	LGBT youth are Scotlands national charity for LGBT young people . They provide support locally and youth work programmes as well as highlighting issues facing LGBTI nationally

Helplines	
<p>Breathing Space National Service</p> <p>Tel: 0800 83 85 87</p>	<p>Breathing Space support people who may experience difficulty and unhappiness, mental health problems and emotional distress.</p> <p>This service is free of charge.</p>
<p>Samaritans</p> <p>Tel: 116 123</p> <p>jo@samaritans.org www.samaritans.org</p>	<p>The Samaritans are a non-religious, confidential, emotional support service and will listen to anyone about anything that is worrying them.</p> <p>The service is free and you can attend at the branch for support for free.</p>
<p>Childline</p> <p>Tel: 0800 1111</p> <p>www.childline.org.uk</p>	<p>Childline is a private and confidential service for children and young people up to the age of 19.</p> <p>You can contact a Childline counsellor about anything.</p> <p>This service is free of charge.</p>
<p>NHS 24</p> <p>Tel: 111</p> <p>www.nhs24.com</p>	<p>NHS 24 is a telephone based self-help service for mild depression and anxiety provided by NHS 24. This service is provided by trained coaches. Members of the public can self-refer and the service will accept referrals from primary care and secondary care.</p>

Integration Joint Board
18th March 2021

Subject:	North Ayrshire Integration Joint Board - Records Management Plan
Purpose:	North Ayrshire Integration Joint Board (NAIJB) approves the response to the Keeper's Interim Report on NAIJB Records Management Plan
Recommendation:	The Integration Joint Board is asked to: 1. Note the report 2. Approve the response to the Keeper of the Records of Scotland's Interim Report

NAIJB	North Ayrshire Integration Joint Board
RMP	Records Management Plan

1.	EXECUTIVE SUMMARY
1.1	The Public Records (Scotland) Act requires named public authorities to submit a Records Management Plan (RMP) to be agreed by the Keeper of the Records of Scotland.
1.2	North Ayrshire Integration Joint Board (NAIJB) submitted a RMP for the Keeper's consideration in February 2019. In November 2020 the Keeper provided an Interim Report on NAIJB Records Management Plan, requesting further confirmation/ evidence on Elements 4, 5, 7, 9, 12 and 13, alongside additional information on the new Element 15. In addition, with the appointment of the new Chief Officer, evidence previously submitted with the RMP required to be updated.
1.3	<p>The RMP now covers 15 elements which the Board will implement:</p> <ol style="list-style-type: none"> 1. Senior Management responsibility 2. Records Manager responsibility 3. Records Management policy statement 4. Business Classification 5. Retention Schedules 6. Destruction arrangements 7. Archiving and transfer arrangements 8. Information Security 9. Data Protection 10. Business continuity and vital records 11. Audit trail 12. Competency framework for records management staff 13. Assessment and review 14. Shared Information 15. Public records created or held by third parties

	Additional compliance statements and evidence are contained within the Interim Report response.
1.4	All NAIJB records sit within North Ayrshire Council systems and are managed in accordance with North Ayrshire Council policies and procedures. Ms Lauren Lewis, Information Management Officer is the designated Officer of the Council who has operational responsibility for North Ayrshire Council and NAIJB records management.
1.5	Records of NAIJB may be of historical interest and as per North Ayrshire Council's Records Retention Schedule relating to Committee papers, will be retained permanently.
1.6	North Ayrshire Council will undertake an Annual Review of the NAIJB RMP and report the findings to NAIJB.
1.7	The Senior Officer of NAIJB and the Chief Executive of North Ayrshire Council have endorsed the NAIJB RMP.
3.	PROPOSALS
3.1	NAIJB to approve the response to the Keepers Interim Report
3.2	<u>Anticipated Outcomes</u>
	N/A
3.3	<u>Measuring Impact</u>
	N/A
4.	IMPLICATIONS

Financial:	None
Human Resources:	None
Legal:	The Public Records (Scotland) Act 2011 places a number of duties on the Integration Joint Board. Where authorities fail to meet their obligations under the Act, the Keeper has powers to undertake records management reviews and issue action notices for improvement.
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	Consider the impacts on key priorities and plans.
Risk Implications:	Failure to comply with the Public Records (Scotland) Act 2011 presents a legal and reputational risk to the Integration Joint Board
Community Benefits:	N/A

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

5.	CONSULTATION
5.1	Consultation has taken place with Information Governance representatives from both NHS Ayrshire & Arran and North Ayrshire Council.

For more information please contact Julie Davis, Principal Manager Business Administration on 01294 317766 or jdavis@north-ayrshire.gov.uk

Interim Report on the submitted records management plan for North Ayrshire Integration Joint Board

This document is not the formal Keeper’s Report on your plan.

This document has not been forwarded to the senior officer named in the plan.

This interim report gives us the opportunity to let you know what our current thinking on your submitted plan is. It also gives you the opportunity to correct any misunderstandings on our part and to query any statements that we may have made that misrepresent the actual position in your authority.

It may be that, in the general comments at the end, we have made suggestions how your plan might be strengthened, where further evidence might be submitted for example. Please consider these suggestions and let us know your views.

If, in light of our comments, you decide to add new evidence, submit updated versions of documents or make changes to the text of your RMP, please highlight these changes to us, either by adding comments to this report and returning it to us, or by providing us with a separate list.

If we have not heard from you by **31st December 2020** we will assume you are content and will go ahead with our proposed recommendation to the Keeper.

G	The Keeper agrees this element of an authority’s plan.		A	The Keeper agrees this element of an authority’s plan as an ‘improvement model’. This means that he is convinced of the authority’s commitment to closing a gap in provision. He will request that he is updated as work on this element progresses.		R	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Keeper may choose to return the RMP on this basis.
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North Ayrshire Integration Joint Board
(‘The IJB’ in the assessment below)

Explanation: All public records of the North Ayrshire Integration Joint Board are held on North Ayrshire Council systems and, as this is the case, the IJB must adopt the records management provision of the Council. This is made clear in the *Records Management Plan* (for example page 6) and in a *Covering Letter* from the Chief Executive of North Ayrshire Council.

“It has been identified whilst engaging with the Records Management Plan process that currently all North Ayrshire Integration Joint Board records are held within North Ayrshire Council’s systems and offices.” (*Covering Letter from North Ayrshire Council CEO* – see under General Comments below).

The Keeper agreed the *Records Management Plan* of North Ayrshire Council in July 2015:

<https://www.nrscotland.gov.uk/files//record-keeping/public-records-act/keepers-assessment-report-north-ayrshire.pdf>

In 2017 North Ayrshire Council provided the Keeper with an update on their RMP:

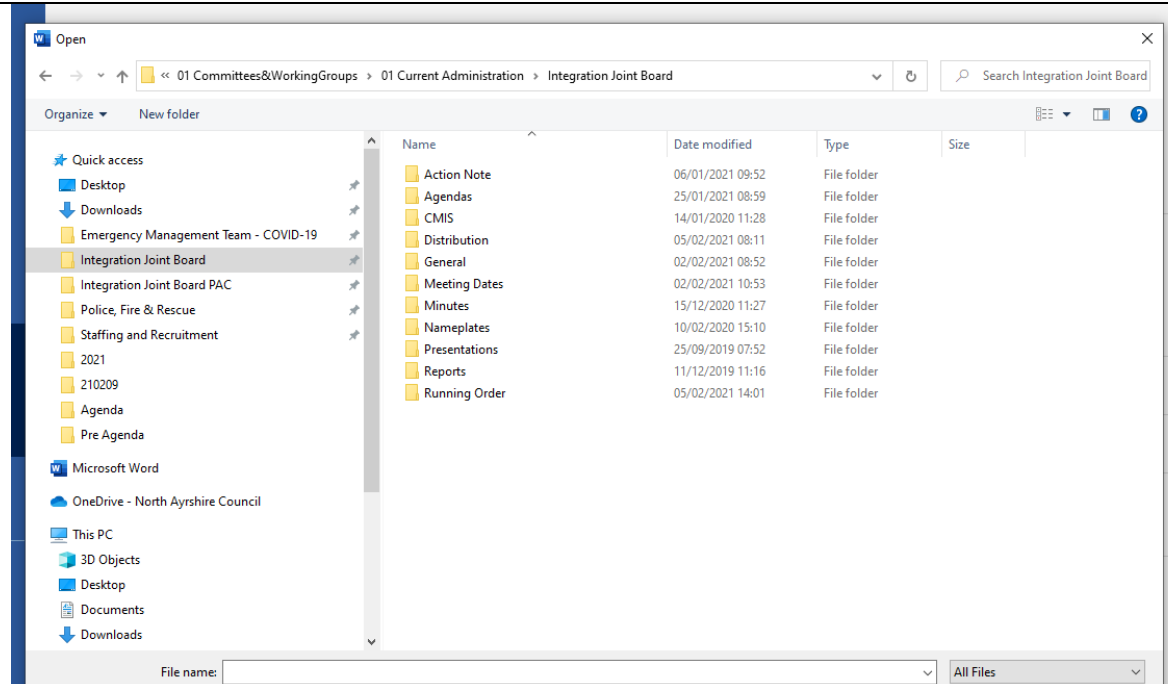
<https://www.nrscotland.gov.uk/files//record-keeping/public-records-act/pur-final-report-for-north-ayrshire-council-and-licensing-board.pdf>

Element Checklist

Element	Present	Evidence	Notes
1. Senior Officer Compulsory Element	G	G	<p>North Ayrshire Integration Joint Board (the IJB) have identified Stephen Brown Chief Officer, as the individual with overall responsibility for records management in the authority.</p> <p>This is confirmed by a <i>Covering Letter</i> from the Chief Officer: "As the Chief Officer I confirm that I have overall responsibility for the North Ayrshire Integration Joint Board Records Management Plan which has my full support and that of the Integration Joint Board members."</p> <p>The <i>Covering Letter</i> from Mr Brown also confirms the records management arrangements with the Council explained above.</p> <p>The IJB's Chief Officer is also the IJB's Senior Information Risk Owner (SIRO).</p> <p>The Keeper agrees that North Ayrshire Integration Joint Board have identified an appropriate individual to this role as required by the Public Records (Scotland) Act 2011 (the Act).</p>
			<p>Note : A new Chief Officer Mrs Caroline Cameron has been appointed to North Ayrshire Integration Joint Board. Mrs Cameron is also the IJB's Senior Information Risk Owner (SIRO). A replacement covering letter is submitted from Mrs Cameron.</p>
2. Records Manager Compulsory Element	G	G	<p>The Act requires that each authority identifies an individual staff member as holding operational responsibility for records management and has appropriate corporate responsibility, access to resources and skills.</p>

			<p>North Ayrshire Integration Joint Board have identified Lauren Lewis, Information Management Officer North Ayrshire Council, as the individual with day-to-day responsibility for implementing the <i>Records Management Plan</i> (the <i>Plan</i>) in the authority.</p> <p>This is confirmed by a <i>Covering Letter</i> from the Chief Officer, which has been supplied to the Keeper.</p> <p>All the public records of the IJB are stored and managed on North Ayrshire Council systems (see explanation above and element 4 below). Ms. Lewis is the Council Records Manager and as such has full access to the IJB's public records. In 2015 the Keeper agreed that the Information Management Officer was a suitable individual to take on this role for North Ayrshire Council (this was a previous post-holder).</p> <p>The Keeper agrees that the Council's Information Management Officer is an appropriate individual to be identified to this role.</p>
3. Policy Compulsory Element	G	G	<p>The Act requires an authority to have an appropriate policy statement on records management.</p> <p>The <i>Plan</i> states that "The Board has adopted and is fully committed to the Records Management Policy of North Ayrshire Council. All Officers who have access to IJB records are governed by North Ayrshire Council's policies and procedures relating to records management."</p> <p>As all the public records of the IJB are managed on the systems of North Ayrshire Council, the adoption of the Council's <i>Records Management Policy</i> is entirely suitable.</p> <p>This arrangement has been agreed by North Ayrshire Council. A <i>Covering Letter</i> from the Chief Executive of the Council, addressed to the Keeper, confirms: "The North Ayrshire Integration Joint Board is bound by the records management policies, strategies and frameworks as stipulated under Element 3 in North Ayrshire Council's Records Management Plan."</p>

			<p>In July 2015, the Keeper agreed that the <i>Records Management Policy</i> of North Ayrshire Council was appropriate for the robust management of their public records. He also was provided with evidence that the <i>Policy</i> is available to staff through the Council's intranet, Navigate. As all IJB staff have automatic access to the intranet, the Keeper is satisfied that they have access to the <i>Policy</i>.</p> <p>The Keeper agrees that North Ayrshire Integration Joint Board has adopted an operational policy which sets out the corporate approach to records management as required by the Act.</p>
4. Business Classification	G	A	<p>The Keeper of the Records of Scotland (the Keeper) expects that the public records of an authority are known and are identified within a structure.</p> <p>The <i>Plan</i> explains that "The Board's records will be wholly created and managed on North Ayrshire Council systems. The Council has a comprehensive and in-depth Information Asset Register (IAR) which is based on the Local Government Classification Scheme (<i>Plan</i> page 6).</p> <p>This is confirmed by a <i>Covering Letter</i> from the Chief Officer of the IJB: "...records will be managed in accordance with North Ayrshire Council policies and procedures..." and the arrangement agreed by the Chief Executive of North Ayrshire Council: "All records created by the North Ayrshire Integration Joint Board are held within North Ayrshire Council's networks and systems and as such, are managed using the Local Government Classification Scheme (LGCS)." (<i>Covering Letter</i> from NAC Chief Executive)</p> <p>Please see below screenshot confirming the digital file structure of the North Ayrshire Integration Joint Board records:</p>



Please see below extract from North Ayrshire Council’s Information Asset Register, showing Committee Papers entry:

Official Information

5. Retention schedule	A	A	<p>The Keeper expects an authority to have allocated retention periods to its public records and for those records to be retained and disposed of in accordance with a retention schedule.</p> <p>As explained under element 4, the <i>Plan</i> makes it clear that the public records of the IJB are held in the record keeping systems of North Ayrshire Council.</p> <p>The Keeper agrees it entirely appropriate therefore that those records are subject to the retention and destruction processes of the Council.</p> <p>However, whereas the <i>Plan</i> states (page 7) that “IJB records are maintained in line with North Ayrshire Council Retention and Disposal Schedules...” The Covering Letter from the Chief Executive of the Council states “North Ayrshire Council’s records retention schedule <u>will</u> be updated to reflect the incorporation of North Ayrshire Integration Joint Board records [our emphasis]. The Keeper requires clarification as to whether the public records of the IJB are currently part of the Council’s retention schedule or whether this remains a future development.</p> <p>Retentions are applied to the public records of the IJB as per North Ayrshire Council’s Records Retention Schedule and selected dependent on the core business function of the records. It is of note that the current retention schedule of North Ayrshire Council is under review as part of a separate project and any retention(s) applicable to the Integration Joint Board will be reworded to reflect this.</p> <p>See below references to North Ayrshire Council Records Retention Schedules:</p> <p>DP2.1 – Council and Committee Meetings – Permanent – Transfer to Records Management Unit after administrative use is concluded – Statutory Requirement – Only the master/signed copies of Minutes need to be retained in the archive</p> <p>FN3.1 – The process of finalising Local Authority’s annual accounts – Permanent – Offer to Archivist via Records Management Unit after administrative use is concluded – Common Practice – Only the final version of the annual budget needs to be kept</p>
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			<p>FN 3.2 – The process of developing the Local Authority’s annual budget – Cy+6 Destroy – Common Practice</p> <p>Furthermore, it is important that the IJB can be confident that the retention decisions allocated to their information assets are suitable for their business needs. A statement is required in evidence that IJB staff had input into the retention periods assigned to their records.</p> <p><i>Attached copy report to NAIJB of 18/03/21 refers to permanent records</i></p> <p>With clarification around the inclusion of IJB records in the Council’s retention schedule and a statement from the IJB that they were involved in the allocation of retention decisions to their records, the Keeper should be able to agree that North Ayrshire Integration Joint Board has ensured that all their public records are subject to suitable retention periods. This may be an ‘improvement model’ agreement if the IJB has yet to be included in the Council’s retention schedule as suggested in the Chief Executive’s <i>Covering Letter</i>.</p>
6. Destruction Arrangements Compulsory Element	G	G	<p>See under element 4 and 5 for a) evidence that IJB records are part of the Council’s IAR and b) confirmation that IJB records are part of the Council’s Retention Schedule.</p> <p>The Act requires that public records are destroyed in a timely, controlled and secure manner.</p> <p>The <i>Plan</i> states that “Destruction of Board records, in all formats, will be undertaken in line with North Ayrshire Council policies and procedures.”</p> <p>As all the public records of the IJB are managed on the systems of North Ayrshire Council, the adoption of the Council’s destruction procedures is practical.</p> <p>This arrangement has been agreed by North Ayrshire Council. A <i>Covering Letter</i> from the Chief Executive of the Council, addressed to the Keeper, confirms: “The destruction process for North</p>

			<p>Ayrshire Integration Joint Board records will be undertaken in line with North Ayrshire Council's procedures and practices."</p> <p>In July 2015, the Keeper agreed that the destruction processes in North Ayrshire Council were strong. He also was provided with staff guidance on record destruction which he accepts will apply to the records of the IJB.</p> <p>Assuming that the Keeper's questions under elements 4 and 5 are satisfactorily addressed, the Keeper should be able to agree that North Ayrshire Integration Joint Board have adequate processes in place to ensure the secure, controlled and irretrievable of their public records when appropriate.</p>
7. Archiving and Transfer Compulsory Element	A	A	<p>The Act requires that all Scottish public authorities identify a suitable repository for the permanent preservation of any records considered suitable for archiving. A formal arrangement for transfer to that repository must be in place.</p> <p>The IJB relies on the archiving policies of the Council. This is reasonable as any public record of the IJB identified for permanent preservation will be held on Council systems.</p> <p>North Ayrshire Council, in conjunction with East Ayrshire and South Ayrshire Councils, operates 'Ayrshire Archives'. North Ayrshire Council deposits records selected for permanent preservation in Ayrshire Archives.</p> <p>As stipulated at Element 4, the IJB create digital records only and therefore are not covered by the archiving agreement and service provided by Ayrshire Archives under the North Ayrshire Council Archiving and Transfer Policy which covers paper records. The Integration Joint Board acknowledge the importance of digital preservation and take this on board for future consideration and will seek to investigate the development of a Digital Archiving Policy in conjunction with North Ayrshire Council.</p>

8. Information Security Compulsory Element	G	G	<p>The Act requires that public records are held in accordance with information security compliance requirements.</p> <p>The <i>Plan</i> states that “All systems, devices, information sharing platforms, etc. that the IJB relies upon are owned and maintained by North Ayrshire Council.” (<i>Plan</i> page 10). It makes practical sense, therefore, that the IJB relies on the information security processes of North Ayrshire Council including those relating to staff access and training. All staff managing IJB records are Council employees.</p> <p>The application of the Council’s information security procedures to IJB records is an arrangement that is supported by a <i>Covering Letter</i> from the Chief Executive of the Council: “All North Ayrshire Integration Joint Board records are held within North Ayrshire Council’s networks and are therefore subject to policies and procedures and evidenced under Element 8 of North Ayrshire Council’s Records Management Plan and subsequent Progress Update Review.”</p> <p>In both the Council’s original submission (2015) and in the Progress Update Review (PUR) referenced by the Chief Executive (2018) the Keeper agreed that robust procedures are in place to ensure that the information and systems used by the Council are protected by appropriate policies and procedures as required by the Act.</p>
9. Data Protection	R	R	<p>The Keeper expects a Scottish public authority to manage records involving personal data in compliance with data protection law.</p> <p>The <i>Plan</i> suggests that the IJB relies entirely on the data protection procedures of North Ayrshire Council, which the Keeper has already agreed are appropriate.</p> <p>North Ayrshire Integration Joint Board relies wholly upon the technical and organisational measures of North Ayrshire Council as a data controller (Information Commissioners - Data protection register - entry details (ico.org.uk)) as all records are held on the Council’s systems.</p>

			No personal data as defined by the Data Protection Act 2018 is processed by the Integration Joint Board as a legal entity and therefore would not be defined as a data controller in its own right.
10. Business Continuity and Vital Records			<p>The Keeper expects that record recovery, prioritising vital records, is an integral part of the authority's business continuity planning.</p> <p>All the public records of the IJB are managed on the record keeping systems of North Ayrshire Council. They are therefore subject to the record recovery arrangements of the Council. This is accepted in a <i>Covering Letter</i> from the Chief Officer of the IJB and agreed in a <i>Covering Letter</i> from the Chief Executive of the Council.</p> <p>The Keeper agreed this element of the North Ayrshire Council records management plan on 'improvement model' terms awaiting the approval of a sample <i>Business Continuity Plan</i> that had been provided with the submission. However, the Keeper acknowledges that in 2018 this updated evidence was provided.</p> <p>Therefore, the Keeper can agree that the public records of North Ayrshire Integration Joint Board are covered by an operational <i>Business Continuity Policy</i> and that information management and records recovery properly feature in North Ayrshire Council's plans.</p>
11. Audit trail	G	G	<p>The Keeper expects an authority to have process in place to track public records in such a way that their location is known and changes recorded.</p> <p>All the public records of North Ayrshire Integration Joint Board are held on the record keeping systems of North Ayrshire Council.</p> <p>The arrangement is confirmed by a <i>Covering Letter</i> from the Chief Executive of the Council which states "North Ayrshire Integration Joint Board records are subject to North Ayrshire Council's File Naming Convention and Document Control Guidelines."</p>

			<p>This is also supported by a <i>Covering Letter</i> from the Chief Officer of the IJB which states “NAIJB records will be managed in accordance with North Ayrshire Council policies and procedures”.</p> <p>The Keeper agrees that, as all the records are held on the Council’s systems, document tracking and identification must be facilitated utilising the practices of the Council.</p> <p>In July 2015 the Keeper agreed that the Council has procedures in place to ensure that the correct version of a record can be located.</p> <p>Therefore the Keeper can agree that North Ayrshire Integration Joint Board has procedures in place that will allow them to locate their records and assure themselves that the located record is the correct version.</p>
12. Competency Framework for records management staff	G	A	<p>The Keeper expects staff creating, or otherwise processing records, to be appropriately trained and supported.</p> <p>In both the <i>Plan</i> (page 14) and in a <i>Covering Letter</i> from the Chief Executive of North Ayrshire Council (Ms. Lewis’ employer) a commitment is made that “training is scheduled to ensure her continued development”.</p> <p>The <i>Plan</i> also explains that, as part of the GDPR rollout, all Council staff undertook a ‘comprehensive training programme’.</p> <p>There is no further detail on the contents of this course although the training is confirmed in general terms by statements in the Council’s 2017 Progress Update Review (PUR) (submitted June 2018). However, again details of what this involved were absent. The Keeper would be interested in any further details about the information governance training programme that could be provided.</p>

			<p>In 2015 the Keeper agreed that the staff training arrangements in North Ayrshire Council were appropriate and would be inclined to agree this element on that basis.</p> <p>If further details around the content of the staff training programme can be supplied, the Keeper should be able to agree that North Ayrshire Integration Joint Board has ensured that the individual identified at element 2 has access to appropriate training and development opportunities and furthermore that the IJB can be confident that all staff with access to their public records are suitably proficient in the records management aspects that are relevant to their role.</p> <p>Attached details of Information Management training and GDPR training</p>
13. Assessment and Review	A	G	<p>Section 1(5)(i)(a) of the Act says that an authority must keep its RMP under review.</p> <p>As all the public records of the IJB are managed on the systems of North Ayrshire Council, the adoption of the Council's review procedures is practical.</p> <p>The <i>Covering Letter</i> confirms that this arrangement is in place: "North Ayrshire Integration Joint Board records will be assessed and reviewed in line with North Ayrshire Council's information governance policies and procedures."</p> <p>The Keeper has already agreed that the review procedures operational in North Ayrshire Council are appropriate.</p> <p>However, the Keeper requires a statement regarding reporting. How are the results of the Council's review conveyed to the IJB so that they can be confident their public records are being managed as agreed?</p> <p>The results of the Council's Annual Progress Review will be reported separately to NAIJB</p>

			<p>The Plan notes that “NAIJB will participate in the annual Progress Update Review that is recommended by the National Records Scotland to ensure records management practices are regularly reviewed, and where necessary, require to be updated.” This commitment is welcomed by the Keeper and shows good evidence that the authority intends to keep its RMP under review as required by the Act.</p> <p>With a statement confirming the procedure for reporting the results of the review to the Board, the Keeper should be able to agree that North Ayrshire Integration Joint Board has processes in place to ensure that their records management plan is kept under review as required by the Act.</p>
14. Shared Information	G	G	<p>The Keeper expects a Scottish public authority to ensure that information sharing, both within the Authority and with other bodies or individuals, is necessary, lawful and controlled.</p> <p>As part of its function an IJB must utilise the records of other partners and, therefore, information sharing is a key part of its business. In the case of North Ayrshire Integration Joint Board the record of the Board itself are managed by a third party (the Council). For these reasons the Keeper must be satisfied that robust data sharing agreements are in place in that third party.</p> <p>The Keeper has already agreed that the information sharing provision in the Council is appropriate (July 2015).</p> <p>Statements in the <i>Plan</i>, <i>Covering Letter</i> and evidence supplied make it clear that the IJB has robust policies and procedures for info sharing, including Information Sharing agreements. A sample agreement (IJB and Common Service Agency) has been provided in evidence as has the standard agreement between the three Ayrshire Councils and the three IJBs.</p> <p>The Keeper agrees that North Ayrshire Integration Joint Board appropriately considers information governance when planning data sharing with third parties.</p>

15. Public records created or held by third parties	R	R	<p><u>Third Parties:</u></p> <p>The Public Records (Scotland) Act 2011 (PRSA) makes it clear that records created by third parties when carrying out the functions of a scheduled authority should be considered ‘public records’ - PRSA Part 1 3 (1)(b).</p> <p>The <i>Plan</i> is arranged according to the, 14 element, version of the Keeper’s Model Plan which was operational at the time of the original submission (February 2019). In May 2019 the Keeper introduced a 15th “Third Party Contractors” element: https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan</p> <p>However, it should be noted that the requirement to address the issue of third-party contractors carrying out functions of an authority has always been integral to the Act.</p> <p>No third-parties are contracted to carry out any functions of the North Ayrshire Integration Joint Board.</p>
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North Ayrshire Integration Joint Board
(‘The IJB’ in the assessment below)

Explanation: All public records of the North Ayrshire Integration Joint Board are held on North Ayrshire Council systems and, as this is the case, the IJB must adopt the records management provision of the Council. This is made clear in the *Records Management Plan* (for example page 6) and in a *Covering Letter* from the Chief Executive of North Ayrshire Council.

“It has been identified whilst engaging with the Records Management Plan process that currently all North Ayrshire Integration Joint Board records are held within North Ayrshire Council’s systems and offices.” (*Covering Letter from North Ayrshire Council CEO* – see under General Comments below).

The Keeper agreed the *Records Management Plan* of North Ayrshire Council in July 2015:

<https://www.nrscotland.gov.uk/files//record-keeping/public-records-act/keepers-assessment-report-north-ayrshire.pdf>

In 2017 North Ayrshire Council provided the Keeper with an update on their RMP:

<https://www.nrscotland.gov.uk/files//record-keeping/public-records-act/pur-final-report-for-north-ayrshire-council-and-licensing-board.pdf>

General Notes on submission: This assessment is on the *Records Management Plan* (the *Plan*) of North Ayrshire Integration Joint Board as submitted to the Keeper of the Records of Scotland for his agreement on 25th February 2019.

The submission to the Keeper included the *Plan a Covering Letter* from Craig Hatton, Chief Executive of North Ayrshire Council and a separate letter from Stephen Brown, Director Health & Social Care Partnership and Chief Officer of the IJB. These letters support the arrangements detailed in the explanation above.

The introduction to the *Plan* notes that good recordkeeping practices help the IJB make:

- Better decisions based on complete information.
- Smarter and smoother work practices.
- Consistent and collaborative workgroup practices.
- Better resource management.
- Support for research and development.
- Preservation of vital and historical records.

The Keeper fully agrees this introductory statement.

Recommendation: Return: Third Parties, clarification on status for element 9

Integration Joint Board
18 March 2021
Agenda Item No.

Subject: **Strategic Risk Register**

Purpose: To present the updated IJB Strategic Risk Register for consideration and approval.

Recommendation: To approve the updated IJB Strategic Risk Register

Glossary of Terms	
IJB	Integrated Joint Board
NHS	National Health Service
PAC	Performance Audit Committee
PSMT	Partnership Senior Management Team

1.	EXECUTIVE SUMMARY
1.1	This report provides an update on the strategic risk register, to ensuring the IJB are proactive in identifying and managing the risks to the successful delivery of our Strategic Plan.
2.	BACKGROUND
2.1	A Strategic Risk Register is a requirement of the Clinical and Care Governance Framework and as part of our Risk Management Strategy, which was approved by the Performance and Audit Committee in June 2019.
2.2	The review focussed on updating previous risks and identifying new risks. The remaining previous risks have been updated to reflect any additional mitigating action and reassessed on that basis.
2.3	The actions required to manage and control the risks have been identified and they will be subject to ongoing monitoring and review by the PSMT with an update to be reported to the Performance and Audit Committee.
2.4	There are 9 risks noted on the Strategic Risk Register, a number of these graded as high risk. While there are a number of controls and mitigations in place there may be further actions required to reduce the risks further in line with the level of risk tolerance. The current Strategic Risk Register is included as Appendix A.

There are 9 risks detailed on the Strategic Risk Register, these are summarised below:

Ref	Title	Gross Risk (score pending further controls)	Residual Risk (score after further controls)
SRR01	Financial Sustainability	15 High	12 High
SRR02	Infrastructure (ICT Integration)	12 High	9 Moderate
SRR03	Culture and Practice	12 High	9 Moderate
SRR04	Transformational Change Programme	9 Moderate	6 Moderate
SRR05	Governance	9 Moderate	6 Moderate
SRR06	Demography and Inequality Pressures	12 High	9 Moderate
SRR07	Workforce	12 High	9 Moderate
SRR08	Scottish Government Policies	16 High	12 High
SRR09	Covid-19 Recovery	20 Very High	15 High

2.5 The scoring of the risks is based the severity of the risk multiplied by the likelihood of it happening. Background to this is given in the extract of the approved risk management strategy in Appendix B.

2.6 The operational risks of the partnership are regularly reviewed and considered at service management meetings. The Clinical and Care Governance Group is responsible for the oversight of operational risks within the partnership. The Group consider any High or Very High risks (as defined by the approved risk management strategy) and if required escalate these to the Partnership Senior Management Team (PSMT) for consideration for inclusion on the Strategic Risk Register.

There are no operational risks to be escalated to the Strategic Risk Register.

3. PROPOSALS

3.1 It is proposed to approve the risk register detailed in Appendix A including the action required to manage, mitigate and control the risks.

3.2 Anticipated Outcomes

Risk management is an integral part of governance and it is essential that the IJB has assurance that risks are identified and managed appropriately to ensure the safe and sustainable delivery of services.

3.3 Measuring Impact

	The risk register will be monitored with the individual risk owners being responsible for keeping the register up to date under the overview of the Principal Manager – Finance.
3.2	It is recommended that risk assessments be reviewed on an annual basis as a minimum. The register will be monitored by PAC to ensure the actions required to manage and control the risk are being progressed, with updates provided to the IJB and PAC at least annually.
4.	IMPLICATIONS

Financial :	None
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	Appropriate and effective risk management practice will deliver better outcomes for the people of North Ayrshire, protecting the health, safety and wellbeing of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.
Risk Implications :	The risk management approach is crucial to ensuring the IJB are able to meet strategic objectives.
Community Benefits :	None

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

5.	CONSULTATION
5.1	The Strategic Risk Register has undergone a significant review to establish the critical risks to delivering on the strategic objectives, particularly to take into consideration the Covid impact and risks. The strategic risks have been reviewed and agreed by the PSMT.
6.	CONCLUSION
6.1	That the IJB approve the strategic risk register including the actions identified to manage and control the risks.

For more information please contact Eleanor Currie, Interim S95 Officer at Eleanorcurrie@north-ayrshire.gov.uk

Appendix A

Strategic Risk Register

Glossary of Terms

Term	Definition	Term	Definition
NAHSCP	North Ayrshire Health and Social Care Partnership	ARG	Allocation of Resources Group
SAHSCP	South Ayrshire Health and Social Care Partnership	ICT	Information and Computer Technology
EAHSCP	East Ayrshire Health and Social Care Partnership	MDTs	Multi-Disciplinary Teams
NHS/ NHS AAA	NHS Ayrshire & Arran	EKSF	Electronic Knowledge and Skills Framework
MTFP	Medium Term Financial Plan	TURAS	Training Management System
CRES	Cash Releasing Efficiency Savings	SPOG	Strategic Planning Officers Group
LD	Learning Disability	ICF	Integrated Care Fund
IJB	Integrated Joint Board	RMP	Records Management Plan
PSMT	Partnership Senior Management Team	CPAG	Child Poverty Action Group
NAC	North Ayrshire Council		

Appendix B

Extract from the Risk Strategy on Risk Scoring

SEVERITY CONSEQUENCE MATRIX - Description and definition of the CONSEQUENCE / IMPACT of the risk should it occur (these are a guide)

“Domains”	Severity				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Objectives and projects	<ul style="list-style-type: none"> Barely noticeable reduction in scope / quality / schedule 	<ul style="list-style-type: none"> Minor reduction in scope / quality / schedule 	<ul style="list-style-type: none"> Reduction in scope or quality, project objectives or schedule. 	<ul style="list-style-type: none"> Significant reduction in ability to meet project objectives or schedule. 	<ul style="list-style-type: none"> Inability to meet project objectives, reputation of the organisation seriously damaged and failure to appropriately manage finances.
Injury (physical and psychological) to patients/staff.	<ul style="list-style-type: none"> Adverse event leading to minor injury not requiring first aid. 	<ul style="list-style-type: none"> Minor injury or illness, first-aid treatment needed. No staff absence required. 	<ul style="list-style-type: none"> Significant injury requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> Major injuries or long term incapacity/ disability (loss of limb), requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> Incident leading to death or major permanent incapacity.
Patient experience / outcome	<ul style="list-style-type: none"> Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care. 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery < 1Wk 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome, long term effects - expect recovery > 1Wk 	<ul style="list-style-type: none"> Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects.
Complaints / claims	<ul style="list-style-type: none"> Locally resolved complaint 	<ul style="list-style-type: none"> Justified complaint peripheral to clinical care 	<ul style="list-style-type: none"> Below excess claim. Justified complaint involving lack of appropriate care. 	<ul style="list-style-type: none"> Claim above excess level. Multiple justified complaints. 	<ul style="list-style-type: none"> Multiple claims or single major claim.
Staffing and competence	<ul style="list-style-type: none"> Short term low staffing level (< 1 day), where there is no disruption to patient care. 	<ul style="list-style-type: none"> Ongoing low staffing level results in minor reduction in quality of patient care 	<ul style="list-style-type: none"> Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / 	<ul style="list-style-type: none"> Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / 	<ul style="list-style-type: none"> Non delivery of key objective / service due to lack of staff. Loss of key staff.

		<ul style="list-style-type: none"> Minor error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> implementation of training. Ongoing problems with staffing levels 	<ul style="list-style-type: none"> implementation of training. 	<ul style="list-style-type: none"> Critical error due to insufficient training / implementation of training.
Service / business interruption	<ul style="list-style-type: none"> Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service 	<ul style="list-style-type: none"> Short term disruption to service with minor impact on patient care. 	<ul style="list-style-type: none"> Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service. 	<ul style="list-style-type: none"> Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked. 	<ul style="list-style-type: none"> Permanent loss of core service or facility. Disruption to facility leading to significant “knock on” effect.
Financial	<ul style="list-style-type: none"> Negligible organisational financial loss (£< 1k). 	<ul style="list-style-type: none"> Minor organisational financial loss (£1-10k). 	<ul style="list-style-type: none"> Significant organisational financial loss (£10-100k). 	<ul style="list-style-type: none"> Major organisational financial loss (£100k-1m). 	<ul style="list-style-type: none"> Severe organisational financial loss (£>1m).
Inspection / assessment / audit	<ul style="list-style-type: none"> Small number of recommendations which focus on minor quality improvement issues. 	<ul style="list-style-type: none"> Minor recommendations made which can be addressed by low level of management action. 	<ul style="list-style-type: none"> Challenging recommendations but can be addressed with appropriate action plan. 	<ul style="list-style-type: none"> Enforcement Action. Low rating. Critical report. 	<ul style="list-style-type: none"> Prosecution. Zero Rating. Severely critical report.
Adverse publicity / reputation	<ul style="list-style-type: none"> No media coverage, little effect on staff morale. 	<ul style="list-style-type: none"> Local Media – short term. Minor effect on staff morale / public attitudes. 	<ul style="list-style-type: none"> Local Media – long term. Impact on staff morale and public perception of the organisation. 	<ul style="list-style-type: none"> National Media (< 3 days). Public confidence in the organisation undermined. Usage of services affected. 	<ul style="list-style-type: none"> National Media (> 3 days). MP / MSP Concern (Questions in Parliament).
Organisational / Personal Security, and Equipment	<ul style="list-style-type: none"> Damage, loss, theft (£< 1k). 	<ul style="list-style-type: none"> Damage, loss, theft (£1-10k). 	<ul style="list-style-type: none"> Damage, loss, theft (£10-100k). 	<ul style="list-style-type: none"> Damage, loss, theft (£100k-1m). 	<ul style="list-style-type: none"> Damage, loss, theft (£>1m).

	1 Remote	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Probability	<ul style="list-style-type: none"> Will only occur in exceptional circumstances. 	<ul style="list-style-type: none"> Unlikely to occur but definite potential exists. 	<ul style="list-style-type: none"> Reasonable chance of occurring – has happened before on occasions. 	<ul style="list-style-type: none"> Likely to occur – strong possibility. 	<ul style="list-style-type: none"> The event will occur in most circumstances.

Risk Rating

LIKELIHOOD	SEVERITY				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Remote	1	2	3	4	5

Level of Risk	Risk	How the risk should be managed
Very High (20-25)	Immediate Action Required Intolerable	Requires active management to manage down and maintain the exposure at an acceptable level. Escalate upwards. The activity or process should not be started or allowed to continue until the risk level has been reduced. While the control measures selected should be cost-effective, legally there is an absolute duty to reduce the risk. Review every 3 months.
High (10-16)	Immediate Action Required Unacceptable	Contingency plans may suffice together with early warning mechanisms to detect any deviation from the profile. Escalate upwards. If a new activity or process, it should not be started until the risk has been reduced. Considerable resources may have to be allocated to reduce the risk. Where the risk involves an existing activity or process, the problem should normally be remedied within one to three months. Review every 6 months.
Moderate (4-9)	Action Required	Efforts should be made to reduce the risk, but the cost of reduction should be carefully measured and limited. Risk reduction measures should normally be implemented within three to six months. Re-assess frequently
Low (1-3)	Acceptable	No further preventative action is necessary, but consideration should be given to more cost-effective solutions or improvements that impose no additional cost burden. Monitoring is required to ensure that the controls are maintained. Review periodically to ensure conditions have not changed.

Risk Ref	Description of Risk	Risk Owner	Previous Score	Gross Risk				Mitigations/Control Measures	Previous Score	Residual Risk				Risk Tolerance / Appetite	Proposed New Control Measures
				Severity	Probability	Score	Rating			Severity	Probability	Score	Rating		
SSR01	Financial Sustainability - financial failure from demand for services outstripping the available budget, as a result of the level of delegated resource to the IJB from partners not being sufficient to deliver on strategic objectives. Overall risk of budget not being aligned to delivering financial balance whilst delivering on strategic outcomes. This may lead to service user assessed needs being unmet, inability to deliver on the Strategic Plan, with a reduction in performance, progress not being made with national targets, reputational damage to the IJB and partner bodies and the requirement to implement service changes that are not in line with the strategic objectives.	Chief Finance Officer	n/a	5	3	15	High	<ul style="list-style-type: none"> * IJB actively monitors the partnership financial position. * Directors of Finance of the Council and Health Board have oversight. * Regular updates are provided to the Council's Cabinet and Audit and Scrutiny Committee. * A Chief Finance and Transformation Officer is in place within the HSCP to support delivery of transformation at scale and pace. * A Medium-Term Financial Plan has been developed and is being refreshed. * Transformation Board overseeing the programme of service re-design. * Council's budget has £1.5m earmarked to support repayment of the outstanding debt (currently £5.3m). * Integrated approach to managing totality of NHS and LA resources delegated to the IJB. * Robust processes for monitoring projects and the monthly financial position ensuring financial projections can inform any correction action * Financial returns are submitted to the Scottish Government on a regular basis. * Significant funding for IJBs for Covid response, supported by regular returns to SG * Previous financial settlements have seen both partners meet the SG settlement conditions with any additional resources passed to the IJB. * A Chief Finance and Transformation Officer is in place within the HSCP to support delivery of transformation at scale and pace. * Significant funding for IJBs for Covid response, supported by regular returns to SG * Previous financial settlements have seen both partners meet the SG settlement conditions with any additional resources passed to the IJB. * Focus on accuracy of data used to inform financial projections alongside regular review of waiting lists and approval processes. * Approach to implementing Financial Recovery Plan in recent years has proven effective to mitigate in-year overspends. 	n/a	4	3	12	High	Treat	<ul style="list-style-type: none"> * 3 year medium term financial plan developed to sit alongside next iteration of Strategic Plan * Continue to actively managing the demand for services using professional judgement to determine when care is provided * Longer term financial strategy to be developed alongside transformation plans
SSR02	Infrastructure - ICT System Integration - lack of an integrated IT system to meet the needs of NAHSCP leading to non-robust and inefficient information recording and sharing resulting in inefficient business models, duplication of effort, inaccurate or lack of data on service demand and delivery and risk to service users, patients and staff.	Chief Finance Officer	12	4	3	12	High	<ul style="list-style-type: none"> * Some pockets of agile and remote working have been implemented and work continues to roll these initiatives out to improve efficiency. * Access to systems can be requested to allow NHS-Partnership staff access to NAC systems, and NAC-Partnership staff access of NHS systems. * Work has progressed to reduce the number of MH ancillary recording systems and consolidate data on centralised systems. * Working from home has accelerated the use of technology with more business being conducted via MS Teams. * HSCP systems and performance team supporting work across the partnership and progressing developments and issues with systems 	9	3	3	9	Moderate	Tolerate	<ul style="list-style-type: none"> * Develop strategic direction with NHSAAA, EAHSCP and SAHSCP. * Ensure that there are local arrangements in place to manage local risk. * NHSAAA are undertaking a review of all MS Access databases in use for removal to centralised systems. * Replacement of the current social care system will include consideration of functionality which will support health service data requirements
SSR03	Culture and Practice - Failure to embed the appropriate culture, standards and positive behaviours of staff across the HSCP leading to failure in transforming the way we work resulting in not achieving the required changes to move services forward.	Chief Social Work Officer and Associate Nursing Director	12	4	3	12	High	<ul style="list-style-type: none"> * The majority of staff took part in the 'Thinking Different, Doing Better' sessions which focused on self-management, familial support, community support and sign-posting to non-statutory alternatives, this also included staff having opportunity to feed back * Involvement of staff in every individual change programme will be actively encouraged and clearly defined benefits will be outlined and promoted throughout change programme. * The organisational development strategy is being implemented across the Partnership (e.g. supporting the development of multi-disciplinary team working and service review support). * PPD and TURAS is undertaken with all individual staff on an annual basis. 	9	3	3	9	Moderate	Treat	<ul style="list-style-type: none"> * Continue to introduce different ways of working including MDTs * Individuals and teams will be supported to change the way in which they assess, treat, and care for and support individuals (Realistic Care) to ensure increased levels of self-management, choice and control. * With the evolution of fully integrated, multi-disciplinary teams at the heart of this work, it will be important to ensure that staff and managers from directly provided services, as well as from the third and independent sectors have the opportunity to participate in regular inter-disciplinary training and peer support networks to share learning and good practice.
SSR04	Transformational Change Programme - failure to deliver transformational change impacting on financial sustainability, effectiveness of service delivery alongside negative impact on individual's outcomes through a failure to modernise services to meet current and future demands.	Chief Officer	9	3	3	9	Moderate	<ul style="list-style-type: none"> * NAHSCP Transformation Board for oversight of programme development and delivery. * Reporting to NAHSCP Integration Joint Board, NHSAA Performance Governance Committee which has oversight on behalf of the NHS Board and NAC Extended Leadership Team. * Pan Ayrshire SPOG, NHSAA, NAC Scrutiny Groups & Staff Partnership Forum review and professionally challenge business plans * Scheduled meetings with Planning Managers to ensure effective communication throughout the change process on a 6 weekly basis. * Cross fertilisation and knowledge transfer of Planning Managers. * Development of Transformation Board risk register to manage risks associated with Programme change strands. * Alignment of service change/transformation plans to Strategic Plan priorities * Delivery Plans developed for each programme which identifies specific requirements for the successful delivery of each area, triggers exception reports to report when plans are not on track 	6	3	2	6	Moderate	Treat	<ul style="list-style-type: none"> * Raising awareness of Programme within the three parent organisations (including elected members and board members) via established reporting arrangements * SPOG review of business cases prior to formal submission to corporate parents to highlight negative aspects * Alignment of plans to Covid recovery * Development of full operational Workforce Plan to sit alongside plans

Risk Ref	Description of Risk	Risk Owner	Previous Score	Gross Risk				Mitigations/Control Measures	Previous Score	Residual Risk				Risk Tolerance / Appetite	Proposed New Control Measures
				Severity	Probability	Score	Rating			Severity	Probability	Score	Rating		
SSR05	Governance - IJB governance arrangements are not conducive to effective working and decision making, Leading to a lack of confidence in the IJB and reputational damage. Failure to comply with governance requirements such as Freedom of Information, Complaints and other regulations laid down within the Public Bodies (Scotland) Act. This could lead to a breach of specific regulations resulting in enforcement action from governing bodies, adverse public reaction and/or prosecution.	Chief Officer	9	3	3	9	Moderate	<ul style="list-style-type: none"> * Appropriate arrangements in place for representation at the IJB and sub-committees * Integration Scheme, Strategic Plan, Standing Orders and Code of Conduct in place * Policies and procedures developed and in place for each function including Complaints, FOIs/Adverse Events for both HSCP and IJB. * HSCP Governance Team in place, including Governance Assistants for FOI and AERG processes. * Operational Governance / Delivery groups in place to ensure appropriate action planning and monitoring including Performance and Audit Committee, Clinical and Care Governance Group, Adverse Events Review Group, Health and Safety Groups and the Staff Partnership Forum. * IJB receives 6 monthly updates on Clinical and Care Governance activity including details of adverse events; significant case review; complaints. This update includes details of outcomes and lessons learned. The Adverse Event Review Group now includes a fortnightly update for all AERs across the North HSCP. * Approved a Risk Management Strategy and a Strategic Risk Register * Health and Care Governance Framework in place * North Ayrshire IJB has complied with all legislative requirements for IJBs which were introduced during 2017, including Model Publication Scheme, Climate Change Reporting, Records Management Plan, Complaint Handling Procedure. 	6	3	2	6	Moderate	Treat	<ul style="list-style-type: none"> * Development of IJB member induction programme * Internal Audit review of IJB Governance planned for 2021
SSR06	Demography and Inequality Pressures - failure to adequately plan for and respond to changes in our population profile and in the levels of poverty in North Ayrshire will result in more people experiencing higher levels of physical and mental ill health, resulting in increasing demand on services, an inability of services to provide adequate care and negative impact on health and wellbeing.	Chief Officer	12	4	3	12	High	<ul style="list-style-type: none"> * Through delivery of the strategic plan the IJB sets out actions to tackle inequality through its Partnership Pledge and across all five of the strategic priorities. * Our Strategic Plan sets out Strategic Needs Assessment and our Strategic Planning Group and Locality Planning Forums work on the ongoing development of this * HSCP services work to address inequalities, for example our Money Matters service work with vulnerable families, providing them with benefits advice and helping to maximise household incomes. * The Partnership will continue to work closely with partners to deliver the Fair for All pledges and progress the Fairer Food agenda. * Demography increases are factored into budget planning to ensure the resource requirements are understood and funding is identified to meet needs * The Change Programme and previous Challenge Fund Projects are focused on early intervention and prevention approaches stemming the impact of future demography increases. * Equalities Impact Assessments considered as part of IJB decision making processes 	6	3	3	9	Moderate	Treat	<ul style="list-style-type: none"> * Raise the profile of the impact of inequalities with our communities, staff, service users and volunteers through implementation of the strategic plan to ensure they have a firm understanding of inequalities and its impact on health and wellbeing. * Expand Community Link Workers service to assist individuals to understand the full range of formal and informal community based services available to them
SSR07	Workforce - failure to recruit and retain and plan workforce requirements effectively leading to an insufficient workforce (number of staff, key roles and competency levels), resulting in a reduction in capacity to safely and effectively care for local people and a negative impact on service user and patient's needs being met	Chief Officer		4	3	12	High	<ul style="list-style-type: none"> * Collaborative recruitment in A&A for areas including ICT, Primary Care Implementation plan, Mental Health and Clinical Leadership * Workforce Development Strategy (WDS) 2018-2021 approved by the IJB, interim workforce plan is being developed * Engagement with local secondary schools to expand the range of work experience and modern apprenticeship options that are available to promote a career in care. * Engagement with Ayrshire College to refine and expand the range of options available for students to experience service delivery in North Ayrshire. * MHO pilot commenced July 2020 for 6 months and has been extended for another six months to prioritise legislative processes and response * Conduct exit interviews with all staff to understand reasons for leaving, using this intelligence to inform plans to improve working conditions and role satisfaction * Work with local providers to understand the pressures they face and support them, supporting the implementation of the Scottish Living Wage and fair work agenda * Early identification of vacancies and timeous submission of recruitment paperwork to the vacancy scrutiny group * Managed risks to recruiting on a permanent basis rather than relying on temp recurring funding, through creative use of funding and alignment with other service needs/alternatives 	9	3	3	9	Moderate	Treat	<ul style="list-style-type: none"> * The Workforce Development Strategy is an iterative plan and the actions will be delivered over a three-year period * Undertake workforce planning for each transformational change programme within services * Establish optimum staffing levels across all staff groups and factor this into the WDS and Medium Term Financial Plan. * The creation of pan-Ayrshire Strategic Commissioning plans to move from competitive to collaborative recruitment models. * Commissioning plan due in 2022 will have a workforce development section. * Explore further opportunities for 'growing our own' similar to the programme for social work students
SRR08	Scottish Government Policies: risk of further legislative, policy developments or change which impacts on the IJBs ability to deliver on strategic objectives, examples include the Promise, the Living Wage, Carers Act, Free Personal Care and other future policy developments including the Independent Review of Adult Social Care. The impact being the inability to deliver on these alongside strategic plan commitments and objectives and the impact of funding for new policy and legislative commitments.	Chief Officer	n/a	4	4	16	High	<ul style="list-style-type: none"> * Horizon scanning for policy developments through partners, professional networks including links with Scottish Government policy teams * Regular liaison with Scottish Government and COSLA senior officers * Responses to consultations on potential implementation of new policy areas * Early impact assessments locally for national policies, including operational and financial service impact * Financial modelling to respond to requests for information to support full funding * Fully brief IJB members and wider partners on policy implications for the IJB to gather support and awareness of any implementation issues or concerns 	n/a	4	3	12	High	Treat	<ul style="list-style-type: none"> * Promote and develop pan-Ayrshire approaches to impact assessment of policy implementation * Reinforce the role of Elected Members and IJB members to influence Scottish Government decision making through political routes

Risk Ref	Description of Risk	Risk Owner	Previous Score	Gross Risk				Mitigations/Control Measures	Previous Score	Residual Risk				Risk Tolerance / Appetite	Proposed New Control Measures
				Severity	Probability	Score	Rating			Severity	Probability	Score	Rating		
SRR09	Covid-19 Recovery: Failure to remobilise services leading to a reduction in service provision in order to redirect and focus on prioritised activities. This could delay transformation and the strategic objectives of the partnership resulting in the following potential consequences: financial loss, increased waiting times, physical and mental health impacts on our staff and communities.	Chief Officer	n/a	5	4	20	Very High	<ul style="list-style-type: none"> * Strategic, tactical and operational response groups formed with HSCP representation at Council, NHS Board and HSCP governance groups. * Work to identify recovery, renewal and transformation opportunities, aligned to budget plans for 2021-22 * Refreshed business continuity management arrangements * Enhanced arrangements in place for oversight and support of commissioned social care providers, including professional Care Home Oversight Group and financial sustainability payments * Prioritise the health and wellbeing of our residents by protecting the most vulnerable in our society against the immediate threat of coronavirus. * Develop plans for individual service recovery incorporating the learning and experience from the Covid response and period of service disruption * Secure the resources and capacity required in services to invest in recovery in communities during 2021 as part of the NHS A&A re-mobilisation plan (RMP3) to March 2022 	n/a	5	3	15	High	Treat	<ul style="list-style-type: none"> * The Strategic Bridging Plan for 2021-22 will be presented to the IJB for approval, setting out priorities for recovery * RMP3 proposals to be taken forward at pace when funding is confirmed * Framework for measuring demand and service performance to be developed to establish impact on services and communities * Support commissioned care provider sustainability through contract management process and aligning commissioned services with ongoing service delivery needs

Integration Joint Board
18th March 2021

Subject: **Strategic Plan 2021 – Bridging plan**

Purpose: To present the fully designed Strategic Bridging Plan and Summary Strategic Building Plan to IJB for review and approve for publication.

Recommendation: IJB to approve both full and summary Strategic Bridging Plans for publication in April 2021.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
SPG	Strategic Planning Group
EOG	Engagement Oversight Group

1.	EXECUTIVE SUMMARY
1.1	The draft Strategic Bridging Plan and Summary were presented to IJB on February 2021, for approval on content and submission for formal design.
1.2	The fully designed Strategic Bridging Plan for 2021/22 is now available for review at Appendix 1 . The designed summary Plan has also been produced and is available at Appendix 2 .
1.3	Some minor work to finalise the document may still be required, i.e., ensuring all web-links work. This will be completed prior to publication.
1.4	Approval is now sought from IJB to publish the Strategic Bridging Plan in April 2021 and to implement the plan throughout the 2021/22 service year.
2.	BACKGROUND
2.1	The Partnership Strategic Plan, 'Let's Deliver Care Together (2018-21)', will expire on 31 st March 2021. Due to the COVID-19 Pandemic, it was agreed to produce a one-year bridging plan that would provide focus on both service improvement and pandemic recovery.
2.2	Following development work undertaken by the Strategic Planning Group, Development Sub-group, the first drafts of the plan were submitted for consideration and feedback by IJB at its meeting of 11 th February 2021.
2.3	At the February meeting, IJB agreed the formal design of the plan document. A North Ayrshire based designer was commissioned for this work.

3.	PROPOSALS
3.1	The IJB are asked to review and approve the finalised Strategic Bridging Plan (2021-22), for publication and implementation from 1 st April 2021.
3.2	The implementation will be monitored through the Strategic Planning Group alongside the development of the longer term plan from April 2022.
3.3	<u>Anticipated Outcomes</u>
	The Strategic Bridging Plan will ensure the Partnership continues to work towards achieving the nine National Health and Wellbeing Outcomes established by the Scottish Government and the five strategic priorities.
3.4	<u>Measuring Impact</u>
	The Strategic Bridging Plan 2020-21 will be subject to the partnership's robust performance monitoring framework, with routine reports submitted to IJB, Performance and Audit Committee, SPG.
4.	IMPLICATIONS

Financial:	The Strategic Bridging Plan 2021-22 will be supported through agreed financial frameworks. Aligning strategic and financial planning is a key ambition of the partnership.
Human Resources:	As set out in the Strategic Bridging Plan, during 2021 an Integrated Workforce Plan will be created that will set out the Partnerships workforce requirements over the long term.
Legal:	The publication of the one-year bridging plan will ensure IJB is compliant with its legal obligation to produce a strategic commission plan.
Equality:	An Equality Impact Assessment was completed on the original plan 'Let's Deliver Care Together (2018-21)'. This has been reviewed in-line with the bridging plan.
Children and Young People	Informed by Children, Families and Justice Service, the plan sets out the Partnership's intentions to support the most vulnerable children and young people across North Ayrshire.
Environmental & Sustainability:	The pandemic period has placed pressures on many organisations, particularly in the independent sector. The plan sets out ambitions to ensure service provision to local people is appropriate, accessible and sustainable.
Key Priorities:	The Partnership's 5 Strategic Priorities will continue into 2021-22. These priorities will be subject to review before March 2022.
Risk Implications:	It is recognised the long-term impact of the pandemic is still mostly unknown. Hence the 12 month period for this bridging plan so that risks for services can be considered.
Community Benefits:	Not applicable.

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

5.	CONSULTATION
5.1	<p><u>Engagement</u></p> <p>370 people have responded so far to North Ayrshire Wellbeing Conversation. This will continue to run for another 12 months.</p>
	<p>The following key stakeholder groups have reviewed the plan and provided feedback from members networks:</p> <ul style="list-style-type: none"> • Strategic Plan Development Sub-group (19-01-2021) • NAHSCP Engagement Oversight Group (20-01-2021) • Partnership Senior Management Team (21-01-2021) • Strategic Planning Group (26-01-2021) • Ayrshire & Arran Engagement Group (27-01-2021) • Care Home Providers Forum (29-01-2021) • Design concepts were presented to PSMT (18-02-2021)
6.	CONCLUSION
6.1	The North Ayrshire Strategic Planning Group has produced a one-year Strategic Bridging Plan to inform the direction of the Partnership throughout 2021 as it attempts to remobilise and recover from the COVID-19 Pandemic.
6.2	The plan extends 'Let's Deliver Care Together (2018-21)' for one year, while also providing a vision for the Partnership going forward beyond 2022.
6.3	The formal designed Strategic Plan document has now been produced and with IJB approval will be published on 1 st April 2021.

For more information please contact Michelle Sutherland (Strategic Planning and Transformation Lead) on 01294 317751 or msutherland@north-ayrshire.gov.uk or Scott Bryan (Planning, Policy and Inequalities Officer) on 01294 317747 or sbryan@north-ayrshire.gov.uk



BRIDGING STRATEGIC COMMISSIONING PLAN 2021-2022

We take great pride in the North Ayrshire Health and Social Care Partnership in our approach to co-producing our plans through meaningful engagement with our communities. Unfortunately, the pandemic has put barriers in place to doing that effectively.

The response to the pandemic is far from over and the longer-term effects on our communities are yet to be fully understood. This one-year strategic bridging plan reflects on our achievements, our Covid-19 experience, and the impact on our services. It outlines our approach to recovery and learning as we take stock and allow our services and communities to recover from what has been one of the most difficult years.



Over the years, there has been a significant shift towards prevention and early intervention approaches, as we recognise that continuing to react to demand in the same way is unsustainable. We face increasing demand and financial challenges in delivering the best services possible and must be creative and innovative in our approaches to fully meet the needs of our communities.

We have achieved much through the integration of health and social care, including developing new models of care through investment in modern, fit for purpose health and social care facilities, we have moved services closer to individuals own homes, in part by working with partners to provide specialist, fit for purpose housing, we have continued to maximise the use of our modern inpatient services and we have continued to integrate and join up our front line teams.

Whilst the pandemic has been immensely difficult and has stretched many of our services, our staff and our communities to the limit, we have continued to progress with our plans for integration with ongoing work underway to improve and develop services.

The response to the pandemic has led to significant opportunities, creative solutions, fleet of foot responses and a real renewed appetite and enthusiasm for partners to work together, which is what we need to truly improve people's lives.

North Ayrshire HSCP believes that our communities can flourish with access to health and social care support when they need it, and it is crucial that the services delivered reflect the needs of individuals. We are fully committed to planning and designing services in partnership with local people, our staff and our key partners across acute services, housing, community planning, independent contractors and the third and independent sectors.

I look forward to next year with optimism that we can support a positive recovery for our health and social care services through working with our partners to meet the needs of our communities.

Caroline Cameron

Caroline Cameron

*Director - North Ayrshire Health and Social Care
Partnership Chief Officer, North Ayrshire Integration
Joint Board*

Who are we and what do we do?



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

Children, families
& justice services,

Adult health &
community care
services

Mental health,
addictions and
learning disability
services

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

In addition, dentists, GPs, optometrists and pharmacists (primary care professionals) work together with us.

We also work closely with Ayrshire wide partners, including, the Community Justice Authority, the Third sector, the Independent sector, Housing Services, NHS acute hospitals, Alcohol and Drug Partnerships, Ayrshire wide Partnerships, Police Scotland, local councillors, and many others.




We want to ensure people in North Ayrshire can access community support in their locality and, as required, contact the right health and social care professional, at the right time. We all work together to provide high quality, safe and sustainable care, as seamlessly as possible for the person needing support.



Lead Partnership Arrangements

Each Partnership in Ayrshire has a responsibility to lead and manage a care service on behalf of NHS Ayrshire and Arran. These are agreed within each Partnership's respective delegation scheme.

Across Ayrshire, the following services are managed by a lead partnership:

-  Primary Care Services (GP practices, Dentistry, Optometry) are managed by East Ayrshire HSCP
-  Mental Health Services (Psychiatry, CAMHS, Inpatient Services) and Childhood Immunisations, Community Infant Feeding and Child Health Administration Service are managed by North Ayrshire HSCP.
-  Integrated Continence Services, Joint Equipment Store, and Family Nurse Partnership are managed by South Ayrshire HSCP

Further information in relation to Ayrshire's lead partnership arrangements can be found in our joint Lead Partnership Statement. [\[insert weblink\]](#)



Our Direction 2021/22





The Integration Joint Board (IJB) approved a continuation of our existing vision and five supporting strategic priorities to 31 March 2022:


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

Our five key strategic priorities to help us reach our vision are:



The Partnership will consult on, review and update our Vision and Strategic Priorities for our next full strategic plan by April 2022. The IJB also agreed that the Partnership would:

-  Align our five priorities to the three Scottish Government Covid-19 recovery priorities: Innovate and Integrate – Ensure Equity – Better Outcomes [\[see online link\]](#).
-  Ensure the strategic bridging plan meets our obligations in terms of working toward achieving the Nine National Health and Wellbeing Outcomes and continue to monitor the implementation and progress of our strategic plan through a robust performance framework using both national and local metrics. [\[see online link\]](#).

-  Ensure that the Partnership is an effective organisation and that during 2021, we will undertake a review of existing national & local policy, operational procedures and ensure that any implications from the Scottish Government commissioned Independent Review of Adult Social Care are included in our longer-term strategy.



Strategic Ambitions to 2030

To focus the future goals of the Health and Social Care Partnership, we engaged with our stakeholders to understand their ambitions.

Stakeholders, service areas and individual teams responded to our engagement and told us their ambitions over the short, medium and long term.

A summary of the findings can be found here [\(insert link\)](#) and will help refine this area of the bridging plan during 2021.



The pandemic has further highlighted the negative impact of deprivation and poverty on our communities and we will work collaboratively with partners to deliver shared solutions.

We recognise that the impact of child poverty, trauma, and disability can be significant and lifelong. We will work with individuals, families, carers and partner agencies - as early as possible - to reduce these impacts.



We will continue to work with local communities to improve both physical health and mental wellbeing.

We also recognise that our communities can design and implement their own local solutions and that we will commission services, where possible, which deliver local economic growth of the third, co-operative and social enterprises.

PREVENTION and EARLY INTERVENTION

Our services will continue to work with the most vulnerable in our communities, working to reduce the need for crisis interventions and unplanned hospital admissions.




This requires continued transformation across the whole health and social care system, ensuring we continue to shift the balance of care; where people receive the right support, at the right time within their community.

The Partnership are also committed to keeping people safe, ensuring people are supported by the Child and Adult Protection teams, Suicide Prevention and the Alcohol and Drug partnerships.



MOBILISING COMMUNITIES

In our earlier strategic plan, we developed the 'Partnership Pledge - working together for the future', asking North Ayrshire residents, or as a user of health and social care services, to help us manage the demand and the financial pressures we faced:

-  By taking care of your own health and wellbeing
-  By being more informed about how to best address your health concerns
-  By being mindful of the wellbeing of others in your community

In responding to the pandemic, our local communities mobilised as individuals, neighbours, friends, volunteers, community groups and local businesses. This demonstrates that we can rebalance our relationship with local communities in the delivery of care and support. Given the right tools and support, our communities can design and implement their own local solutions to improve health and wellbeing, without our long-term involvement.

Our bridging strategic plan

As a result of the worldwide Covid19 pandemic, the Partnership has developed a one-year bridging plan, to build on our strategic plan, ***Let's deliver care together***, found on our website at **NAHSCP Strategic Plan 2018-21**.

This bridging plan approach was agreed by Scottish Government, to meet our legislative requirements and aligns our strategic planning timetable, with many other IJBs across Scotland. Our new Strategic Commissioning plan, which will be our third, will be produced on the 1st April 2022.

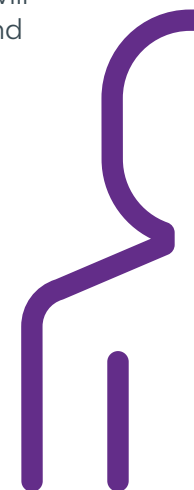
The Partnership wanted to ensure that people's voices and experiences were at the heart of our strategic planning process.

A wide range of stakeholders was essential in developing this bridging plan and these stakeholders and the public members of our Care Improvement Network will continue to provide their views and refine this plan to 31 March 2022.

Strategic Planning Group (SPG)

Our Strategic Planning Group has responsibility for producing and reviewing the Strategic Commissioning Plans. Our SPG is Chaired by the Vice-Chair of the Integration Joint Board (IJB) and the group has a wide-ranging membership, including representation from: senior management, Partnership services, Third Sector Interface, Independent Sector, partner organisations including Housing and Libraries, service users, elected members and carers.

Together, our Strategic Planning Group will agree on the strategic vision, direction and priorities for the Partnership, making recommendation for approval to the IJB for action.



Locality Planning Forums

We have six Locality Planning Forums (LPFs) across North Ayrshire, which bring together local people and staff from partnership services, partner and community organisations. Each forum chair becomes an IJB member and is supported by a Partnership Senior Manager and a local GP.

The LPFs identify priorities for action by listening to the views of local staff and community members, reviewing local health and care statistics, identifying key needs, issues and strengths (assets) in their local community. [See page 52 for further details on localities].

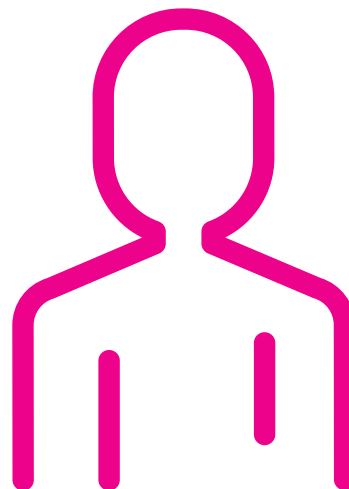
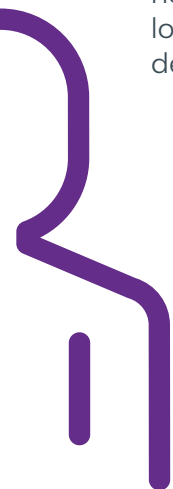
Strategic Planning sub-group

The strategic planning sub-group was established with the specific purpose of developing this Bridging Strategic Plan. The sub-group contained wide membership from Partnership services, Community Planning partners and third and independent sector representatives.

This group had been tasked with collecting and assessing all relevant information and to identify a coherent strategic vision and direction to 2030.

Engagement Oversight Group

The Engagement Oversight Group (EOG) is a multi-agency group, with a diverse mix of people who are experienced in community and/or staff engagement to ensure that our engagement is inclusive and meaningful. The North Ayrshire Wellbeing Conversation will support our 18-month engagement programme and is asking two questions of local people; **“What do you do to keep yourself well?”**, and **“Would you like to be more involved in the development of local services in the future?”**. Local people who wish to be involved will join our **Care Improvement Network**, to inform our longer-term plans. Public feedback has informed the development of the Bridging Plan 2021 and the longer-term ambitions from 2022.



New Policy Developments



In addition to the policy drivers identified in *Let's deliver care together*, found at www.nahscp.org, the following new strategic policy developments will influence our new Strategic Commissioning Plan from 1st April 2022.

Caring for Ayrshire














Caring for Ayrshire is a 10-year programme in partnership with NHS Ayrshire and Arran and the three Ayrshire HSCPs to redesign how we provide local health and care services in the future. The programme understands the many demands on health and care services nationally and the need to do things differently.

This strategic transformation programme that will build on developing an integrated health and care service model. This model will look at all aspects of health and care from birth, to end of life, with people being at the heart of the proposals ensuring our future services consider the changing population demographics (e.g. ageing population and increasing inequalities, particularly as a result of poverty).

Going forward the programme will develop clear health and care pathways for the people of Ayrshire and Arran. Greater emphasis and resources will be focussed on providing care as close to home as possible, ensuring people can access appropriate health and care support in their own communities.

This work will explore local Health and Wellbeing Hubs providing more localised alternatives to acute hospital attendances and admissions.

These could provide a wide range of services currently provided within acute hospital settings including:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  Treatment for minor injuries and illnesses |  Endoscopy |
|  Primary Care out of hours services |  Renal dialysis (day service) |
|  Rehabilitation after a stay in hospital (step-down beds) |  Blood analysis. |
|  Midwife-led maternity service |  Chemotherapy (day service) |
|  Day surgery and planned investigations |  An overnight stay in a bed if you can't be cared for at home but don't need to go into hospital (step-up beds) |
|  CT scanning | |

Where this is not possible, people will be cared for by more intensive services, such as a local health and wellbeing hub, local or regional hospital. ([Link](#))

North Ayrshire Council Plan 2019-24

The North Ayrshire Council Plan 2019-24 NAC sets out the Council's priority areas in order to achieve the vision of a "North Ayrshire that is 'Fair For All'". Community Wealth Building is a key driver behind the Council's three priorities which are:

-  Aspiring Communities – A society where everyone has the same life chances to grow, prosper and have fulfilling and healthy lives.
-  Inspiring Place – An enterprising, vibrant and sustainable environment that is appealing to investors, attractive for visitors and a place where our residents are proud to live and work.
-  A Council for the Future – Ensuring the Council is forward thinking and motivated to improve the services we provide for our communities through innovation.



Public Health Scotland Strategic Plan (2020-23)

The recently formed Public Health Scotland has launched its first strategic plan, 'A Scotland where everybody thrives'. The strategy for Scotland recognises many of the same challenges to health and wellbeing as we do in North Ayrshire, including; inequalities, poor life expectancy and COVID-19.

To help address these challenges, it recognises the need for a different approach to lay a solid foundation to support long lasting health and wellbeing, especially for the most disadvantaged in our communities.

Through its strategy, Public Health Scotland will focus on four key areas:



Action in these areas will help make progress against the 6 public health priorities for Scotland:

- | | |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
|  Place and communities |  Alcohol, tobacco and drugs |
|  Early years |  Mental wellbeing |
|  Inclusive economy |  Health weight and physical activity |

To achieve these goals, Public Health Scotland will work collaboratively at the national, local, and community level. This will be supported by adopting an outcomes focused approach and making better use of data, intelligence and evidence to inform health and wellbeing improvement.



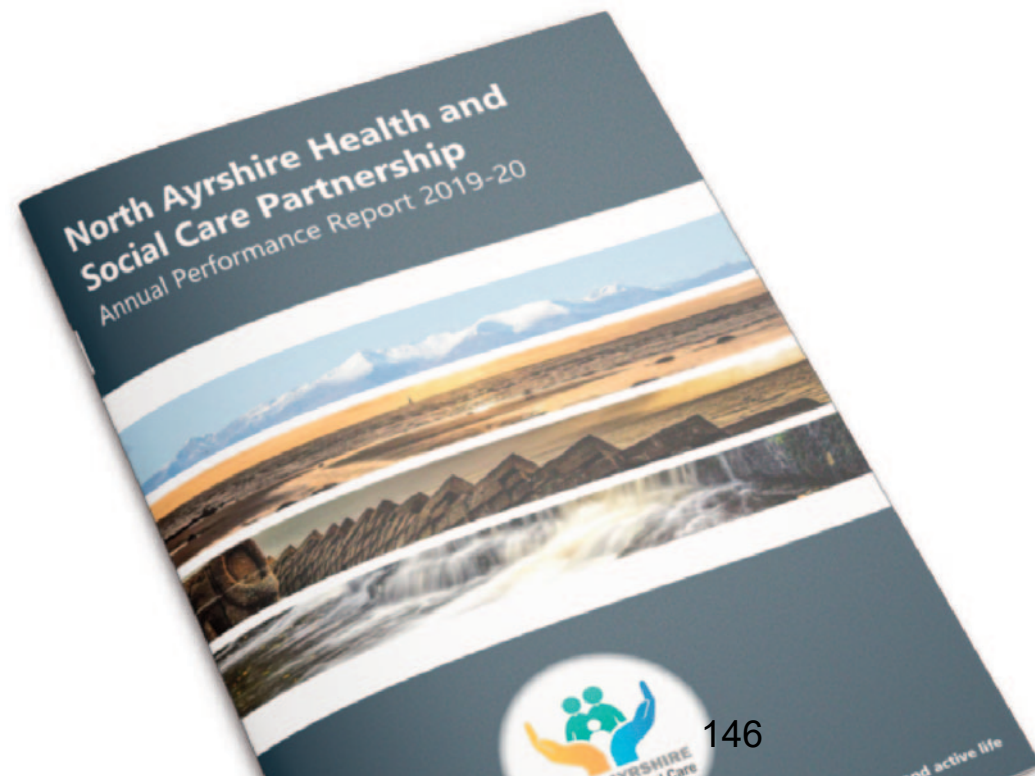
Partnership achievements



Over the last three years The Partnership has delivered positive achievements, which improve the health and wellbeing of local people.

More information can be found in our Annual Performance Reports and Chief Social Work Officer Reports which can be found here [\[link to HSCP website\]](#).

All of those working in the Partnership and our partners have learned a huge amount about effective partnership working over the last three years. The strength of our relationships and connections with the North Ayrshire community supported us to respond effectively during the pandemic. A few examples of our achievements are described on the following pages.



TACKLING INEQUALITIES



The North Ayrshire Alcohol and Drug Partnership (ADP) developed their new strategy and held a 'Drugs Death Summit' which identified key actions to prevent drug related deaths. £60,000 was also made available for a participatory budgeting process to local community groups for prevention and early intervention.

Implemented the post of Autistic Spectrum Disorder Coordinator within our Learning Disability Service to provide focussed support to those with a diagnosis of Autistic Spectrum Disorder.

Contributed to the Local Child Poverty Action Plan 2019/20 working with partners to address the inequalities which result as a direct result of poverty. This area remains a challenge. [\[Insert link\]](#)

Our Money Matters service supports local people to increase their income through benefit support. In the 2018/19 year the service generated £9.5 million for local people, and in 2019/20 the service generated a massive £15.3m million.

We finalised our Independent Advocacy Strategic Plan 'Empowering Inclusion'. We are committed to ensuring people have their voice heard, can express their needs, make informed decisions and have their rights and interests protected. [\[Insert link\]](#)

As part of the Ayrshire Equality Partnership, delivered the Shared Equality Outcomes plan. We worked closely with partners to implement actions to support and recognise people with a protected characteristic.

ENGAGING COMMUNITIES



The Partnership has engaged with over 3,450 people using a range of methods from community Chit-chats, engaging Parent Councils, Tenants Groups, 'What Matters to You?', Carers voices, Kindness Conference, Storytelling and Mental health & wellbeing conversations.

388 members of the public and health & social care students and over 2,000 members of staff took part in our 'Thinking Different, Doing Better' experience, designed in partnership with local community groups, businesses, volunteers, our Third and Independent Sector partners and staff working across the Partnership.

Young People's Citizenship and Participation Strategy - A refreshed and award winning approach has been created, ensuring our young people continue to have a voice in local and national decisions that affect them.

We reviewed our Locality Planning Forums (LPF) in 2018, to ensure they were equipped to be the 'ears and voice' of Partnership staff and local communities. [\[Insert link to terms of reference\]](#)

PREVENTION and EARLY INTERVENTION

The Community Link Worker Service was implemented across all GP practices in North Ayrshire to support people in relation to concerns over mental health and wellbeing, financial issues, or social issues (such as social isolation). From April 2019 to March 2020 the service received an increase in referrals of 58% from the previous year, totalling 3,327 people. [\[Insert link\]](#)

The Health & Well-being Service delivered by KA Leisure undertook 2,695 classes and received 773 new referrals, with a total of 42,132 attendances at supported physical activity sessions in 2019/20. The Mind and Be Active Service delivered by KA Leisure received 276 new referrals, undertook 490 supported classes and had 11,041

attendances at specific Mind and Be Active supported physical activity sessions in 2019-20. Across the year there were 885 follow-up consultations completed at 6/12 months and 114 referrals made to health care providers or external agencies. [\[Insert H&WB link\]](#)

Our Intermediate Care Team (ICT) supports people to regain their independence by helping them when they are either discharged from hospital, or in their own homes to prevent admission to hospital. This early intervention and prevention approach, providing a Single Point of contact for GP Practices, provided 10,537 days of ICT service (during 2019-20) as an alternative to hospitalisation, a continued improvement from 2018-19.

The restructured Children and Families Services, including School-based Social Workers, ensures there is greater integration between education and health and social care. We are in the process of creating three multi-disciplinary Locality Teams based in local secondary schools. A framework for locality working is also being co-produced across a number of directorates.





The Ayrshire MENTAL HEALTH Conversation

We developed a local Mental Health Strategy, following the Ayrshire Mental Health Conversation, across Ayrshire to which 777 people responded. In response National Action 15 monies funding has been targeted to employ eight mental health practitioners (MHP) in GP practices, enhancing the prison healthcare team and expanding of the role of The Crisis Resolution Team by introducing the Police Pathway 24/7 which gives Police Scotland direct access to CRT. This prevents them taking an individual they feel has a mental health problem to The Emergency Department when there is no physical cause.

In November 2020 mental health Unscheduled Care services were a key partner in the redesign of urgent care service, and are continuing to look at providing a 24 hour a day, 7 day a week mental health pathway for those with urgent mental health concerns, away from Emergency Departments.

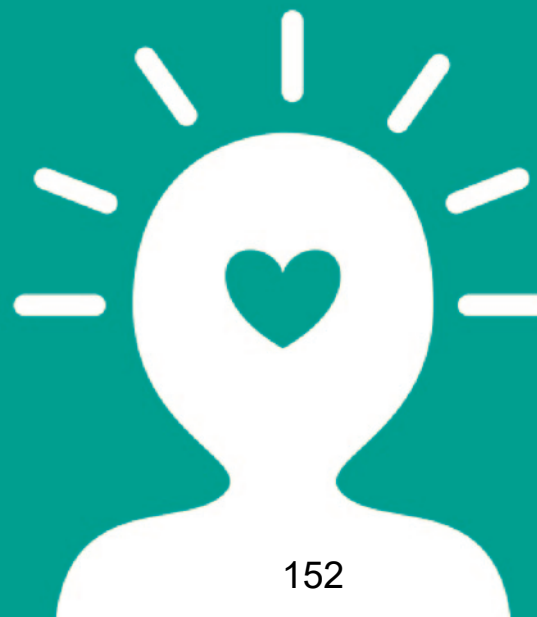
Our Community Link Worker Service was involved in the creation of a mental health and well-being group called 'Opening the Shutters'. The group is made up of health and social care and Third sector supports including CEIS, the Living Room and the Recovery College, and two Cognitive Behavioural Therapy (CBT) college students also performed a 6-week anxiety awareness course.

Within Children's Services, a key piece of work taken forward by the Young People's Suicide Taskforce has been the 13 Ways campaign. Education, Children & Adolescent Mental Health Services and Parent Councils have worked together to develop the Wellbeing model in Kilwinning and the North Coast. As result of this work a Positive Mental Health and Wellbeing pocket guide was implemented across North Ayrshire.

We implemented an adult low secure forensic unit and will now develop a new National Secure Adolescent Inpatient Service (NSAIS), with building work expected to start in late spring 2021. This will be a 12-bedded unit for children aged 12 to 17 years who have complex difficulties and need a high level of care. It will provide the first secure adolescent inpatient service for young people in Scotland.

We have developed more community based supported accommodation opportunities within Trindlemoss Court, as well as a new facility for extended assessment and support within Trindlemoss House.

The construction phase of the new Respite House and the new ASN School Campus has seen us work together and our state-of-the-art facilities due to open in summer 2021.



BRINGING SERVICES TOGETHER

We worked with the North Ayrshire Children's Services Strategic Partnership (CSSP) to develop the North Ayrshire Children's Services Plan 2020-23 which sets out our aims and priorities to safeguard, support and promote the well-being of children and to make North Ayrshire the best place in Scotland to grow up. [\[Insert link\]](#)

Summer & Education Hubs - HSCP & Education staff worked together to support our vulnerable children and young people. There are 8 hubs across North Ayrshire.

We integrated our Universal Early Years team which brought together social workers, health visitors, speech and language therapists, welfare rights advisors, mental health nurses and employability workers.

Integrated Island Services on Arran developed their initial business case for Scottish Government, to develop a new site for hospital services, primary care, social care and community health services to be delivered.

Supported the roll out of the Primary Care Implementation Plan - Primary Care continues to move its model to a multidisciplinary approach based in GP practices with the provision of practice-based pharmacists, MSK physiotherapists and mental health practitioners.

Explored the wider multidisciplinary team model with primary care, working within the Garnock valley with the Scottish Futures Trust, as commissioned by Scottish Government.

Integrated the Police Scotland community team at Brooksby Health centre in Largs, meeting the ambitions of integrated public sector.

The partnership Carers Team and Learning & Development Team supported two North Ayrshire unpaid adult carers to successfully complete their Level 2 SVQ in Social Services and Healthcare based on their caring role and expanded training options available to unpaid carers. Carers remain equal partners in care and experienced in the care they provide to their family, friends or neighbours.

Adult Community Mental Health Service and the Social Work Mental Health Team have now integrated together after a robust period of staff and stakeholder engagement and testing of the pathways to support the new model.

In Learning Disability Services the NHS Community Learning Disability Service and the Social Work Learning Disability Team are now co-located and further work is progressing to further integrate processes.




An effective organisation





The Partnership strives to implement effective approaches to meet both the needs of its population and those of individuals, whilst ensuring delivery of personalised responses which support people to live independently in their communities.

The Partnership also seeks to be an effective and efficient organisation, delivering high quality, safe effective care and best value.

The Scottish Government Ministerial Steering Group (MSG) undertook a review, to both enable and improve the effectiveness and pace of integration. In May 2019, the Partnership submitted a self-assessment, highlighting areas of both good practice and improvement across the following key areas:

-  Collaborative leadership and relationship building
-  Integrated finance and financial planning
-  Effective strategic planning for improvement
Governance and accountability

-  Ability and willingness to share information
-  Meaningful and sustained engagement



Collaborative leadership and Relationship Building

The Partnership contributes to the Community Planning Partnership which includes North Ayrshire Council, Police Scotland, Fire & Rescue, Department of Work & Pensions, Community Justice Ayrshire, here are a few examples of successful joint work:



North Ayrshire
Community Planning Partnership

Third Sector

The Partnership has continued to work with the Third Sector Interface (TSI) to link effectively with community groups with an interest in growing community capacity to support health and social care. The third sector also hosted a room at the 'Thinking Different, Doing Better' experience to highlight their strengths and local assets.

The TSI has been supporting growth of mental health capacity by delivering the 'Mental Health Improvement: A Practical Approach' to many community groups, including: Ailn, Café Solace, CEIS Ayrshire, Coastwatch, Dalry Community Development Hub, Garnock Valley Men's Shed, KA Leisure, Key, Organic Growers of Fairlie, TACT, Tass Thistle F.C. and Unity Enterprise.

"This is a great idea to get the word out that it is okay not to be ok. It gives you better awareness of the feelings of others and the tools and services to help should it be required."

The TSI has also been supporting local befriending projects and below is feedback from a service user:

'I enjoy our chats on the phone, it's a comfort to know she will call each week. Her companionship has made a huge difference to my life and I appreciate all she does. I call her my angel. '

The TSI, in partnership with the HSCP, hosted a researcher to explore the Arran Alcohol and Drug Study on the Isle of Arran and the recommendations are being considered in 2021 by the Alcohol and Drugs Partnership. The third sector interface has been working with Connecting Scotland to ensure digital devices were provided to community groups to ensure digital access.

TSI North
Ayrshire

Independent Sector

The Partnership continued to work closely with independent care home and care at home providers, delivering shared training to support health and safety and falls prevention. In care homes the Independent Sector Lead promoted the delivery of the 'Care About Physical Activity' (CAPA) programme to improve the quality of life, mobility and increased independence for many older care home residents.

The Independent sector also created part of the 'Thinking Different, Doing Better' experience. The Partnership working with the Independent sector lead and Care Home representatives had begun to explore a new Care Home Commissioning strategy, to improve the breadth of models of care available, including dementia and challenging behaviour support, respite support for carers, palliative/end of life beds. However, this work was paused due to the pandemic.

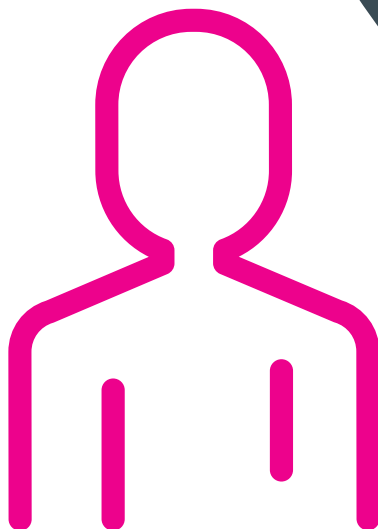


Participatory Budgeting

The Partnership worked with North Ayrshire Council Connected Communities Team to deliver Participatory Budgeting, which enables local people to make decisions about what is important to them in their local area. The Partnership has over the last three years made a contribution of £236,000 to empower communities to build locality health and wellbeing capacity, enhance mental health and wellbeing, fairer food, island issues, Alcohol and Drug Partnership prevention capacity and young people activities.

Find out more here:

<http://northayrshire.community/get-involved/participatory-budgeting-in-north-ayrshire/>



Mental Health Improvement – A Practical Approach

The Partnership and Third Sector Interface now delivers this cascade training awareness session, which provides attendees with useful tools and techniques to help them look after their mental wellbeing. The session is delivered online using MS Teams and Zoom.

The sessions have been offered to CPP Partners and Locality coordinators, staff groups, local community groups and services. The sessions have been attended by nearly 100 people and feedback has been very positive and this builds our community's ability to respond to people's needs quickly and effectively.

"Mental health wellness is not new to me as I've done WRAP but I found it really good to remind myself of some of the simple tools to share with others"

"I found the delivery method good and actually probably better than a face to face"

"Opportunities to engage, through discussion and bringing our own experiences really helped, thank you."

Fairer Food Strategy

The issue of poverty has been further heightened during the recent pandemic. To assist individuals and families access food more easily, over the last three years the Partnership and North Ayrshire Council Communities Team have jointly funded a food bank coordinator post.

The Partnership Service Access teams provide vulnerable individuals and families with support to access food bank support.



Co-Creating Libraries for Wellbeing

The Partnership has been working with the North Ayrshire Libraries Team, Alliance Scotland and the Scottish Library and Information Council (SLIC) to develop wellbeing sites within local libraries to support young people's mental health and reduce the social isolation of older people. After a Fun Day for the Transitions Group of P7/S1 on 13th August 2019, students from Kilwinning Academy, who have all completed Mental Health first aid training, volunteered to be part of the organising group.

Their ideas were used to develop the pathways from the community to HSCP services and the wellbeing space and support resources in Kilwinning library.

As a result of the positive working relationship developed with libraries staff, we developed a shared response to the pandemic with libraries offering community hub and HSCP staff wellbeing support.

Housing

The Partnership has worked closely with North Ayrshire Council Housing Services and local Registered Social Landlords to enhance the options available to people with a learning disability or complex health & social care need to remain in a suitable housing solution within their locality. The Partnership will continue to work with Housing colleagues on their Strategic Housing Investment Plans and we are delighted with the supported accommodation at Trindlemoss, Irvine and Watt Court, Dalry, which have now opened and looking forward to Flatt Road, Largs, St Michael's Wynd, Kilwinning and Caley Court, Stevenston opening soon.

In the context of "Home First", the Partnership is working with CPP Partners to deliver the Rapid Rehousing Plan reduce levels of homelessness by putting in place a multidisciplinary team.



Transformation programme and Financial sustainability

The Partnership has worked hard over the last three years to support the shift in the balance of care, towards more locality based solutions, which also ensure the financial sustainability of the partnership. In the last three years the partnership has also implemented a range of approaches to manage demand, investing in primary care and mental health services.



Partnership Awards

As the partnership culture and relationships have developed, it was acknowledged that having an annual staff awards should grow to represent the breadth and vitality of all the people who enable local health and social care. Previously the recognition process had awarded staff and volunteers from NAC, NHS, Third Sector and Independent Sector.

Now the Partnership Awards process involves members of the public and community champions. The Partnership awards event - 'Breakfast for Champions' is the highlight of the year for many and 'everyone is a winner'. It is an opportunity to see all of examples of the great work taking place and in 2019 a higher number of winners came for volunteers, community groups and individual members of the public, not only Partnership services. This recognises the continuing shift towards approaches support the whole person and community approaches.



Our Team

The Partnership has always recognised that those who work for the partnership are our greatest strength. The partnership had a clear ambition to support those that worked for us to achieve their ambitions and had early sight on the need to move staff to locality working, to close gaps in some specialist services and develop the workforce to better meet our strategic priorities, particularly around mental health support. In the last three years we have seen a growth in both staff working for the partnership with NHS staff and NAC staff.

The main development areas have been:



Intermediate care and reablement,



Mental health services,



Integrating services in the following areas;

Occupational Therapy; Universal Early Years; Mental Health; Learning Disabilities; and Children's Locality Teams working in schools.

The Partnership working with East Ayrshire, has also seen a significant increase in the Primary Care workforce delivering pharmacy, Physiotherapy and Mental Health practitioners in GP Practices.

We have also worked hard to support our people and our sickness absence working days lost have improved from 15.38 days in 2017/18 to 12.93 days (for the 12-month period to September 2020) for NAC staff and over the same period from 6.19% to 4.08% for NHS staff.

New Leader Programme

The Partnership developed and delivered a bespoke leadership programme to support the development of shared approaches, vision and culture, for new leaders - building on an asset-based approach. The Partnership has also developed a Succession planning approach, which will be reviewed again during 2021.

Quality - Care Inspectorate

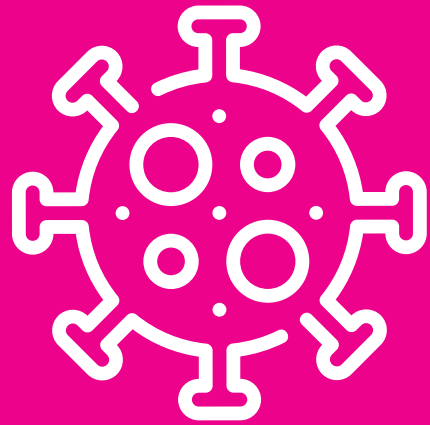
The National care Inspectorate has continued to inspect all our registered services to ensure that we offer safe and effective support. Our Care at Home Services achieved a grade of 'Excellent' following independent inspection. Grades were awarded to Three Towns, North Coast and Arran Care at Home services and Irvine, Garnock Valley and Community Alarm for leadership.

Staff Engagement

Teams in the partnership normally take part in the iMatter team-based engagement process each year. Teams look at how to enhance staff engagement and agree action plans with the aim of improving outcomes for clients, service users and patients. In 2020 the iMatter process was paused nationally due to the pandemic. However, a national pulse survey replaced the team-based process. The Partnership had a high response rate to the pulse survey.

Whilst the pandemic had clearly impacted on some staff (such as concern for patients/service users, working remotely and Covid safety) overall staff felt positive about working in the Partnership and noted the support they received from managers, their immediate team and other colleagues.





Our Pandemic experience





The Partnership offers its deepest condolences to the families of those affected directly by Covid19 and we recognise that managing the pandemic will continue well into 2021.

The Pandemic – Our experience

The Partnership – and our partner organisations – faced and continue to face considerable challenges due to the Covid-19 pandemic. Near the start of the Pandemic, the Partnership leadership team asked the core question: **‘How do we keep our service users, carers, staff and communities safe during this pandemic?’** This question was also asked by all our partners, communities and individuals.

We are thankful for the kindness, collaboration, flexibility and speed of the response of our staff, partners and communities, which ensures that support continues to the most vulnerable in our communities.

Responding to the needs of our Communities

The Partnership, working with North Ayrshire Council Connected Communities team, redeployed Service Access Social Care and Community Link Worker staff to support the new Community Hubs which provided food and prescriptions to people self-isolating. As the restrictions continued those teams also provided signposting to financial, housing, social isolation, wellbeing and mental health support, including a direct pathway to Crisis Services.

The Partnership is in awe of the community response – volunteers, community group, local businesses all played a vital role in supporting people, neighbours and friends – we continue to salute you!

Our Pandemic Experience

Responding to the needs of People Shielding

During the first lockdown 5,695 people were asked to shield as a result of underlying health conditions. Working with North Ayrshire Council and its contact centre, the Partnership developed information response sheets for callers to be signposted to Community Hubs, financial, housing, social isolation, wellbeing and mental health support. Locality Social Work Teams and Allied Health professionals supported shielding people with weekly welfare calls and calls to those most at risk continue.

Mobilising our services

The partnership updated its pandemic response plan, business continuity plans and developed detailed mobilisation plans which highlighted the governance, decision making and escalation points to respond effectively to demand pressures.

Our new approaches enable flexible remote working, reduce the need for some buildings, enhance information sharing across partner organisations, and support people in managing their own conditions safely at home. Mobilisation plan information to end March 2022 are detailed in the actions section of this plan and will be subject to constant change and review to ensure an effective response.

Health and Community Care

Delivery of home visiting services (e.g. Care at home and District Nursing Services) and Community hospital services on the mainland and to our islands have continued during the pandemic. Staff have been very flexible to ensure that support continued to be delivered to those most in need e.g. working in other service areas and delaying leave. The locality social work team continued visits in people's homes and responded to Adult Support and Protection work effectively. Hospital social work teams worked with acute hospital colleagues to support safe hospital discharges. To ensure the safety of staff, service users, care home providers, carers and unpaid carers a Personal Protective Equipment (PPE) hub was developed.

The teams also made contact on a weekly basis with individuals receiving partnership support and where Day Services were closed outreach was put in place, including working with with Alzheimer Scotland for people affected by dementia. GP practices redesigned their services to ensure safe access for patients and greater access for patients through technology. The practices continue to be supported by Mental Health Practitioners and Community link workers. Working with Connecting Scotland to ensure that digital devices and access was provided to support older people in our supported accommodation.

Mental Health Services

Inpatient services at Woodland View continued, but have faced significant pressures due to covid community prevalence and the high acuity of patients. People identified as being at highest risk receive care in their homes or at day centres. Risk stratification helps teams make contact on a weekly basis with individuals receiving partnership support. Where Day Services for Learning Disability are closed, outreach has used redeployed HSCP staff and digital technology to continue supporting service users.

The most vulnerable individuals have continued to receive weekly support, as a minimum, via telephone, near me technology and face to face, in person support.

Acute Service

The partnership supports acute teams with safe hospital discharges and their Covid response by the redeployment of nursing and allied health professionals to acute services. We have enhanced our hospital based social work team who work alongside acute colleagues on a daily basis to safely discharge individuals ready to go home or to a longer term care placement.

The Partnership also facilitates supported hospital discharges and has been supporting unscheduled care responses to reduce attendance at A&E and hospital admissions. Significant progress has been made to reduce delays, supported by additional resources to fund care and also by using interim placements in the community for those awaiting longer term care.

Our Pandemic Experience






Children, Families and Justice Services

We maintained the delivery of family contact visits, putting in place remote play areas to ensure child development was supported during visits. We continued to undertake home visits for the purpose of child protection, and supported those young people living in children's houses to stay well. We worked with Education colleagues to support the creation of Child Care Hubs for vulnerable children and those of key workers.

We worked with Connecting Scotland to ensure digital devices were provided for ongoing support of vulnerable children and those who are looked after. A range of work was also undertaken by Justice Social Work and Community Justice Ayrshire to support offenders and their families.

Commissioning Support

The Partnership works on a daily basis with care homes, care at home and other support providers during the pandemic:

-  Working closely with key partners, particularly Public health colleagues to ensure appropriate support, guidance, advice and governance,
-  Sourcing and supplying Personal Protective Equipment,
-  Providing support through Quality Assurance visits,
-  Helping with staffing where needed,
-  Supporting the financial sustainability of the sector through nationally agreed principles of financial support

Wellbeing of staff, carer providers and carers

A key component during the pandemic was to ensure the continued health and wellbeing of staff, care providers and carers. Staff wellbeing hubs were established at the Ayrshire Central hospital site and four community sites, using library buildings. Our thanks to NAC library and Allied health professionals for their support.

The psychology service also provided support to the Listening Service which continues to provide support to staff across all sectors and carers. The Partnership created and maintains a website with information on, and links to, mental health and wellbeing resources for staff, carers and volunteers. Visitors to the site can leave suggestions for the PSMT on how to support mental health and wellbeing of individuals and teams in the Partnership.

Organisational learning from the pandemic

A summary of our achievements during this period include:

-  We recognised, developed and utilised the strengths of local communities,
-  We collaborated with our local partners, establishing strong mutual support,
-  We recognised that the HSCPs strategic priorities remained relevant during the crisis,
-  Our staff, partners, volunteers and members of the public demonstrated their flexibility to working in the 'new normal',
-  Partners exhibited enabling and flexible leadership with an enabling approach to responding very quickly and
-  We have managed the financial impact of the pandemic well

Throughout the period, the issue of poor mental health was underpinned as a key and growing priority for the HSCP and local partners. From feedback received, it is expected this need for Mental Health support will grow. Further information on our system wide learning during the pandemic period can be found here

[\[Link to pandemic reflections report\]](#)



Sharing our Learning

thinking
different
doing better



The Partnership welcomed the opportunity to hear about and be involved in sharing learning.

There have been a range of issues where the Partnership has raised awareness of new models, approaches and solutions.



Best Value – providing examples of best practice in partnership with North Ayrshire Council <https://www.audit-scotland.gov.uk/report/best-value-assurance-report-north-ayrshire-council>



Health & Social Care Scotland Conferences 'Creativity, Culture and Courage' 2018 and 'Collaboration, Compassion and Ambition' 2019 contributing to Scotland Voices – telling the stories of health & social care and delivering workshops on 'Islands of innovation: embracing new ways and new roles (Arran)' and our 'Wellbeing & Recovery College' supporting people with mental health issues. <https://hscscotland.scot/events/>



Locality Planning Forums approach – sharing our learning with The Alliance Scotland the with the Scottish Commissioning and Improvement network,



Adult Support and Protection approaches – the partnership has shared our learning extensively with Agencies across North Ayrshire and with key colleagues in East and South Ayrshires. As we have also Chaired the Social Work Scotland National ASP Leads Practice Network since 2018, we have used this opportunity to share learning across Scotland.



Mental Health Improvement – A Practical Approach – we continue to deliver this preventative community-based programme to Community Planning Partners to improve mental health capacity at locality level,



Directions – working with NHS Ayrshire & Arran, East Ayrshire HSCP, South Ayrshire HSCP and the Scottish Government a review of the Directions approach to support service commissioning was shared with the Scottish Chief Finance Officers,



Thinking Different, Doing Better – experience shared with national partners, local and national groups and Scottish Government representatives.



Strategic Planning Group – working with Inverclyde HSCP to review existing arrangements in each area to support improvements.



Trindlemoss Day Opportunities – have been involved with a learning collaborative along with seven other service across Scotland, organised by Healthcare Improvement Scotland and aimed at sharing experiences and planning for developing learning disability day services.



North Ayrshire – Needs Assessment

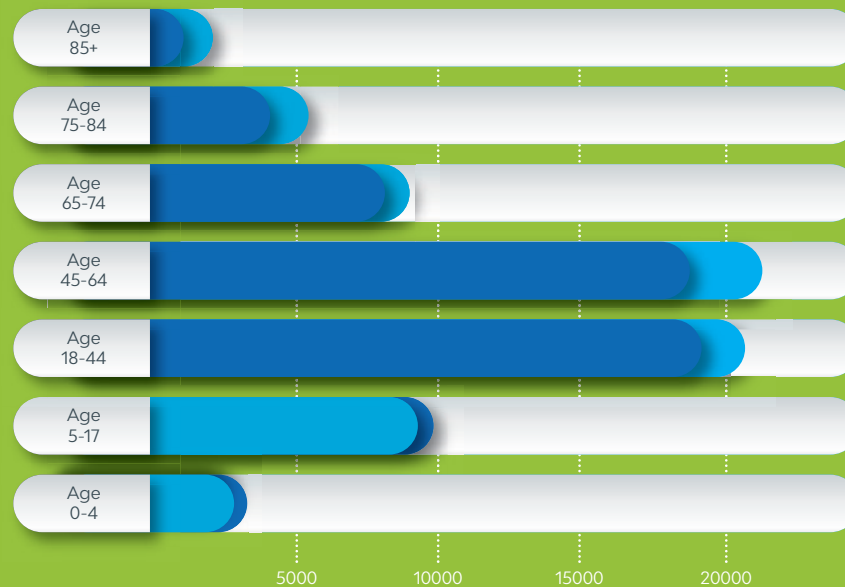


To better understand the health and care needs of North Ayrshire, we produced a Strategic Needs Assessment. The following summary provides some of the key areas for action.

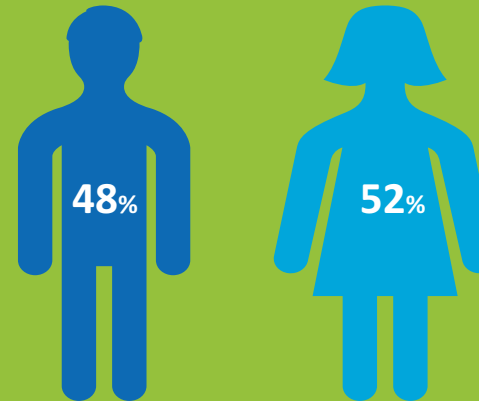
More information can be found in our full strategic needs' assessment [\[link xxx\]](#)



North Ayrshire - Needs Assessment



Total population (2018 based) –
135,280



Deprivation

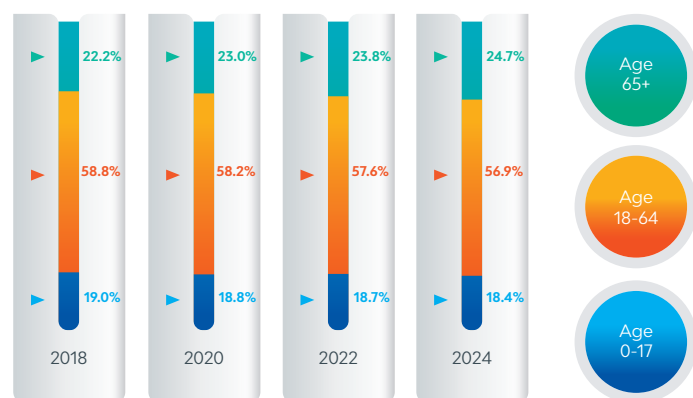


According to the Scottish Index of Multiple Deprivation, 41% of local people live in areas that are considered among the most deprived 20% in Scotland (55,951 people)

Levels of Deprivation

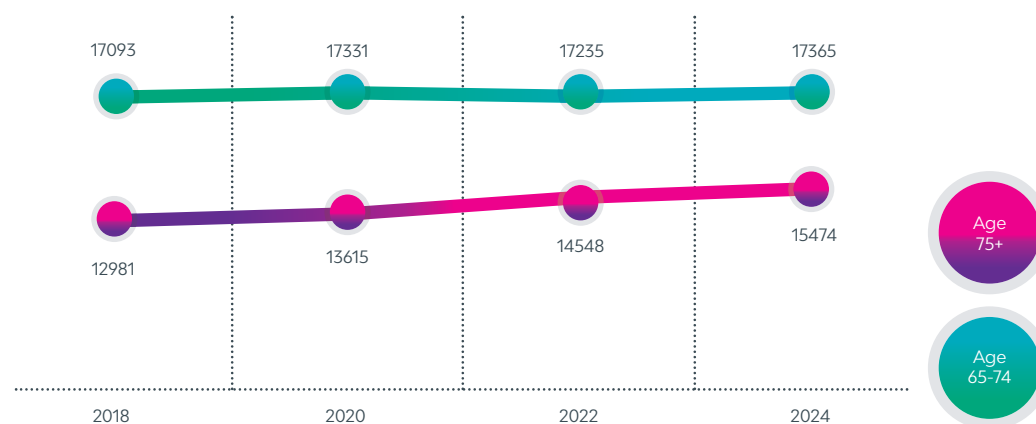


Population structure change (2018-2024)



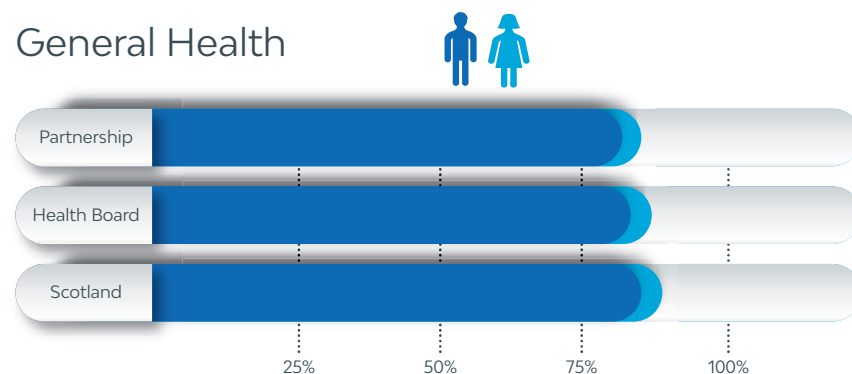
By 2024, those 65 plus will account for 24.7% of the North Ayrshire population.

Population change 65+

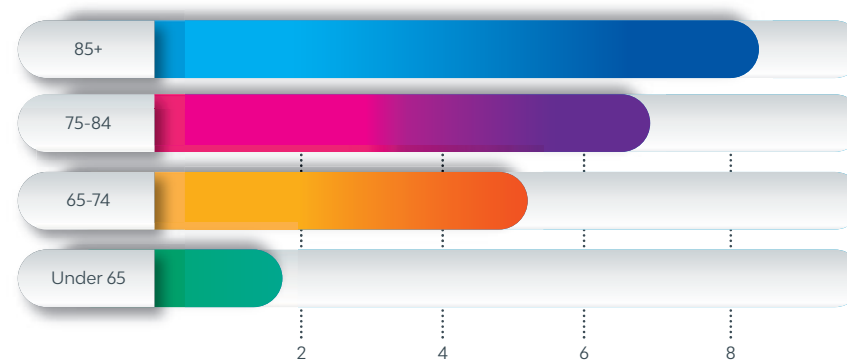


Of this over 65, those 75-plus are the fastest growing group.

General Health



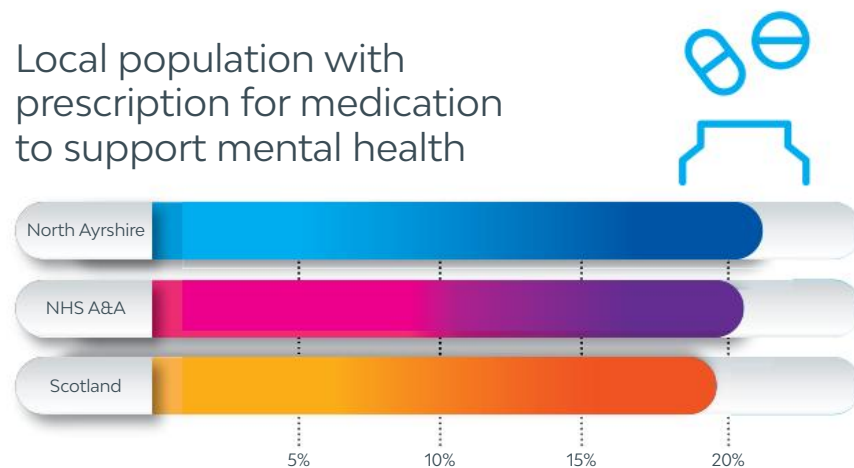
Life expectancy by gender.



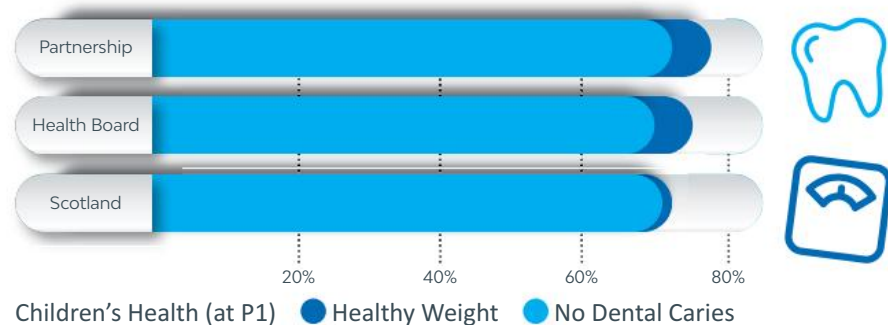
Number of people (in 10) with a Long Term Condition, by age

Behaviours

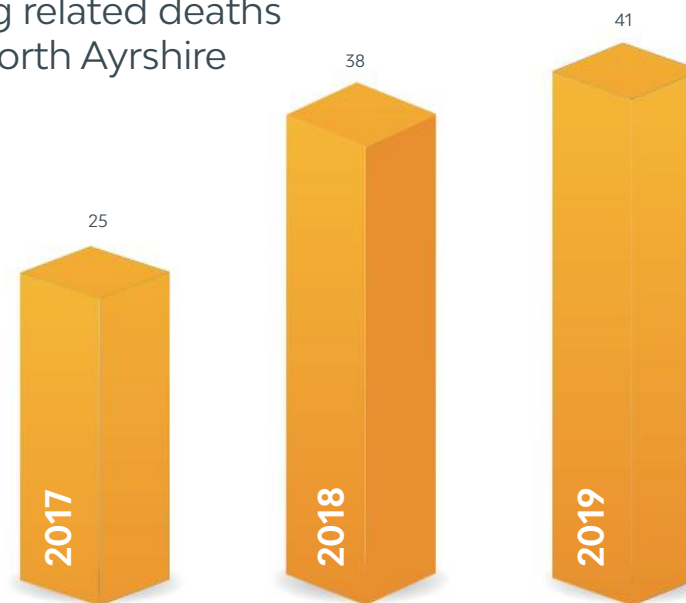
Local population with prescription for medication to support mental health



General Health of Young people

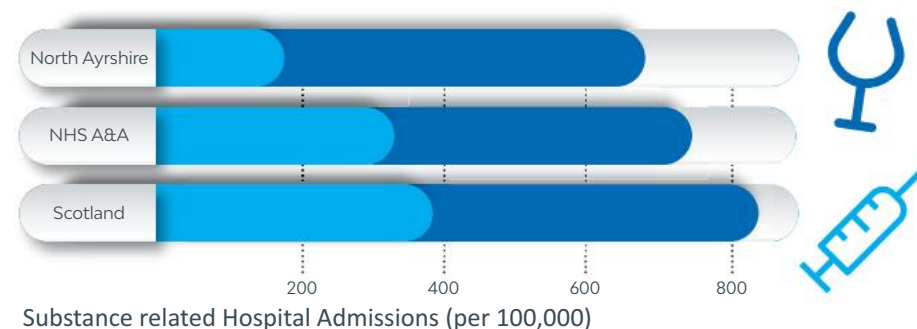


Drug related deaths in North Ayrshire



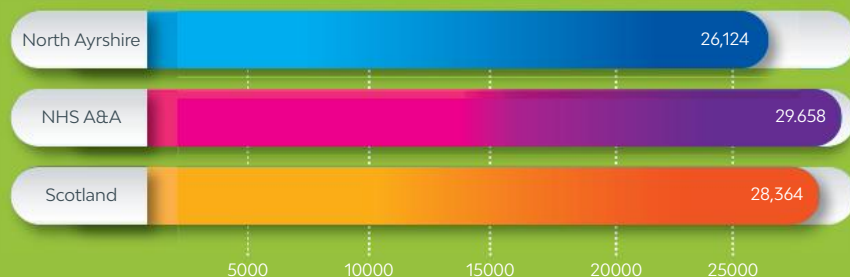
Recent rise in drug related deaths in North Ayrshire.

Substance Related Admissions to Hospital

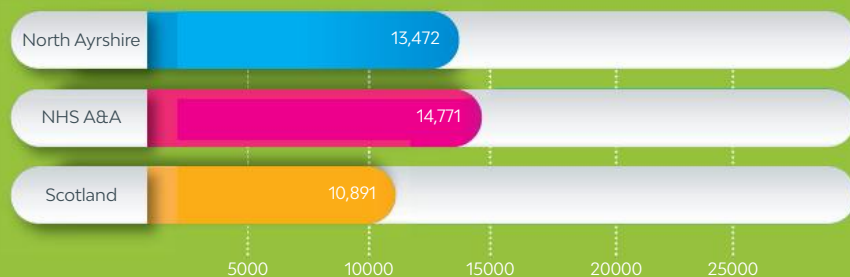


Substance related Hospital Admissions (per 100,000)

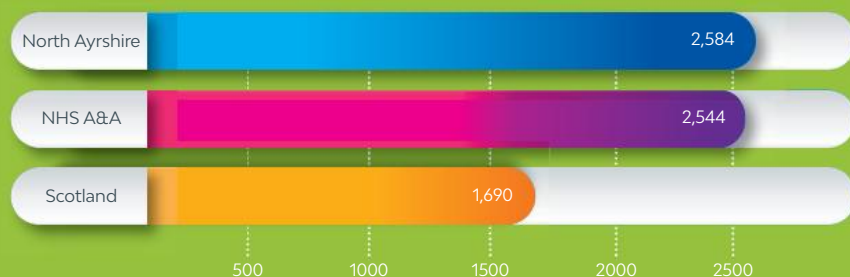
Hospital Care (per 100,000)



Number of Emergency Department attendances



Emergency Admissions to Hospital

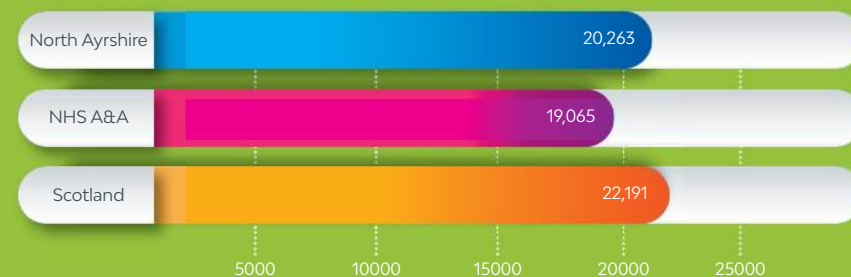


Number of potentially preventable Admissions

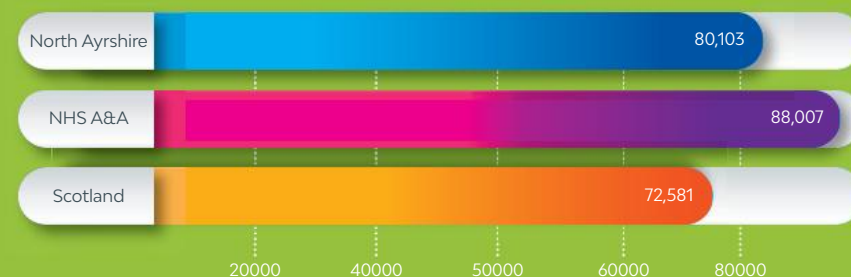
Hospital bed days (per 100,000)



Number of people experiencing Delayed Discharge



Bed days used for Unscheduled Care (Mental Health)



Bed days used for Unscheduled Care (Acute)

What our needs assessment tells us

1

Population projections continue to suggest two population changes which will have an impact on health and social care in the future:

- a) The North Ayrshire population continues to decrease and is expected to shrink by 2% between 2018 and 2025.
- b) Within this falling population, we will continue to see a growing older people population, with those 65+ accounting for over 25% of the population by 2025. This also implies a shrinking younger (0-15) and working age (16-64) population.

Between 2018 and 2025, those between 65 and 74 will increase by 0.7% to account for 13.3% of the population. However, those 75 plus will increase by 2.3% over the same period and will account for 11.9% of the population in 2025 (or 15,757 people).

2

North Ayrshire continues to be an area of high deprivation resulting in both social and health inequalities across the population. The most recently published Scottish Index of Multiple Deprivation figures suggest as much as 42% of North Ayrshire's population live with areas that are considered among the most deprived areas in Scotland. Information published by the charity EndPovertyNow, suggests that 28.3% of children in North Ayrshire live in poverty, greater than 1 in 4 children.

3

27% of local people are living with a long-term condition (LTC) (which could include; Arthritis, Asthma, Diabetes, Chronic obstructive pulmonary disease (COPD). Long-term conditions are more common in older age groups, with the proportion of people living with one or more LTC increasing with age.

Only 1.7 people in 10 under 65 have a long-term condition, unlike those 85+ where 9.2 people in every 10 live with a LTC. Those living with more than one long-term condition (multi-morbidity) increases with age, with approximately 15% of over 65s with multi-morbidities, compared with less than 5% of under 65s.

4

Across most acute hospital measures (including, Emergency Admissions, Unscheduled Bed days, Delayed Discharges and preventable admissions), we see higher proportions of people from older age groups, and as highlighted before, those proportions increase with age. As such, those aged 75 or over account for the greatest volume of emergency admissions, unscheduled bed days, delayed discharges. When taking this in context with the population projections (as outlined at point 1 above), a growing population of those 75+ is likely to place additional demands on local health and care services.

However, those 75+ also account for the greatest volume of potentially preventable admissions, which suggests more community-based services could help reduce demand on acute hospitals.

5

Mental Health concerns continue to rise, with the percentage of the local population receiving medication for some form of mental health condition increasing each year. In 2018, 21.7% of local people were receiving some form of Mental Health medication. North Ayrshire is continually higher than the overall percentage for the health board area and Scotland. This suggests a greater demand for local Mental Health support.

When looking at hospital admissions, North Ayrshire's rates are below that of Scotland as a whole, and mostly in line with the NHS Ayrshire and Arran health board area. However, unlike general acute admissions, the highest proportion of Mental Health admissions are among adults aged 18-44, suggesting a demand within this age group for mental health services.

6

In 2018, 73% of primary 1 children in North Ayrshire were reported as being of a healthy weight and as having no dental caries. While this is a positive figure, it suggests that 27% of local children are not of a healthy weight and have concerns over their dental health. For healthy weight, North Ayrshire compares unfavourably with the health board area (75%) and with Scotland as a whole (77%). For dental caries, North Ayrshire compared favourably with the health board area (70%) and with Scotland as a whole (72%).

7

A further priority for action is in relation to substance misuse. While alcohol related admissions to hospital appear to decrease year on year (2016-2018), North Ayrshire reports higher volume of admissions compared to the Health Board Area and Scotland as a whole. In addition, alcohol related deaths were reported as increasing (at the latest reported data) with North Ayrshire experiencing a higher proportion of deaths when compared to the health board area and Scotland as a whole.

Like alcohol related hospital admissions, admissions related to drugs are also continually higher in North Ayrshire when compared with the health board and Scotland. Drug related admissions are increasing year on year in North Ayrshire, the health board and across Scotland. Drug related deaths across Scotland have steadily increased year on year. In both North Ayrshire and the health board area, the proportion of drugs deaths has fluctuated each year. However, despite fluctuations, in most years North Ayrshire has reported a higher number of drug related deaths against both the Health Board area and Scottish average.



Our Locality Priorities

Our Locality Planning forums will be revisiting their priorities in 2021 to ensure that they still reflect the views of people living and working in that locality and the local health and wellbeing data.

The updated priorities will inform the partnerships local actions and will be shared with our Community Planning Partners for their locality priority setting in June 2021.



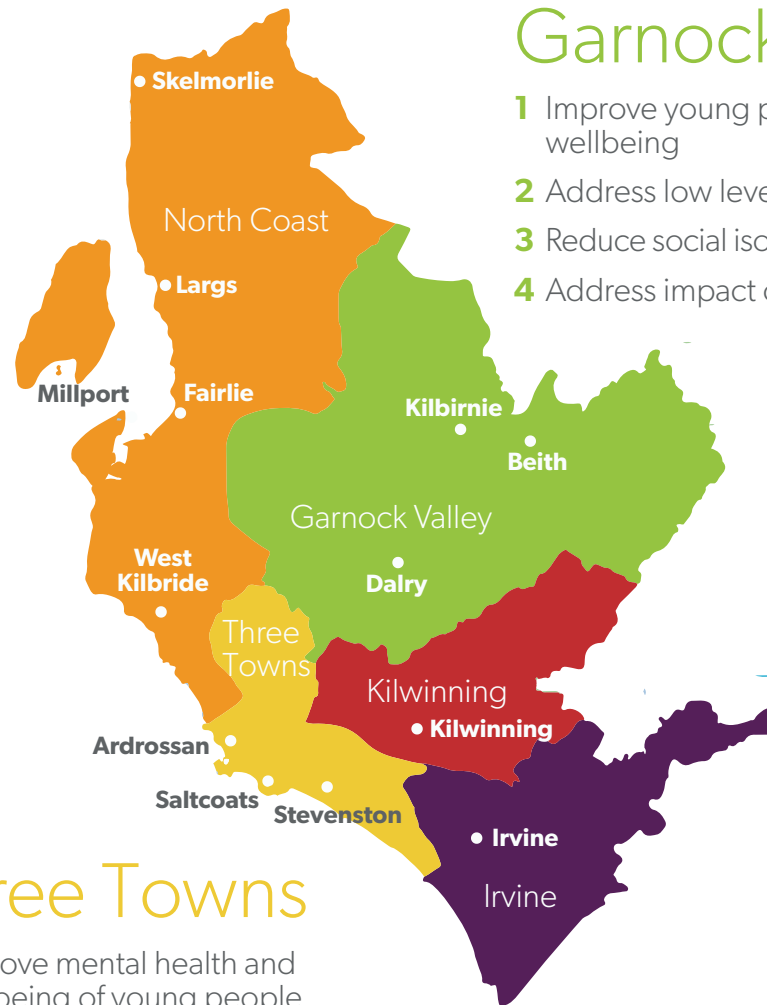
Arran

- 1 Develop transport solutions
- 2 Reduce social isolation
- 3 Improve support to those with complex needs



North Coast & Cumbrae

- 1 Reduce social isolation for older people
- 2 Improve support for stress/anxiety
- 3 Address impact of musculoskeletal issues
- 4 Promote financial inclusion



Garnock Valley

- 1 Improve young people's mental health and wellbeing
- 2 Address low level mental health (all ages)
- 3 Reduce social isolation across all age groups
- 4 Address impact of musculoskeletal issues

Kilwinning

- 1 Engage with Early Years Centres
- 2 Provide GP visiting sessions to nursing homes
- 3 Provide occupational therapy in local pharmacy

Three Towns

- 1 Improve mental health and wellbeing of young people
- 2 Reduce social isolation
- 3 Improve support to those with complex needs
- 4 Promote financial inclusion

Irvine

- 1 Reduce social isolation
- 2 Improve low level mental health issues
- 3 Provide access to physiotherapy

Enabling our Strategic Ambitions



To help achieve our Strategic Ambitions, we will have the following enablers in place:

Transformation, Service Improvement and Financial Sustainability

The Partnership will develop a detailed Transformation Plan which will support both service improvement and financial sustainability by shifting care and support, to early intervention and prevention locality-based models. To enable this, a Medium-term financial plan, strategic and operational risk management plan and the use of Directions with NHS Ayrshire & Arran and North Ayrshire Council will be developed.











Enabling our Strategic Ambitions



Effective Partnership

To enable the effectiveness of the partnership we will:

-  Undertake a full Brexit impact assessment and put in place mitigation approaches to limit the impact on services which may be negatively affected,
-  Consider the findings of the Scottish Government Review of Adult Social Care and respond as required.
-  Build on the digital solutions adopted during Covid and enhance digital access for people in our communities who do not have easy access to technology e.g. smart phones, laptops or computers and internet access working with Connecting Scotland,
-  Develop a new Older Peoples Strategy, building on the momentum to keep people as safe as possible in their own home or a homely setting using the 'Home First' model,
-  Update the Carers Strategy in partnership with the Carers Advisory Group, ensuring effective personalised approaches are enabled by the growth of our Self-Directed Support approach,

-  Update our Integrated workforce Strategy, highlighting the workforce planning and development priorities across health & social care, including the third and independent sectors, to the end of March 2025,
-  Updated Organisational Development Plan, highlighting the required shifts in leadership approaches and positive behaviours,
-  Refine the partnership Communication and Engagement Strategy, to ensure ongoing transparency, building on the existing strong relationships with partners and our contribution to the Consultation Centre of Excellence.

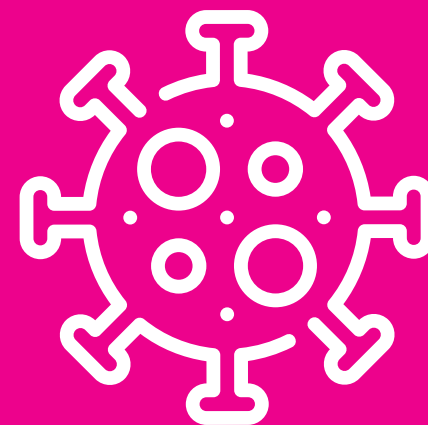
Commissioning

The Partnership will support Community Wealth Building and develop a three-year commissioning cycle to 2025 that maximises mental health and wellbeing benefit and local economic growth of the Third Sector, co-operative and social enterprises.

Covid-19 Pandemic Impact

Although the Partnership has in place pandemic mobilisation, testing and vaccination plans to 31 March 2022, which support the management of the response to Covid19, the pandemic will continue to have an impact in the year ahead and as a result this plan will continually change.

The longer-term impact on both individuals and services remains unclear. The full strategic commissioning plan will explore these issues in more detail, and our analysts are currently undertaking projections of the effect of Covid19 on people with longer-term health conditions who may have received their care in a different way during the pandemic.



Key Actions 2021/22



We asked our partnership teams to identify what their key strategic aims are in the short, medium and longer term and a range of actions. The full report with ambition descriptions, full responses and summary can be found here [\[insert link\]](#).

The key remobilisation actions to support our pandemic response in the coming year are:

Mental Health, Learning Disability and Addiction Service






In order to support the remobilisation of Mental Health, Learning Disability and Addiction Services, the following priorities have been identified.

-  Collaborative leadership and relationship building
-  Prioritisation of children and young people receiving support from Child and Adolescent Mental Health Services;
-  Community mental health services supporting people within their communities;
-  North Ayrshire Drug and Alcohol Recovery service to support people with complex addiction issues;
-  Review of unscheduled care mental health services, supporting individuals within their own communities, or as close to home as possible;
-  Provision of a community based Brief Intervention Service;
-  Lead Partnership Allied Health Professionals providing rehabilitation support;
-  Psychological support for staff wellbeing across our whole system including third and independent sectors and carers;
-  Work closely with colleagues in Acute Services and Police Scotland to address the levels of unscheduled care in mental health;
-  Expanding access to the increased range of supported digital options for Mental Health as part of a tiered model for service delivery.

Key Actions 2021/22


Children, Families and Justice Service

In order to support the remobilisation of Children, Families and Justice Services, the following priorities have been identified.

-  Protect and invest in Early Intervention and Prevention work (e.g. scoping extended families/family group conferencing and signs of safety approaches and wrap-around interventions at an earlier stage);
-  The Promise - continue plans to reduce external placements and support young people back to North Ayrshire;
-  Grow fostering and kinship placements;
-  Build on partnership working with a wide range of services to support young people and families;
-  Transitions of care to be planned and improved;
-  Refocus the role of school nursing to ensure timely, effective and joined up responses to support young people.

Health and Community Care

In order to support the remobilisation of Health and Community Care services, the following priorities have been identified.

-  Unscheduled Care – Investment & Improve Delays;
-  Re-design of Older Peoples Services – ‘Home First’ Approach;
-  Grow Care at Home Capacity;
-  Care Home Commissioning Strategy;
-  Day Services Model and Support for Carers;
-  Step up and step-down beds;
-  Integrated Island services, including unscheduled care;
-  Rehabilitation;
-  Sustainability of Services (including providers) and Workforce;
-  Caring for Ayrshire – including Primary Care Improvement Plan;
-  Locality Multidisciplinary Teams

Transformation Focus for 2021-22

Continue to progress our integration ambitions, including shifting the balance of care, alongside meeting increased demand and need in our communities. During remobilisation period 2021/22 the key Transformation and Service Improvement actions, which support our response to our needs assessment, have been prioritised for action:

-  Older people services: including review of care homes, step up/down beds, day services and locality MDT teams to support early intervention and prevention, and care at home services including reablement,
-  Digital solutions to enhance independent living, reducing invasive in-home supports and enhance the delivery of extra care housing sites,
-  Closer integration of social work and NHS partners within Community Learning Disability Team, and similarly within Community Mental Health Team.
-  Carers and self-directed supports – implementing locality and needs led solutions to support people at home, reducing the need for residential support,
-  Administration review to improve efficiency and build on digital approaches,
-  Implement strategic plan feedback from engagement process – enhancing KA Leisure walking groups and service outreach models to people's homes.

We have also begun to explore the key improvement actions across services and with partners. To date, a number of actions have been identified for delivery during the 2021 service year, however we recognise that as we respond to the pandemic some may not be taken forward. These actions have been mapped to both our five strategic priorities and the three Pandemic Recovery priorities and can be found here [\[insert link\]](#).

Getting Involved



To support the development of our strategic plan the North Ayrshire Wellbeing Conversation was launched on the Friday 23rd October 2020. To date the Partnership has heard from 368 people. The Partnership will continue to target specific groups and individuals who are often marginalised and ensure their voices are listened to and acted upon.

There will be further conversations and different ways to get involved, and the Wellbeing Conversation will run until 31 March 2022. As a result, we expect the content of this bridging plan to continue to be updated.

At the moment, 75% say that the most important things they do to keep well are 'spending time with friends and family' and 69% have said 'walking'. Just 6% (one of the lowest responses) have said 'see a health and social care professional'.

When asking if people would like to be more involved in shaping health and social care services, 37% said 'yes', 26% said 'maybe in the future' and 36% said 'no'. Those who have answered 'yes' (152 people at the time of writing) will be invited to join our Care Improvement Network, which is a virtual network of people who are keen to help us shape and design the future of health and social care in North Ayrshire.

If you would like to get involved, please direct all enquiries to:
whatmatterstoyou@north-ayrshire.gov.uk

Comments or questions about this document, including request for support information or documentation should be made to:

**North Ayrshire Health
and Social Care Partnership,**

Cunningham House, Friars Croft,
Irvine KA12 8EE

Follow us on Twitter @NAHSCP
For more information go to www.NAHSCP.org

You can get this pack in other formats such as Braille,
audio tape or large type, and in community languages if you ask us.

ਜੇ ਤੁਸੀਂ ਇਸ ਪੈਕਟ ਨੂੰ ਹੋਰ ਫਾਰਮੈਟਾਂ ਜਿਵੇਂ ਕਿ ਬਰੈਲ, ਆਡੀo ਟੇਪ ਜਾਂ ਵੱਡੇ ਟਾਈਪ, ਅਤੇ ਸਮੁਦਾਇਕ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਸਾਨੂੰ ਦੱਸੋ।
ਇਸ ਸੇਵਾਵਾਂ ਦੇ ਮੰਗ ਕਰਨ ਤੇ ਪੇਸ਼ਾਵੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0141 578 8152 'ਤੇ ਕਾਲ ਕਰੋ।
درخواست برای این بسته در فرمت‌های دیگر مانند برجسته، نوار صوتی یا تایپ بزرگ، و در زبان‌های محلی، اگر بخواهید، می‌توانید از ما بخواهید.
Na życzenie klienta, informacje te mogą być udostępnione w innych językach oraz formatach.



North Ayrshire Council
Comhairle Siorrachd Àir a Tuath



Ayrshire
Area Support Team





BRIDGING STRATEGIC COMMISSIONING PLAN SUMMARY 2021-2022

We take great pride in the North Ayrshire Health and Social Care Partnership in our approach to co-producing our plans through meaningful engagement with our communities. Unfortunately, the pandemic has put barriers in place to doing that effectively.

The response to the pandemic is far from over and the longer-term effects on our communities are yet to be fully understood. This one-year strategic bridging plan reflects on our achievements, our Covid-19 experience, and the impact on our services. It outlines our approach to recovery and learning as we take stock and allow our services and communities to recover from what has been one of the most difficult years.



Over the years, there has been a significant shift towards prevention and early intervention approaches, as we recognise that continuing to react to demand in the same way is unsustainable. We face increasing demand and financial challenges in delivering the best services possible and must be creative and innovative in our approaches to fully meet the needs of our communities.

We have achieved much through the integration of health and social care, including developing new models of care through investment in modern, fit for purpose health and social care facilities, we have moved services closer to individuals own homes, in part by working with partners to provide specialist, fit for purpose housing, we have continued to maximise the use of our modern inpatient services and we have continued to integrate and join up our front line teams.

Whilst the pandemic has been immensely difficult and has stretched many of our services, our staff and our communities to the limit, we have continued to progress with our plans for integration with ongoing work underway to improve and develop services.

The response to the pandemic has led to significant opportunities, creative solutions, fleet of foot responses and a real renewed appetite and enthusiasm for partners to work together, which is what we need to truly improve people's lives.

North Ayrshire HSCP believes that our communities can flourish with access to health and social care support when they need it, and it is crucial that the services delivered reflect the needs of individuals. We are fully committed to planning and designing services in partnership with local people, our staff and our key partners across acute services, housing, community planning, independent contractors and the third and independent sectors.

I look forward to next year with optimism that we can support a positive recovery for our health and social care services through working with our partners to meet the needs of our communities.

Caroline Cameron

Caroline Cameron

*Director - North Ayrshire Health and Social Care
Partnership Chief Officer, North Ayrshire Integration
Joint Board*

Who are we and what do we do?



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



Children, families
& justice services,



Adult health &
community care
services



Mental health,
addictions and
learning disability
services

We want to ensure people in North Ayrshire can access community support in their locality and, as required, contact the right health and social care professional, at the right time. We all work together to provide high quality, safe and sustainable care, as seamlessly as possible for the person needing support.

-More detailed information on our services and achievements is available in our full Strategic Bridging Plan 2021/22 that can be found [here](#).

Our bridging strategic plan

As a result of the worldwide Covid19 pandemic, the Partnership has developed a one-year bridging plan, to build on our strategic plan, ***Let's deliver care together***, found on our website at **NAHSCP Strategic Plan 2018-21**.

This bridging plan approach was agreed by Scottish Government, to meet our legislative requirements and aligns our strategic planning timetable, with many other IJBs across Scotland. Our new Strategic Commissioning plan, which will be our third, will be produced on the 1st April 2022.

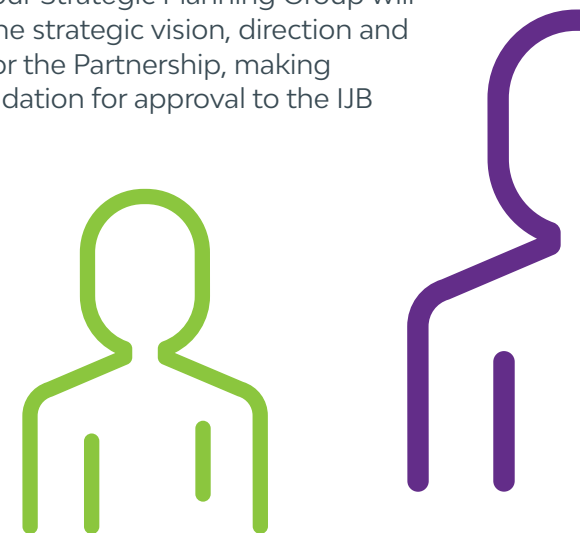
The Partnership wanted to ensure that people's voices and experiences were at the heart of our strategic planning process.

A wide range of stakeholders was essential in developing this bridging plan and these stakeholders and the public members of our Care Improvement Network will continue to provide their views and refine this plan to 31 March 2022.

Strategic Planning Group (SPG)

Our Strategic Planning Group has responsibility for producing and reviewing the Strategic Commissioning Plans. Our SPG is Chaired by the Vice-Chair of the Integration Joint Board (IJB) and the group has a wide-ranging membership, including representation from: senior management, Partnership services, Third Sector Interface, Independent Sector, partner organisations including Housing and Libraries, service users, elected members and carers.

Together, our Strategic Planning Group will agree on the strategic vision, direction and priorities for the Partnership, making recommendation for approval to the IJB for action.



Locality Planning Forums

We have six Locality Planning Forums (LPFs) across North Ayrshire, which bring together local people and staff from partnership services, partner and community organisations. Each forum chair becomes an IJB member and is supported by a Partnership Senior Manager and a local GP.

The LPFs identify priorities for action by listening to the views of local staff and community members, reviewing local health and care statistics, identifying key needs, issues and strengths (assets) in their local community. [See page 16 for further details on localities].

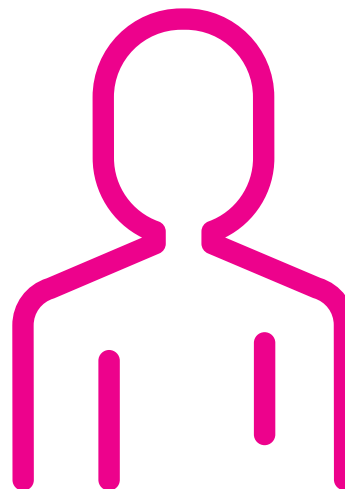
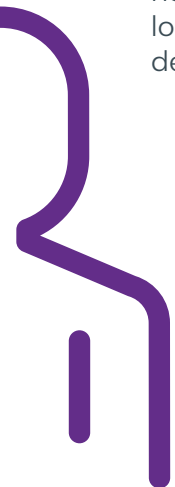
Strategic Planning sub-group

The strategic planning sub-group was established with the specific purpose of developing this Bridging Strategic Plan. The sub-group contained wide membership from Partnership services, Community Planning partners and third and independent sector representatives.

This group had been tasked with collecting and assessing all relevant information and to identify a coherent strategic vision and direction to 2030.

Engagement Oversight Group

The Engagement Oversight Group (EOG) is a multi-agency group, with a diverse mix of people who are experienced in community and/or staff engagement to ensure that our engagement is inclusive and meaningful. The North Ayrshire Wellbeing Conversation will support our 18-month engagement programme and is asking two questions of local people; **“What do you do to keep yourself well?”**, and **“Would you like to be more involved in the development of local services in the future?”**. Local people who wish to be involved will join our **Care Improvement Network**, to inform our longer-term plans. Public feedback has informed the development of the Bridging Plan 2021 and the longer-term ambitions from 2022.



Our Direction 2021/22




The Integration Joint Board (IJB) approved a continuation of our existing vision and five supporting strategic priorities to 31 March 2022:


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


Our five key strategic priorities to help us reach our vision are:



The Partnership will consult on, review and update our Vision and Strategic Priorities for our next full strategic plan by April 2022. The IJB also agreed that the Partnership would:

 Align our five priorities to the three Scottish Government Covid-19 recovery priorities: Innovate and Integrate – Ensure Equity – Better Outcomes [\[see online link\]](#).

 Ensure the strategic bridging plan meets our obligations in terms of working toward achieving the Nine National Health and Wellbeing Outcomes and continue to monitor the implementation and progress of our strategic plan through a robust performance framework using both national and local metrics. [\[see online link\]](#).

 Ensure that the Partnership is an effective organisation and that during 2021, we will undertake a review of existing national & local policy, operational procedures and ensure that any implications from the Scottish Government commissioned Independent Review of Adult Social Care are included in our longer-term strategy.



Strategic Ambitions to 2030

To focus the future goals of the Health and Social Care Partnership, we engaged with our stakeholders to understand their ambitions.

Stakeholders, service areas and individual teams responded to our engagement and told us their ambitions over the short, medium and long term.

A summary of the findings can be found here ([insert link](#)) and will help refine this area of the bridging plan during 2021.



The pandemic has further highlighted the negative impact of deprivation and poverty on our communities and we will work collaboratively with partners to deliver shared solutions.

We recognise that the impact of child poverty, trauma, and disability can be significant and lifelong. We will work with individuals, families, carers and partner agencies - as early as possible - to reduce these impacts.



We will continue to work with local communities to improve both physical health and mental wellbeing.

We also recognise that our communities can design and implement their own local solutions and that we will commission services, where possible, which deliver local economic growth of the third, co-operative and social enterprises.

PREVENTION and EARLY INTERVENTION

Our services will continue to work with the most vulnerable in our communities, working to reduce the need for crisis interventions and unplanned hospital admissions.




This requires continued transformation across the whole health & social care system, ensuring we continue to shift the balance of care; where people receive the right support, at the right time within their community.

The Partnership are also committed to keeping people safe, ensuring people are supported by the Child and Adult Protection teams, Suicide Prevention and the Alcohol and Drug partnerships.



MOBILISING COMMUNITIES

In our earlier strategic plan, we developed the 'Partnership Pledge - working together for the future', asking North Ayrshire residents, or as a user of health and social care services, to help us manage the demand and the financial pressures we faced:

-  By taking care of your own health and wellbeing
-  By being more informed about how to best address your health concerns
-  By being mindful of the wellbeing of others in your community

In responding to the pandemic, our local communities mobilised as individuals, neighbours, friends, volunteers, community groups and local businesses. This demonstrates that we can rebalance our relationship with local communities in the delivery of care and support. Given the right tools and support, our communities can design and implement their own local solutions to improve health and wellbeing, without our long-term involvement.



North Ayrshire – Needs Assessment



To better understand the health and care needs of North Ayrshire, we produced a Strategic Needs Assessment. The following summary provides some of the key areas for action.

More information can be found in our full strategic needs' assessment [\[link xxx\]](#)



What our needs assessment tells us

1

Population projections continue to suggest two population changes which will have an impact on health and social care in the future:

- a) The North Ayrshire population continues to decrease and is expected to shrink by 2% between 2018 and 2025.
- b) Within this falling population, we will continue to see a growing older people population, with those 65+ accounting for over 25% of the population by 2025. This also implies a shrinking younger (0-15) and working age (16-64) population.

Between 2018 and 2025, those between 65 and 74 will increase by 0.7% to account for 13.3% of the population. However, those 75 plus will increase by 2.3% over the same period and will account for 11.9% of the population in 2025 (or 15,757 people).

2

North Ayrshire continues to be an area of high deprivation resulting in both social and health inequalities across the population. The most recently published Scottish Index of Multiple Deprivation figures suggest as much as 42% of North Ayrshire's population live with areas that are considered among the most deprived areas in Scotland. Information published by the charity EndPovertyNow, suggests that 28.3% of children in North Ayrshire live in poverty, greater than 1 in 4 children.

3

27% of local people are living with a long-term condition (LTC) (which could include; Arthritis, Asthma, Diabetes, Chronic obstructive pulmonary disease (COPD). Long-term conditions are more common in older age groups, with the proportion of people living with one or more LTC increasing with age.

Only 1.7 people in 10 under 65 have a long-term condition, unlike those 85+ where 9.2 people in every 10 live with a LTC. Those living with more than one long-term condition (multi-morbidity) increases with age, with approximately 15% of over 65s with multi-morbidities, compared with less than 5% of under 65s.

4

Across most acute hospital measures (including, Emergency Admissions, Unscheduled Bed days, Delayed Discharges and preventable admissions), we see higher proportions of people from older age groups, and as highlighted before, those proportions increase with age. As such, those aged 75 or over account for the greatest volume of emergency admissions, unscheduled bed days, delayed discharges. When taking this in context with the population projections (as outlined at point 1 above), a growing population of those 75+ is likely to place additional demands on local health and care services.

However, those 75+ also account for the greatest volume of potentially preventable admissions, which suggests more community-based services could help reduce demand on acute hospitals.

5

Mental Health concerns continue to rise, with the percentage of the local population receiving medication for some form of mental health condition increasing each year. In 2018, 21.7% of local people were receiving some form of Mental Health medication. North Ayrshire is continually higher than the overall percentage for the health board area and Scotland. This suggests a greater demand for local Mental Health support.

When looking at hospital admissions, North Ayrshire's rates are below that of Scotland as a whole, and mostly in line with the NHS Ayrshire and Arran health board area. However, unlike general acute admissions, the highest proportion of Mental Health admissions are among adults aged 18-44, suggesting a demand within this age group for mental health services.

6

In 2018, 73% of primary 1 children in North Ayrshire were reported as being of a healthy weight and as having no dental caries. While this is a positive figure, it suggests that 27% of local children are not of a healthy weight and have concerns over their dental health. For healthy weight, North Ayrshire compares unfavourably with the health board area (75%) and with Scotland as a whole (77%). For dental caries, North Ayrshire compared favourably with the health board area (70%) and with Scotland as a whole (72%).

7

A further priority for action is in relation to substance misuse. While alcohol related admissions to hospital appear to decrease year on year (2016-2018), North Ayrshire reports higher volume of admissions compared to NHS A&A and Scotland as a whole. In addition, alcohol related deaths were reported as increasing (at the latest reported data) with North Ayrshire experiencing a higher proportion of deaths when compared to the health board area and Scotland as a whole.

Like alcohol related hospital admissions, admissions related to drugs are also continually higher in North Ayrshire when compared with the health board and Scotland. Drug related admissions are increasing year on year in North Ayrshire, the health board and across Scotland. Drug related deaths across Scotland have steadily increased year on year. In both North Ayrshire and the health board area, the proportion of drugs deaths has fluctuated each year. However, despite fluctuations, in most years North Ayrshire has reported a higher number of drug related deaths against both the Health Board area and Scottish average.



Our Locality Priorities

Our Locality Planning forums will be revisiting their priorities in 2021 to ensure that they still reflect the views of people living and working in that locality and the local health and wellbeing data.

The updated priorities will inform the partnerships local actions and will be shared with our Community Planning Partners for their locality priority setting in June 2021.

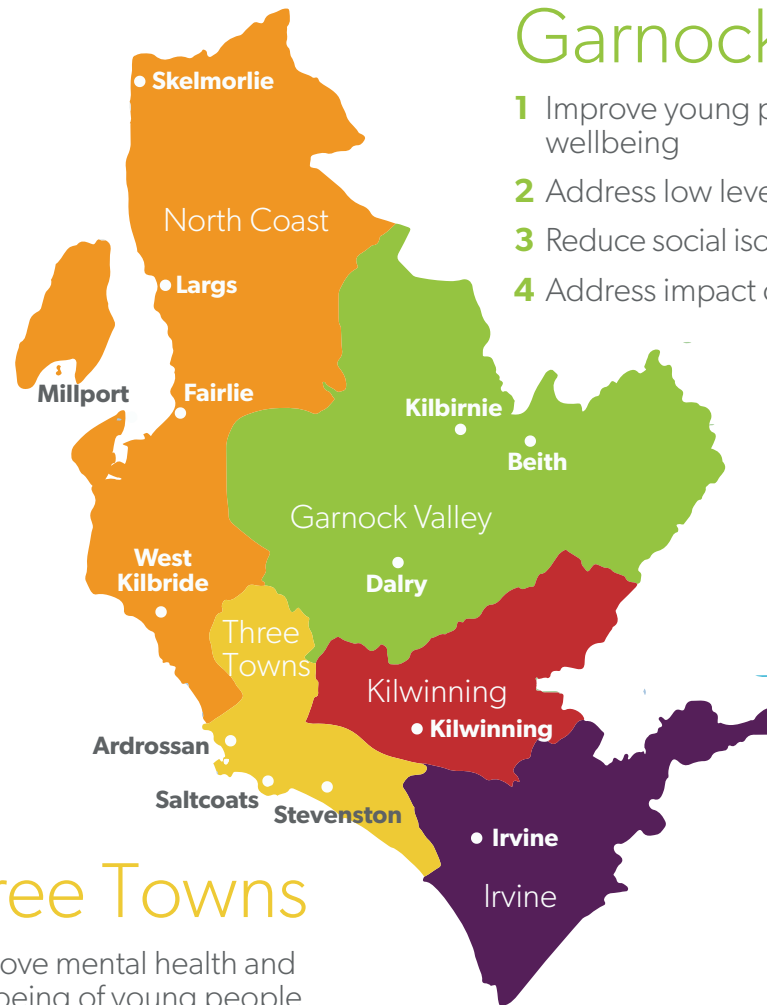
Arran

- 1 Develop transport solutions
- 2 Reduce social isolation
- 3 Improve support to those with complex needs



North Coast & Cumbrae

- 1 Reduce social isolation for older people
- 2 Improve support for stress/anxiety
- 3 Address impact of musculoskeletal issues
- 4 Promote financial inclusion



Garnock Valley

- 1 Improve young people's mental health and wellbeing
- 2 Address low level mental health (all ages)
- 3 Reduce social isolation across all age groups
- 4 Address impact of musculoskeletal issues

Kilwinning

- 1 Engage with Early Years Centres
- 2 Provide GP visiting sessions to nursing homes
- 3 Provide occupational therapy in local pharmacy

Three Towns

- 1 Improve mental health and wellbeing of young people
- 2 Reduce social isolation
- 3 Improve support to those with complex needs
- 4 Promote financial inclusion

Irvine

- 1 Reduce social isolation
- 2 Improve low level mental health issues
- 3 Provide access to physiotherapy

Key Actions 2021/22



We asked our partnership teams to identify what their key strategic aims are in the short, medium and longer term and a range of actions. The full report with ambition descriptions, full responses and summary can be found here [\[insert link\]](#).

The key remobilisation actions to support our pandemic response in the coming year are:

Mental Health, Learning Disability and Addiction Service



In order to support the remobilisation of Mental Health, Learning Disability and Addiction Services, the following priorities have been identified.

-  Collaborative leadership and relationship building
-  Prioritisation of children and young people receiving support from Child and Adolescent Mental Health Services;
-  Community mental health services supporting people within their communities;
-  North Ayrshire Drug and Alcohol Recovery service to support people with complex addiction issues;
-  Review of unscheduled care mental health services, supporting individuals within their own communities, or as close to home as possible;
-  Provision of a community based Brief Intervention Service;
-  Lead Partnership Allied Health Professionals providing rehabilitation support;
-  Psychological support for staff wellbeing across our whole system including third and independent sectors and carers;
-  Work closely with colleagues in Acute Services and Police Scotland to address the levels of unscheduled care in mental health;
-  Expanding access to the increased range of supported digital options for Mental Health as part of a tiered model for service delivery.

Key Actions 2021/22

Children, Families and Justice Service

In order to support the remobilisation of Children, Families and Justice Services, the following priorities have been identified.

-  Protect and invest in Early Intervention and Prevention work (e.g. scoping extended families/family group conferencing and signs of safety approaches and wrap-around interventions at an earlier stage);
-  The Promise - continue plans to reduce external placements and support young people back to North Ayrshire;
-  Grow fostering and kinship placements;
-  Build on partnership working with a wide range of services to support young people and families;
-  Transitions of care to be planned and improved;
-  Refocus the role of school nursing to ensure timely, effective and joined up responses to support young people.

Health and Community Care

In order to support the remobilisation of Health and Community Care services, the following priorities have been identified.

-  Unscheduled Care – Investment & Improve Delays;
-  Re-design of Older Peoples Services – ‘Home First’ Approach;
-  Grow Care at Home Capacity;
-  Care Home Commissioning Strategy;
-  Day Services Model and Support for Carers;
-  Step up and step-down beds;
-  Integrated Island services, including unscheduled care;
-  Rehabilitation;
-  Sustainability of Services (including providers) and Workforce;
-  Caring for Ayrshire – including Primary Care Improvement Plan;
-  Locality Multidisciplinary Teams

Transformation Focus for 2021-22

Continue to progress our integration ambitions, including shifting the balance of care, alongside meeting increased demand and need in our communities. During remobilisation period 2021/22 the key Transformation and Service Improvement actions, which support our response to our needs assessment, have been prioritised for action:

-  Older people services: including review of care homes, step up/down beds, day services and locality MDT teams to support early intervention and prevention, and care at home services including reablement,
-  Digital solutions to enhance independent living, reducing invasive in-home supports and enhance the delivery of extra care housing sites,
-  Closer integration of social work and NHS partners within Community Learning Disability Team, and similarly within Community Mental Health Team.
-  Carers and self-directed supports – implementing locality and needs led solutions to support people at home, reducing the need for residential support,
-  Administration review to improve efficiency and build on digital approaches,
-  Implement strategic plan feedback from engagement process – enhancing KA Leisure walking groups and service outreach models to people's homes.

We have also begun to explore the key improvement actions across services and with partners. To date, sixty actions have been identified for delivery during the 2021 service year, however we recognise that as we respond to the pandemic some may not be taken forward. These actions have been mapped to both our five strategic priorities and the three Pandemic Recovery priorities and can be found here [\[insert link\]](#).

Getting Involved



To support the development of our strategic plan the North Ayrshire Wellbeing Conversation was launched on the Friday 23rd October 2020. To date the Partnership has heard from 368 people. The Partnership will continue to target specific groups and individuals who are often marginalised and ensure their voices are listened to and acted upon.

There will be further conversations and different ways to get involved, and the Wellbeing Conversation will run until 31 March 2022. As a result, we expect the content of this bridging plan to continue to be updated.

At the moment, 75% say that the most important things they do to keep well are 'spending time with friends and family' and 69% have said 'walking'. Just 6% (one of the lowest responses) have said 'see a health and social care professional'.

When asking if people would like to be more involved in shaping health and social care services, 37% said 'yes', 26% said 'maybe in the future' and 36% said 'no'. Those who have answered 'yes' (152 people at the time of writing) will be invited to join our Care Improvement Network, which is a virtual network of people who are keen to help us shape and design the future of health and social care in North Ayrshire. The Partnership has shared this bridging plan with them for comment.

If you would like to get involved, please direct all enquiries to:
whatmatterstoyou@north-ayrshire.gov.uk

Comments or questions about this document, including request for support information or documentation should be made to:

**North Ayrshire Health
and Social Care Partnership,**

Cunningham House, Friars Croft,
Irvine KA12 8EE

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For more information go to www.NAHSCP.org

You can get this pack in other formats such as Braille,
audio tape or large type, and in community languages if you ask us.

ਜੇ ਤੁਸੀਂ ਇਸ ਪੈਕੇਟ ਨੂੰ ਹੋਰ ਫਾਰਮੈਟਾਂ ਜਿਵੇਂ ਕਿ ਬਰੈਲ, ਆਡੀo ਟੇਪ, ਜਾਂ ਵੱਡੇ ਟਾਈਪ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਸਾਨੂੰ ਦੱਸੋ। ਇਸ ਸੇਵਾਵਾਂ ਦੇ ਮੰਗ ਕਰਨ ਤੇ ਪੇਸ਼ਾਵੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0141 578 8152 'ਤੇ ਕਾਲ ਕਰੋ।
درخواست برای این بسته در فرمت‌های دیگر مانند نقطه‌ای، نوار صوتی، یا تایپ بزرگ، و همچنین به زبان‌های محلی، اگر بخواهید، می‌توانید از ما بخواهید که این بسته را به شما ارائه دهیم.
Na życzenie klienta, informacje te mogą być udostępnione w innych językach oraz formatach



North Ayrshire Council
Comhairle Siorrachd Àir a Tuath



Ayrshire
Area Support Team



**Integration Joint Board
18th March 2021**

Subject:	Funding allocation and implementation plan for Action 15 of the Mental Health Strategy
Purpose:	To update the IJB on the progress on implementation and expenditure against Action 15 and to highlight key evaluation findings.
Recommendation:	IJB to note implementation plan progress and to approve the outcome of the options appraisal for year 4 funding.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
SPOG	Strategic Planning & Operational Group
PCIP	Primary Care Improvement Plan
NRAC	National Resource Allocation Committee

1.	EXECUTIVE SUMMARY
1.1	<p>To ensure the delivery of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency Departments, GP practices, police station custody suites and prisons.</p> <p>The National Health and Justice Collaboration Board established in 2018 were asked by Ministers to consider how the commitment to additional mental health workers could be delivered. The Board adopted some broad principles to inform credible local improvements. This included recognition that:</p> <ul style="list-style-type: none"> • The application of additional resources should result in additional services commensurate with the commitment in the Mental Health Strategy to provide 800 additional mental health workers by 2021-22. • The nature of the additional capacity will be very broad ranging – including roles such as peer and support workers. • Prospective improvements may include the provision of services through digital platforms or telephone support. • Improvement may include development for staff who are not currently working in the field of mental health.
1.2	<p>Following the announcement of Action 15 funding in 2017, a Pan Ayrshire collaborative approach was adopted for the delivery of Action 15 funding proposals by creating a Pan Ayrshire Resource Allocation group. This was also in recognition that redesigning services to meet people's needs across health and justice settings is complex and that it will require collaborative partnership working across organisational boundaries.</p>

The phased 4 year implementation of funding allocated by the Scottish Government to Ayrshire and Arran is set out below:

Year	Funding
1 (2018-2019)	£815,006
2 (2019-2020)	£1,256,854
3 (2020-2021)	£1,778,196
4 (2021-2022)	£2,370,927

Funding allocations are delegated to each Integration Joint Board on an NRAC share basis, given the lead partnership arrangements for Mental Health in Ayrshire and Arran the investment decisions have been undertaken with an inclusive pan-Ayrshire approach.

1.3 This programme of additional Mental Health workforce delivery is approaching the end of year 3 and the recruitment programme for the additional workforce is now well established and aligned to agreed expenditure for year 4.

This report will update on the progress and expenditure against plans to date and highlight key evaluation findings of these developments at this stage of implementation.

2. BACKGROUND

2.1 Resource Allocation Group Governance Arrangements

The planning and decision making for Action 15 proposals takes place within the Mental Health Resource Allocation Group, aligned to the Ayrshire Mental Health Conversation strategic priorities and the Ayrshire wide Strategic Mental Health Programme Board, and reports in to IJB's and SPOG. The group :-

- Consider Action 15 proposals,
- Monitors, and review the impact and effectiveness of each programme of additional workforce implemented, and
- Routinely request and receive evaluation information for onward reporting to SPOG.

The group is chaired and co-chaired by Morag Henderson, Pan Ayrshire portfolio Associate Medical Director for Mental Health and David Thomson, Associate Nurse Director for Mental Health with Heads of service, Senior management and professional Leadership representation from all three HSCPs including Children's and Justice services, Primary Care and Finance.

The group has links and provides regular monitoring returns to the Scottish Government Mental Health Directorate in relation to expenditure and workforce numbers. A national group has also been formed to review the impact of Action 15 and increase engagement and improve the data gathering processes.

	<p>Programmes of development are noted below.</p> <ul style="list-style-type: none"> • Direct Police Triage and CRT Pathway - (Accident and Emergency Departments) • Distress Brief Intervention Programme – (Primary care & ED) • Mental Health Practitioners - Primary Care (GP Practices) • Online Cognitive Behavioural Therapy (cCBT) (GP Practices) • Court Distress Follow Up Service/Court Diversion – (Justice services/police custody) • Prison – enhanced multidisciplinary workforce in prison setting • Other settings – Justice social worker within Forensic services
3.	FUNDING ALLOCATION
3.1	The budget issued to Integration Joint Boards outlined the core areas of investment, including Mental Health, and was very specific about the additional funding and investment being provided for Mental Health services on the basis that this is in addition to a real term increase in existing expenditure. The plan set out the development areas which all reflect additionality in investment in these services.
3.2	Based on previously approved commitments there is a remaining underspend from previous years unused funds of £322,915 to allocate on a non-recurring basis and a further recurring amount available of £244,665 in Year 4.
3.3	To agree on the allocation of the remainder of the recurring budget and agree a plan for the underspend, an options appraisal exercise took place, facilitated by the resource allocation group in January 2021. There was representation from the 3 HSCPs, GP and primary care, Senior management, and Mental Health professional leads.
3.4	<p>A criteria for decision making was developed by the group and each project scored on:</p> <ul style="list-style-type: none"> • The immediate impact of proposals including if the intervention would be of significant benefit to patients/clients and/or is highly likely to mitigate challenges for future service delivery; • Legacy - following cessation of funding (where this might be funded from non-recurring underspend) a service will remain which is valued sufficiently for there to be strong support for its continuation.
3.5	<p>Year 4 Recurring Funding</p> <p>At the conclusion of the options appraisal it was agreed that the Year 4 funding should be allocated to :-</p> <ul style="list-style-type: none"> • Prison Occupational Therapy development - £65,320 <p>Extend the current Band 7 post to 1WTE and add a new Band 5 post</p> <ul style="list-style-type: none"> • Mental Health Practitioners - £274,694 <p>Funding to be allocated between the 3 HSCPs according to the NRAC formula and aligned to GP practices</p>

Non-recurring underspend

Substantiating the following posts was recognised as a high priority by the Action 15 group but with limited recurring resource available it was not possible to fund all proposals. However, there remains non-recurring underspend monies from previous years of £322,915. The group proposed that this is used to continue temporary funding of these posts for a further year whilst undertaking sustainability planning to enable recurring funding to be identified thereafter:

2 x Band 6 Elderly Psychiatric Liaison nurses

Currently providing essential input to acute medical wards to support patient flow and relieve front door pressure

£84,000

3 x Band 5 Crisis nurses supporting the Police triage pathway

Currently supporting redirection of patients presenting to Police away from the Emergency Department

£126,387

Previous investment in short term funding from previous year underspends are noted in the table below:

Project	Duration	Spend
Psychiatric Liaison (2 Band 6 nurses)	12 months	£84,000
CRT (3 Band 5 nurses)	12 months	£102,000
Decider Skills	24 months	£26,000
OT in GP Practices	6 months	£16,645
DBI	30 months	£300,000
Total Spend		£528,645

- 3.7 Based on these recommendations the recurring projected spend for each individual setting at year 4 is set out below:

Setting	Year 1 2018-2019	Year 2 2019-20	Year 3 2020-21	Year 4 2021-22
A and E				
Police Triage Pathway	£193,181	£442,979	£456,981	£508,370
Primary Care				
MHPs	£22,016	£573,141	£796,007	£1,161,829
cCBT		£4,681	£26,673	£30,120
Police Custody				
Court Distress Pathway			£12,915	£260,651
Prison				
Prison Healthcare		£134,186	£276,746	£358,717
Other				
Forensic Inpatient Services		£7,750	£51,240	£51,240
Underspend	£599,809	£94,117	£157,634	-
Total Funding	£815,006	£1,256,854	£1,778,196	£2,370,927

With the final recurring allocation for Action 15 of the Mental Health Strategy there are gaps in funding for some programmes to be fully implemented within the total allocation available. This includes workforce developments in unscheduled mental health care and Primary care. It is important to note that the original ministerial funding letter of 2018 noted the links to Mental health service development in conjunction with the Primary Care Improvement fund allocation and notably that the PCIF includes recurring funding for mental health services, building on the £10 million funding for primary care mental health previously provided in 2016-2018. Although it is separate to this funding line, there is likely to be close cross-over between the services, particularly in general practice settings, and in some cases the staff may be the same individuals. Primary Care Improvement Plans should demonstrate how this funding is being used to re-design primary care services through a multi-disciplinary approach, including mental health services. Any remaining gaps in Mental Health support for GP practice will require to be considered alongside the MDT stage of the PCIP.

4. **RECOMMENDATIONS**

IJB to note implementation plan progress and to approve the outcome of the options appraisal for year 4 funding.

4.3 **Anticipated Outcomes**

Service improvements and increased access to mental health support in key settings such as Accident and Emergency departments, GP practices, police station custody suites and prisons.

4.4 **Measuring Impact**

The Resource Allocation group continues to monitor the impact of additional workforce funding in the action 15 areas of delivery and consider underspend proposals in conjunction with regular links and meetings with Scottish Government Mental health directorate leads.

5.	IMPLICATIONS	
Financial:	This budget has been allocated by the government on a recurring basis but has not yet been baselined into NHS Board base line budgets. There will need to be consideration for baseline funding required to address the impact of pay inflation in future years, these concerns have been raised nationally through the IJB Chief Finance Officers. .	
Human Resources:	Recruitment of staff is additional to any other budgets. Work force plans established to ensure growth and development of the mental health workforce across the priority areas.	
Legal:	No legal issues.	
Equality:	Where appropriate EIAs have been completed.	
Children and Young People	The funding allocation and work force plans consider the needs of all age groups including the impact on Children and Young people	
Environmental & Sustainability:	N/A	
Key Priorities:	This reports directly on the priorities of the Mental Health Strategy and impacts on the Health and Wellbeing of the citizens of Ayrshire. It ties directly to national priorities around suicide prevention.	
Risk Implications:	In alignment with the funding gap noted above it is important to emphasise that there are some programmes currently funded on a non-recurring basis which are considered by the Resource allocation group to be of high value with significant demonstrable outcomes and for which a whole system sustainability plan will need to be considered to ensure these critical interventions do not cease, this includes the consideration of other funding allocations such as those identified for PCIF and Urgent care.	
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	X

6.	CONSULTATION
6.2	All partners including the Justice Board are consulted on a regular basis. The Resource Allocation Group also includes members from across all three HSCPs.
6.2	The Resource Allocation Group proposals were approved at SPOG on 22 nd February 2021 for onward submission to IJBs for formal approval.
6.	CONCLUSION
6.1	Recommendation

	IJB to note the progress against Action 15 funding allocation and to provide approval to proceed with the outcome of the options appraisal commissioned by the Resource allocation group as noted in this report.
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For more information please contact Thelma Bowers, Head of Service, Mental Health on 01294 317849 or thelmabowers@north-ayrshire.gov.uk

**North Ayrshire Health and Social Care Partnership
Performance and Audit Committee**

**Friday 27 November 2020 at 10.00 am
involving participation by remote electronic means**

Present

Jean Ford, NHS Ayrshire and Arran (Chair)
John Rainey, NHS Ayrshire and Arran
Councillor Timothy Billings, North Ayrshire Council (Vice-Chair)
David Donaghy, Staff Representative, NHS Ayrshire and Arran
Louise McDaid, Staff Representative, North Ayrshire

In Attendance

Caroline Cameron, Chief Finance and Transformation Officer
Thelma Bowers, Head of Service (Mental Health)
David Thomson, Interim Head of Service (Health and Community Care)
Eleanor Currie, Principal Manager (Finance)
Anne-Marie Fenton, Team Manager (Financial Services)
Neil McLaughlin, Manager (Performance and Information Systems)
Peter McArthur, Senior Manager (Addictions)
Angela Little, Committee Services Officer

Apologies for Absence

Marie McWaters, Carers Representative
Alison Sutherland, Interim Chief Officer
Paul Doak, IJB Chief Internal Auditor

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 25 June 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	<p>Matters Arising from previous meeting</p> <p>The Committee was advised that the following areas had been delayed as a result of Covid. Work is continuing and updates would be provided to future meetings:-</p> <ul style="list-style-type: none"> • Commissioning Strategy with Care Home Providers; • Community Based Support Actions; and • Locality Model. <p>The Committee agreed:-</p> <p>(a) to note that updates in respect of the Commissioning Strategy with Care Home Providers, Community Based Support Actions and the Locality Model would be provided to future meetings;</p> <p>(b) that Neil McLaughlin would provide a further report on Q3 delayed discharges; and</p> <p>(c) that an Action Log be prepared following each meeting and circulated with the agenda.</p>	<p>Caroline Cameron</p> <p>Neil McLaughlin</p> <p>Angela Little</p>
4.	<p>2019-20 Performance Report – Quarter 2</p>	
	<p>Submitted report by 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.</p> <p>The Quarter 2 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.</p> <p>The North Ayrshire HSCP and ADP Performance Management Report had also been circulated and was presented to the Committee by Peter McArthur, providing information on performance management indicators, waiting times, alcohol brief interventions and the Naloxone Bi-annual Report.</p> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> • The Previous Quarter Value Changes that related to actual values; • Targets would normally only be amended by exception “in year”. Any future reports will include the original target value and a brief narrative to explain the need for amendment, such as a cleansed process; 	

	<ul style="list-style-type: none"> • A recent Council survey on current working arrangements that showed the majority of those who responded were happy with homeworking and/or a balance of office/home working; • Involvement of HSCP in a variety of groups that feed into the Working Group that will consider the findings of the survey and future work models; • An invitation to Louise McDaid and David Donaghy to join the Partnership Senior Management Team; • The private session for the IJB in January 2021 that will consider a range of areas including remobilisation; • ADP funding that is committed to deliver the existing strategy; • Feedback that is awaited following unsuccessful ADP applications to a national Taskforce Fund to assist in the preparation of future applications; and • Consideration by the ADP Subgroup on a further breakdown of information to reference Arran and how the budget is allocated. <p>The Committee agreed:-</p> <p>(a) that future performance reports include the original target value, a brief narrative to explain the need for amendment (such as a cleansed process) in exceptional cases where targets have been amended;</p> <p>(b) the ADP Subgroup to consider breaking down information to reference Arran and show how the budget is allocated; and</p> <p>(c) to otherwise note the report.</p>	<p>Neil McLaughlin</p> <p>Peter McArthur</p>
5.	Internal Audit Reports Issued	
	<p>Submitted report by Paul Doak, IJB Chief Internal Auditor and presented by Anne-Marie Fenton, Team Manager (Financial Services) on the findings of relevant Internal Audit work. Appendix 1 to the report gave details of recently completed audits within relevant services areas of North Ayrshire Council. There were no relevant audits from NHS Ayrshire and Arran to report.</p> <p>Members asked questions and were provided with further information in relation to the allegations against a contracted care provider, that included :-</p> <ul style="list-style-type: none"> • Work that has been done to tighten controls on the CM2000 system; • Overpayments that were made as a result of manual adjustments and a meeting with the Provider to recover these overpayments; • Transfer of the admin support for CM2000 to the HSCP Performance and Systems Team to support robust contract monitoring; • A further audit that will be undertaken in 2021 and reported to the Committee. 	

	Noted.	
6.	Internal Audit Plan 2020/21	
	<p>Submitted report by the IJB Chief Internal Auditor and presented by Anne-Marie Fenton, Team Manager (Financial Services) on the approved audit plans for North Ayrshire Council and NHS Ayrshire and Arran and the proposed audit work for the North Ayrshire Integration Joint Board. Appendix 1 to the report detailed the proposed audit work within the NAIJB. Appendices 2 and 3 detailed the 2020/21 Internal Audit Plans for North Ayrshire and NHS Ayrshire and Arran respectively.</p> <p>The Committee was advised on the allocated number of days for IJB audit purposes and on the suggested audit in relation to governance arrangements of the IJB. Audits that were not able to be undertaken, for a variety of reasons, will be deferred until 2011/22 and included in the new Internal Audit Plan that will commence in February 2021 – March 2022.</p> <p>The Committee agreed to approve the proposed audit work within the NAIJB as detailed in Appendix 1 to the report.</p>	
	The meeting ended at 11.30 a.m.	

North Ayrshire IJB Performance and Audit Committee– Action Note

Updated following the meeting on 27 November 2020

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Matters Arising from previous meeting	27/11/20	The Committee agreed (a) to note that updates in respect of the Commissioning Strategy with Care Home Providers, Community Based Support Actions and the Locality Model would be provided to future meetings; (b) that Neil McLaughlin would provide a further report on Q3 delayed discharges; and (c) that an Action Log be prepared following each meeting and circulated with the agenda.		(a) Caroline Cameron (b) Neil McLaughlin (c) Angela Little
2.	2019-20 Performance Report – Quarter 2	27/11/20	The Committee agreed (a) that future performance reports include the original target value, a brief narrative to explain the need for amendment (such as a cleansed process) where targets have been amended; (b) the ADP Subgroup to consider breaking down information to reference Arran and show how the budget is allocated; and (b) to otherwise note the report.		(a) Neil McLaughlin (b) Peter McArthur

Minutes of North Ayrshire Strategic Planning Group Meeting

Held on Tuesday 25th January 2021, 10:00am

Virtually on Teams Platform

Present:

Bob Martin (Chair)
Councillor Anthea Dickson (Vice Chair)
David Thomson, Interim Head of Service H&CC/Associate Nurse Director/Lead Nurse
Michelle Sutherland, Strategic Planning & Transformational Change Lead, NAHSCP
Thelma Bowers, Head of Service, Mental Health Services, NAHSCP
Trudi Fitzsimmons (Housing Representative) on behalf of Jacqueline Cameron, NAC
Louise McDaid, Staff Representative
Elaine McClure, Portfolio Programme Manager, NHS A&A
Louise Gibson, Dietetic Lead, Integrated Services, NHS A&A
Councillor John Sweeney, Three Towns Locality Lead
Scott Bryan, Strategic Planning, Policy and Inequalities Officer, NAHSCP
Fiona Comrie, KA Leisure
Elaine Young, Public Health Representative
Sharon Bleakley, NHS Healthcare Improvement Scotland
Jacqueline Greenlees, Planning Officer, Policy and Performance
Vicki Yuill, Arran CVS & Arran Locality Lead
Alison Sutherland, Head of Service, Children and Families & Justice Services, NAHSCP
Clive Shephard, Confederation of North Ayrshire Community Associations
Roselyn Brown, Governance Assistant (Minutes) NAHSCP

Apologies Received:

David MacRitchie, Chief Social Work Officer & Senior Manager, Justice Services, NAHSCP
David Donaghey, NHS Staff Representative
Glenda Hanna, Independent Sector Rep
Lorna McGoran, Primary Care Development Manager
Allison McAllister, Library & Information Manager, NAC
Lynne McNiven, Public Health
Betty Saunders, Procurement Manager, NAC
David Bonnellie, Optometry Representative
Dalene Sinclair, Senior Manager, Children & Families, NAHSCP
Janet McKay, Garnock Valley Locality Lead
Andrew Keir, GIRFEC Manager/Three Towns Locality Lead
Jacqueline Cameron, Housing Manager
Ruth Betley, Island Services Senior Manager, NAHSCP

Item No	Item	Action
1.	Welcome and Introductions	
1.1	Bob Martin welcomed everyone to the meeting and re-iterated the virtual meeting protocol.	
2.	Minutes of Meeting held on 10th November 2020	
	The minutes from the previous were circulated and agreed to be an accurate reflection of the meeting.	
Focus on: Locality Planning Forums		
3.	Arran Vicki Yuill summarised the discussions from the LPF held on 24 th November 2020. She said the focus was on Participatory Budget, whereby local people and groups from across North Ayrshire's six	



	<p>localities are being invited to bid for funding which will help to make a difference in their community.</p> <p>An update on the discussions surrounding the Cost of the School day were also noted and Vicki continued to update the group on the Connecting Scotland Programme where several iPads have been sourced and funded enabling support to residents, including two provided to Montrose House enabling residents to have a connection to their families.</p> <p>Lastly, Vicki confirmed that there was a discussion on the Alcohol and Drugs study. Two subgroups been formed aiming to support individuals and their families with the addictions.</p> <p>Garnock Valley There were no representatives available for the Garnock Valley, therefore no updates were provided.</p> <p>Irvine There were no representatives available for Irvine, therefore no updates were provided.</p> <p>Kilwinning There was no representative for Kilwinning and no update was provided.</p> <p>North Coast The next LPF for the North Coast was scheduled for 28th January 2021 allowing for a more detailed update for the next SPG. Louise McDaid wished to highlight some of the fantastic work that had been undertaken from the Partnership, and in particular, surrounding the vaccination programme and the LFD Testing Kits roll out and thanked the Care at Home staff for their tremendous ongoing efforts since the commencement of the vaccinations.</p> <p>Three Towns Cllr John Sweeney confirmed that the next LPF was scheduled for the middle of February allowing for a more detailed overview to be provided at the next SPG, including updates from the Cost of the School day working group. He highlighted lack of notice given within the Three Towns for MTU's, where Michelle Sutherland confirmed that there has been a bid forwarded to the Scottish Government for 3x MTU's to be utilised as a pan-Ayrshire basis which would alleviate any future issues.</p> <p>Following a brief discussion and to allow for consistency of LPF updates across all localities, it was agreed that a note of update should be provided by the representatives prior to the meeting if unable to attend. Scott to take forward to ensure all representatives are aware of this for future meetings.</p>	<p>Scott Bryan</p>
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Focus on: Strategic Plan Development		
4.	<p>Michelle wished to extend her thanks to all that have assisted and participated in the development of the Strategic Plan.</p> <p>Scott delivered a presentation, which summarised the contents within the draft Strategic Plan circulated to members prior to the meeting. For the development of the Strategic Plan the North Ayrshire Wellbeing Conversation was launched on the Friday 23rd October 2020. There will be further conversations and different ways to get involved, once the current social distancing measures are relaxed and the Wellbeing Conversation will run until 31 March 2022.</p> <p>Scott continued to explain 75% of people have said 'spending time with friends and family' was most important to them and 69% have said 'walking'. Just 6% (one of the lowest responses) have said 'see a health and social care professional'.</p> <p>When asking if people would like to be more involved in shaping health and social care services, 37% said 'yes', 26% said 'maybe in the future' and 36% said 'no'. Those who have answered 'yes' (150 people at the time of writing) will be invited to join our Care Improvement Network, which is a virtual network of people who are keen to help us shape and design the future of health and social care in North Ayrshire. The Partnership has shared this 'bridging plan' with them for comment.</p> <p>Feedback from members was welcomed and the general consensus seemed positive.</p> <p>Lastly, Scott also confirmed consultation with other services are still ongoing and an Irvine based designer has been identified to streamline the report. There will also be a summary document produced.</p>	Ongoing
Focus on: Remobilisation		
5.	<p>Mental Health, Addictions and Learning Disability</p> <p>Thelma Bowers provided a brief overview on key remobilisation actions to support our pandemic response within mental health services including, prioritisation of children and young people receiving support from Child and Adolescent Mental Health Services (CAMHS), community mental health services supporting people within their communities, North Ayrshire Drug and Alcohol Recovery service (NADARS) to support people with complex addiction issues, pan-Ayrshire Crisis services which respond to people with mental health distress in their communities and the provision of a community based Brief Intervention Service, Lead Partnership Allied Health Professionals providing rehabilitation support and Psychological support for staff wellbeing across our whole system including third and independent sectors and carers, work closely with colleagues in Acute Services and Police Scotland to address the levels of unscheduled care in mental health, Expanding access to the increased range of supported digital</p>	



	<p>options for Mental Health as part of a tiered model for service delivery.</p> <p>Children, Families and Justice Alison Sutherland provided an update to the group of the ongoing priorities identified within Children, Families and Justice services. She said the main focus recently has been centred around 'the promise' which aims to reduce external placements & supporting young people back to North Ayrshire. She also said that it was key to grow fostering & kinship placements & support families. Additionally, there will be a focus to build on partnership working with a wide range of services to support young people including mental health & wellbeing approaches with North Ayrshire Council Education services, transitions of care to be planned and improved, and a refocus the role of school nursing to ensure effective and joined up responses to support young people.</p> <p>Health and Community Care David Thomson provided the group with the remobilisation actions to support Health and Community Care services pandemic response, which was to focus on improving and investing on Unscheduled Care, redesign of Older People Services, including but not limited to increasing the Care at Home Capacity. He informed the group that there has been local radio and newspaper advertising aiming to increase workforce. He wished to highlight that in January 2021 the Independent Review of Adult Social Care will report its recommendation to Scottish Government and this may also have an impact on remobilisation plans.</p>	
Focus on: Gambling Addiction		
6.	<p>Following the meeting held on 11th December 2020 with a representative from Gamblers Anonymous (GA), Scott Bryan provided the group with a brief overview of the meeting. GA is an independent organisation where 90 groups have been established across Scotland, which are completely anonymous and are always welcoming of any new individuals when they reach a crisis stage of their addiction to gambling.</p> <p>Scott advised the group of the concerns around gambling addiction; that it is often hidden, can cause great stress and anxiety for people affected, people feeling alone and isolated with no one to turn to.</p> <p>It was also reflected that there are no current 'early warning' signs of gambling addiction, and introduction to gambling can be found as early as school age, with young people playing small gambling games. The discussion with GA also highlighted instances of young people becoming addicted and running up huge debts on parents' credit cards. Again, leaving the young people with feelings of shame, stress, and anxiety.</p> <p>This formed a discussion between members and it was agreed that work should continue on this, and perhaps forming workshops in schools to highlight the impacts gambling can have.</p>	<p>Ongoing</p> <p>Scott Bryan</p>



	Scott also advised that he will engage with Community Link workers and shared the possibility to create a 'toolkit' for the Community Link workers to utilise aiming to spread awareness.	
	Future Meetings	
7.	Future Agenda Items Future Agenda Items: Feedback on future agenda items to be provided to Bob Martin, Michelle Sutherland or Scott Bryan.	
8.	<u>2021</u> <i>Tues 30th March (10am – 12)</i> <i>Tues 25th May (10am – 12)</i> <i>Tues 3rd August (10am – 12)</i> <i>Tues 28th September (10am – 12)</i> <i>Tues 23rd November (10am – 12)</i> That concluded the meeting and Bob thanked all for attending. The meeting was closed.	